



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

# General Permit Registration Form for the Discharge of Stormwater from Small Municipal Separate Storm Sewer Systems (MS4)

CPPU USE ONLY	
App #:	_____
Doc #:	_____
Check #:	_____
Program: Stormwater Permits	

Please complete this form in accordance with the general permit (DEEP-WPED-GP-021) in order to ensure the proper handling of your registration. Please print or type unless otherwise noted. The Registration fee must be submitted with this registration.

## Part I: Registration Type

1. This registration is for a (check one): <input checked="" type="checkbox"/> New general permit registration <input type="checkbox"/> Renewal of an existing registration <input type="checkbox"/> A modification of an existing registration	For renewals or modifications: Existing permit number: GSM _____
2. Registrant Type (check one):	Fees
<input type="checkbox"/> state institution/agency	\$625.00 [513]
<input type="checkbox"/> federal institution/agency	\$625.00 [513]
<input checked="" type="checkbox"/> municipality	\$312.50 [513]
3. Municipality name or Municipality where institution is located: <u>Town of Killingly</u>	
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.	

## Part II: Registrant Information

1. Registrant (Name of Municipality or State or Federal Institution/Agency): <u>Town of Killingly</u>	
Mailing Address: <u>172 Main Street</u>	
City/Town: <u>Killingly</u>	State: <u>CT</u> Zip Code: <u>06239</u>
Business Phone: <u>860-779-5360</u>	ext.: <u>5360</u>
Contact Person: <u>David Capacchione</u>	Phone: <u>860-779-5360</u> ext. <u>5360</u>
*E-mail: <u>dcapacchione@killinglyct.gov</u>	
*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, 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 DEEP if your e-mail address changes.	

## Part II: Registrant Information (continued)

### 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:

### 4. Attorney or other representative, if applicable:

Firm Name: St. Onge & Brouillard

Mailing Address: 50 Route 171, Woodstock

City/Town: Woodstock

State: CT

Zip Code: 06281

Business Phone: 860-929-0481

ext.:

Attorney: William St. Onge

Phone: 860-928-0481

ext.

\*E-mail: William St. Onge <WHS@bsblaw.net>

### 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:

### 7. Engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity. ☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

\*E-mail:

Service Provided:

8. ☐ Check here if there are adjacent towns or other entities with which implementation of the Stormwater Management Plan is coordinated for a portion of the subject MS4. If so, provide the names of such towns or entities: \_\_\_\_\_

**Provide the following information about the receiving water(s) that receive stormwater runoff from your MSA:**

The watershed ID and impaired waters status can be found on the CT ECO website: <http://clecoapp1.uconn.edu/advancedviewer/>

<p>a)</p> <p>To what receiving stream, watershed or waterbody does your MS4 discharge?</p>		<p>b)</p> <p>What is your watershed ID (freshwater) or 305b ID (estuary)?</p>	<p>c.1)</p> <p>Is the receiving water identified as an impaired water?</p>	<p>c.2)</p> <p>Has any Total Maximum Daily Load (TMDL) been approved for your receiving waterbody?</p> <p>For more information, go to <a href="http://www.ct.gov/deep/tmdl">www.ct.gov/deep/tmdl</a></p>	<p>If you answered yes to question c.1, then answer the question below.</p>	<p>If you answered yes to question c.2, then answer the question below.</p>
Quinebaug River	3700	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
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## Part IV: MS4 Information

1. Name of Municipality or State or Federal Institution/Agency : **Town of Killingly**

Primary Address or Location Description: **172 Main Street**

City/Town: **Killingly**

State: **CT**

Zip Code: **06239**

2. **INDIAN LANDS:** Is there any activity included in, or proposed to be implemented by, your Stormwater Management Plan that will be located on federally recognized Indian lands? ☐ Yes ☒ No

3. **COASTAL BOUNDARY:** Is there any *new* activity included in, or proposed to be implemented by, your Stormwater Management Plan that will 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, your Stormwater Management Plan must contain provisions to assure compliance with Connecticut's Coastal Management Act (CCMA), sections 22a-90 through 22a-112 of the Connecticut General Statutes (CGS), as amended.

