



General Permit Registration Form for the Discharge of Stormwater Associated with Industrial Activity

**Part I: Registration Types**

Registration Types	
<input checked="" type="checkbox"/>	<p><b>New Registration</b></p> <p>Are you on a site where industrial activity has been previously located? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you proposing a new industrial activity on a site where industrial activity has not been previously located? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<input type="checkbox"/>	<p><b>Replacement of NPDES</b></p> <p>If selected, please provide on the line below permit #'s for the previously authorized discharge(s) _____</p>

**Part II: Fee Information**

A fee of \$312.50 applies to:  
Municipalities (50% discount of \$625 fee per CGS 22a-6)

A fee of \$625.00 applies to:  
Companies that employ fewer than fifty (50) employees statewide (excluding seasonal employees employed no more than 120 days in a year) **or** have gross annual sales of less than five (5) million dollars.  
Federal or state operated industrial activities.

A fee of \$1,250.00 applies to:  
Companies that employ fifty (50) or more employees statewide (excluding seasonal employees employed no more than 120 days in a year) **and** have gross annual sales of greater than five (5) million dollars.

The registration will not be processed without the fee. The registration fee is non-refundable and shall be paid by check or money order payable to the Department of Energy and Environmental Protection.

**Part III: Registrant Information**

1. Registrant /Client Name: RAND-WHITNEY CONTAINERBOARD LIMITED PARTNERSHIP  
Registrant Type: Registrant  
Secretary of the State business ID #: 0542428  
Mailing Address: 370 Route 163  
City/Town: Montville State: CT Zip Code: 06353  
Business Phone: (860) 848-1900 ext.: \_\_\_\_\_  
*Example:(xxx) xxx-xxxx*  
Contact Person: KATHRYN PFLUGBEIL Title : \_\_\_\_\_  
E-Mail: KATHYP@RWCB.COM  
Additional Phone Number (if applicable): \_\_\_\_\_ ext. \_\_\_\_\_

2. Verify that the Registrant is the **operator** of the proposed activity:  Yes

**Part III: Registrant Information (continued)**

3. Billing Contact

Contact Person: Accounts Payable Title: Accounting

Mailing Address: PO BOX 336

City/Town: MONTVILLE State: CT Zip Code: 06353

Business Phone: (860) 848-1900 ext. \_\_\_\_\_

Email: APInvoices-rwcb@rwcb.com

4a. Primary contact for departmental correspondence and inquiries.

Contact Person: KATHRYN PFLUGBEIL Title: \_\_\_\_\_

Mailing Address: 370 RTE 163

City/Town: MONTVILLE State: CT Zip Code: 06353

Business Phone: (860) 425-3711 ext. \_\_\_\_\_

Email: KATHYP@RWCB.COM

4b. Site contact if registrant is out of state.

Not applicable

Contact Person: KATHRYN PFLUGBEIL Title: \_\_\_\_\_

Mailing Address: 370 Route 163

City/Town: Montville State: CT Zip Code: 06353

Business Phone: (860) 425-3711 ext. \_\_\_\_\_

Email: KATHYP@RWCB.COM

5. List engineering consultant, attorney or other representative employed or retained to assist in preparing the registration or maintaining permit compliance.

Consultant/Firm Name: CJE ENVIRONMENTAL LLC Consultant Type: Environmental Consultant

Contact Person: CHRISTOPHER J. ECSEDY Title: \_\_\_\_\_

Mailing Address: 65 Jacobs Hill Rd

City/Town: Mansfield Center State: CT Zip Code: 06250

Business Phone: (860) 966-1971 ext. \_\_\_\_\_

Email: cjeenvironmental@gmail.com

Secretary of the State business ID #: 1368423

6. Select the ownership type of the facility. Corporation

## Part IV: Site Information

1.

Site Name: Rand-Whitney Containerboard, L.P.

Street Address or Location Description: 370 Route 163

City/Town: Montville

State: CT

Zip Code: 06353

2. Primary Sector: A - Timber Products

Primary SIC Code: 2631 - Paperboard Mills

Primary NAICS Code: 322130 - Paperboard Mills

2.a Is there a Co-Located Sector?

Yes  No

3. a. Are you proposing to authorize a stormwater discharge from a **new** road salt de-icing materials storage facilities at the site in question?

Yes  No

Note: If "**yes**", proceed to 3b. If "**no**", proceed to question 4.

b. Is the site within 250 feet of a well utilized for potable drinking water supply or within a Level A aquifer protection area as defined by mapping pursuant to Section 22a-354c of the Connecticut General Statutes?

Yes  No  NA

Note: If you answered "**yes**" to both the questions 3a and 3b, you are **NOT** eligible to register under this permit. Contact [DEEP.StormwaterStaff@ct.gov](mailto:DEEP.StormwaterStaff@ct.gov) for further guidance.

4. Is there an existing road salt or deicing materials storage unit that is or will be in place for more than 180 days a year at the site?

Yes  No

5. a. Is there exposure or the potential for exposure of your stormwater to mercury?

