

**WATER DIVERSION PERMIT APPLICATION**

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**REQUEST FOR REAUTHORIZATION UNDER THE GENERAL PERMIT  
FOR DIVERSION OF WATER FOR CONSUMPTIVE USE**

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**PREPARED FOR:**

**GROTON UTILITIES**

**EAST LYME WATER & SEWER COMMISSION**

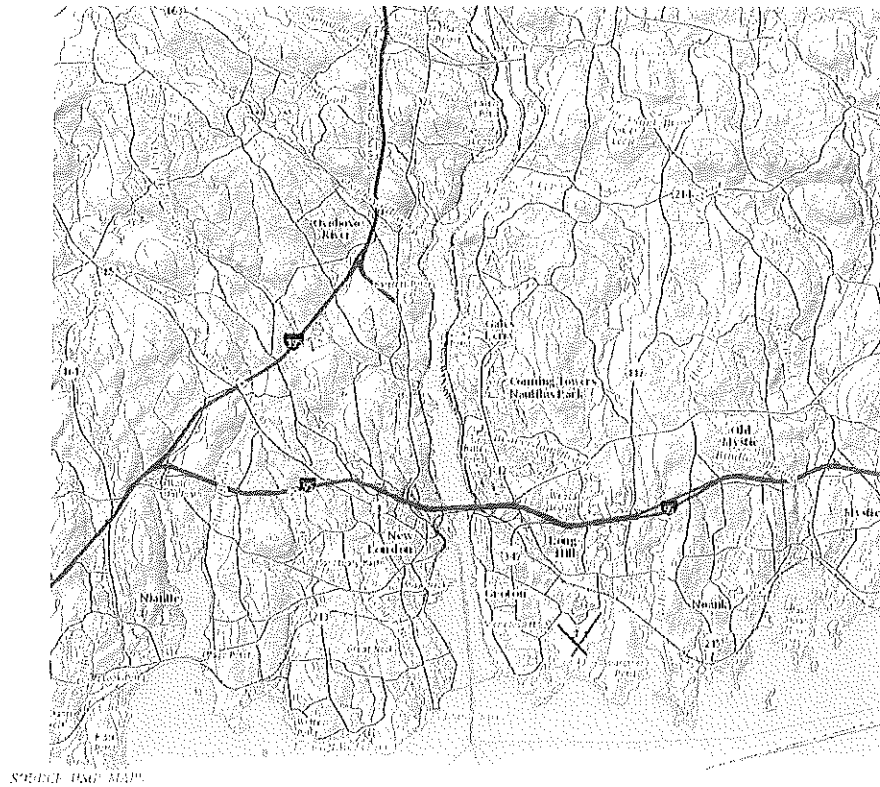
**LEDYARD WATER POLLUTION CONTROL AUTHORITY**

**MONTVILLE WATER POLLUTION CONTROL AUTHORITY**

**NEW LONDON DEPARTMENT OF UTILITIES**

**WATERFORD UTILITIES COMMISSION**

**AQUARION WATER COMPANY**



**APRIL 2017**

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Prepared By:  
Groton Utilities  
295 Meridian Street  
Groton, Connecticut 06340



**Connecticut Department of  
Energy & Environmental Protection**  
Bureau of Water Protection & Land Reuse  
Water Planning & Management Division

## Request for Reauthorization under the General Permit for Diversion of Water for Consumptive Use

**Notice to Requesters:** This form is only for those currently authorized under the following General Permits:

- General Permit for Diversion of Water for Consumptive Use: Authorization Required Categories (DEP-IWRD-GP-012) issued March 29, 2007;
- General Permit for Diversion of Water for Consumptive Use: Filling Only Categories (DEP-IWRD-GP-011) issued March 15, 2007;
- General Permit for Diversion of Water for Consumptive Use: Reauthorization Categories (DEP-IWRD-GP-01R) issued March 15, 2007.

**In order to use this form, the quantities requested in Part VI, # 2 of this form must be equal to or less than previously approved quantities.** Any increase of such quantities will result in the rejection of your request, whereby your activity may be eligible for authorization under other consumptive diversion general permits or through an "individual" water diversion permit.