Information on the coastal boundary is available at [www.cteco.uconn.edu/map\\_catalog.asp](http://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 DEEP Maps and Publications (860-424-3555).

4. **ENDANGERED OR THREATENED SPECIES:** According to the most current "State and Federal Listed Species and Natural Communities Map", is there any *new* activity included in, or proposed to be implemented by, your Stormwater Management Plan, that will be located within an area identified as a habitat for endangered, threatened or special concern species?

☐ Yes ☒ No

Date of Map: **2016**

If yes, your Stormwater Management Plan must contain provisions to assure compliance with the State Endangered Species Act CGS section 26-310(a).

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

5. **AQUIFER PROTECTION AREAS:** Is the MS4 or any portion of the MS4 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, your Stormwater Management Plan must contain provisions to assure compliance with the Aquifer Protection Regulations (section 22a-354i(1)-(10) of the Regulations of Connecticut State Agencies).

For more information on the Aquifer Protection Area Program visit the DEEP website at [www.ct.gov/deep/aquiferprotection](http://www.ct.gov/deep/aquiferprotection) or contact the program at 860-424-3020.

6. **CONSERVATION OR PRESERVATION RESTRICTION:** Is there any *new* activity included in, or proposed to be implemented by, your Stormwater Management Plan that will be located within a conservation or preservation restriction area?

☐ Yes ☒ No

If Yes, your Stormwater Management Plan must contain provisions to assure compliance with CGS section 47-42d where 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 kept on site.

#### Part IV: MS4 Information (Continued)

7. **STATE AND FEDERAL HISTORIC PRESERVATION:** Is there any activity included in, or proposed to be implemented by, your Stormwater Management Plan that may result in impacts or potential effects on historic properties? ☐ Yes ☒ No

If Yes, your Stormwater Management Plan must contain provisions to assure consistency with the state Historic Preservation statutes, regulations, and policies including identification of any potential impacts on property listed or eligible for listing on the Connecticut Register of Historic Places. A review conducted for an Army Corps of Engineers Section 404 wetland permit would meet this qualification.

8. **DISCHARGE TO IMPAIRED WATERS:** Is there any activity included in, or proposed to be implemented by, your Stormwater Management Plan that will result in a **new or increased** discharge from the MS4 to waters listed as impaired in the most recent Connecticut Integrated Water Quality Report pursuant to Clean Water Act section 303(d) and 305(b)?

☐ Yes ☒ No

If Yes, your Stormwater Management Plan must demonstrate that there is no net increase in loading to the impaired water of the pollutant for which the waterbody is impaired.

9. **DISCHARGE TO HIGH QUALITY WATERS:** Any **new or increased** stormwater discharge to high quality waters shall be discharged in accordance with the Connecticut Anti-Degradation Implementation Policy in the Water Quality Standards.

#### Part V: Supporting Documentation

Check the applicable box below for each attachment being 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.

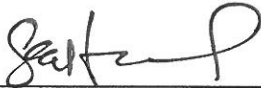
- ☒ Attachment A: Stormwater Management Plan: **(REQUIRED for ALL registrants)**  
☒ Provide URL: <http://www.killingly.org/engineering-department-facilities-maintenance/webforms/stormwater-educational-material>  
or  
☐ submit an electronic copy to the web address indicated at the end of this form.
- ☒ Attachment B: 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 MS4/Institution/Agency. Indicate the quadrangle name on the map. **(REQUIRED for ALL registrants)**
- ☒ Attachment C: Best Management Practices Table (attached to this form) **(REQUIRED for ALL registrants)**



**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 insufficient unless *all* required signatures are provided ***and are the proper signatory authority.*** (If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.)