Yes  No

b. Is there exposure or the potential for exposure of your stormwater discharge to Polychlorinated biphenyls (PCBs)?

Yes  No

6. **INDIAN LANDS:**

a. Does the facility discharge to federally recognized Indian Country Lands?

Yes  No

Note: If you answered "**yes**" to question 6a, you are **NOT** eligible to register under this permit. Contact [DEEP.StormwaterStaff@ct.gov](mailto:DEEP.StormwaterStaff@ct.gov) for further guidance.

## Part IV: Sector Related Additional Questions

If you selected either your Primary Regulated Sector or Co-Located Sector as **"A"**

1. Does this discharge point receive discharge resulting from spray down or intentional wetting of logs at wet deck storage areas?  Yes  No  NA

If you selected either your Primary Regulated Sector or Co-Located Sector as **"J"**

1. Does this discharge point receive mine dewatering discharges from crushed stone mines, construction sand and gravel mines, or industrial sand mines?  Yes  No  NA

If you selected your Primary Regulated Sector as **"A"**

1. Does your facility manufacture, use, or store creosote or creosote-treated wood in areas that are exposed to precipitation?  Yes  No  NA

If you selected your Primary Regulated Sector as **"J"**

1. Does your facility conduct blasting?  Yes  No  NA

If you selected your Primary Regulated Sector as **"S"**

1. Does the facility conduct aircraft de-icing utilizing area?  Yes  No  NA  
2. Does the facility conduct aircraft de-icing utilizing ethylene glycol?  Yes  No  NA  
3. Does the facility conduct aircraft de-icing utilizing propylene glycol?  Yes  No  NA

If you selected your Primary Regulated Sector as **"AF"**

1. Does the facility store solid de-icing materials, even in small quantities?  Yes  No  NA  
2. Is the facility used exclusively for solid de-icing material storage (e.g., a satellite station)?  Yes  No  NA  
3. Are vehicle repair or maintenance activities conducted on-site at the facility?  Yes  No  NA

**Part IV: Site Information (continued)**

**7. COASTAL BOUNDARY:**

The site is located in a coastal boundary.

Yes  No

**8. ENDANGERED OR THREATENED SPECIES:**

The site is located in an area identified as a habitat for endangered, threatened or special concern species.

Yes  No

NDDB Determination number: \_\_\_\_\_

**9. AQUIFER PROTECTION AREAS:**

The site is within a level A aquifer protection area.

Yes  No

**10. CONSERVATION OR PRESERVATION RESTRICTION:**

Is the property subject to a conservation or preservation restriction?

Yes  No

Part V: Stormwater Discharge Information

Table 1

1. Identify the type, material, size and location of conveyances, outfalls, or channelized flows that convey your discharges:							
Outfall #	a) Type	b) Pipe Material	c) Pipe Size	d)		e) What method was used to obtain your latitude /longitude information?	f) Is Substantially Identical to another outfall?
				Longitude (-xx.xxxxxx)	Latitude (xx.xxxxxx)		
001	Pipe	Concrete	Other 26"	-72.133626	41.450827	ezFile Portal Map	No
002	Pipe	Concrete	6"	-72.133902	41.451175	ezFile Portal Map	Yes 001
003	Other Break in Curb	Select One	Select One	-72.134235	41.451712	ezFile Portal Map	No
004	Pipe	Plastic	6"	-72.136878	41.452597	ezFile Portal Map	Yes 006
005	Pipe	Concrete	12"	-72.136878	41.452597	ezFile Portal Map	Yes 006

**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 Municipal Separate Storm Sewer System (MS4):				
Outfall #	a) To what system or receiving water does your stormwater runoff discharge? either "Surface Waterbody" or "Wetland" or "Publicly or privately owned".(If you select Wetland or Publicly or privately owned, columns c.1&2 of this table are not required to be completed)	b) What is your watershed ID (freshwater) or 305b ID (estuary)?	c.1) Is your receiving water identified as an impaired water?	<i>If you answered yes to question c.1, then answer the question below.</i>
				c.2) Has any Total Maximum Daily Load (TMDL) been approved for your receiving waterbody?
001	Surface Waterbody (i.e. stream, brook, river etc.)		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
002	Surface Waterbody (i.e. stream, brook, river etc.)	CT3004-00_01	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
003	Surface Waterbody (i.e. stream, brook, river etc.)	CT3004-00_01	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
004	Surface Waterbody (i.e. stream, brook, river etc.)	CT3004-00_01	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
005	Surface Waterbody (i.e. stream, brook, river etc.)	CT3004-00_01	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA

3. TMDL Records:										
Outfall #	Name	Year	Name	Year	Name	Year	Name	Year	Name	Year
001	T Statewide Bacterial TME	2012								
002	T Statewide Bacteria TME	2012								
003	T Statewide Bacterial TME	2012								
004	T Statewide Bacterial TME	2012								
005	T Statewide Bacterial TME	2012								

