



Pre-Application Questionnaire

Please review every question and respond where applicable. Your answers will help us identify which program staff should attend the meeting to best answer your questions and provide regulatory information.

Send any questions and the completed form to the Office of Innovative Partnerships and Planning: DEEP.OPPD@ct.gov. A site plan or analytical results will make your Pre-Application Meeting more productive.

Please note: All records, paper or electronic, submitted to the Department of Energy and Environmental Protection are subject to disclosure under the Freedom of Information Act (FOIA) unless the records or portions thereof are exempt from disclosure pursuant to section 1-210 of the Connecticut General Statutes. Individuals or entities submitting records with this questionnaire must evaluate those records for any sensitive information prior to their submission and alert the Department if a redacted version has been submitted. The Department is obligated to comply fully with all requirements for the disclosure of records under FOIA.

Part I: Applicant Contact Information

1. Proposed Applicant Name:

Applicant Contact Person:

Phone:

Email:

2. Consultant Contact Person:

Phone:

Email:

Affiliation:

3. Date Questionnaire Completed:

4. Applicant Type (check one):

☐ individual ☐ federal agency ☐ state agency ☐ municipality ☐ tribal

☐ business entity Check here if the business entity employs fewer than 100 people

5. Applicant's relationship to the property at which the proposed activity is to be located (select all that apply):

☐ site owner ☐ option holder ☐ lessee

☐ easement holder ☐ operator ☐ other (specify):

6. Please suggest dates and times your team is available to meet, beginning 2 weeks from the date of submittal of this form:

Part II: Project Information

1. Project Address (if known): City/Town: Lat/Long:												
2. What are the projected time frames for construction and operation of this project, including any estimated schedule of activities?												
3. Do you plan to apply for any public funding? If yes, check type: <input type="checkbox"/> Federal <input type="checkbox"/> State If there is a state agency other than DEEP involved in the project and/or managing federal funds related to this project, please list the agency, and a project contact at that agency.												
4. Project Type: (check all that apply): <table border="0"><tr><td><input type="checkbox"/> Existing Business</td><td><input type="checkbox"/> Residential</td><td><input type="checkbox"/> Municipal</td></tr><tr><td><input type="checkbox"/> New Business</td><td><input type="checkbox"/> Commercial/Industrial</td><td><input type="checkbox"/> State</td></tr><tr><td><input type="checkbox"/> New Construction</td><td><input type="checkbox"/> Mixed Use</td><td><input type="checkbox"/> Federal</td></tr><tr><td colspan="3"><input type="checkbox"/> Other (please specify):</td></tr></table>	<input type="checkbox"/> Existing Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Municipal	<input type="checkbox"/> New Business	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> State	<input type="checkbox"/> New Construction	<input type="checkbox"/> Mixed Use	<input type="checkbox"/> Federal	<input type="checkbox"/> Other (please specify):		
<input type="checkbox"/> Existing Business	<input type="checkbox"/> Residential	<input type="checkbox"/> Municipal										
<input type="checkbox"/> New Business	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> State										
<input type="checkbox"/> New Construction	<input type="checkbox"/> Mixed Use	<input type="checkbox"/> Federal										
<input type="checkbox"/> Other (please specify):												
5. Type of Proposed Activity: (check all that apply): <table border="0"><tr><td><input type="checkbox"/> Solar energy</td><td><input type="checkbox"/> Brownfield redevelopment</td><td><input type="checkbox"/> Distribution/warehouse</td></tr><tr><td><input type="checkbox"/> Wind energy</td><td><input type="checkbox"/> Waste organics/composting</td><td><input type="checkbox"/> Pharmaceuticals</td></tr><tr><td><input type="checkbox"/> Energy storage</td><td><input type="checkbox"/> Manufacturing</td><td></td></tr></table> Other (please specify): SIC Code (If applicable): _____ and/or NAIC Code (If applicable): _____ Standard Industrial Classification Manual North American Industry Classification System (NAICS)	<input type="checkbox"/> Solar energy	<input type="checkbox"/> Brownfield redevelopment	<input type="checkbox"/> Distribution/warehouse	<input type="checkbox"/> Wind energy	<input type="checkbox"/> Waste organics/composting	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Energy storage	<input type="checkbox"/> Manufacturing				
<input type="checkbox"/> Solar energy	<input type="checkbox"/> Brownfield redevelopment	<input type="checkbox"/> Distribution/warehouse										
<input type="checkbox"/> Wind energy	<input type="checkbox"/> Waste organics/composting	<input type="checkbox"/> Pharmaceuticals										
<input type="checkbox"/> Energy storage	<input type="checkbox"/> Manufacturing											
6. Project Description:												
7. Description of the site as it currently exists and what changes would occur as a result of the project:												
8. Extent of land area proposed to be disturbed (in acres):												

Part III: Project Requirements

Check all requirements listed below that may be applicable to your project:

Project located in a [coastal area](#)

If yes, does your project account for [sea level rise](#)? Yes No

If yes, please specify:

Project located within a [flood hazard area](#)

Project located in an [aquifer protection area](#)

Project located in a [CT DEEP Natural Diversity Database state listed species habitat](#)

Optional but informative, complete an [NDDB Preliminary Site Assessment](#)

Project located in an [Environmental Justice Community](#)

Environmental remediation is needed at the site

Property subject to the [Property Transfer Act](#)

Project located on a [brownfield](#)

