

Transfer Form for Registrations and Permits in an Aquifer Protection Area City of Bristol CT Aquifer Protection Area Program

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

This transfer form is for transferring a registration or permit for regulated activities in Aquifer Protection Areas in accordance with **Section 7** of the Aquifer Protection Area Regulations in the **City of Bristol**.

Part I: Transfer Type

Check the appropriate box identifying the transfer type.

This transfer is for (check one):		
<input type="checkbox"/>	A registration	
<input type="checkbox"/>	A permit	
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

A transfer fee of \$100.00 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, cash or money order to the City of Bristol, CT .
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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 12 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 12 of the Aquifer Protection Area Regulations.

<p>“I certify that the subject facility is in compliance with all the best management practices set forth in Section 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. “</p>	
<p><input type="checkbox"/> Storage of hazardous materials above ground is in compliance with all provisions of Section 12 of the Aquifer Protection Area Regulations.</p>	
<p><input type="checkbox"/> The number of underground storage tanks used to store hazardous materials shall not increase in accordance with Section 12 of the Aquifer Protection Area Regulations.</p>	
<p><input type="checkbox"/> Replacement of any underground storage tanks used to store hazardous materials shall take place in accordance with all provisions of Section 12 of the Aquifer Protection Area Regulations.</p>	
<p><input type="checkbox"/> Devices for release of wastewaters to the ground shall not be used except in accordance with Section 12 of the Aquifer Protection Area Regulations.</p>	
<p><input type="checkbox"/> A Materials Management Plan has been developed in accordance with Section 12 of the Aquifer Protection Area Regulations and will be implemented upon issuance of a transfer.</p>	
<p>_____ Signature of Transferee</p>	<p>_____ Date</p>
<p>_____ Name of Transferee (print or type)</p>	<p>_____ Title (if applicable)</p>
<p>_____ Signature of Operator (if different than above)</p>	<p>_____ Date</p>
<p>_____ Name of Operator (print or type)</p>	<p>_____ Title (if applicable)</p>

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:

BRISTOL AQUIFER PROTECTION AGENCY
 CITY HALL – 111 NORTH MAIN STREET
 LAND USE DIVISION – SECOND FLOOR
 BRISTOL, CT 06010

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 City of New Britain Water Department: ray.esponda@newbritainct.gov
4. The City of Bristol Water Department: robertlongo@bristolct.gov