"I hereby certify that I am making this certification in connection with a registration under the General Permit for the Discharge of Stormwater from Small Municipal Separate Storm Sewer Systems (MS4), submitted to the commissioner by Sean Hendricks for an activity located at or within the Town of Killingly, and that all terms and conditions of the general permit are being met for all discharges which have been initiated and such activity is eligible for authorization under such permit. I further certify that a system is in place to ensure that all terms and conditions of this general permit will continue to be met for all discharges authorized by this general permit at the site. I certify that the registration filed pursuant to this general permit is on complete and accurate forms as prescribed by the commissioner without alteration of their text. I certify that I have personally examined and am familiar with the information that provides the basis for this certification, including but not limited to all information described in Section 3(b)(8)(A) of such general permit, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I certify that I have made an affirmative determination in accordance with Section 3(b)(8)(B) of this general permit. I understand that the registration filed in connection with such general permit is submitted in accordance with and shall comply with the requirements of section 22a-430b of Connecticut General Statutes. I also understand that knowingly making any false statement made in the submitted information and in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."



Signature of Registrant/Authorized Representative

3-29-2017

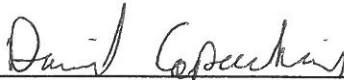
Date

Sean Hendricks

Printed Name of Registrant/Authorized Representative

Town Manager

Title (if applicable)



Signature of Preparer (if different than above)

03/28/17

Date

David Capacchione

Printed Name of Preparer

Town Engineer

Title (if applicable)



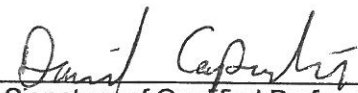
Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. Signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) must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

## Part VII: Qualified Professional Certification

The qualified professional, as defined in the subject general permit, must sign this part. A registration will be considered insufficient unless *all* required signatures are provided **and are the proper signatory authority**.

"I hereby certify that I am a qualified professional engineer, as defined in the General Permit for the Discharge of Stormwater from Small Municipal Separate Storm Sewer Systems. I am making this certification in connection with a registration under such general permit, submitted to the Commissioner by Sean Hendricks for an activity located at or within the Town of Killingly. I have personally examined and am familiar with the information that provides the basis for this certification, including but not limited to all information described in Section 3(b)(9)(A) of such general permit, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining such information, that the information upon which this certification is based is true, accurate and complete to the best of my knowledge and belief. I certify, based on my review of all information described in Section 3(b)(9)(A) of such general permit and on the standard of care for such projects, that I have made an affirmative determination in accordance with Section 3(b)(9)(B) of this general permit. I understand that this certification is part of a registration submitted in accordance with section 22a-430b of Connecticut General Statutes and is subject to the requirements and responsibilities for a qualified professional in such statute. I also understand that knowingly making any false statement in this certification may be punishable as a criminal offense, including the possibility of fine and imprisonment, under section 53a-157b of the Connecticut General Statutes and any other applicable law."

Nothing in this section shall be construed to authorize a professional engineer or a landscape architect to engage in any profession or occupation requiring a license under any other provision of the general statutes without such license.



Signature of Qualified Professional

03/28/17

Date

David Capacchione

Printed Name of Qualified Professional

Town Engineer

Title (if applicable)

PEN. 0025672

Qualified Professional License Number

Signature of Preparer (if different than above)

Date

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. Signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) must be included.

All completed and supporting materials (along with the fee) are to be submitted to:

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

An electronic copy must also be sent to [DEEP.StormwaterStaff@ct.gov](mailto:DEEP.StormwaterStaff@ct.gov)

## Best Management Practices (BMPs)

For each Minimum Control Measure (MCM), list existing or proposed BMPs, the department/parties that will be responsible for implementing each BMP, the goal(s) you expect to achieve, and the month and year that the BMP will be implemented. Please note that certain mandatory minimum BMPs identified in the MS4 General Permit are already listed.

