

Property within 500' of adjoining Town boundary? _____
If so, which town(s)? _____
Date the notice was sent by KIWWC to town clerk of adjoining municipality(ies) _____
Receipt date of copy of Applicants notice to adjoining municipality _____

Zoning Permit Reference #: _____
Date of Staff Authorization: _____
Date of legal notice to be published _____
Appeal period ending: _____

KILLINGLY INLAND WETLAND AND WTERCOURSES COMMISSION
AGENT APPROVAL APPLICATION

A \$150.00 base fee plus a \$60.00 State fee must accompany each application (**Total fee: \$210.00**). **ALL FEES AND ADVERTISING COSTS ARE NON-REFUNDABLE.** Checks or Money orders should be made payable to the Town of Killingly.

TO BE COMPLETED BY THE APPLICANT - PLEASE PRINT:

Applicant's Name: _____
Daytime Phone: _____ Evening Phone: _____
Mailing Address: _____
Owner of Record: _____ Mailing Address: _____
Applicants interest in the Project (if not the property owner): _____
Authorization from property owner: _____

LOCATION OF THE PROPERTY/PROJECT:

House # and Street: _____
Tax Map #: _____ Block: _____ Lot: _____
Zoning District: _____ Lot Size: _____ Lot Frontage: _____

DESCRIBE THE PROPOSED ACTIVITY: (applicant must attach a scale drawing of the proposed activity showing north arrow, property boundaries, location of activity in relation to wetland/watercourse as well as steps to be taken to avoid any impacts to the wetlands and/or watercourses.)

The applicant understands that this application is to be considered complete only when all information and documents required by the Agent have been submitted. The undersigned warrants the truth of all statements contained herein and all supporting documents according to the best of his/her knowledge and belief. Permission is granted to the Town of Killingly and applicable agent(s) to walk the land at reasonable times and perform those tests necessary to properly review the application, both before and after the approval is granted/issued.

Applicant's Signature: _____ Date: _____
Owner of Record: _____ Date: _____

Reason for Agent approval: _____ DEP form completed: _____

Conditions attached to approval: _____

Authorized Agent Signature: _____ Date: _____

PROJECTS WITHIN A PUBLIC WATER SUPPLY WATERSHED OR AQUIFER AREA

“As required by Sections 8-3i and 22a-42f of the Connecticut General Statutes, ALL APPLICANTS, before a Town Board for any project within a public water supply aquifer and/or watershed area are required to notify a water company of any such proposed project by certified mail NO LATER THAN SEVEN (7) DAYS after the date of the application...”

For those within a Connecticut Water Company watershed, they need to file the attached updated Project Notification Form, which is required for applications for projects within their aquifer or watershed areas.

Said form is to be mailed, certified mail return receipt, to the following:

Jessica Demar, Environmental & Regulatory Compliance Coordinator
Connecticut Water Company
93 West Main Street
Clinton, CT 06413

(Office) 860.669.8636
(Fax) 860.669.9326
(Customer Service) 800.286.5700

**Public Water Supply Watershed or Aquifer Area
Project Notification Form**

Requirement:

All applicants before a municipal Zoning Commission, Planning and Zoning Commission, Zoning Board of Appeals, or Inland Wetlands Agency for any project located within a public water supply aquifer or watershed area are required by Section 8-3i and Sec. 22a-42 of the CT General Statutes to notify Connecticut Water Company of the proposed project by certified mail not later than 7 days after the date of the application. The notice should be sent to: Jessica Demar, Environmental & Regulatory Compliance Coordinator, Connecticut Water Company, 93 West Main Street, Clinton, CT 06413 by Certified Mail, Return Receipt.

