Connecticut Department of
Energy & Environmental Protection
Bureau of Materials Management & Compliance Assurance
Water Permitting & Enforcement Division

General Permit Registration Form for the Discharge of Stormwater from Small Municipal Separate Storm Sewer Systems (MS4)

CPPU USE ONLY
App #:
Doc #:
Check #:
Program: Stormwater Permits

Please complete this form in accordance with the general permit (DEEP-WPED-GP-021) in order to ensure the proper handling of your registration. Please print or type unless otherwise noted. The Registration fee must be submitted with this registration.

Part I: Registration Type

1. This registration is for a (check one): ☐ *New* general permit registration ☒ *Renewal* of an existing registration ☐ A *modification* of an existing registration	For renewals or modifications: Existing permit number: GSM **000032**
2. Registrant Type (check one):	**Fees**
☐ state institution/agency	$625.00 **[513]**
☐ federal institution/agency	$625.00 **[513]**
☒ municipality	$312.50 **[513]**
3. Municipality name or Municipality where institution is located: **Town of Old Lyme**	
The registration will not be processed without the fee. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection or by such other method as the commissioner may allow.	

Part II: Registrant Information

1. Registrant (Name of Municipality or State or Federal Institution/Agency): Town of Old Lyme

Mailing Address: Town Hall, 52 Lyme Street

City/Town: Old Lyme State: CT Zip Code: 06371

Business Phone: 860.434.1605 ext.:

Contact Person: Bonnie Reemsnyder, First Selectwoman Phone: 860.434.1605 ext. 211

*E-mail: breemsnyder@oldlyme-ct.gov

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject registration. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

Part II: Registrant Information (continued)

2. **Billing contact, if different than the registrant.**

   Name:

   Mailing Address:

   City/Town: State: Zip Code:

   Business Phone: ext.:

   Contact Person: Phone: ext.

   *E-mail:

3. **Primary contact for departmental correspondence and inquiries, if different than the registrant.**

   Name:

   Mailing Address:

   City/Town: State: Zip Code:

   Business Phone: ext.:

   Contact Person: Phone: ext.

   *E-mail:

4. **Attorney or other representative, if applicable:**

   Firm Name:

   Mailing Address:

   City/Town: State: Zip Code:

   Business Phone: ext.:

   Attorney: Phone: ext.

   *E-mail:

5. **Facility Operator, if different than the registrant:**

   Name:

   Mailing Address:

   City/Town: State: Zip Code:

   Business Phone: ext.:

   Contact Person: Phone: ext.

   *E-mail:

7. **Engineer(s) or other consultant(s) employed or retained to assist in preparing the registration or in designing or constructing the activity.** ☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

   Name: **Nathan L. Jacobson & Associates, Inc.**

   Mailing Address: 86 Main Street, P.O. Box 337

   City/Town: Chester State: CT Zip Code: 06412-0337

   Business Phone: 860.526.9591 ext.: 233

   Contact Person: Wade M. Thomas Phone: 860.526.9591 ext. 233

   *E-mail: wthomas@nlja.com

   Service Provided: **2017 MS4 Registration, MS4 SMP Preparation and MS4 Compliance**

8. ☒ Check here if there are adjacent towns or other entities with which implementation of the Stormwater Management Plan is coordinated for a portion of the subject MS4. If so, provide the names of such towns or entities: Conn DOT

Part III: Watershed Information

Provide the following information about the receiving water(s) that receive stormwater runoff from your MS4:

