



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Water Permitting & Enforcement Division

General Permit Registration Form to Discharge from Subsurface Disposal Systems

Print or type unless otherwise noted. You must submit the registration fee along with this form.

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Program: DOMESTIC SEWAGE UIC	

Part I: Registration and Fee Type

Check all appropriate boxes identifying the registration type:		Fee	
<input type="checkbox"/> Existing Site \leq 7500 Gallons Per Day			
<input type="checkbox"/>	Initial Registration	\$250.00	[#2316]
<input type="checkbox"/>	Renewal of Registration: Permit No. _____	\$250.00	[#2317]
<input type="checkbox"/>	Modification of Registration: Permit No. _____	\$250.00	[#2318]
<input checked="" type="checkbox"/> Existing Site $>$ 7500 Gallons Per Day			
<input type="checkbox"/>	Initial Registration	\$3,000.00	[#2319]
<input type="checkbox"/>	Renewal of Registration: Permit No. _____	\$250.00	[#2320]
<input type="checkbox"/>	Modification of Registration: Permit No. _____	\$250.00	[#2321]
<input type="checkbox"/> New Site without Proposed Expansion			
<input type="checkbox"/>	Initial Registration	\$3,000.00	[#2324]
<input type="checkbox"/>	Modification of Registration: Permit No. _____	\$250.00	[#2325]
<input type="checkbox"/> New Site with Proposed Expansion			
<input type="checkbox"/>	Initial Registration	\$6,000.00	[#2322]
<input type="checkbox"/>	Modification of Registration: Permit No. _____	\$250.00	[#2323]
<input checked="" type="checkbox"/>	Wastewater Management Plan Submittal for Existing Sites Only EI: Subsurface Sewage Disposal Systems Serving Existing Facilities-GP-WMP	\$0	[#1812]

Part I: Registration and Fee Type (continued)

Notes

- If you are seeking a modification of an initial registration, wastewater management plan or are proposing to transfer ownership, contact the Subsurface Disposal Section at 860-424-3018 for specific requirements prior to submitting a registration.
- A registration, including supporting documents and the fees specified above, is to be submitted for *each* site, although multiple activities located at one site may be submitted simultaneously under one registration form.
- 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 Energy and Environmental Protection or by such other method as the commissioner may allow.

Revocation/Withdrawal of Existing Permit/Application

1. If you currently hold an individual permit for the authorized discharge under the subject general permit, you must request to revoke the individual permit to be authorized under the subject general permit.

Do you request revocation of your individual permit? Yes No

2. If you currently have an open individual permit application, you must withdraw your individual permit application to be authorized under the subject general permit.

Do you request withdrawal of your individual permit application? Yes No

If yes, please provide your application number:

Part II: Registrant Information

- *The registrant must be the owner of the site.*
- *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. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database. ([onlineBusinessSearch \(ct.gov\)](http://onlinebusinesssearch.ct.gov))*
- *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.).*
- *If there are any changes or corrections to your company/facility or individual 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. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at DEEP.OPPD@ct.gov. For any other changes, contact the specific program from which you hold a current DEEP license.*

1. Registrant Name: Ascentria (Lutheran Home of Southbury)

Mailing Address: 990 Main Street North

City/Town: Southbury

State: CT Zip Code: 06488

Business Phone: 203-264-9135

ext.:

Contact Person: Ziad Baroody

Phone: 203-264-9135 ext.

*E-mail: zbaroody@ascentria.org

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

Part II: Registrant Information (continued)

a) Registrant Type (check one):

individual federal agency state agency municipality tribal

*business entity (*If a business entity complete i through iii):

i) check type: corporation limited liability company limited partnership
 limited liability partnership statutory trust Other: _____

ii) provide Secretary of the State business ID #: 0140377 This information can be accessed at the Secretary of State's database. ([onlineBusinessSearch \(ct.gov\)](http://onlinebusinesssearch.ct.gov))

iii) Check here if you are **NOT** registered with the Secretary of State's office.

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

b) Registrant's interest in property at which the proposed activity is to be located:

site owner option holder lessee easement holder operator

other (specify): _____

2. Billing contact, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

3. Primary contact for departmental correspondence and inquiries, if different than the registrant.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from the department, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify the department if your e-mail address changes.