Project requires hazardous materials management (e.g., removal of asbestos, PCB or lead)

Project located on state property or intersects with state-owned property

Project requires [Connecticut Environmental Policy Act](#) (CEPA) review

Project requires submittal to the [Connecticut Siting Council](#)? Date submitted:

Please name the agencies you already are, or anticipate needing coordination with (for example: DOT, DPH, DECD, BETP, PURA, DoAg, USACE, USEPA, municipal authorities):

DAM SAFETY, WETLANDS, OR COASTAL

- ☐ Construction of a pond or surface water impoundment, including those used for sedimentation, stormwater retention/detention

If yes, will it be (check one): ☐ temporary or ☐ permanent

- ☐ Constructing, altering, rebuilding, or substantially repairing any dam, dike, berm, or any other structure which impounds water above grade

- ☐ Detention or retention basins that exceed 3 acre-feet in volume

If yes, are there any residential areas downgradient?

- ☐ Alteration (e.g., excavating/dredging) of any tidal or inland wetlands, watercourses, flood plains or floodways

If yes, what is the extent of the area to be altered (in acres)?

If yes, will there be ☐ fill, ☐ dredging and/or ☐ excavation?

- ☐ Installing a structure within a tidal or inland wetland or watercourse

- ☐ Nearby wetlands

If yes, what is the approximate buffer between the project footprint and wetlands delineation?

AIR

- ☐ Individual piece of equipment or a process which has the ***potential to emit*** 15 tons or more per year of any individual air pollutant or meet any other applicability requirement of [RCSA Section 22a-174-3a\(a\)](#).

If yes, provide the total proposed annual emissions for the project (tpy):

PM₁₀/PM_{2.5}:

VOC:

CO:

SO_x:

NO_x:

HAPs:

ENERGY

- ☐ generating energy or ☐ storing energy

If yes, do you have an interconnection location identified? ☐ Yes ☐ No

If yes, how many megawatts are you expecting to generate or store?

WASTE AND MATERIALS MANAGEMENT

- ☐ Management of wastes either generated ☐ on-site or ☐ off-site

If yes, what types of wastes will be managed? (Check all that apply)

- ☐ Municipal Solid Waste ☐ Hazardous Wastes (RCRA) ☐ Recyclable Wastes
☐ Biomedical Wastes ☐ Radioactive Wastes ☐ Connecticut Regulated/Special Wastes
☐ Other (please specify):

- ☐ Storage of any liquids or gaseous fuels or chemicals at the site

If yes, describe substance and proposed storage (include above ground, underground, tank size, vapor pressure, etc.):

- ☐ Use or storage of pesticides

- ☐ Manufacturing, possession, use, or disposal of any radioactive materials (e.g., x-ray and materials testing equipment, etc.)

CONSUMPTIVE WATER DIVERSION (select all that apply)

- ☐ Withdrawal of groundwater from one or more wells joined in one system whose combined maximum withdrawal exceeds 50,000 gallons of water during any 24 hour period

If yes, provide: the location of well(s) (lat/long):

quantity of water diverted (million gallons per day):

- ☐ Withdrawal of surface waters in excess of 50,000 gallons during any twenty-four hour period

The location of withdrawals (lat/long):

quantity of water diverted (million gallons per day):

- ☐ Transfer of more than 50,000 gallons of water in any 24 hour period from one water supply distribution system or service area to another such distribution system or service area, or installation of capacity to transfer such water
If so, provide: name of distribution system(s)/service area(s):

quantity of water transferred (million gallons per day):

WATER DISCHARGE

- ☐ Discharges of wastewater (other than domestic sewage), including but not limited to, contact and non-contact cooling water, blowdown from heating and cooling equipment, process wastewaters, rinsewaters, floor drainage, or other wastewaters

If yes, identify below, listing projected daily volume in gallons per day (gpd) and proposed discharge location (i.e., surface water, sanitary sewer, groundwater).

Wastewater Type	Volume (gpd)	Discharge Location

- ☐ Utilization of a sanitary sewage disposal system; *If yes, indicate method and volume (gpd):*

Method	Volume (gpd)	Method	Volume (gpd)
<input type="checkbox"/> Subsurface sewage treatment and disposal system		<input type="checkbox"/> Privately owned treatment works	
<input type="checkbox"/> Publicly owned treatment works		<input type="checkbox"/> Other (please specify):	

ATTACHMENTS

If available and applicable, please provide:

- ☐ A site plan showing:
1. the project's footprint;
 2. the location of environmentally sensitive areas, e.g., coastal resources, aquifer protection zones, floodplains, tidal or inland wetlands, watercourses, etc.;
 3. a notation of the scale used;
 4. existing versus proposed conditions; and
 5. tidal elevations, including datum used (MLW or NAVD 1988)

- ☐ Photographs of the site at low tide and high tide (If tidal wetlands are present. Photographs must be taken during the growing season).

- ☐ Any previous authorizations/enforcement actions for the site.

- ☐ Any available analytical data.

- ☐ For dredging projects, please provide the following:

1. plans showing the lowest predicted tide;
2. If dredged sediment will go upland, plans must show upland disposal areas, groundwater sources, dewatering areas. Please indicate if you have coordinated with the Remediation Division (860-424-3705) for upland disposal; and
3. If any previous dredging permits have been issued, plan view showing previously authorized areas versus current proposed dredging footprints
(This is important to determine if any areas of the dredging project could be COP eligible).

NDDB Preliminary Site Assessment