The watershed ID and impaired waters status can be found on the CT ECO website: http://ctecoapp1.uconn.edu/advancedviewer/

a) To what receiving stream, watershed or waterbody does your MS4 discharge?	b) What is your watershed ID (freshwater) or 305b ID (estuary)?	c.1) Is the receiving water identified as an impaired water?	*If you answered yes to question c.1, then answer the question below.* c.2) Has any Total Maximum Daily Load (TMDL) been approved for your receiving waterbody? For more information, go to www.ct.gov/deep/tmdl	*If you answered yes to question c.2, then answer the question below.* If TMDL, identify the impairment
Lieutenant River	4020	☐ YES ☒ NO	☐ YES ☐ NO	
Southeast Shoreline	2000	☐ YES ☒ NO	☐ YES ☐ NO	
Black Hall River	4021	☐ YES ☒ NO	☐ YES ☐ NO	
LIS EB Inner - Connecticut River (Mouth)	4000	☒ YES ☐ NO	☒ YES ☐ NO	Escherichia coli
LIS EB Inner - Connecticut River (Mouth)	4000	☒ YES ☐ NO	☐ YES ☒ NO	PCBs
LIS EB Inner - Connecticut River (Lower)	4000	☒ YES ☐ NO	☐ YES ☒ NO	PCBs
Fourmile River	2207	☐ YES ☒ NO	☐ YES ☐ NO	
LIS EB Shore - Soundview Beach, Old Lyme	CT-E2_018	☒ YES ☐ NO	☒ YES ☐ NO	Fecal Coliform
LIS EB Shore - Rocky Neck (Fourmile River)	CT-E2_017	☒ YES ☐ NO	☒ YES ☐ NO	Fecal Coliform
LIS EB Midshore - Old Lyme, CT River	CT-E3_008	☒ YES ☐ NO	☒ YES ☐ NO	Fecal Coliform
LIS EB Midshore - East Lyme, Rocky Neck	CT-E3_007	☒ YES ☐ NO	☒ YES ☐ NO	Fecal Coliform
		☐ YES ☐ NO	☐ YES ☐ NO	
		☐ YES ☐ NO	☐ YES ☐ NO	
		☐ YES ☐ NO	☐ YES ☐ NO	
		☐ YES ☐ NO	☐ YES ☐ NO	

☐ Check here if there are more receiving watersheds and attach an additional sheet listing them with the required information requested above.

Part IV: MS4 Information

1. Name of Municipality or State or Federal Institution/Agency : **Town of Old Lyme**

   Primary Address or Location Description: **Bounded to the north by the Town of Lyme, to the east by the Town of East Lyme to the south by Long Island Sound and to the west by the Connecticut River.**

   City/Town: **Old Lyme** State: **CT** Zip Code: **06371**

2. **INDIAN LANDS:** Is there any activity included in, or proposed to be implemented by, your Stormwater Management Plan that will be located on federally recognized Indian lands? ☐ Yes ☒ No

3. **COASTAL BOUNDARY:** Is there any ***new*** activity included in, or proposed to be implemented by, your Stormwater Management Plan that will be located within the coastal boundary as delineated on DEEP approved coastal boundary maps?

   ☐ Yes ☒ No

   If yes, and this registration is for a new authorization or a modification of an existing authorization where the physical footprint of the subject activity is modified, your Stormwater Management Plan must contain provisions to assure compliance with Connecticut's Coastal Management Act (CCMA), sections 22a-90 through 22a-112 of the Connecticut General Statutes (CGS), as amended.

   Information on the coastal boundary is available at www.cteco.uconn.edu/map_catalog.asp (Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) or the local town hall or on the "Coastal Boundary Map" available at DEEP Maps and Publications (860-424-3555).

4. **ENDANGERED OR THREATENED SPECIES:** According to the most current "State and Federal Listed Species and Natural Communities Map", is there any ***new*** activity included in, or proposed to be implemented by, your Stormwater Management Plan, that will be located within an area identified as a habitat for endangered, threatened or special concern species?

   ☐ Yes ☒ No Date of Map: **December 2016**

   If yes, your Stormwater Management Plan must contain provisions to assure compliance with the State Endangered Species Act CGS section 26-310(a).

   For more information visit the DEEP website at www.ct.gov/deep/nddbrequest or call the NDDB at 860-424-3011.

