



**General Permit Application Form for the Discharge of Stormwater from Construction Activities, effective 01/01/2026**

Prior to completing this form, you **must** read the instructions for the subject general permit available at Stormwater Construction GP webpage (<https://portal.ct.gov/deep/water-regulating-and-discharges/stormwater/construction-stormwater-gp>).

**Part I: Application Type**

Select the appropriate boxes identifying the registration type and registration deadline.

Application Type		Application Timeline	
<input checked="" type="checkbox"/>	<b>New Registration</b>	<input checked="" type="checkbox"/> <b>Locally Approvable</b>  Size of soil disturbance: 7.50	<b>New registration - Sixty (60) days prior to the initiation of the construction activity for:</b>  For sites with a total soil disturbance area of 5 or more acres
		<input type="checkbox"/> <b>Locally Exempt</b>  Size of soil disturbance: _____	<input type="checkbox"/> <b>New registration - Sixty (60) days prior to the initiation of the construction activity for:</b>  Sites with a total disturbance area of one (1) to twenty (20) acres except those with discharges to impaired waters or tidal wetlands
			<input type="checkbox"/> <b>New registration - Ninety (90) days prior to the initiation of the construction activity for:</b>  (i) Sites with a total soil disturbance area greater than twenty (20) acres, or (ii) Sites discharging to a tidal wetland (that is not fresh-tidal and is located within 500 feet), or (iii) Sites discharging to the impaired water listed in the "Impaired Waters Table for Construction Stormwater Discharges"

## Part II: Fee Information

### 1. New Applications

#### a. Locally approvable projects:

\$1250

#### b. Locally exempt projects (application and Plan):

\$3,000 total soil disturbance area  $\leq$  twenty (20) acres.

\$4,000 total soil disturbance  $>$  twenty (20) acres and  $\leq$  fifty (50) acres.

\$5,000 total soil disturbance  $>$  fifty (50) acres.

#### c. Is Renewal

\$1250

Total Fee: \_\_\_\_\_ \$1,250.00

*The fees for municipalities shall be half of those indicated in subsections 1.a and 1.b above pursuant to Section 22a-6(b) of the Connecticut General Statutes. State and Federal agencies shall pay the full fees specified in this subsection. The application will not be processed without the fee. The fee shall be non-refundable and shall be paid by certified check or money order payable to the Department of Energy and Environmental Protection.*

## Part III: Registrant Information

- If a registrant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of the State. If applicable, the registrant's name shall be stated **exactly** as it is registered with the Secretary of the State online Business Records Search at: <https://service.ct.gov/business/s/onlinebusinesssearch>
- If a registrant 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.).

1. Registrant /Client Name:	Southeastern Connecticut Regional Resources Recovery Authority (SCRRA)		
Registrant Type:	Business Entity		
Secretary of the State business ID #:	_____		
Mailing Address:	7 Hurlbutt Rd		
City/Town:	Gales Ferry	State:	CT
		Zip Code:	06335
Business Phone:	(860) 381-5558	ext.:	_____
	<i>Example:(xxx) xxx-xxxx</i>		
Contact Person:	David Aldridge	Title :	Executive Director
E-Mail:	daldridge@scrrra.org		
2. List billing contact:			
Name:	Southeastern Connecticut Regional Resources Recovery Authority (SCRRA)		
Mailing Address:	7 Hurlbutt Rd		
City/Town:	Gales Ferry	State:	CT
		Zip Code:	06335
Business Phone:	(860) 381-5558	ext.:	_____
Contact Person:	David Aldridge	Title :	Executive Director

3. List primary contact for departmental correspondence and inquiries:  
 Name: Southeastern Connecticut Regional Resources Recovery Authority (SCRARRA)  
 Mailing Address: 7 Hurlbutt Rd  
 City/Town: Gales Ferry State: CT Zip Code: 06335  
 Business Phone: (860) 381-5558 ext. \_\_\_\_\_  
 Contact Person: David Aldridge Title: Executive Director

4. List owner of the property on which the activity will take place:  
 Name: Southeastern Connecticut Regional Resources Recovery Authority (SCRARRA)  
 Mailing Address: 7 Hurlbutt Rd  
 City/Town: Gales Ferry State: CT Zip Code: 06335  
 Business Phone: (860) 381-5558 ext. \_\_\_\_\_  
 Contact Person: David Aldridge

