

Transfer Form for Registrations and Permits in Aquifer Protection Areas

Please complete this form in accordance with the instructions to ensure the proper handling of the transfer of your registration/permit. Print or type unless otherwise noted. You must submit the fee along with this form.

This transfer form is for transferring a registration or permit for regulated activities in Aquifer Protection Areas in accordance with Section 455-8 of the Aquifer Protection Area Regulations in the Town of Canton.

AGENCY USE ONLY	
Application No.	_____
Registration No.	_____
Permit No.	_____
APA Name	_____
Date of Receipt	_____

Part I: Transfer Type

Check the appropriate box identifying the transfer type.

This transfer is for (check one):		
<input type="checkbox"/>	A <i>registration</i>	
<input type="checkbox"/>	A <i>permit</i>	
Please identify the aquifer protection registration or permit number you are proposing to transfer.		
Registration or Permit Number	Expiration Date	Date of Proposed Transfer

Part II: Fee Information

<p>A transfer fee of \$50 shall be submitted with the transfer form. A transfer of registration/permit shall not be deemed complete and no activity will be authorized by this transfer form unless the fee has been paid in full. The transfer will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Town of Canton.</p>

Part III: General Information

1. Name of facility:			
Street Address:			
City/Town:	State:	Zip Code:	
2. Fill in the name, address and phone number of the current licensee.			
Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	Ext.	Fax:	
E-mail Address:			

Part III: General Information (continued)

Contact Person: Title:
Registration Number:
Permit Number:

3. Fill in the name, address and phone number of the proposed transferee.

Name:
Mailing Address:
City/Town: State: Zip Code:
Business Phone: Ext. Fax:
E-mail Address:
Contact Person: Title:
Registration Number:
Permit Number:

4. Name of facility (if it will change with the transfer):

Street Address:
City/Town: State: Zip Code:

5. Proposed transferee's interest in the property at which the regulated or permitted activity is located:

site owner option holder lessee facility owner
 easement holder operator other (specify):

Check here if there are co-applicants. If so, label and attach additional sheet(s) to this sheet with the required information as supplied above.

6. List new primary contact for correspondence and inquires, if different than the proposed transferee.

Name:
Mailing Address:
City/Town: State: Zip Code:
Business Phone: Ext. Fax:
E-mail Address:
Contact Person: Title:

Part III: General Information (continued)

7. List new attorney or other representative(s), if applicable.

Firm Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

Ext.

Fax:

Attorney:

8. New Property, Facility and/or Site Owner, if different than the proposed transferee.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

Ext.

Fax:

E-mail Address:

Contact Person:

Title:

Location address, if different than mailing address:

property owner facility owner site owner

9. New Facility Operator, if different than the owner:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

Ext.

Fax:

Contact Person:

Title:

Type (check one): individual private company municipality

10. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the transfer or in designing or constructing the activity.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

Ext.

Fax:

Contact Person:

Title:

Service Provided:

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

Part IV: Certification of Best Management Practices

The transferee and operator, if different from the transferee, must certify that the facility is in compliance with all the best management practices set forth in Section 455-8 of the Aquifer Protection Area Regulations. The transferee and the operator, if different from the transferee, must sign this part. A transfer form will be considered incomplete unless the required signatures are provided.

For a full description of Best Management Practices (BMP's) for regulated activities, see Section 8 of the Aquifer Protection Area Regulations or Appendix B of the instructions.

"I certify that the subject facility is in compliance with all the best management practices set forth in Section 455-12 of the Aquifer Protection Area Regulations. I have checked the box by each of the following statements as verification that the subject facility is in compliance with all applicable best management practices. "

- Storage of hazardous materials above ground is in compliance with all provisions of Section 455-12(A)1 of the Aquifer Protection Area Regulations.
- The number of underground storage tanks used to store hazardous materials shall not increase in accordance with Section 455-12(A)2 of the Aquifer Protection Area Regulations.
- Replacement of any underground storage tanks used to store hazardous materials shall take place in accordance with all provisions of Section 455-12(A)3 of the Aquifer Protection Area Regulations.
- Devices for release of wastewaters to the ground shall not be used except in accordance with Section 455-12(A)4 of the Aquifer Protection Area Regulations.
- A Materials Management Plan has been developed in accordance with Section 455-12(A)5 of the Aquifer Protection Area Regulations and will be implemented upon issuance of a transfer.

Signature of Transferee

Date

Name of Transferee (print or type)

Title (if applicable)

Signature of Operator (if different than above)

Date

Name of Operator (print or type)

Title (if applicable)

Part V: Supporting Documents

Please check the box by the attachments as verification that *all* applicable attachments have been submitted with this transfer 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 both the licensee and the proposed transferee's name.

- Attachment A: A copy of the licensee's Registration Form and Registration Certificate

- Attachment B: A copy of the Facility Boundary Map (*Required as an attachment for all Registrations*)
An 8" X 11" copy of the relevant portion of a USGS Topographic Quadrangle Map with the exact location of the facility* (property) boundaries shown. A larger scale [local property or assessor's] map with the facility boundaries shown, may also be submitted to clarify boundary locations.

- Attachment C: Materials Management Plan, *if applicable*.

- Attachment D: Stormwater Management Plan, *if applicable*.

(continued on the following page)

Part VII: Transferee Certification

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

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments, and I certify, 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.</p> <p>I understand that any false statement made in the submitted information is punishable as a criminal offense, under Section 53a-157b of the General Statutes and any other applicable law.</p> <p>I understand that this transfer shall become effective upon the Agency's written approval of this request. I understand that there are penalties for conducting any activity requiring a registration or a permit. I understand that this registration and permit transfer form is only to be used for changes in owners and operators of the licensed activity; if other changes are being proposed to the facility or site or facility operations, the proposed transferee must also obtain necessary permits or approvals.</p> <p>I certify that this application is on complete and accurate forms as prescribed by the Agency without alteration of the text.”</p>	
<hr/> Signature of Transferee	<hr/> Date
<hr/> Name of Transferee (print or type)	<hr/> Title (if applicable)
<hr/> Signature of Preparer (if different than above)	<hr/> Date
<hr/> Name of Preparer (print or type)	<hr/> Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.	

Please submit the Transfer Form, Fee, and all Supporting Documents to:

TOWN OF CANTON AQUIFER PROTECTION AGENCY
 TOWN HALL
 4 MARKET STREET, P.O. BOX 168
 CANTON, CT 06022

The Transferee shall also email a copy of this completed form to the following:

1. Department of Energy and Environmental Protection at DEEP.AquiferProtection@ct.gov,
2. Department of Public Health at DPH.SourceProtection@ct.gov, and
3. The affected water company (CT Water) Jessica Bladwin at Jessica.Baldwin@ctwater.com