5. **AQUIFER PROTECTION AREAS:** Is the MS4 or any portion of the MS4 located within a mapped Level A or Level B Aquifer Protection Area, as defined in CGS section 22a-354a through 22a-354bb?

   ☐ Yes ☒ No

   If yes, your Stormwater Management Plan must contain provisions to assure compliance with the Aquifer Protection Regulations (section 22a-354i(1)-(10) of the Regulations of Connecticut State Agencies).

   For more information on the Aquifer Protection Area Program visit the DEEP website at www.ct.gov/deep/aquiferprotection or contact the program at 860-424-3020.

6. **CONSERVATION OR PRESERVATION RESTRICTION:** Is there any ***new*** activity included in, or proposed to be implemented by, your Stormwater Management Plan that will be located within a conservation or preservation restriction area?

   ☐ Yes ☒ No

   If Yes, your Stormwater Management Plan must contain provisions to assure compliance with CGS section 47-42d where proof of written notice of this registration to the holder of such restriction or a letter from the holder of such restriction verifying that this registration is in compliance with the terms of the restriction, must be kept on site.

Part IV: MS4 Information (Continued)

7. **STATE AND FEDERAL HISTORIC PRESERVATION**: Is there any activity included in, or proposed to be implemented by, your Stormwater Management Plan that may result in impacts or potential effects on historic properties? ☐ Yes ☒ No

   If Yes, your Stormwater Management Plan must contain provisions to assure consistency with the state Historic Preservation statutes, regulations, and policies including identification of any potential impacts on property listed or eligible for listing on the Connecticut Register of Historic Places. A review conducted for an Army Corps of Engineers Section 404 wetland permit would meet this qualification.

8. **DISCHARGE TO IMPAIRED WATERS:** Is there any activity included in, or proposed to be implemented by, your Stormwater Management Plan that will result in a ***new or increased*** discharge from the MS4 to waters listed as impaired in the most recent Connecticut Integrated Water Quality Report pursuant to Clean Water Act section 303(d) and 305(b)?

   ☐ Yes ☒ No

   If Yes, your Stormwater Management Plan must demonstrate that there is no net increase in loading to the impaired water of the pollutant for which the waterbody is impaired.

9. **DISCHARGE TO HIGH QUALITY WATERS:** Any ***new or increased*** stormwater discharge to high quality waters shall be discharged in accordance with the Connecticut Anti-Degradation Implementation Policy in the Water Quality Standards.

Part V: Supporting Documentation

Check the applicable box below for each attachment being submitted with this registration 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 the registrant's name as indicated on this registration form.

☒	Attachment A:	Stormwater Management Plan: **(REQUIRED for ALL registrants)** ☒ Provide URL: **http://www.oldlyme-ct.gov** ***or*** ☐ submit an electronic copy to the web address indicated at the end of this form.
☒	Attachment B:	An 8 1/2" X 11" copy of the relevant portion or a full-sized original of a USGS Quadrangle Map indicating the exact location of the MS4/Institution/Agency. Indicate the quadrangle name on the map. **(REQUIRED for ALL registrants)**
☒	Attachment C:	Best Management Practices Table (attached to this form) **(REQUIRED for ALL registrants)**

Part VI: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered insufficient unless *all* required signatures are provided ***and are the proper signatory authority.*** (If the registrant is the preparer, please mark N/A in the spaces provided for the preparer.)

"I hereby certify that I am making this certification in connection with a registration under the General Permit for the Discharge of Stormwater from Small Municipal Separate Storm Sewer Systems (MS4), submitted to the commissioner by Town of Old Lyme for an activity located at or within Old Lyme.and that all terms and conditions of the general permit are being met for all discharges which have been 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 registration 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 3(*b*)(8)(A) 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 3(*b*)(8)(B) 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 Connecticut General Statutes. I also understand that knowingly making any false statement made 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 Connecticut General Statutes and any other applicable law."