5. List preparer:  
 Name: SCS Engineers  
 Mailing Address: 4 Executive Blvd  
 City/Town: Suffern State: NY Zip Code: 10901  
 Business Phone: (845) 357-1052 ext. \_\_\_\_\_  
 Contact Person: Greg McCarron Title: Project Director

6. List design professional:  
 Name: SCS Engineers  
 Mailing Address: 4 Executive Blvd  
 City/Town: Suffern State: NY Zip Code: 10901  
 Business Phone: (845) 357-1052 ext. \_\_\_\_\_  
 Contact Person: Greg McCarron Title: Project Director

7. List Reviewing Qualified Professional (for locally approvable projects only):  
 Name: SCS Engineers  
 Mailing Address: 4 Executive Blvd  
 City/Town: Suffern State: NY Zip Code: 10901  
 Business Phone: (845) 357-1052 ext. \_\_\_\_\_  
 Contact Person: Greg McCarron Title: Project Director

**Part IV: Site Information**

Site Name: REWORLD CONNECTICUT COMPANY  
Street Address or Description of Location: 132 ROUTE 12  
City/Town: PRESTON State: CT Zip Code: 06365  
Longitude: -72.065990 Latitude: 41.474890

**Brief Description of construction activity:**

The compost facility will be located south of Brewster Road and will occupy about 7.5 acres. The area for the facility will be cleared, partially paved, and concrete composting bunkers will be installed along with a receiving building, scale, retention pond, etc.

Project Start Date: 31 May 2026 Anticipated Completion Date: 31 Dec 2026  
Normal working hours: 8 to 6

1. What type of the project is this?  Locally Approvable Project  
 Locally Exempt Project
- a. Locally Approvable Project  
Is this application for the site design phase of a design-build project conducted by a State entity?  Yes  No  NA
- a. Locally Exempt Project  
Is this application for the site design phase of a design-build project conducted by a Federal entity?  Yes  No  NA
- b. Is this application a renewal of a previously permitted Stormwater Construction Activity?  Yes  No  NA
- i. If yes, provide the previously approved permit number: GSN004101
- ii. Is this application for a Change of Permittee?  Yes  No  NA
- iii. Is this application for the final design of a design-build project?  Yes  No  NA
2. **MINING** : Is the activity on the site in question part of mining operations (i.e. sand and gravel)?  Yes  No  
*If yes, mining is not authorized by this general permit. You must submit the Registration Form for the General Permit for the Discharge of Stormwater Associated with Industrial Activity.*
3. **COMBINED OR SANITARY SEWER:** Does all of the stormwater from the proposed activity discharge to a combined or sanitary sewer (i.e. a sewage treatment plant)?  Yes  No  
*If yes, this activity is not regulated by this permit. Contact the Water Permitting & Enforcement Division at 860-424-3018.*
4. **INDIAN LANDS:** Is or will the facility be located on federally recognized Indian lands?  Yes  No
5. **COASTAL BOUNDARY:** Is the activity which is the subject of this registration located within the coastal boundary as delineated on DEEP approved coastal boundary maps?  Yes  No

**6. ENDANGERED OR THREATENED SPECIES:**

Each application must perform a review of the Department's Natural Diversity Database maps to determine if the site of the construction activity is located within or in proximity (within ¼ mile) to a shaded area.

- a. Provide the date of the NDDB maps were reviewed: 1 Apr 2026 (Print a copy of the NDDB map you viewed since it must be submitted with this registration as part of Attachment C.)
- b. For an applicant using a two-year determination to register for this General Permit, provide the Department's Wildlife Division NDDB identification number for any such determination:  
202206742 (The number is on the determination issued by the Department's Wildlife Division).
- c. I verify that I have completed Attachment C to this Registration Form.  Yes

**7. WILD AND SCENIC RIVERS:** Is the proposed project within the watershed of a designated Wild and Scenic River? ( See Appendix H for guidance)  Yes  No