Please complete this form in accordance with the instructions (DEEP-WPMD-INST-001) to ensure the proper handling of your request for reauthorization. Print or type unless otherwise noted. You must submit the total fee with this form.

Those not currently authorized as such and seeking coverage under the *General Permit for Diversion of Water for Consumptive Use* must complete Form DEEP-WPMD-REQ-002 or DEEP-WPMD-REQ-003 depending on their eligibility category.

**Notice to Municipal Agencies:** This is a request for reauthorization submitted to the Department of Energy and Environmental Protection (DEEP) pursuant to CGS section(s) 22a-6 and 22a-378a. For any questions, call DEEP's Water Planning and Management Division at 860-424-3704.

### Part I: Existing Authorization

<b>CPPU USE ONLY</b>	
<b>App #:</b>	_____
<b>Doc #:</b>	_____
<b>Check #:</b>	_____
<b>Program:</b> <b>GP IWRD Diversion for Consumptive Use</b>	

1. Application/Authorization Number: <b>DIV-201407118GP</b>	Issue Date: <b>07-02-2015</b>
If applicable, include, as Attachment A, a copy of your current approval under the General Permit for Diversion of Water for Consumptive Use: Authorization Required Categories (DEP-IWRD-GP-012) expiring March 29, 2017.	
2. Town where site is located: <u><b>East Lyme, Groton, Ledyard, Montville, New London, Waterford, Norwich, Lisbon, Preston, Stonington, Franklin, and Bozrah</b></u>	
3. Brief Description of Authorized Diversion: <b>To provide for short term public water supply through interconnected water systems during supply interruption or emergency events throughout the southeastern Connecticut towns noted above.</b>	

**Part II: Eligible Diversion Activity Type and Fee Information**

Check the appropriate box to indicate the activity that is the subject of this request for reauthorization. Please complete one *Request for Reauthorization* for each current authorization you wish to reauthorize. For municipalities, a 50% discount applies. The request for reauthorization 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.

Subject Activity	Fee [1082]
<input checked="" type="checkbox"/> Interconnection and Transfer of up to 1,000,000 gpd	\$2500.00
<input type="checkbox"/> Withdrawal of up to 250,000 gpd – Surface Water / Stratified Drift Aquifer	\$2500.00
<input type="checkbox"/> Withdrawal of up to 250,000 gpd – Bedrock Aquifer	\$2500.00
<input type="checkbox"/> Backup Wells	\$2500.00
<input type="checkbox"/> Small Supplemental Bedrock Well	\$2500.00
<input type="checkbox"/> Small Water Supply System	\$2500.00
<input type="checkbox"/> Large Tidally-Influenced Rivers	\$2500.00
<input type="checkbox"/> Water Supply System Interconnection	\$2500.00
<input type="checkbox"/> Unregistered Water Supply Systems	\$2500.00
<input type="checkbox"/> Diversion of up to 250,000 gallons per day New Water	\$2500.00
<input type="checkbox"/> Restoration of Lost Capacity	\$2500.00

**Part III: Requester Information**

- If a requestor 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, requestor's name shall be stated **exactly** as it is registered with the Secretary of State. This information can be accessed at CONCORD.
- If a requestor 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 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 DEEP license. If there is a change in ownership, please contact the Permit Assistance Office for questions concerning license transfers at 860-424-3003.

**1. Applicant/Requestor**

Name: **Groton Utilities, et al (See attached list of additional requestors)**

Mailing Address: **295 Meridian Street**

City/Town: **Groton**

State: **CT**

Zip Code: **06340**

Business Phone: **(860) 446-4000**

ext.:

Contact Person: **Richard M. Stevens**

Phone: **(860) 446-4071** ext.

\*E-mail: **stevensr@grotonutilities.com**

\*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.

- a) Requestor Type (check one):  individual  \*business entity  federal agency  
 state agency  municipality  tribal

\*If a business entity:

- i) check type:  corporation  limited liability company  limited partnership  
 limited liability partnership  statutory trust  Other: \_\_\_\_\_

ii) provide Secretary of the State business ID #: 0022937 (Aquarion) This information can be accessed at CONCORD

iii)  Check here if you are **NOT** registered with the SOTS.