Bonnie A. Reemsnyder	March 22, 2017.
Signature of Registrant/Authorized Representative	Date
Bonnie A. Reemsnyder	First Selectwoman
Printed Name of Registrant/Authorized Representative	Title (if applicable)
Wade M. Thomas	March 22, 2017
Signature of Preparer (if different than above)	Date
Wade M. Thomas	Associate
Printed Name of Preparer	Title (if applicable)

☐ Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. Signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) must be included.

Part VII: Qualified Professional Certification

The qualified professional, as defined in the subject general permit, must sign this part. A registration will be considered insufficient unless *all* required signatures are provided ***and are the proper signatory authority.***

"I hereby certify that I am a qualified professional engineer, as defined in the General Permit for the Discharge of Stormwater from Small Municipal Separate Storm Sewer Systems. I am making this certification in connection with a registration under such general permit, submitted to the Commissioner by Town of Old Lyme for an activity located at or within Old Lyme. 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 3(b)(9)(A) 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, based on my review of all information described in Section 3(b)(9)(A) of such general permit and on the standard of care for such projects, that I have made an affirmative determination in accordance with Section 3(b)(9)(B) of this general permit. I understand that this certification is part of a registration 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."

Nothing in this section shall be construed to authorize a professional engineer or a landscape architect to engage in any profession or occupation requiring a license under any other provision of the general statutes without such license.

Signature of Qualified Professional	March 30, 2017 Date
Geoffrey L. Jacobson, P.E. Printed Name of Qualified Professional	Professional Engineer Title (if applicable)
Connecticut P.E. License No. 12363 Qualified Professional License Number	
Signature of Preparer (if different than above)	March 30, 2017 Date
Wade M. Thomas Printed Name of Preparer	Associate Title (if applicable)

☐ Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. Signatures of any person preparing any report or parts thereof required in this registration (i.e., professional engineers, surveyors, soil scientists, consultants, etc.) must be included.

All completed and supporting materials (along with the fee) are to be submitted to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

An electronic copy must also be sent to DEEP.StormwaterStaff@ct.gov

Best Management Practices (BMPs)

For each Minimum Control Measure (MCM), list existing or proposed BMPs, the department/parties that will be responsible for implementing each BMP, the goals(s) you expect to achieve, and the month and year that the BMP will be implemented. Please note that certain mandatory minimum BMPs identified in the MS4 General Permit are already listed.

Name of City/Town: **Town of Old Lyme**

Name of Institution (if applicable):

Address: **52 Lyme Street, Old Lyme, CT 06371**

Existing permit number (if applicable): GSM **000032**

	MCM(1) Public Education and Outreach	Responsible Department/Parties	Measurable Goal	Month/Year of Implementation
1-1	Implement public education program	**First Selectwoman**		
1-2	Address education/outreach for pollutants of concern	**First Selectwoman**		
1-3				
1-4				
1-5				
1-5				
1-7				
1-8				
1-9				
1-10				
	MCM(2) Public Involvement/Participation	**Responsible Department/Parties**	**Measurable Goal**	**Month/Year of Implementation**
2-1	Comply with public notice requirements for the Stormwater Management Plan and Annual Reports	**First Selectwoman**	**Stormwater Management Plan Public Notice**	**03/17**
2-2		**First Selectwoman**	**Annual Report Public Notice**	**02/18**
2-3				
2-4				
2-5				
2-6				
2-7				
2-8				
2-9				
2-10				

BMPs (continued)