**8. AQUIFER PROTECTION AREAS:** Is the site located within a mapped [Aquifer Protection Area](#) , as defined in Section 22a-354h of the CT General Statutes? (For additional guidance, please refer to Appendix C of the General Permit)  Yes  No

**9. Connecticut Guidelines for Soil Erosion and Sediment Control Guidelines:** Is the activity in accordance with Connecticut Guidelines for Soil Erosion and Sediment Control Guidelines and local erosion & sediment control ordinances, where applicable?  Yes  No

**10. HISTORIC AND/OR ARCHAEOLOGICAL RESOURCES:**

Has the site of the proposed activity been reviewed (using the process outlined in Appendix G of this permit) for historic and/or archaeological resources?  Yes  No

- a. The review indicates the proposed site does not have the potential for historic/ archaeological resources, OR  Yes  No
- b. The review indicated historic and/ or archaeological resource potential exists and the proposed activity is being or has been reviewed by the Offices of Culture and Tourism, OR  NA  Yes  No
- c. The proposed activity has been reviewed and authorized under an Army Corps of Engineers Section 404 wetland permit.  NA  Yes  No

**11. CONSERVATION OR PRESERVATION RESTRICTION:**

Is the property subject to a conservation or preservation restriction?  Yes  No

If Yes, proof of written notice of this registration to the holder of such restriction or a letter from the holder of such restriction verifying this registration is in compliance with the terms of the restriction, must be submitted as Attachment D.

**Part V: Stormwater Discharge Information**

**Table 1**

Outfall #	a) Type	b) Pipe Material	c) Pipe Size			e) What method was used to obtain your latitude/longitude information?
				Longitude (Format: -xx.xxxxx)	Latitude (Format: xx.xxxxx)	
1	Pipe	Metal	36"	-72.066245	41.475003	ezFile Portal Map
2	Pipe	Concrete	24"	-72.066245	41.475003	ezFile Portal Map

Part V: Stormwater Discharge Information Continued

Table 2

2. Provide the following information about the receiving water(s)/wetland(s) that receive stormwater runoff from your site, either directly or through the storm sewer system:							
Outfall #	Dates when this outfall will be active:	a) To what system or receiving water does your stormwater runoff discharge? either "storm sewer or wetlands" or "waterbody"	b) What is your watershed ID (freshwater) or 305b ID (estuary)?	c.1) Is your receiving water identified as an impaired water in the "Impaired Waters Table for Construction Stormwater Discharges"?	c.2) Has any Total Maximum Daily Load (TMDL) been approved for your receiving waterbody?	For the drainage area associated with each outfall:  Effective Impervious Area Before Construction (sq ft)	For the drainage area associated with each outfall:  Effective Impervious Area After Construction (sq ft)
1	Start: 31 May 2026 End: 31 Dec 2026	Storm Sewer or Wetlands		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	0	170826
2	Start: 31 May 2026 End: 31 Dec 2026	Storm Sewer or Wetlands		<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> NA	0	20000
	Start: _____ End: _____	Select One		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
	Start: _____ End: _____	Select One		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
	Start: _____ End: _____	Select One		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> NA		
<b>Provide the total effective impervious area for the entire site(sq ft):</b>						0	190826

**Part V: Stormwater Discharge Information (continued)**

1. **If the impaired water does not have a TMDL**, confirm compliance by selecting 1.a. or 2.b. below:

a. No more than 3 acres is disturbed at any time;  Yes

**OR**

b. Stormwater runoff from a 2 yr, 24 rain event is **retained**.  Yes

2. **If the impaired water has a TMDL**, confirm compliance by selecting 2.a. and 2.b. below and either question 2.c.1. or 2.c.2. below:

a. The Plan documents there is sufficient remaining Waste Load Allocations (WLA) in the TMDL for the proposed discharge,  Yes

**AND**

b. Control measures shall be implemented to assure the WLA will not be exceeded,  Yes

**AND**

c. 1. Stormwater discharges will be monitored for the indicator pollutant identified in the TMDL,  Yes

**OR**

2. The Plan documents specific requirements for stormwater discharges specified in the TMDL.  Yes

**Part VI: Pollution Control Plan Availability**

I have attached the Stormwater Pollution Control Plan (SPCP) to this application.