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

List of Requestors for:

General Permit Application for Diversion of Water for Consumptive Use: Authorization  
Required Categories

(Attached to Form DEEP-WPMD-REG-002, Rev. 01/17/07)

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East Lyme Water & Sewer Commission / Municipal  
P.O. Box 519  
Niantic, CT 06357  
Attn: Bradford Kargl  
(860) 739-6931, Ext. 139  
[bkargl@eltownhall.com](mailto:bkargl@eltownhall.com)

Groton Utilities / Municipal  
295 Meridian Street  
Groton, CT 06340  
Attn: Richard Stevens  
(860) 446-4029  
[stevensr@grotonutilities.com](mailto:stevensr@grotonutilities.com)

Ledyard Water Pollution Control Authority / Municipal  
295 Meridian Street  
Groton, CT 06340  
Attn: Richard Stevens  
(860) 446-4029  
[stevensr@grotonutilities.com](mailto:stevensr@grotonutilities.com)

Montville Water Pollution Control Authority / Municipal  
310 Norwich-New London Turnpike  
Montville, CT 06382  
Attn: Bryan Lynch  
[blynch@montville-ct.org](mailto:blynch@montville-ct.org)

New London Department of Utilities / Municipal  
120 Broad Street  
New London, CT 06320  
Attn: Joseph Lanzafame  
[jlanzafame@ci.new-london.ct.us](mailto:jlanzafame@ci.new-london.ct.us)

Waterford Utilities Commission / Municipal  
1000 Hartford Road  
Waterford, CT 06385  
Attn: Neftali Soto  
[nsoto@waterfordct.org](mailto:nsoto@waterfordct.org)

List of Requestors for:

General Permit Application for Diversion of Water for Consumptive Use: Authorization  
Required Categories

(Attached to Form DEEP-WPMD-REG-002, Rev. 01/17/07)

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Aquarion Water Company - Mystic System / Business Entity / Corporation  
835 Main Street  
Bridgeport, CT 06604  
Attn: John Walsh  
[jwalsh@aquarionwater.com](mailto:jwalsh@aquarionwater.com)

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

- b) Requestor's interest in property at which the proposed activity is to be located:  
 site owner       option holder       lessee       easement holder       operator  
 other (specify): Water Utilities

**2. Billing contact, if different than the requestor.**

Name: **Same**

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 requestor.**

Name: **Same**

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*E-mail:

**4. Attorney or other representative, if applicable.**

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

\*E-mail:

**5. Owner of the property, if different than the requestor.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*E-mail:

**6. Owner of the facility, if different than the requestor.**

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*E-mail:

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

7. **Consultant(s) employed or retained to assist in preparing the request for authorization or in designing or constructing the activity.**  Check here if additional sheets are necessary, and label and attach them to this sheet.

Name: **Karl F. Acimovic, P.E.**

Mailing Address: 295 Meridian Street

City/Town: Groton State: CT Zip Code: 06340

Business Phone: (860) 446-4020 ext.:

Contact Person: Karl F. Acimovic, P.E. Phone: (860) 446-4020 ext.

\*E-mail: acimovick@grotonutilities.com

Service Provided: **Permit Application Preparation**

**Part IV: Compliance and Enforcement History**

Complete and include an *Applicant Compliance Information Form* (DEEP-APP-002) as Attachment B.

Have all requirements of your current authorization been met including special conditions, record keeping and reporting requirements?  Yes  No

If no, explain:

**Note: Failure to meet requirements of your current authorization or a significant violation of environmental law may result in a denial of your request.**

**Part V: Site Information**

**Site Name and Location**

Name of Site(s) : **Southeastern Connecticut Water Supply Interconnections**

Street Address or Location Description:

City/Town: **Groton, Norwich, Lisbon, Preston, Ledyard, Stonington, Franklin, Bozrah, Montville, Waterford, New London, East Lyme** State: **CT** Zip Code:

**Part VI: Project Summary**

**1. Regulated Activity**

Describe the diversion, which is the subject of this request for reauthorization including the reason for the diversion and the present use of the water diverted.