Name of City/Town: **Killingly**

Name of Institution (if applicable):

Address: **172 Main Street, Killingly CT 06239**

Existing permit number (if applicable): **GSM**

	MCM(1) Public Education and Outreach	Responsible Department/Parties	Measurable Goal	Month/Year of Implementation
1-1	Implement public education program	Engineering / DAC	Inform the public	07/01/18
1-2	Address education/outreach for pollutants of concern	Engineering / DAC	Inform the public	07/01/18
1-3	Modify site plan check list	Planning / AMA	Inform the public	07/01/18
1-4				
1-5				
1-5				
1-7				
1-8				
1-9				
1-10				
	MCM(2) Public Involvement/Participation	Responsible Department/Parties	Measurable Goal	Month/Year of Implementation
2-1	Comply with public notice requirements for the Stormwater Management Plan and Annual Reports	Engineering / DAC	Inform the public	07/01/17
2-2				
2-3				
2-4				
2-5				
2-6				
2-7				
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2-10				



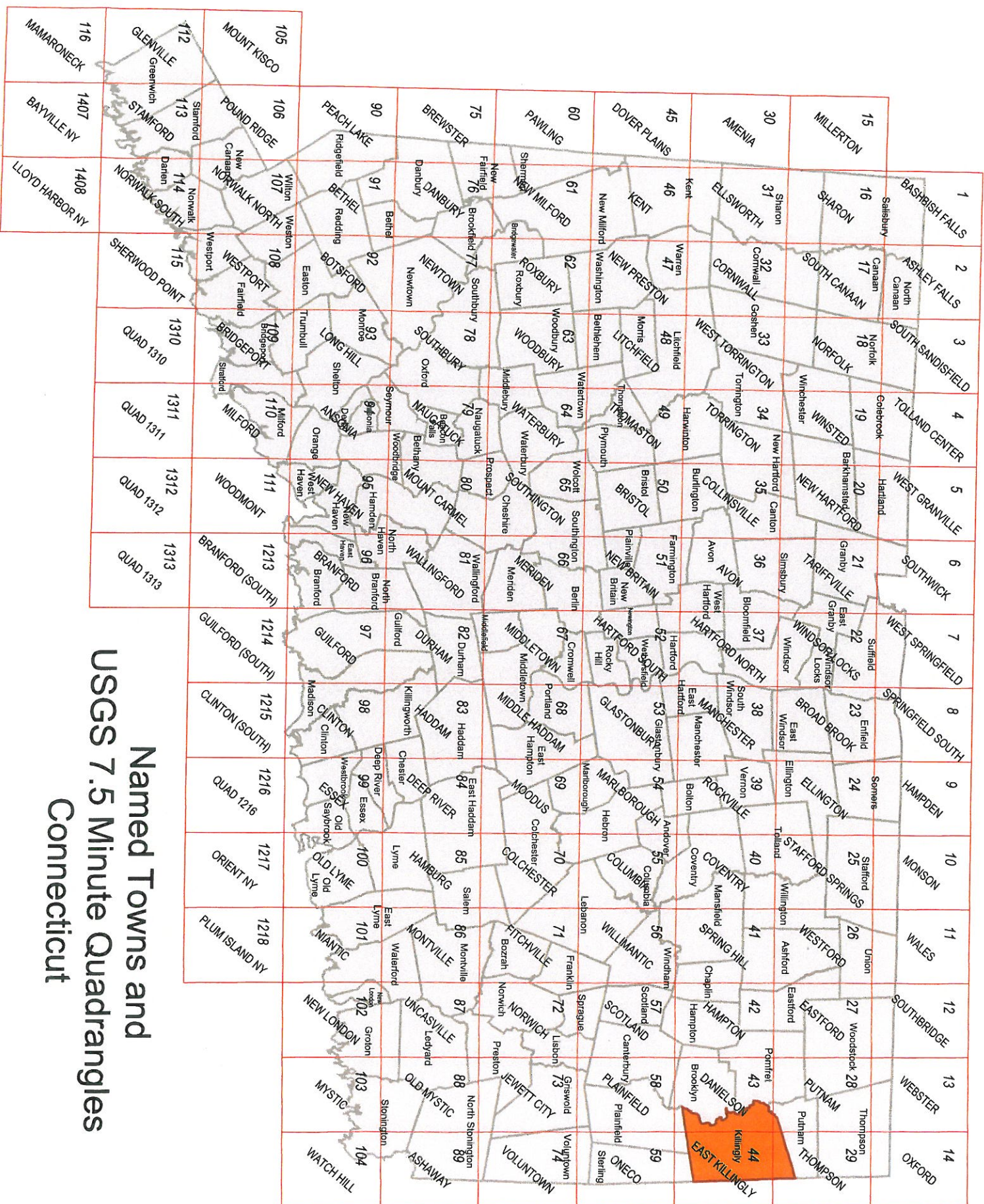
## BMPs (continued)