	MCM(3) Illicit Discharge Detection & Elimination	Responsible Department/Parties	Measurable Goal	Month/Year of Implementation
3-1	Develop written IDDE program	**Board of Selectmen**	**IDDE Program Development**	
3-2	Develop list and maps of all MS4 stormwater outfalls in urbanized and priority areas	**NLJ&A, Inc.**	**MS4 Outfall GIS Layer**	
3-3	Develop citizen reporting program	**Ledge Light Health District**		
3-4	Establish legal authority to prohibit illicit discharges	**Board of Selectmen**	**IDDE Ordinance Enactment**	**01/22/07**
3-5	Develop record keeping system for IDDE tracking	**Ledge Light Health District**		
3-6	Address IDDE in areas with pollutants of concern	**Ledge Light Health District**		
3-7				
3-8				
3-9				
3-10				
	MCM(4) Construction Site Runoff Control	**Responsible Department/Parties**	**Measurable Goal**	**Month/Year of Implementation**
4-1	Implement, upgrade (as necessary) and enforce land use regs or other legal authority to meet requirements of MS4 general permit	**Land Use Office**	**Revise Land Use Regs.**	
4-2	Develop/implement plan for interdepartmental coordination in site plan review and approval	**Land Use Office**	**Continuing**	**07/01/17**
4-3	Review site plans for stormwater quality concerns	**Thomas E. Metcalf, P.E., L.S.**	**Continuing**	**07/01/17**
4-4	Conduct site inspections	**Thomas E. Metcalf, P.E., L.S.**	**Continuing**	**07/01/17**
4-5	Implement procedure to allow public comment on site development	**Land Use Office**	**Continuing**	**07/01/17**
4-6	Implement procedure to notifiy developers about DEEP construction stormwater permit	**Thomas E. Metcalf, P.E., L.S.**	**Continuing**	**07/01/17**
4-7				
4-8				
4-9				
4-10				

BMPs (continued)

	MCM(5) Post-Construction Stormwater Management	Responsible Department/Parties	Measurable Goal	Month/Year of Implementation
5-1	Establish and/or update legal authority and guidelines regarding LID and runoff reduction in site development planning	Land Use Office		
5-2	Enforce LID/runoff reduction requirements for development and redevelopment projects	Thomas E. Metcalf, P.E., L.S.	Continuing	
5-3	Implement long-term maintenance plan for stormwater basins and treatment structures	Department of Public Works	TBD	
5-4	DCIA mapping	NLJ&A, Inc.		
5-5	Address post-construction issues in areas with pollutants of concern	NLJ&A, Inc.	TBD	
5-6				
5-7				
5-8				
5-9				
5-10				
	MCM(6) Pollution Prevention/Good Housekeeping	**Responsible Department/Parties**	**Measurable Goal**	**Month/Year of Implementation**
6-1	Develop/implement formal employee training program	Ed Adanti, DPW Director	Continuing	
6-2	Implement MS4 property and operations maintenance	Ed Adanti, DPW Director	Continuing	
6-3	Implement coordination with interconnected MS4s	Ed Adanti, DPW Director	Continuing	
6-4	Develop/implement program to control other sources of pollutants to the MS4	Ed Adanti, DPW Director	TBD	
6-5	Evaluate additional measures for discharges to impaired waters	NLJ&A, Inc.	TBD	
6-6	Track projects that disconnect DCIA	NLJ&A, Inc.	TBD	
6-7	Develop/implement infrastructure repair/rehab program	Ed Adanti, DPW Director	Continuing	
6-8	Develop/implement plan to identify/prioritize retrofit projects	Ed Adanti, DPW Director	Continuing	
6-9	Develop/implement street sweeping program	Ed Adanti, DPW Director	Continuing	
6-10	Develop/implement catch basin cleaning program	Ed Adanti, DPW Director	Continuing	
6-11	Develop/implement snow management practices	Ed Adanti, DPW Director	Continuing	
	Monitoring Requirements	**Responsible Department/Parties**	**Measurable Goal**	**Month/Year of Implementation**
S-1	Outfall screening	NLJ&A, Inc.	TBD	
S-2	Inventory and mapping of discharges to impaired waters	NLJ&A, Inc.	TBD	
S-3	Follow-up investigations of drainage areas	NLJ&A, Inc.	TBD	
S-4	Annual monitoring of priority outfalls	NLJ&A, Inc.	TBD	