**To provide for short term public water supply through interconnected water systems during supply interruption or emergency events throughout the southeastern Connecticut towns previously noted.**

Check if additional sheets are attached to this page.

**2. Quantity, Rate, Frequency and Duration of Diversion**

Note: All quantity, rate, frequency and duration figures entered below *must be equal to or less than previously approved quantities under the General Permit for which you are currently authorized.*

Name of diversion structure(s)	<b>Southeastern CT Interconnected Water Systems</b>	
Maximum daily withdrawal (mg) (i.e. the largest volume of water to be withdrawn in any 24 hour period)	<b>1,000,000 gallons</b>	
Maximum rate of withdrawal (cfs)	<b>N / A</b>	
Average day-maximum month withdrawal (mgd)	<b>1.0 mgd</b>	
Frequency of withdrawals	<b>24 hours/day</b>	<b>365 days/year</b>
If the withdrawal is seasonal provide dates diversion will be used:	<b>Withdrawal for emergencies only; not to exceed 7 consecutive days without emergency declaration or authorization by DPH.</b>	

**Part VII: Supporting Documents**

Please check the box by the attachments being submitted as verification that *all* applicable attachments have been submitted with this *Request for Reauthorization* form. When submitting any supporting documents, label the documents as indicated in this part (e.g., Attachment D, Location Map, etc.) and be sure to include the requester's name as indicated on this application form. Note that in addition to the supporting documents described in previous sections, your request for reauthorization must include a location map as Attachment D.

<input checked="" type="checkbox"/>	Attachment A:	Existing Authorization: If applicable, include, a copy of your current approval under the General Permit for Diversion of Water for Consumptive Use: Authorization Required Categories (DEP-IWRD-GP-012) issued March 29, 2007.
<input checked="" type="checkbox"/>	Attachment B:	Compliance and Enforcement History: a completed copy of the <u>Applicant Compliance Information Form</u> (DEEP-APP-002).
<input checked="" type="checkbox"/>	Attachment C:	Location Map: an 8.5" X 11" copy of the relevant portion of the most recent version of the United States Geological Survey topographic map at a (scale of 1:24,000) depicting the location of the subject withdrawal(s) and, if possible, the property boundaries wherein the subject withdrawal occurs.
<input checked="" type="checkbox"/>	Attachment D:	Additional Information: Include in this attachment any additional information not specifically requested which may assist the department in determining compliance with this general permit.



**Part VIII: Copy of Request for Reauthorization to Municipal Agencies**

You must submit a complete copy of your request for reauthorization to the municipal inland wetlands agency, zoning commission, planning commission or combined planning and zoning commission, and conservation commission of each municipality that will or may be affected by the subject activity. Enter the names and addresses of the municipal agencies which were provided a complete copy of your request for reauthorization, including all of its attachments, the date such copy was submitted (Date of Service), and the Type of Service (check one).

**Inland Wetlands Agency:**

Name: **Town of Groton Inland Wetlands Agency**

Address: **134 Groton Long Point Road**

City/Town: **Groton**

State: **CT**

Zip Code: **06340**

Date of Service: **04-24-2017**

Type of Service:       First class mail       Certified mail       Hand delivery

**Conservation Commission:**

Name: **Town of Groton Conservation Commission**

Address: **134 Groton Long Point Road**

City/Town: **Groton**

State: **CT**

Zip Code: **06340**

Date of Service: **04-24-2017**

Type of Service:       First class mail       Certified mail       Hand delivery

**Planning Commission:**

Name: **Town of Groton Planning Commission**

Address: **134 Groton Long Point Road**

City/Town: **Groton**

State: **CT**

Zip Code: **06340**

Date of Service: **04-24-2017**

Type of Service:       First class mail       Certified mail       Hand delivery

**Zoning Commission:**

Name: **Town of Groton Zoning Commission**

Address: **134 Groton Long Point Road**

City/Town: **Groton**

State: **CT**

Zip Code: **06340**

Date of Service: **04-24-2017**

Type of Service:       First class mail       Certified mail       Hand delivery

**Combined Planning and Zoning Commission:**

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:       First class mail       Certified mail       Hand delivery

Check this box if the agencies of another municipality were served a copy of this request for reauthorization and attach to this page additional sheets listing the agency names and addresses where a copy of the request was mailed or delivered, the date of such service and the type of service used.