I have provided a URL to the webpage that has or will have the SPCP and application posted for public viewing and review.

URL to webpage:  
<https://www.scrarra.org/about/public-records/>

**Part VII: Registrant Certification**

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

**For New Applicants:**

"I hereby certify that I am making this certification in connection with an application under the General Permit for the discharge of Stormwater from Construction Activities (general permit) submitted to the commissioner by ern Connecticut Regional Resources Recovery Authority ( for an activity located at 132 ROUTE 12, PRESTON, CT 06365

and that all terms and conditions of the general permit will be met for all discharges which will be 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 application 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 2.2.13.1 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 2.2.13.2 of this general permit. I understand that the application filed in connection with such general permit is submitted in accordance with and shall comply with the requirements of Section 22a-430b of Conn. Gen. Stat. I also understand that knowingly making any false statement 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 Conn. Gen. Stat. and any other applicable law."

**For Applications for previously approved construction activities:**

"I hereby certify that I am making this certification in connection with an application under the General Permit for the Discharge of Stormwater from Construction Activities, submitted to the commissioner by \_\_\_\_\_ for an activity located at \_\_\_\_\_

and that all terms and conditions of the general permit will be met for all discharges which will be 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 application 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 2.2.13.1 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 2.2.13.2 of this general permit. I understand that the application filed in connection with such general permit is submitted in accordance with and shall comply with the requirements of Section 22a-430b of Conn. Gen. Stat. I also understand that knowingly making any false statement 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 Conn. Gen. Stat. and any other applicable law."

_____	
Signature of Registrant	
David Aldridge	Executive Director
Name of Registrant (print or type)	Title (if applicable)
_____	
Signature of Preparer and Date (if different than above)	
Greg McCarron	Project Director
Name of Preparer (print or type)	Title (if applicable)

**Part VIII: Professional Engineer (or Landscape Architect, where appropriate) Design Certification (for publically approvable and exempt projects)**

The following certification must be signed by a Professional Engineer, or Landscape Architect where appropriate.

<p>"I hereby certify that I am a _____ licensed in the State of Connecticut. I am making this certification in connection with a registration under such general permit, submitted to the commissioner by <u>heastern Connecticut Regional Resources Recovery Authority (SCR)</u> for an activity located at <u>132 ROUTE 12, PRESTON, CT 06365</u> .</p> <p>I certify that I have thoroughly and completely reviewed the Stormwater Pollution Control Plan for the project or activity covered by this certification. I further certify, based on such review and on the standard of care for such projects, that the Stormwater Pollution Control Plan has been prepared in accordance with the Connecticut Guidelines for Soil Erosion and Sediment Control, as amended, the Stormwater Quality Manual, as amended, and the conditions of the general permit, and that the controls required for such Plan are appropriate for the site. I further 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 also understand that knowingly making any false statement in this certification may subject me to sanction by the Department and/or 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."</p>	
<p>_____</p>	
<p>Signature of Design Professional and Date</p>	
<p><u>Greg McCarron</u></p>	<p><u>PEN.0037055</u></p>
<p>Name of Professional (print or type)</p>	<p>License Number</p>
<p>Affix P.E./L.A Stamp Here</p>	



**Part IX: Reviewing Qualified Professional Certification (continued)**

"I hereby certify that I am a Qualified Professional engineer licensed in the state of Connecticut and in good standing or qualified soil erosion and sediment control professional, or both, as defined in the General Permit for Discharge of Stormwater from Construction Activities (general permit) and as further specified in Sections 2.2.16.1.a and 2.2.16.1.b of the general permit, submitted to the Commissioner by Eastern Connecticut Regional Resources Recovery Authority (SCF) for an activity located at

132 ROUTE 12, PRESTON, CT 06365

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 2.2.16.3 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 further certify that I have made the affirmative determination in accordance with Sections 2.2.13.1 and 2.2.13.2 of this general permit. I understand that this certification is part of an application 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."

\_\_\_\_\_  
Signature of Reviewing Qualified Professional

SCS Engineers

\_\_\_\_\_  
Name of Reviewing Qualified Professional

PEN.0037055

\_\_\_\_\_  
License No.

Affix P.E./ L.A. Stamp Here