General Information:

1. Location map of the project site (please show enough information to locate site).
2. Site plans, including soil erosion and sediment control plan, which have been submitted to the town commission for review.
3. Project address _____
4. Total acreage of project site _____
5. Existing land use _____
6. Description of proposed project _____

7. Acreage of area to be disturbed including structures, additions, paving, and soil disturbance _____

8. Type of sanitary system (circle one): septic system / public sewer / none
9. Number of **existing** or **proposed** floor drains and their point of discharge e.g. sanitary sewer, holding tank, or ground _____

10. Water accessed by (circle one): private well / public water / none
If other, please specify _____

11. Distance of site disturbance to nearest watercourse or wetland _____

12. Brief description of **existing and proposed** stormwater management system, including roof drainage, paved areas etc., and discharge points e.g. municipal sewers, drywells, streams, vegetated areas, detention basins etc. _____

13. Type of heat for facility _____

14. List of **existing and proposed** underground or above-ground storage tanks including age, capacity and contents _____

15. List of potentially harmful chemicals stored or used on property (**existing and proposed**) and typical onsite volumes, including but not limited to petroleum products, lubricants, solvents, detergents and pesticides _____

16. Describe any wastes generated and their means of disposal _____

17. Date application will be heard by Planning and Zoning Commission _____

18. Date application will be heard by Zoning Board of Appeals _____

19. Date application will be heard by Inland Wetlands Commission _____

20. Name, address and telephone number of contact person for the project:

Name of person completing form Signature Date

Watershed or Aquifer Area Project Notification Form

REQUIREMENT:

Within seven days of filing, all applicants before a municipal Zoning Commission, Planning and Zoning Commission, Zoning Board of Appeals or Inland Wetlands Commission for any project located within a public water supply aquifer or watershed area are required by Public Act No. 06-53 of the CT General Statutes to notify The Commissioner of Public Health and the project area Water Company of the proposed project by providing the following information.

To determine if your project falls within a public water supply aquifer or watershed area visit the appropriate town hall and look at their *Public Drinking Water Source Protection Areas* map. If your project falls completely within or contain any part of a public water supply aquifer or watershed you are required to complete the following information.

Note: You will need information obtained from the *Public Drinking Water Source Protection Areas* map located in the appropriate town hall to complete this form.

Step 1: Have you already notified the CT Department of Public Health (CTDPH) of this project?

No, Go to Step 2

Yes, I have notified DPH under a different project name - Complete steps 4-6

Yes, same name different year - Notification Year Complete steps 4-6

Step 2:

1. Name of public water supply aquifer your project lies within: _____

2. Name of the public water supply watershed your project lies within: _____

3. Public Water Supply Identification number (PWSID) for the water utility: _____ CT

Step 3: For 1-5 Check all that apply

1. My project is proposing:

Industrial use; Commercial use; Agricultural use; Residential use;

Recreational use; Transportation improvements; Institutional (school, hospital, nursing home, etc.);

Quarry/Mining; Zone Change, Please Describe: _____

Other, Please describe: _____

2. The total acreage of my project is:

Less than or equal to 5 acres Greater than 5 acres

3. My project site contains, abuts or is within 50 feet of a:

Wetland; Stream; River; Pond or Lake

4. Existing use of my project site is:

- Grassland/meadow; Forested; Agricultural; Transportation; Institutional (school, hospital, nursing home, etc.); Residential; Commercial; Industrial; Recreational; Quarry/Mining
- Other Please Describe: _____

5. My project will utilize:

- septic system; existing public sewer; new public sewer; agricultural waste facility;
- existing private well; new private well; existing public water supply;
- new public water supply, if new have you applied for a certificate of public convenience and necessity from DPH? Yes No

6. My project will contain this percentage of built up area (buildings, parking, road/driveway, pool): Less than or equal to 20% Greater than 20% to 50% Greater than 50%

Step: 4 Applicants Contact Information:

Name: _____

E-mail address: _____

Telephone: _____

Fax number: _____

Step 5: Please provide the following if available:

Project name: _____

Project site address: _____

Town: _____

Project site nearest intersection: _____

Project site latitude and longitude: _____

E-mail completed form to dph.swpmail@ct.gov