

# Registration Application for Regulated Activities

Agency Use Only

Application #: \_\_\_\_\_

Registration #: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Please complete this form in accordance with the instructions to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this form.

This registration form is for registering regulated activities in Aquifer Protection Areas in accordance with Section 4 of the City of Stamford Aquifer Protection Area Regulations.

## Part I: Registration Type

Check the appropriate box identifying the registration type.

<p>This registration is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> registration</p> <p><input type="checkbox"/> A <i>renewal</i> of an existing registration</p> <p><input type="checkbox"/> A <i>modification</i> of an existing registration*</p>	<p>Please identify any previous or existing aquifer protection registration/ permit number in the space provided:</p>
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\*Note that if you are seeking a *modification*, you should consult the office of the Aquifer Protection Agency at 203-854-7744 prior to submitting a registration to determine whether a registration form is necessary.

## Part II: Fee Information

A registration fee of \$380.00 shall be submitted with the registration form. A registration shall not be deemed complete and no activity will be authorized by this registration unless the registration fee has been paid in full. The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the **City of Stamford**.

## Part III: Registrant Information

1. Name of Registrant:	Name of Company (DBA):		
Contact Person:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
E-mail address:			
Registrant's interest in property or facility at which the proposed activity is to be located: (check <b>all</b> that apply)			
<input type="checkbox"/> site owner	<input type="checkbox"/> option holder	<input type="checkbox"/> lessee*	<input type="checkbox"/> facility owner
<input type="checkbox"/> easement holder*	<input type="checkbox"/> operator	<input type="checkbox"/> other (specify):	
<input type="checkbox"/> Check here if there are co-registrants. Label and attach additional sheet(s) with the required information.			
* Completion of <b>Part VII</b> (Land Owner Information) is required in circumstances where facility operator is not property owner.			

**Part III: Registrant Information (continued)**

2. List primary contact for departmental correspondence and inquiries, if different than the registrant. Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

E-mail address:

3. List attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Attorney:

4. Facility Operator, if different than the registrant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

5. Facility Owner, if different than the registrant:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

6. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Service Provided:

Check here if additional sheets are necessary, and label and attach them to this sheet.



## Part V: Best Management Practices

The registrant and operator, if different from the registrant, must certify that the facility is in compliance with all the best management practices set forth in Section 12 of the Aquifer Protection Area Regulations. The registrant and the operator, if different from the registrant, must sign this part. A registration will be considered incomplete unless the required signatures are provided.

For a full description of Best Management Practices (BMP's) for regulated activities, see Section 12 of the Aquifer Protection Area Regulations.

<p>“I certify that the subject facility is in compliance with all the best management practices set forth in Section 12 of the Aquifer Protection Area Regulations. I have checked the box by each of the following statements as verification that the subject facility is in compliance with all applicable best management practices.”</p> <p><input type="checkbox"/> Storage of hazardous materials above ground is in compliance with all provisions of Section 12 of the Aquifer Protection Area Regulations.</p> <p><input type="checkbox"/> The number of underground storage tanks used to store hazardous materials shall not increase in accordance with Section 12 of the Aquifer Protection Area Regulations.</p> <p><input type="checkbox"/> Replacement of any underground storage tanks used to store hazardous materials shall take place in accordance with all provisions of Section 12 of the Aquifer Protection Area Regulations.</p> <p><input type="checkbox"/> Devices for release of wastewaters to the ground shall not be used except in accordance with Section 12 of the Aquifer Protection Area Regulations.</p> <p><input type="checkbox"/> A Materials Management Plan has been developed in accordance with Section 12 of the Aquifer Protection Area Regulations and will be implemented upon issuance of a registration.</p>	
<hr/> Signature of Registrant	<hr/> Date
<hr/> Name of Registrant (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Operator (if different than above)	<hr/> Date
<hr/> Name of Operator (print or type)	<hr/> Title (if applicable)

## Part VI: Supporting Documents

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been submitted with this registration form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the registrant's name.

Attachment A: A Facility Boundary Map (*Required for all Registrations*)

An 8" X 11" copy of the relevant portion of a USGS Topographic Quadrangle Map showing the property boundaries of the facility. A larger scale map or property survey showing the boundaries of the facility may also be submitted to establish boundary locations.

\*Note: In accordance with Section 2 of the Aquifer Protection Area Regulations, "facility" is defined as property where a regulated activity is being conducted by any person, including without limitation any buildings located on the property that are owned or leased by that person; and includes contiguous land owned, leased, or for which there is an option to purchase by that person.

Attachment B: Materials Management Plan

Attachment C: Materials Management Plan, *certified (see Section 12 5(B) of the APA Regulations)*

Attachment D: Stormwater Management Plan, *if requested by the Agency.*

## Part VII: Land Owner Information

The person or entity who owns the land on which the facility is located, if different from the registrant, operator or facility owner, must sign that they assent to the filing of this registration application. The land owner, if different from the registrant, must sign this part. A registration will be considered incomplete unless the required signatures are provided.

I certify that I am the owner of record of the land on which the subject facility is located and consent to the submission of this registration application.

\_\_\_\_\_  
Signature of Property Owner of Record

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Owner (print or type)

\_\_\_\_\_  
Title (if applicable)

*(continued on the following page)*

**Part VII: Registrant Certification**

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments, and I certify, based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that any false statement made in the submitted information is punishable as a criminal offense, under Section 53a-157b of the General Statutes and any other applicable law.</p> <p>I understand that the agency or its duly authorized agent may make regular inspections of the facility and associated property, except a private residence, at reasonable hours.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the Agency without alteration of the text.”</p>	
<hr/> Signature of Registrant	<hr/> Date
<hr/> Name of Registrant (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Preparer (if different than above)	<hr/> Date
<hr/> Name of Preparer (print or type)	<hr/> Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.	

Please submit the Registration Form, Fee, and all Supporting Documents to:

CITY OF STAMFORD AQUIFER PROTECTION AGENCY  
 GOVERNMENT CENTER BUILDING  
 888 WASHINGTON BOULEVARD  
 STAMFORD, CT 06904-2152

The registrant shall also mail a copy of this completed form to the following:

- Commissioner of the Department of Environmental Protection, 79 Elm Street, Hartford, CT 06106-5127
- Commissioner of Public Health, 410 Capitol Avenue, Hartford, CT 06134, and
- Aquarion Water Company of Connecticut, 200 Monroe Turnpike, Monroe, CT 06468