**TRANSFER STATION (ONE TOWN) QUARTERLY REPORTING FORM**

For ***Municipal Transfer*** Stations Receiving Solid Waste and/or Recyclables ***from Fewer than Four Municipalities with No Scale to Separately Track Amounts Received from Each Municipality*** rev 9/27/2016

***INSTRUCTIONS***

***What is this form?***

This is a reporting form that operators of ***municipal*** recycling and solid waste transfer stations, which receive recyclables and/or solid waste from fewer than four municipalities (but have no scale to separately track the amount received from each municipality) should use to fulfill their quarterly reporting requirements to DEEP pursuant to Section 22a-209(p) of the Regulations of the Connecticut State Agencies and permit requirements. The form is composed of 3 parts: 1) report of quantities of recyclables and solid waste received at the transfer station; 2) report of quantities and destinations of recyclables transferred to recycling processing facilities or recycling end markets and quantities and destinations of solid waste transferred to disposal facilities; and 3) certification and signature. PLEASE USED THE ATTACHED FORMS TO MAKE ADDITIONAL COPIES. DEEP WILL NOT BE SENDING REMINDERS OR ADDITIONAL FORMS OUT ON A REGULAR BASIS. Additional forms are available from the DEEP Office of Sustainable Materials Management & Implementation (860 424-3366).

If you own or operate more than one transfer station, a form shall be completed for each facility. Completed forms should be submitted to DEEP by any **ONE** of the following methods:

🕿 Fax (860) 424-4059 Attn: Solid Waste Facility Reporting – Paula Guerrera; **Or**

**🖳** Scanned & E-Mailed To [DEEP.Solid&HazWasteReports@ct.gov](mailto:DEEP.Solid&HazWasteReports@ct.gov) (***Do not send hard copy if sending electronically***); **Or**

**🖃** Land-Mailed (CT DEEP; Bureau of MM&CA – Recycling Office; 79 Elm Street - 4th Floor; -Hartford, CT 06106-5127; Attn: Solid Waste Facility Reporting – Paula Guerrera) - Must be double-sided and preferably on paper with a minimum 30% post-consumer content.

**Contact** [**Paula Guerrera**](mailto:paula.guerrera@ct.gov) **(860 424-3334) to confirm receipt of report by DEEP**

***How often must this form be completed?***

The report must be completed quarterly. The reporting quarters and dates for submitting reports are:

|  |  |  |
| --- | --- | --- |
| **Reporting quarter** |  | **Deadline for submitting report** |
| January 1 - March 31 |  | April 10 |
| April 1 - June 30 |  | July 10 |
| July 1 - September 30 |  | October 10 |
| October 1 - December 31 |  | January 10 |

***How to complete this form***

**Part #1**: Shall be used to report the TOTAL QUANTITIES OF RECYCLABLES and SOLID WASTE RECEIVED AT THE TRANSFER STATIONS. The quantities recorded are to include the total amount received **from all customers** (private haulers, municipal haulers, and individuals) that delivered materials to the transfer station. Record the name and address of your facility and the dates covered in this reporting quarter. At the top of the chart, record the name of the municipality(ies) where the recyclables and/or solid waste were generated.

Except for waste oil*, any items that are eventually incinerated or landfilled and not actually reutilized as a material product* ***should be recorded as disposed***. Quantities are to be expressed in tons for all items except waste oil which should be reported in gallons.

Part #2: Shall be used to report the PROCESSING FACILITIES AND/OR END MARKETS TO WHICH THE RECYCLABLES WERE TRANSFERRED and the DISPOSAL FACILITIES TO WHICH THE SOLID WASTE WAS TRANSFERRED. Again, except for waste oil *any items that are eventually incinerated or landfilled and not actually reutilized asa material product other than fuel (e.g., tires, chipped wood) should not be recorded as a recyclable*. In the first column, record the full name and location (town and state) of the entity to which the recyclables or solid waste were transferred. If more than one processing facility or market or disposal facility was used, list each on a separate line. If more lines are needed attached a second sheet.

Part #3: This part shall be used to certify that the information reported is accurate and correct.

Please be aware that pursuant **to CGS 22a-220c (b)** the owner or operator of each resources recovery facility ***or other solid waste facility*** receiving solid waste for disposal or for transfer to disposal is required (1) to notify the delivering collector/hauler and the originating municipality about loads containing significant amounts of designated recyclables; and (2) to conduct periodic unannounced inspections of loads of solid waste delivered to the facility to check for the presence of state designated recyclables which would indicate a violation of state recycling separation requirements.

In the near future, a section might be added to the transfer station quarterly reporting form to assure that such inspections are being conducted.