4. Attorney or other representative, if applicable:

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

E-mail:

Part II: Registrant Information (continued)

5. Facility Operator, if different than the registrant:
Name:
Mailing Address:
City/Town: State: Zip Code:
Business Phone: ext.:
Contact Person: Phone: ext.
E-mail:

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: BETA Group, Inc.
Mailing Address: 701 George Washington Highway
City/Town: Lincoln State: RI Zip Code: 02865
Business Phone: 401-333-2382 ext.:
Contact Person: Christopher Cronin, P.E. Phone: 401-525-8008 ext.
E-mail: ccronin@beta-inc.com
Service Provided: Design of Sewage Disposal System

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

Part III: Pre-Application Meeting

If a pre-application meeting was held concerning the subject activity, provide the following:
DEEP Staff Name: _____ Pre-Application Meeting Date: _____

Part IV: Site Information

1. SITE NAME AND LOCATION

Name of Site : Ascentria (Lutheran Home of Southbury)

Street Address or Location Description: 990 Main Street North

City/Town: Southbury

State: CT Zip Code: 06488

Tax Assessor's Reference: Map

Block

Lot

[Latitude and longitude of the exact location of the proposed activity in degrees, minutes, and seconds or in decimal degrees: Latitude: 41.5033N Longitude: -73.2087 W

Method of determination (check one):

GPS USGS Map Other (please specify):

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

2. **TRIBAL LANDS:** Will the activity which is the subject of this registration be located on federally recognized tribal lands? Yes No

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

If yes, and this registration is for a new authorization or a modification of an existing authorization where the physical footprint of the subject activity is modified, submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with this completed application as Attachment B.

Information on the coastal boundary is available at www.cteco.uconn.edu/map_catalog.asp (Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) or the local town hall or on the "Coastal Boundary Map" available at the [DEEP Store](#) (860-424-3555 or deep.store@ct.gov).

4. NATURAL DIVERSITY DATA BASE (NDDB) - ENDANGERED OR THREATENED SPECIES:

According to the most current "Natural Diversity Data Base Areas Maps", will the activity which is the subject of this application, including all impacted areas, be located within an area identified as, or otherwise known to be, a habitat for state listed endangered, threatened or special concern species?

Yes No Date of Map 12/20/20

If yes, complete and submit a [Request for NDDB State Listed Species Review Form](#) (DEEP-APP-007) to the address specified on the form, **prior** to submitting this application. Please note NDDB review generally takes 4 to 6 weeks and may require the applicant to produce additional documentation, such as ecological surveys, which must be completed prior to submitting this permit application. A copy of the NDDB Determination response letter that has not expired **must** be submitted with this completed application as Attachment C. Include a copy of any mitigation measures developed for this activity and approved by NDDB. Be aware that you must renew your NDDB Determination if it expires before project work commences.

For more information visit the DEEP website at [Endangered-Species-ReviewData-Requests](#) or contact the NDDB at deep.nddbrequest@ct.gov.

Part IV: Site Information (continued)

5. **AQUIFER PROTECTION AREAS:** Is the site located within a mapped Level A or Level B [Aquifer Protection Area](#), as defined in CGS section 22a-354a through 22a-354bb?

Yes No If **yes**, check one: Level A or Level B

If **Level A**, are any of the [regulated activities](#), as defined in RCSA section 22a-354i-1(34), conducted on this site? Yes No

If **yes**, and your business is **not** already registered with the Aquifer Protection Program, contact [local aquifer protection agent](#) or DEEP to take appropriate actions.

For more information on the Aquifer Protection Area Program visit the DEEP website at [Aquifer Protection](#) or contact the program at DEEP.AquiferProtection@ct.gov.

6. **CONSERVATION OR PRESERVATION RESTRICTION:** Will the activity which is the subject of this application be located within a conservation or preservation restriction area? Yes No

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

Part V: Activity Specific Information

1. Number of parcels or lots on site: 1 (Southbury Parcel ID 33-22-6, 10.5 acres)

2. Number of subsurface disposal systems on site: 2

3. Total design flow of all on site systems: 13,135 gpd

4. If there is a community system, indicate the system label: _____

5. In the table below, describe each subsurface disposal system indicated in item #2 above. Label each system (e.g., #1, #2, etc.). If the condition of the system is unknown, indicate 'unknown'.

