



# General Permit Registration Form for the Storage and Processing of Scrap Tires for Recycling and Beneficial Use

Please complete this form in accordance with the instructions (DEP-RCY-INST-013) to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the registration fee along with this form.

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
	_____

## Part I: Registration Type

Check the appropriate box identifying the registration type.

This registration is for (check one): <input type="checkbox"/> A <i>new</i> registration <input type="checkbox"/> A <i>renewal</i> of an existing registration	Please identify any previous or existing permit/authorization/registration number :
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If there are any changes or corrections to your company/facility or individual name, mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. For any other changes you must contact the specific program from which you hold a current DEP license. If there is a change in ownership, please contact the Permit Assistance Office for questions concerning license transfers at 860-424-3003.

## Part II: Facility Type

Check the appropriate box identifying the facility type.

Maximum Storage Capacity: <input type="checkbox"/> Type I - 5,000 cubic yards [735] <input type="checkbox"/> Type II - 10,000 cubic yards [735] <input type="checkbox"/> Type III - 20,000 cubic yards [735]
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## Part III: Fee Information

A fee of \$1,250.00 must be submitted with <i>each</i> registration that you are submitting. Each facility requires a separate registration. The fee for municipalities is 50% of the above listed rate. 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 Department of Environmental Protection.
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## Part IV: Registrant Information

- *\*If a registrant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, registrant's name shall be stated **exactly** as it is registered with the Secretary of State.*
- *If a registrant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).*

### 1. Registrant:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Phone:

ext.

E-mail:

Registrant (check one):  individual  business entity  federal agency

state agency  municipality

If a Company, list company type (e.g., corporation, limited partnership, etc.):

Check if any co-registrants. If so, attach additional sheet(s) with the required information as requested above.

### 2. List billing contact, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

### 3. 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:

Email:

### 4. List attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Attorney:

Email:

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

**5. Facility or Equipment Operator, if different than the registrant:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

**6. Owner of the property on which the activity is to occur, if different than the registrant:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

**7. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the registration:**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

Contact Person:

Title:

Email:

Service Provided:

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

## Part V: Facility Information

### 1. FACILITY NAME AND LOCATION

Name of facility :

Street Address or Location Description:

City/Town:

State:

Zip Code:

Tax Assessor's Reference: Map

Block

Lot

Latitude and longitude of the exact location of the proposed activity in degrees, minutes, and seconds:

Latitude:

Longitude:

Method of determination (check one):

GPS     USGS Map     Other (please specify):

If a USGS Map was used, provide the quadrangle name:

2. **INDIAN LANDS:** Is or will the facility be located on federally recognized Indian lands?  Yes     No

3. **COASTAL BOUNDARY:** Is the activity which is the subject of this registration located within the coastal boundary as delineated on DEP approved coastal boundary maps?  Yes     No

If yes, and this registration is for a new authorization, you must submit a *Coastal Consistency Review Form* (DEP-APP-004) with your registration as Attachment B.

Information on the coastal boundary is available at the local town hall or on the "Coastal Boundary Map" available at DEP Maps and Publications (860-424-3555).

4. **ENDANGERED OR THREATENED SPECIES:** Is the project site located within an area identified as a habitat for endangered, threatened or special concern species as identified on the "State and Federal Listed Species and Natural Communities Map"?  Yes     No    Date of Map:

If yes, complete and submit a *Request for NDDB State Listed Species Review Form* (DEP-APP-007) to the address specified on the form. **Please note NDDB review generally takes 4 to 6 weeks and may require additional documentation from the registrant. DEP strongly recommends that registrants complete this process before submitting the subject registration.**

When submitting this registration form, include copies of any correspondence to and from the NDDB, including copies of the completed *Request for NDDB State Listed Species Review Form*, as Attachment C.

For more information visit the DEP website at [www.ct.gov/dep/nddbrequests](http://www.ct.gov/dep/nddbrequests) or call the NDDB at 860-424-3011.

5. **AQUIFER PROTECTION AREAS:** Is the site located within a town required to establish Aquifer Protection Areas, as defined in section 22a-354a through 354bb of the General Statutes (CGS)?

Yes     No

If yes, is the site within an area identified on a Level A or Level B map?  Yes     No

To view the applicable list of towns and maps visit the DEP website at [www.ct.gov/dep/aquiferprotection](http://www.ct.gov/dep/aquiferprotection)

To speak with someone about the Aquifer Protection Areas, call 860-424-3020.

6. **CONSERVATION OR PRESERVATION RESTRICTION:** Is the property subject to a conservation or preservation restriction?  Yes     No

If Yes, proof of written notice of this registration to the holder of such restriction or a letter from the holder of such restriction verifying that this registration is in compliance with the terms of the restriction, must be submitted as Attachment D.