**MUNICIPAL TRANSFER STATION (TS) QUARTERLY REPORT FORM (9/23/2016 version)**

**(**For ***Municipal*** Transfer Stations (1) Receiving Solid Waste and/or Recyclables from One Municipality **or** (2) Receiving Solid Waste & Recyclables from Fewer than Four Municipalities with No Scale to Separately Track Amounts Received from Each Municipality)

|  |  |
| --- | --- |
| **REPORTING**  **FACILITY** | **Facility Name:** |
| **Facility Location - Street:** |
| **Town:       State:      Zipcode:       Phone:** |

**REPORTING QUARTER YEAR:       QUARTER:** **1ST-Jan-Mar; 2nd Apr-Jun; 3rd Jul-Sep; 4th Oct-Dec**

**Are loads of waste and/or recyclables weighed at the transfer station when received?** **Yes No**

|  |
| --- |
| (**1) If no, please describe method for estimating tonnage reported received**:  (**2) If yes, and this transfer station receives waste and/or recyclables from more than one municipality, are the weights from each municipality weighed and tracked separately when received at the transfer station?** **[Yes](#yes)** **No**  **If the answer to (2) is yes; please contact** [**Judy Belaval**](mailto:judy.belaval@ct.gov) **at DEEP (860) 424-3237 to request a multi-town TS quarterly reporting form.** |

**PART 1:** **QUANTITIES (TONS) OF SOLID WASTE & RECYCLABLES RECEIVED**

|  |  |
| --- | --- |
| **CT CITY(ies) OR CT TOWN(s) of ORIGIN** |  |

**Does the MSW tonnage include non-residential waste?**  **Yes No;**

**If Yes – what is your ballpark estimate % of MSW that is non-residential?**

|  |  |
| --- | --- |
| **TYPE of SOLID WASTE or RECYCLABLE RECEIVED** | **TONS RCVD this QUARTER** |
| **MSW[[1]](#footnote-1)** |  |
| **OVERSIZED MSW (e.g. furniture, carpets, mattresses, etc)** |  |
| **CONSTRUCTION and DEMOLITION WASTE (e.g. dry wall, brick, concrete, lumber, etc.)** |  |
| **LANDCLEARING DEBRIS (LOGS/STUMPS)** |  |
| **SPECIAL[[2]](#footnote-2)** |  |
| **RECYCLABLES – Type:**  **Res or  NonRes** |  |
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**Add additional pages if needed**

**PART 2: QUANTITIES (TONS) of SOLID WASTE and RECYCLABLES TRANSFERRED**

|  |  |  |
| --- | --- | --- |
| **TYPE of WASTE or RECYCLABLE TRANSFERRED** | **DESTINATION**  **Name/Location Of Disposal Facility Receiving Waste Or Recycling Facility Receiving Recyclables** | **TONNAGE** |
| **MSW** |  |  |
|  |  |
|  |  |
|  |  |
| **C&D Waste** |  |  |
| **Oversized MSW** |  |  |
| **MIX C&D Waste & Oversized MSW** |  |  |
|  |  |
| **OTHER – Type:** |  |  |
| **RECYCLABLE**  **Type:** |  |  |
| **RECYCLABLE**  **Type:** |  |  |
| **RECYCLABLE**  **Type:** |  |  |

**PART 3 - CERTIFICATION and SIGNATURE**

This document, which is required to be submitted to the Commissioner of the Department of Energy and Environmental Protection, shall be signed by the Permittee or, if Permittee is not an individual, by Permittee’s chief executive officer or a duly authorized representative of such officer, as those terms are defined in §22a-430-3(b)(2) of the Regulations of Connecticut State Agencies, and by the individual(s) responsible for actually preparing such document, and each such individual shall certify in writing as follows:

“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, that the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in the submitted information may be punishable as a criminal offense under §53a-157b of the Connecticut General Statutes and any other applicable law.”

**Signature of permittee or duly authorized representative of permittee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Printed name:** **Title:**

**Signature of person responsible for preparing report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Printed name:       Title:**

**Phone #:       Fax #:       E-mail Address:**

**Report Needs to be Submitted Quarterly (by Apr 10th; by Jul 10th ; by Oct 10th; by Jan 10th ;** to the CT Department of Energy & Environmental Protection by any **ONE** of the following methods:

🕿 Fax (860) 424-4059 Attn: Solid Waste Facility Reporting – Paula Guerrera; **Or**

**🖳** Scanned & E-Mailed To [DEEP.Solid&HazWasteReports@ct.gov](mailto:DEEP.Solid&HazWasteReports@ct.gov) (***Do not send hard copy if sending electronically***); **Or**

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1. **MSW** is solid waste from residential, commercial and industrial sources; excluding hazardous, bulky, biomedical, sludge, or scrap metal waste. [↑](#footnote-ref-1)
2. **SPECIAL WASTE** is any waste other than hazardous or biomedical which requires special handling for safe disposal [↑](#footnote-ref-2)