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**Inland Wetlands Agency:**

Name: **Town of East Lyme Inland Wetland Agency**

Address: **P.O. Box 519**

City/Town: **Niantic**

State: **CT**

Zip Code: **06357-0519**

Date of Service: **04-24-2017**

Type of Service:       First class mail       Certified mail       Hand delivery

**Conservation Commission:**

Name: **Town of East Lyme Conservation of Natural Resources Commission**

Address: **P.O. Box 519**

City/Town: **Niantic**

State: **CT**

Zip Code: **06357-0519**

Date of Service: **04-24-2017**

Type of Service:       First class mail       Certified mail       Hand delivery

**Planning Commission:**

Name: **Town of East Lyme Planning Commission**

Address: **P.O. Box 519**

City/Town: **Niantic**

State: **CT**

Zip Code: **06357-0519**

Date of Service: **04-24-2017**

Type of Service:       First class mail       Certified mail       Hand delivery

**Zoning Commission:**

Name: **Town of East Lyme Zoning Commission**

Address: **P.O. Box 519**

City/Town: **Niantic**

State: **CT**

Zip Code: **06357-0519**

Date of Service: **04-24-2017**

Type of Service:       First class mail       Certified mail       Hand delivery

**Combined Planning and Zoning Commission:**

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:       First class mail       Certified mail       Hand delivery

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**Inland Wetlands Agency:**

Name: **Town of Ledyard Inland Wetlands & Watercourses Commission**

Address: **741 Colonel Ledyard Highway**

City/Town: **Ledyard**

State: **CT**

Zip Code: **06339-1511**

Date of Service: **04-24-2017**

Type of Service:  First class mail

Certified mail

Hand delivery

**Conservation Commission:**

Name: **Town of Ledyard Conservation Commission**

Address: **741 Colonel Ledyard Highway**

City/Town: **Ledyard**

State: **CT**

Zip Code: **06339-1511**

Date of Service: **04-24-2017**

Type of Service:  First class mail

Certified mail

Hand delivery

**Planning Commission:**

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:  First class mail

Certified mail

Hand delivery

**Zoning Commission:**

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:  First class mail

Certified mail

Hand delivery

**Combined Planning and Zoning Commission:**

Name: **Town of Ledyard Planning & Zoning Commission**

Address: **741 Colonel Ledyard Highway**

City/Town: **Ledyard**

State: **CT**

Zip Code: **06339-1511**

Date of Service: **04-24-2017**

Type of Service:  First class mail

Certified mail

Hand delivery

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### Inland Wetlands Agency:

Name: **Town of Montville Inland Wetlands Commission**

Address: **310 Norwich - New London Turnpike**

City/Town: **Uncasville**

State: **CT**

Zip Code: **06382**

Date of Service: **04-24-2017**

Type of Service:  First class mail  Certified mail  Hand delivery

### Conservation Commission:

Name: **Town of Montville Conservation Commission**

Address: **310 Norwich - New London Turnpike**

City/Town: **Uncasville**

State: **CT**

Zip Code: **06382**

Date of Service: **04-24-2017**

Type of Service:  First class mail  Certified mail  Hand delivery

### Planning Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:  First class mail  Certified mail  Hand delivery

### Zoning Commission:

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:  First class mail  Certified mail  Hand delivery

### Combined Planning and Zoning Commission:

Name: **Town of Montville Planning & Zoning Commission**

Address: **310 Norwich - New London Turnpike**

City/Town: **Uncasville**

State: **CT**

Zip Code: **06382**

Date of Service: **04-24-2017**

Type of Service:  First class mail  Certified mail  Hand delivery

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**Inland Wetlands Agency:**

Name: **City of New London Inland Wetland & Conservation Commission**

Address: **181 State Street**

City/Town: **New London**

State: **CT**

Zip Code: **06320**

Date of Service: **04-24-2017**

Type of Service:       First class mail       Certified mail       Hand delivery

**Conservation Commission:**

Name: **See above**

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:       First class mail       Certified mail       Hand delivery

