

DISCHARGE NOTIFICATION FORM TO POTW AUTHORITY for the

General Permit for Discharges from Miscellaneous Industrial Users (MIU GP) (refer to the instructions)

ed space for POTW/WPCA notes 'received" stamp

1. F	-ac	ility Information:	
	a.	Facility Name:	
		Address:	
		City/Town:	State:
	b.	Contact Person Name:	
		Email Address:	Phone Number:
		Mailing Address:	
		City/Town:	State:
	C.	Owner of parcel (as listed in Tax Assessor's office):	
		Email Address:	Phone Number:
		Owner Mailing Address:	
		City/Town:	State:
	· I	and of Description DOTM (NDDEC Descript Helder)	
Z. ſ	van	ne of Receiving POTW (NPDES Permit Holder):	
4.		Provide notice of Group II Non-process Wastewater Disch Provide notice of any Vehicle Maintenance Wastewater di Modify or correct previously provided information (for exar Provide notice that a wastewater will be transported by a Request a variance to meet applicable POTW Authority's Was the Discharge(s) previously authorized by a perm	scharges nple, change in flow, chemistry, or ownership) vehicle to a POTW limits or effluent limits of Section 5(a) of the MIU GP
		☐ No ☐ Yes. Permit No	(attach copy of authorization/registration certificate) me occurred (explain):
	b.	Date discharge began or will begin:	
5.		any of the following conditions exist, (check all that ap	ply), skip 6 & 7 below and complete 8 below and
		☐ The discharge is Vehicle Maintenance Wastewater	
		or effluent limits of Section 5(a) of the MIU GP - written approval of POTW Authority.	ess of 600 mg/L

Food processing Brewing/distilling Other (describe): Otal Flow from all Group I Process Wastewater Discharges of Group II Non-Process Wastew Air compressor Condensate/blowdown Boiler blowdown Building maintenance Fire suppression system	ischarge ater from gpd gpd gpd gpd hicle (des rater Disc ater proventiation for g discharge) and generation for g dischargeners special generation.	n: (indicate max data) Hydrostatic pressuration Non-contact cooling Potable water system aintenance samp Swimming pool scribe): charges: crided copies of this uired by question 5 r Treatment—see Strages of Group I Pro-	laily flow for eaure testing ng tem pling cy of discharge is notification 5, above. Section 4(c)(3)	gpd
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Auachment E—Auditional information—il fequ		required by POTV	e testing of a sab)(1) of the MIL	ample taken withii
dustrial User Certification— "I hereby certify the der the General Permit for Discharges from Misco DTW Authority for an activity eligible for authorizal resuant to such general permit is on complete and eration of their text. I certify that I have personally be basis for this certification, including but not limit eneral permit, and I certify, based on reasonable is sponsible for obtaining such information, that the curate and complete to the best of my knowledge termination required in accordance with Section at the knowingly making any false statement in the superior activities of the connecticut General Statutes and any other application of my legal signature, and am legally bound	ellaneou tion unde l accurat y examir ed to all nvestigat informat e and bel 3(b)(14)(naving m ubmitted e and im	s Industrial Users, ser such permit. I ce e forms as prescribe e forms as prescribe ed and am familiar information describe tion, including my intion upon which this ief. I further certify the B) of such general pade such affirmative information and in the prisonment, under series and in the such affirmative information and in the prisonment, under series and in the such affirmation and in the such affirmation and in the prisonment, under series are such affirmation.	submitted to ea ertify that the no eed by the Com r with the inform eed in Section 3 equiry of those s certification is that I have mad permit and that we determination this certification section 53a-15	ach applicable offication submitted imissioner without mation that provided (b)(14)(A) of such individuals based is true, de the affirmative true my signing this n. I also understant may be punishato of the