



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: BARNES AEROSPACE  
Registrant Type: Registrant  
Secretary of the State business ID #: \_\_\_\_\_  
Mailing Address: 169 KENNEDY RD  
City/Town: WINDSOR State: CT Zip Code: 06095  
Business Phone: (860)298-7740 ext.: \_\_\_\_\_  
*Example:(xxx) xxx-xxxx*  
Contact Person: Carissa Galgano Title : Regional HSE Manager  
E-Mail: cgalgano@barnesaero.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: Carissa Galgano Title: Regional HSE Manager

Mailing Address: 169 KENNEDY RD

City/Town: WINDSOR State: CT Zip Code: 06095

Business Phone: (860)595-9798 ext. \_\_\_\_\_

Email: cgalgano@barnesaero.com

4a. Primary contact for departmental correspondence and inquiries.

Contact Person: Carissa Marie Galgano Title: HSE Manager

Mailing Address: 169 Kennedy Rd

City/Town: Windsor State: CT Zip Code: 06095

Business Phone: (860) 595-9798 ext. \_\_\_\_\_

Email: CGALGANO@BARNESAERO.COM

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

Not applicable

Contact Person: Carissa Marie Galgano Title: HSE Manager

Mailing Address: 169 Kennedy Rd

City/Town: Windsor State: CT Zip Code: 06095

Business Phone: (860) 595-9798 ext. \_\_\_\_\_

Email: CGALGANO@BARNESAERO.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: LOUREIRO ENGINEERING ASSOC Consultant Type: Environmental Consultant

Contact Person: Jared Shapiro Title: Senior Project Manager

Mailing Address: 100 NORTHWEST DR

City/Town: PLAINVILLE State: CT Zip Code: 06062

Business Phone: (860) 410-2959 ext. \_\_\_\_\_

Email: jnshapiro@loureiro.com

Secretary of the State business ID #: 0583621

6. Select the ownership type of the facility. Corporation

## Part IV: Site Information

1.

Site Name: BARNES AEROSPACE WINDSOR DIVISION

Street Address or Location Description: 169 KENNEDY RD

City/Town: WINDSOR

State: CT

Zip Code: 06095

2. Primary Sector: AB - Transportation Equipment, Industrial or Commercial Machinery

Primary SIC Code: 3724 - Aircraft Engines and Engine Parts (except research and development not producing prototypes)

Primary NAICS Code: 336412 - Aircraft Engine and Engine Parts Manufacturing

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: 202605137

**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	12"	-72.634881	41.865898	CT ECO	No
002	Pipe	Plastic	8"	-72.634948	41.865669	CT ECO	No
003	Pipe	Concrete	24"	-72.634565	41.865445	CT ECO	No
004	Pipe	Concrete	12"	-72.634771	41.865073	CT ECO	No
005	Pipe	Concrete	Other 36"	-72.635221	41.864526	CT ECO	No

**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.)	412	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
002	Surface Waterbody (i.e. stream, brook, river etc.)	412	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
003	Surface Waterbody (i.e. stream, brook, river etc.)	412	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
004	Surface Waterbody (i.e. stream, brook, river etc.)	412	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
005	Surface Waterbody (i.e. stream, brook, river etc.)	412	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA

3. TMDL Records:										
Outfall #	Name	Year	Name	Year	Name	Year	Name	Year	Name	Year
001										
002										
003										
004										
005										

**Part V: Stormwater Discharge Information**

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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	12"	-72.634432	41.866769	CT ECO	No
	Select One	Select One	Select One			Select One	
	Select One	Select One	Select One			Select One	
	Select One	Select One	Select One			Select One	
	Select One	Select One	Select One			Select One	

**Part V: Stormwater Discharge Information (continued)**

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				c.2) Has any Total Maximum Daily Load (TMDL) been approved for your receiving waterbody?
006	Surface Waterbody (i.e. stream, brook, river etc.)	412	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
_____	_____	_____	YES NO NA	YES NO NA
_____	_____	_____	YES NO NA	YES NO NA
_____	_____	_____	YES NO NA	YES NO NA
_____	_____	_____	YES NO NA	YES NO NA

3. TMDL Records:										
Outfall #	Name	Year	Name	Year	Name	Year	Name	Year	Name	Year
006										

## 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.

"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."

Filed via EZFile for complete document

Signature of Registrant and Date	
	Regional HSE Manager
Name of Registrant (print or type)	Title (if applicable)
Carissa Galgano on behalf of Barnes Aerospace	
Signature of Preparer and Date	
01APR2026	
Name of Preparer (print or type)	Title (if applicable)