	MCM(3) Illicit Discharge Detection & Elimination	Responsible Department/Parties	Measurable Goal	Month/Year of Implementation
3-1	Develop written IDDE program	Engineering / DAC	Complete written program	07/01/18
3-2	Develop list and maps of all MS4 stormwater outfalls in urbanized and priority areas	Engineering / DAC	Identify outfalls in priority areas	07/01/19
3-3	Develop citizen reporting program	Engineering / DAC	Complete program development	07/01/18
3-4	Establish legal authority to prohibit illicit discharges	Engineering / DAC	Identify illicit discharges	07/01/18
3-5	Develop record keeping system for IDDE tracking	Engineering / DAC	Develop system	07/01/17
3-6	Address IDDE in areas with pollutants of concern	Engineering / DAC	Identify illicit discharges	07/01/17
3-7	Develop MS4 mapping	Engineering / DAC	Identify outfalls	07/01/20
3-8	Complete list & maps of MS4 Stormwater Outfalls	Engineering / DAC	Identify outfalls	07/01/22
3-9				
3-10				
	MCM(4) Construction Site Runoff Control	Responsible Department/Parties	Measurable Goal	Month/Year of Implementation
4-1	Implement, upgrade (as necessary) and enforce land use regs or other legal authority to meet requirements of MS4 general permit	Planning / AMA	Modify regulations	07/01/19
4-2	Develop/implement plan for interdepartmental coordination in site plan review and approval	Planning / AMA	Develop & Implement Plan	07/01/17
4-3	Review site plans for stormwater quality concerns	Engineering / DAC & Planning / AMA	Develop & Implement	07/01/17
4-4	Conduct site inspections	Engineering & Planning / MPD & ER	Initiate Inspections	07/01/17
4-5	Implement procedure to allow public comment on site development	Planning / AMA	Implement procedure	07/01/17
4-6	Implement procedure to notify developers about DEEP construction stormwater permit	Engineering & Planning / DAC & AMA	Implement procedure	07/01/17
4-7				
4-8				
4-9				
4-10				

**BMPs (continued)**

DWIFs (continued)				
	MCM(5) Post-Construction Stormwater Management	Responsible Department/Parties	Measurable Goal	Month/Year of Implementation
5-1	Establish and/or update legal authority and guidelines regarding LID and runoff reduction in site development planning	Planning / AMA	Update LID	07/01/21
5-2	Enforce LID/runoff reduction requirements for development and redevelopment projects	Planning / AMA	Implement plan	07/01/21
5-3	Implement long-term maintenance plan for stormwater basins and treatment structures	Engineering / DAC	Implement plan	07/01/19
5-4	DCIA mapping	Engineering / DAC	Complete mapping	07/01/20
5-5	Address post-construction issues in areas with pollutants of concern	Planning / AMA	Address issues	07/01/19
5-6				
5-7				
5-8				
5-9				
5-10				
	MCM(6) Pollution Prevention/Good Housekeeping	Responsible Department/Parties	Measurable Goal	Month/Year of Implementation
6-1	Develop/implement formal employee training program	Engineering / DAC	Develop program	07/01/17
6-2	Implement MS4 property and operations maintenance	Engineering / DAC	Implement plan	07/01/17
6-3	Implement coordination with interconnected MS4s	Engineering / DAC	Implement plan	07/01/17
6-4	Develop/implement program to control other sources of pollutants to the MS4	Engineering / DAC	Implement plan	07/01/17
6-5	Evaluate additional measures for discharges to impaired waters	Engineering / DAC	Evaluate	07/01/17
6-6	Track projects that disconnect DCIA	Engineering / DAC	Implement tracking	07/01/17
6-7	Develop/implement infrastructure repair/rehab program	Engineering / DAC	Develop program	07/01/17
6-8	Develop/implement plan to identify/prioritize retrofit projects	Engineering / DAC	Develop plan	07/01/20
6-9	Develop/implement street sweeping program	Highway / TFS	Develop program	07/01/17
6-10	Develop/implement catch basin cleaning program	Highway / TFS	Develop program	07/01/17
6-11	Develop/implement snow management practices	Engineering / MPD	Develop practices	07/01/17