**Planning Commission:**

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:       First class mail       Certified mail       Hand delivery

**Zoning Commission:**

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:       First class mail       Certified mail       Hand delivery

**Combined Planning and Zoning Commission:**

Name: **City of New London Planning & Zoning Commission**

Address: **181 State Street**

City/Town: **New London**

State: **CT**

Zip Code: **06320**

Date of Service: **04-24-2017**

Type of Service:       First class mail       Certified mail       Hand delivery

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**Inland Wetlands Agency:**

Name: **See Conservation Commission**

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:

First class mail

Certified mail

Hand delivery

**Conservation Commission:**

Name: **Town of Waterford Conservation Commission**

Address: **15 Rope Ferry Road**

City/Town: **Waterford**

State: **CT**

Zip Code: **06385**

Date of Service: **04-24-2017**

Type of Service:

First class mail

Certified mail

Hand delivery

**Planning Commission:**

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:

First class mail

Certified mail

Hand delivery

**Zoning Commission:**

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:

First class mail

Certified mail

Hand delivery

**Combined Planning and Zoning Commission:**

Name: **Town of Waterford Planning & Zoning Commission**

Address: **15 Rope Ferry Road**

City/Town: **Waterford**

State: **CT**

Zip Code: **06385**

Date of Service: **04-24-2017**

Type of Service:

First class mail

Certified mail

Hand delivery

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**Inland Wetlands Agency:**

Name: **Town of Stonington Inland Wetlands & Watercourses Commission**

Address: **152 Elm Street**

City/Town: **Stonington**

State: **CT**

Zip Code: **06378**

Date of Service: **04-24-2017**

Type of Service:  First class mail

Certified mail

Hand delivery

**Conservation Commission:**

Name: **Town of Stonington Conservation Commission**

Address: **152 Elm Street**

City/Town: **Stonington**

State: **CT**

Zip Code: **06378**

Date of Service: **04-24-2017**

Type of Service:  First class mail

Certified mail

Hand delivery

**Planning Commission:**

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:  First class mail

Certified mail

Hand delivery

**Zoning Commission:**

Name:

Address:

City/Town:

State:

Zip Code:

Date of Service:

Type of Service:  First class mail

Certified mail

Hand delivery

**Combined Planning and Zoning Commission:**

Name: **Town of Stonington Planning & Zoning Commission**

Address: **152 Elm Street**

City/Town: **Stonington**

State: **CT**

Zip Code: **06378**

Date of Service: **04-24-2017**

Type of Service:  First class mail

Certified mail

Hand delivery

Check this box if the agencies of another municipality were served a copy of this request for reauthorization and attach to this page additional sheets listing the agency names and addresses where a copy of the request was mailed or delivered, the date of such service and the type of service used.

**Part IX: Requester Certification**

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

"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 certify that this request for reauthorization is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I certify that a complete copy of this request for reauthorization, including all documents attached thereto, was sent by regular or certified mail or was hand delivered to the municipal wetlands agency, zoning commission, planning commission or combined planning and zoning commission, and conservation commission of each municipality which is or may be affected by the subject activity.

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 Requester

04-21-2017

Date

**Richard M. Stevens**

Printed Name of Requester

**Gen. Manager / Water Div.**

Title (if applicable)



Signature of Preparer

04-21-17

Date

**Karl F. Acimovic, P.E.**

Printed Name of Preparer

Title (if applicable)

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

Note: Please submit the fee, the original of your *Request for Reauthorization* form and all supporting documents to:

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

One complete copy of your *Request for Reauthorization Form* and all supporting documents must also be submitted to each municipal agency listed in Part VIII of this form.

**IMPORTANT:** A diversion is authorized under the *General Permit for Diversion of Water for Consumptive Use – Reauthorization (DEEP-WPMD-GP-001)* upon receipt, by the commissioner, of a complete, sufficient *Request for Reauthorization* and appropriate fee, in accordance with Section 4 of that general permit.

The filing deadline to submit this completed form is ninety (90) days after the effective date of the subject general permit. Otherwise you must complete forms DEEP-WPMD-REQ-002 or DEEP-WPMD-REQ-003 depending on the eligibility category.