## Part V: Facility Information (continued)

### 7. ENVIRONMENTAL JUSTICE COMMUNITIES:

- a. Does the site include a **new** facility or **new** activity located within an environmental justice community as defined in the instructions (DEP-RCY-INST-013)?  Yes  No

If yes, you must hold an informal public meeting concerning the subject activity prior to issuance of your permit approval. Refer to the instructions (DEP-RCY-INST-013) for more detail.

- b. Does the subject registration include an activity which will occur at an **existing applicable** facility, located within an environmental justice community?  Yes  No

If Yes, the registrant shall submit an Environmental Justice Public Participation Plan and adhere to the requirements of section 22a-20a CGS. Refer to the Environmental Justice Public Participation Guidelines (DEP-EJ-GUID-001) for more information ([www.ct.gov/dep/environmentaljustice](http://www.ct.gov/dep/environmentaljustice)).

## Part VI: Activity Specific Information

Please check the box by each applicable document indicating that each has been prepared and is available on-site for inspection.

- Facility Site Plan
- Facility Description
- Facility Operation and Management Plan, including the Emergency and Preparedness Plan
- Final Closure Plan and Cost Estimate (*applicable to only Type II or Type III facilities as defined in Section 5(a)(6)(A) of the General Permit for the Storage and Processing of Scrap Tires for Recycling and Beneficial Use*)
- Financial Assurance Instrument (*applicable to only Type II or Type III facilities as defined in Section 5(a)(6)(A) of the General Permit for the Storage and Processing of Scrap Tires for Recycling and Beneficial Use*)

## Part VII: 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 as indicated in Part IV of this form..

- Attachment A: An 8 1/2" X 11" copy of the relevant portion or a full-sized original of a USGS Quadrangle Map indicating the exact location of the facility or site. Indicate the quadrangle name on the map.
- Attachment B: Coastal Consistency Review Form (DEP-APP-004), if applicable.
- Attachment C: CT NDDDB Information (DEP-APP-007), if applicable.
- Attachment D: Conservation or Preservation Restriction Information, if applicable.
- Attachment E: Facility Site Plan
- Attachment F: Facility Description
- Attachment G: Final Closure Plan and Cost Estimate (*applicable to only Type II or Type III facilities as defined in Section 5(a)(6)(A) of the subject General Permit*)
- Attachment H: Proposed Form of the Financial Assurance Instrument (*applicable to only Type II or Type III facilities as defined in Section 5(a)(6)(A) of the subject General Permit*).

- Notes: 1. A letter must be submitted to the chief elected official of the municipality in which the subject facility is or will be located informing him or her that a registration for this general permit has been submitted to the department. A suggested letter format is attached to this registration form for your convenience.
2. The permittee shall submit to the local fire department, police department and hospital a copy of the facility's Emergency and Preparedness Plan (which must be included as part of the Operation and Maintenance Plan) within 30 days of the registration approval date, or prior to commencement of operation, whichever is sooner.

**Part VIII: Registrant Certification**

The registrant *and* the individual(s) responsible for actually preparing the application must sign this part. A registration will be considered incomplete unless all required signatures are provided. If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.

“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that 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.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I certify that a Facility Site Plan, a Facility Description, an Operation and Management Plan (including an Emergency and Preparedness Plan), a Final Closure Plan and Cost Estimate (as applicable) and a Financial Assurance Instrument (as applicable) for the subject facility have been prepared as specified in Section 5(a) of the *General Permit for the Storage and Processing of Scrap Tires for Recycling and Beneficial Use* and are available at the site of the subject facility.

I also certify that a letter has been sent to the chief elected official of the municipality in which the subject facility is or will be located informing him or her that this registration has been submitted to the department.”

Signature of Registrant	Date
Name of Registrant (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)

Check here if additional signatures are required. You must include signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)  
If so, please reproduce this sheet and attach signed copies to this sheet.

Note: Please submit a completed Registration Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127

**Suggested Letter Format for Notification to Municipality**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Name and Address of Official)*

Re: Notification of Registration for the *General Permit for Storage and Processing of Scrap Tires for Recycling and Beneficial Use*

\_\_\_\_\_, has submitted a registration to  
*(Name of Company)*

the Department of Environmental Protection for the *General Permit for Storage and Processing of Scrap Tires for Recycling and Beneficial Use*

on \_\_\_\_\_ for the facility located at \_\_\_\_\_ .  
*(Date)* *(Facility Location)*

This General Permit allows for the storage and processing of scrap tires and includes whole tires, tires shreds, tire chip, ground and/or crumb rubber, or any derivative thereof.

For more information please refer to the Department of Environmental Protection’s Waste Engineering and Enforcement Website at [www.ct.gov/dep](http://www.ct.gov/dep) or call 860-424-3372.

\_\_\_\_\_  
*(Signature of Registrant)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Name – Print or Type)*

\_\_\_\_\_  
*(Title)*