System Label	Total Flow	Condition of System
301	280 gpd	Satisfactory Condition
302	12,855 gpd	New Replacement System in Operation

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

6. Describe the repair(s) to existing systems, if applicable.
Previous Conditions: The existing subsurface disposal system (#302 referenced above) consisted of three septic tanks in series and 2,740 lineal feet of 4x4x4 galleys laid in a 27 trench, serial distribution configuration, and failed disposal field.
Current Condition: A new pressure dosed effluent dispersal field consisting of a proprietary trench technology utilizing Geomatrix GST/Soilair system was constructed in 2018 and is in operation. New trenches are served by a new pumping/flow equalization chamber. A network of monitoring wells surrounding the dispersal field allow for groundwater compliance monitoring.

A General Permit Application presenting the design of the new facilities was submitted to CTDEEP in April 2016.

7. Describe modification(s) to existing systems, if applicable.
 Not Applicable

8. Describe proposed expansion(s), if applicable
 Facility expansion is not proposed at this time. However, hydrogeological investigations indicate that the site can accommodate a third subsurface disposal system with a capacity of approximately 8,000 gallons per day.

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

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 as indicated on this registration form.

The following attachments are required for all registrations:

- Attachment A: For all registrations, 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 site, if not previously submitted. Indicate the quadrangle name on the map.
- Attachment B: [Coastal Consistency Review Form](#) (DEEP-APP-004), if applicable.
- Attachment C: A copy of the NDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDB. Do *not* submit any NDDB Preliminary Site Assessments with your registration. Be aware that you must renew your NDDB Determination if it expires before project work commences.
- Attachment D: Conservation or Preservation Restriction Information, if applicable
- Attachment E: Signed and notarized copy of the Connecticut DEEP [NetDMR Subscriber Agreement](#)

In addition to the above attachments, the following attachments are required for registrations containing a proposed repair, building conversion, change in use or expansion:

Prior to preparation of a technical plan or WMP, the registrant must contact the Department to schedule a site investigation to be observed by Department staff. Contact Subsurface Group at 860-424-3018. Such investigation may include, but not be limited to, deep test hole soil descriptions, groundwater depth, restrictive layer depth, redoximorphic features, permeability sampling and analyses, and all time and measurement readings for any required percolation test(s).

- Attachment F: Technical Plan prepared in accordance with the requirements of Section 4(c)3(A) of this general permit.
- Attachment G: Wastewater Management Plan (WMP) prepared in accordance with the requirements of Section 4(c)3(B) of this general permit.

Part VI: 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. [If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.]

"I certify that:

I have read the **General Permit to Discharge from Subsurface Sewage Disposal Systems Serving Existing Facilities** issued by the Commissioner of the Connecticut Department of Energy and Environmental Protection; and that the discharge from the subsurface sewage disposal system(s) which are the subject of this registration are eligible for authorization under such permit; that all applicable requirements of such permit are being met or on an assigned schedule to be met; and that a functioning and effective system is in place or will be in place to assure that all such requirements are met so long as the discharge(s) which are the subject of this registration continue.

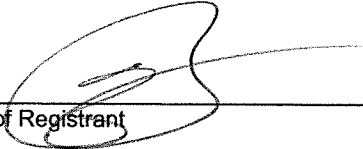
Other than what is being proposed through this registration and addressed through the development of the WMP, there are no known or apparent failed or malfunctioning systems evident on the site.

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.

A copy of the registration, including supporting documents, has been provided to the local health department and the State Department of Public Health and for community systems, to the local water pollution control authority.

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."

Signature of Registrant



Date

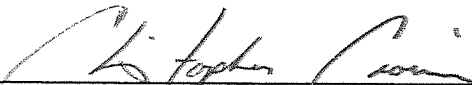
12/28/2021

Name of Registrant (print or type)
Ziad Baroody

Title (if applicable)

Administrator

Signature of Preparer (if different than above)



Date

12/28/2021

Name of Preparer (print or type)
Christopher Cronin, P.E.

Title (if applicable)

12/28/2021

Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. 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.)

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

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