**Department of Energy & Environmental Protection**

**Bureau of Materials Management & Compliance Assurance**

**79 Elm Street - 4th Floor**

**Hartford, CT 06106-5127**

**Commercial GP Facility Receiving Ash Residue (Appendix B)**

**Quarterly Solid Waste (SW) Reporting Form**

|  |
| --- |
| **Name of Facility:****Permittee:      SW Permit #:****Facility Location: Street:      Town:       State:      Zip Code:      `Phone:****Mailing Address (if different from facility location):** **Facility-Commercial GP Authorized Appendices –** [ ] **Appendix A;** [ ] **Appendix B;** [ ] **Appendix C;** [ ] **Appendix D;** [ ] **Appendix E;** [ ] **Appendix F;** [ ] **Appendix G** |

**If this facility is authorized for more than one SW facility category – Materials authorized in more than one facility category must only be reported ONCE on ONE reporting form. Receipt and storage capacities are NOT cumulative.**

**Does the facility have a scale?** **[ ]  Yes** **[ ] No**

|  |  |
| --- | --- |
| **If Ash Residue is not weighed – Please describe method for estimating weight** |  |

|  |  |  |
| --- | --- | --- |
| **Reporting Quarter** | **YEAR:** | **QUARTER:**  |

***APPENDIX B COMMERCIAL GP FACILITY-***

***Part 1 – Ash Residue Received***

| **Part 1A – Ash Residue Received *from a CT REGIONAL SW FACILITY*** |
| --- |
| **ORIGIN** **NAME/LOCATION OF CT REGIONAL SW FACILITY from which Ash Residue was RECEIVED** | **QUARTER TOTAL** |
| **Tons Received** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

| **Part 1B – Ash Residue Received *from OUT-OF-STATE***  |
| --- |
| **• STATE OF ORGIN (direct haul) OR** **• NAME/LOCATION OF OUT-OF-STATE REGIONAL SW FACILITY** | **QUARTER TOTAL** |
| **Tons Received** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

***Part 2 - Ash Residue TRANSFERRED from the FACILITY***

| **Part 2A – *Recycled –* Ash Residue Transferred to *RECYLING, END-MARKETS OR REUSE FACILITIES***  |
| --- |
| **RECYCLING DESTINATION NAME & LOCATION****(If Material Is Managed thru a Broker – Indicate Broker Name & Destination State or Country)**  | **Destination****Type** | **QUARTER TOTAL** |
| **Tons Recycled** |
|  | **Select from: Dropdown:****If Other-Specify:** |  |
|  | **Select from: Dropdown:****If Other-Specify:** |  |
|  | **Select from: Dropdown:****If Other-Specify:** |  |
|  | **Select from: Dropdown:****If Other-Specify:** |  |
| **v** | **Select from: Dropdown:****If Other-Specify:** |  |
|  | **Select from: Dropdown:****If Other-Specify:** |  |

| **Part 2B – *Disposed –* Ash Residue Transferred to *DISPOSAL FACILITIES (or to TSs for TRANSER to DISPOSAL)***  |
| --- |
| **DISPOSAL DESTINATIOI NAME/LOCATION** | **DISPOSAL****DESTINATION TYPE** | **QUARTER TOTAL** |
| **Tons Disposed** |
|  | **Select from Dropdown:****If other –specify:** |  |
|  | **Select from Dropdown:****If other –specify:** |  |
|  | **Select from Dropdown:****If other –specify:** |  |
|  | **Select from Dropdown:****If other –specify:** |  |
|  | **Select from Dropdown:****If other –specify:** |  |

***Part 3 – BALANCE SHEET – ASH RESIDUE RECEIVED VS TRANSFERRED FROM THE FACILITY***

|  |
| --- |
| ***COMPARE TOTAL RECEIVED VS TOTAL Transferred (disposed + recycled) for Ash Residue for this reporting quarter*** |
| ***Total Amount Received:*       *Total Transferred:*      *Difference (Recev’d Vs Transferred):*      *% Discrepancy:*** |
| ***If discrepancy is >10% - Explain:*** |

***Part 4 – CERTIFICATION***

|  |
| --- |
| **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:** |

Completed forms can be submitted to the CT Department of Energy& Environmental Protection by any **ONE** of the following methods:

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

**🖳** Scanned & E-Mailed To 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 )

Must be double-sided and preferably on paper with a minimum 30% post-consumer content.

**PLEASE CONSERVE PAPER -** Do not fax or submit pages or sections that you intentionally left blank.

**Contact** **Paula Guerrera** **(860 424-3334) to confirm receipt of report by DEEP**