Town of New Milford Environmental Compliance Information Form to Add a Regulated Activity to a Registered Facility in an Aquifer Protection Area

AGENCY USE ONLY					
Permit No.					
Appicant Na	ame				

Please see the Instructions For Completing the Environmental Compliance Form to Add a Regulated Activity to a Registered Facility in an Aquifer Protection Area (INSTRUCTION FORM NUMBER APA-07)								
Applicant Name:								
If you answer yes to any of the questions below, you must complete the Table of Enforcement Actions on the reverse side of this sheet.								
A. During the five years immediately preceding submission of this application, has the applicant been convicted in any jurisdiction of a criminal violation of any environmental law?								
	☐ Yes ☐ No							
B. During the five years immediately preceding submission of this application, has a civil penalty been imposed upon the applicant in any state, including Connecticut, or federal judicial proceeding for any violation of an environmental law?								
	☐ Yes ☐ No							
C. During the five years immediately preceding submission of this application, has a civil penalty exceeding five thousand dollars been imposed on the applicant in any state, including Connecticut, or federal administrative proceeding for any violation of an environmental law?								
	☐ Yes ☐ No							
D. During the five years immediately preceding submission of this application, has any state, including Connecticut, or federal court issued any order or entered any judgement to the applicant concerning a violation of any environmental law?								
	☐ Yes ☐ No							
E. During the five years immediately preceding submission of this application, has any state, including Connecticut, or federal administrative agency issued any order to the applicant concerning a violation of any environmental law?								
	☐ Yes ☐ No							

Table of Enforcement Actions

(1)	(2a)	(2b)	(3)	(4)	(5)
Type of Action	Date Commenced	Date Terminated	Jurisdiction	Case/Docket/ Order No.	Description of Violation

☐ Check the box if additional sheets are attached. Copies of this form may be duplicated for additional space.