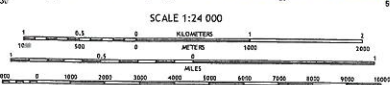
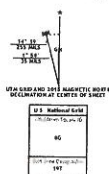
U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY



PUTNAM QUADRANGLE  
CONNECTICUT-WINDHAM CO.  
7.5-MINUTE SERIES



Produced by the United States Geological Survey  
North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84) Projection and  
1983-meter grid. Contour Interval: 10 Feet. Elevation: 1000 Feet. UTM Zone 18N. UTM Datum: NAD83.  
This map is not a legal document. Boundaries may be  
generalized for this map scale. Private lands within government  
reservations may not be shown. Obtain permission before  
entering private lands.



1	2	3	4	5	6	7	8	9	10
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PUTNAM, CT  
2015

USGS  
7.5-MINUTE SERIES  
USGS REF NO. 33-58683

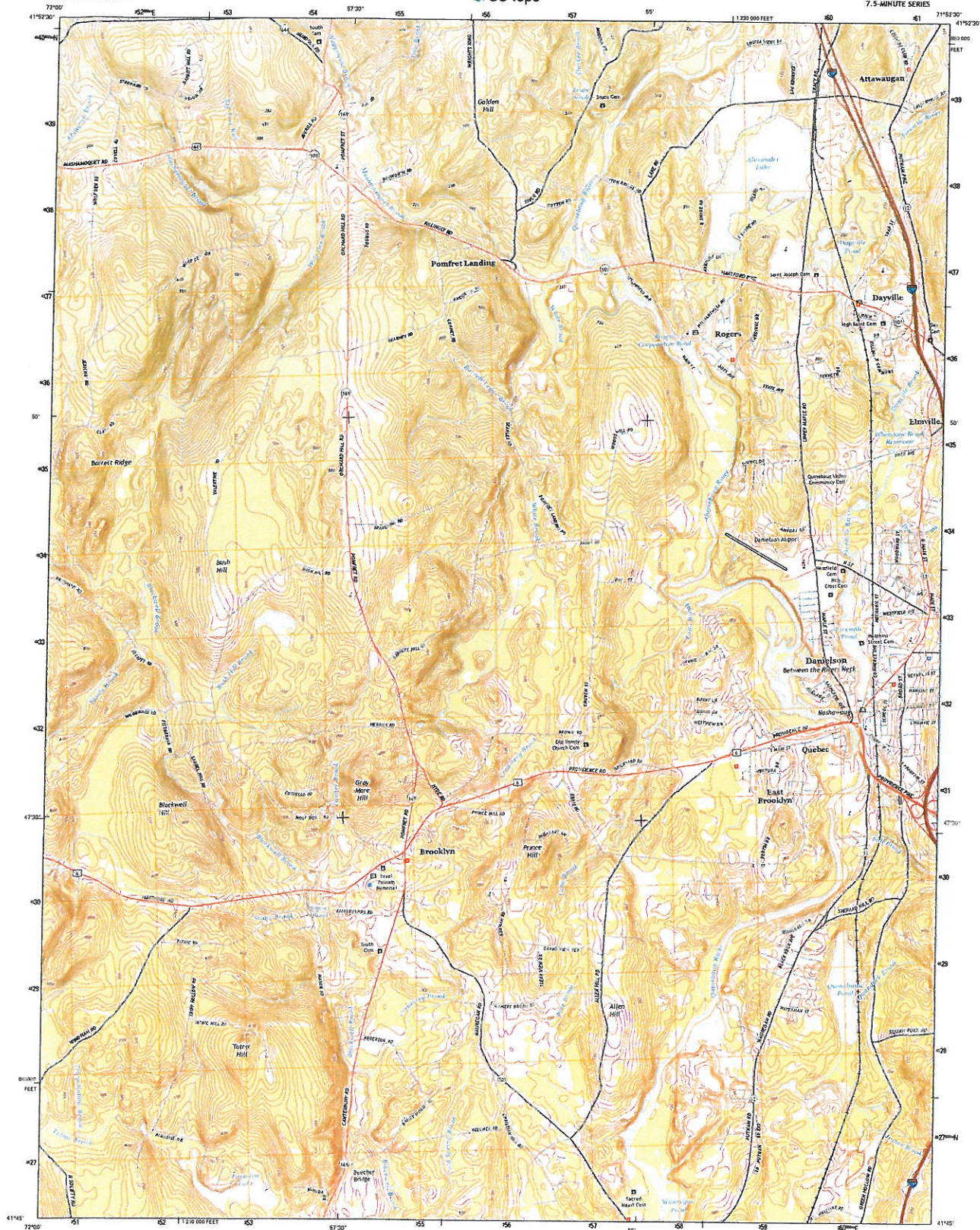




U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY



DANIELSON QUADRANGLE  
CONNECTICUT-WINDHAM CO.  
7.5-MINUTE SERIES



Produced by the United States Geological Survey

North American Datum of 1983 (NAD83)

World Geodetic System of 1984 (WGS84)

1:50,000 scale, Universal Transverse Mercator, Zone 18T

10 000-foot UTM Coordinate Grid System of 1972

This map is not a legal document. Boundary may be

generalized for this map scale. Private land within government

reservations may not be shown. Check permission before

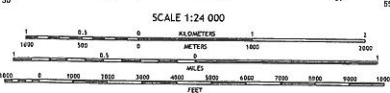
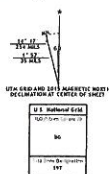
entering private lands.

Property: ..... MAP, July 2014

North: ..... HERE, (2013) 2014

Hydrography: ..... National Hydrography Dataset, 2014

Boundaries: ..... Multiple sources; see metadata file 1972-2015



SCALE 1:24 000

CONTINUOUS VERTICAL DATUM OF 1983

NORTH AMERICAN DATUM OF 1983

This map was produced to conform with the

National Geospatial Program US Topo Product Standard, 2011.

A resolution file associated with this product is available for download.