**Part V: Stormwater Discharge Information**

**Table 1**

1. Identify the type, material, size and location of conveyances, outfalls, or channelized flows that convey your discharges:							
Outfall #	a) Type	b) Pipe Material	c) Pipe Size	d)		e) What method was used to obtain your latitude /longitude information?	f) Is Substantially Identical to another outfall?
				Longitude (-xx.xxxxxx)	Latitude (xx.xxxxxx)		
006	Pipe	Concrete	18"	-72.136677	41.452475	ezFile Portal Map	No
007	Pipe	Concrete	12"	-72.136878	41.452597	ezFile Portal Map	Yes 001
008	Pipe	Concrete	Other 6	-72.135085	41.452580	ezFile Portal Map	No
009	Pipe	Concrete	6"	-72.136725	41.452525	ezFile Portal Map	Yes 003
010	Pipe	Concrete	8"	-72.134220	41.452183	ezFile Portal Map	Yes 003

**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 Municipal Separate Storm Sewer System (MS4):				
Outfall #	a) To what system or receiving water does your stormwater runoff discharge? either "Surface Waterbody" or "Wetland" or "Publicly or privately owned".(If you select Wetland or Publicly or privately owned, columns c.1&2 of this table are not required to be completed)	b) What is your watershed ID (freshwater) or 305b ID (estuary)?	c.1) Is your receiving water identified as an impaired water?	<i>If you answered yes to question c.1, then answer the question below.</i>
				c.2) Has any Total Maximum Daily Load (TMDL) been approved for your receiving waterbody?
006	Surface Waterbody (i.e. stream, brook, river etc.)	CT3004-00_01	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
007	Surface Waterbody (i.e. stream, brook, river etc.)	CT3004-00_01	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
008	Surface Waterbody (i.e. stream, brook, river etc.)	CT3004-00_01	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
009	Surface Waterbody (i.e. stream, brook, river etc.)	CT3004-00_01	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
010	Surface Waterbody (i.e. stream, brook, river etc.)	CT3004-00_01	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA

3. TMDL Records:										
Outfall #	Name	Year	Name	Year	Name	Year	Name	Year	Name	Year
006	Γ Statewide Bacterial TME	2012								
007	Γ Statewide Bacterial TME	2012								
008	Γ Statewide Bacterial TME	2012								
009	Γ Statewide Bacterial TME	2012								
010	Γ Statewide Bacterial TME	2012								

## Part VI: Pollution Prevention Plan Availability

All applicants must submit a completed and approvable Stormwater Pollution Prevention Plan (SWPPP).

## Part VII: Confidential Information in the Pollution Prevention Plan

If the registrant claims that certain elements of the Plan constitute a trade secret or are otherwise exempt from the disclosure requirements of the state Freedom of Information Act (FOIA), they shall follow the procedure below regarding information subject to FOIA requirements.

Does your plan withhold certain confidential information from the public?

Yes  No

Please see directions below regarding withholding information.

### Instructions for plan confidentiality:

Under the Connecticut Freedom of Information Act (FOIA), a Registrant may have reason to withhold from public disclosure certain information in a plan or document prepared and maintained pursuant to a requirement of the general permit. Such information in a plan or document may be redacted provided the Registrant makes specific notation on the registration form filed with the Department: (1) that such claim is being made with a brief explanation of the type of information being withheld or redacted and the reason(s) therefore; and (2) of the location within the plan or document where such information has been redacted review either or removed. A plan or document that is being made available for public on a website or provided directly to a member of the public as a hardcopy may be in its redacted form. However, when the Department requests such plan or document be submitted for Department review, the Department will require that it be submitted in its unredacted form, in which case the Registrant must specify the information within such plan or document that is claimed to be confidential with the specific notations described above. The Department will not release any such information to the public which the Registrant claims must be withheld unless a determination has been made by the Department and any subsequent appeal of such determination filed with the Connecticut Freedom of Information Commission results in a determination that such information shall not be withheld from the public. If the Registrant seeks a determination regarding such claim of confidentiality from the Connecticut Freedom of Information Commission without obtaining a prior determination from the Department, the Registrant shall notify the Department in writing of such pending determination, at which time the Department will not release such information to the public unless otherwise determined by the Connecticut Freedom of Information Commission.

**Part VIII: 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.

<p>"I hereby certify that I am making this certification in connection with a registration under the General Permit for the Discharge of Stormwater Associated with Industrial Activity, submitted to the Commissioner for an activity located on this application and that all terms and conditions of the general permit are being met for all discharges which have been created, initiated, or maintained, 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 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 2.2.16.1 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 2.2.16.2 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 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."</p>	
<hr/>	
<p>Signature of Registrant and Date</p>	
<p>KATHRYN PFLUGBEIL</p>	
<hr/>	
<p>Name of Registrant (print or type)</p>	<p>Title (if applicable)</p>
<hr/>	
<p>Signature of Preparer and Date</p>	
<hr/>	
<p>Name of Preparer (print or type)</p>	<p>Title (if applicable)</p>
<hr/>	