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DANIELSON, CT  
2015

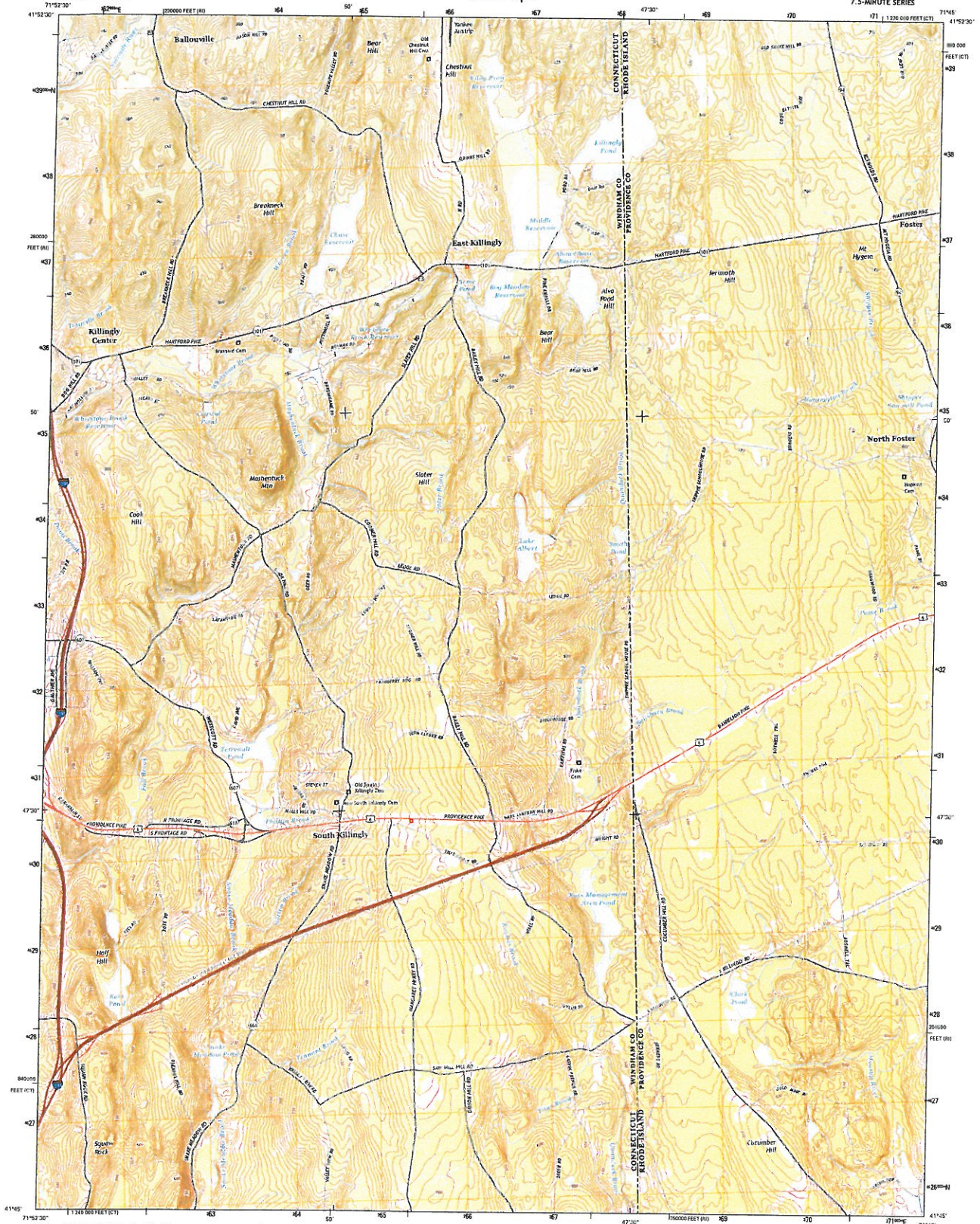




U.S. DEPARTMENT OF THE INTERIOR  
U.S. GEOLOGICAL SURVEY



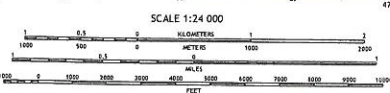
EAST KILLINGLY QUADRANGLE  
CONNECTICUT-RHODE ISLAND  
7.5-MINUTE SERIES



Produced by the United States Geological Survey  
North American Datum of 1983 (NAD83)  
World Geodetic System of 1984 (WGS84)  
1000-meter grid. Universal Transverse Mercator, Zone 18T  
10 000-foot grid. Connecticut Coordinate System of 1913,  
Rhode Island Coordinate System of 1913

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used for general information only. Private land within government  
reservations may not be shown. Obtain permission before  
entering private lands.

Imagery: NIP, July 2014  
Roads: HERE, ©2013 - 2014  
Name: GNS, 2015  
Hydrography: National Hydrography Dataset, 2014  
Contour: National Elevation Dataset, 2013  
Boundaries: Multiple sources; are metadata file 1977 - 2015



CONTINUOUS INTERVAL 10 FEET  
NORTH AMERICAN VERTICAL DATUM OF 1983  
The map was produced to conform with the  
National Geospatial Program US Topo Product Standard, 2015.  
A metadata file associated with this product is draft version 1.0.1.



1	2	3	4	5	6	7	8	9	10
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1	2	3	4	5	6	7	8	9	10

EAST KILLINGLY, CT-RI  
2015

