



Department of Energy & Environmental Protection
 Bureau of Materials Management & Compliance Assurance
 79 Elm Street - 4th Floor
 Hartford, CT 06106-5127

Commercial GP Facility Receiving C&D Wastes/Oversized MSW (Appendix D) 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 – <input type="checkbox"/> Appendix A; <input type="checkbox"/> Appendix B; <input type="checkbox"/> Appendix C; <input type="checkbox"/> Appendix D;		
<input type="checkbox"/> Appendix E; <input type="checkbox"/> Appendix F; <input type="checkbox"/> 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 recyclables are not weighed – Please describe method for estimating weight	
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APPENDIX D COMMERCIAL GP FACILITY

Part 1 – MATERIAL RECEIVED

Part 1A - C&D WASTE and OVERSIZED MSW RECEIVED

Part 1A(1) –C&D WASTE & OVERSIZED MSW RECEIVED <i>from a CT REGIONAL SW FACILITY</i>		
ORIGIN -NAME/LOCATION OF CT REGIONAL SW FACILITY from which C&D WASTE or OVERSIZED MSW was RECEIVED	DESCRIPTION OF MATERIAL AS RECEIVED <i>(PRIOR TO PROCESSING)</i>	QUARTER TOTAL
		Tons Received

Part 1A(2) – C&D WASTE and OVERSIZED MSW RECEIVED <i>DIRECT HAUL FROM CONNECTICUT GENERATORS (construction sites, or demolition sites or renovation sites) or from CT MUNICIPAL TRANSFER STATIONS</i> (Not from a regional solid waste facility)		
STATE OF ORGIN	DESCRIPTION OF MATERIAL <i>(PRIOR TO PROCESSING)</i>	QUARTER TOTAL
		Tons Received
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		

Part 1A(2) – C&D WASTE and OVERSIZED MSW RECEIVED *DIRECT HAUL FROM CONNECTICUT GENERATORS (construction sites, or demolition sites or renovation sites) or from CT MUNICIPAL TRANSFER STATIONS* (Not from a regional solid waste facility)

STATE OF ORGIN	DESCRIPTION OF MATERIAL (PRIOR TO PROCESSING)	QUARTER TOTAL
		Tons Received
CONNECTICUT		
CONNECTICUT		

Part 1A(3) – C&D WASTE and OVERSIZED MSW RECEIVED FROM *OUT-OF-STATE*

ORIGIN • STATE OF ORGIN (direct haul) OR • NAME/LOCATION OF OUT-OF-STATE REGIONAL SW FACILITY	DESCRIPTION OF MATERIAL (PRIOR TO PROCESSING)	QUARTER TOTAL
		Tons Received

Part 1B - APPENDIX D COMMERCIAL GP FACILITY- *CARDBOARD and/or OTHER PAPER RECEIVED*

Part 1B(1) CARDBOARD and/or OTHER PAPER RECEIVED *from a CT REGIONAL SW FACILITY*

ORIGIN -NAME/LOCATION OF CT REGIONAL SW FACILITY from which Cardboard or other Paper was RECEIVED I /location of the out-of-state regional SW facility	DESCRIPTION OF MATERIAL AS RECEIVED (PRIOR TO PROCESSING)	QUARTER TOTAL
		Tons Received

Part 1B(2) CARDBOARD and/or OTHER PAPER RECEIVED *DIRECT HAUL FROM CONNECTICUT GENERATORS or from CT MUNICIPAL TRANSFER STATIONS* (Not from a CT regional solid waste facility)

ORIGIN: CONNECTICUT CITY OR TOWN	SOURCE	DESCRIPTION OF MATERIAL AS RECEIVED (PRIOR TO PROCESSING)	QUARTER TOTAL
			Tons Received
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential		

Part 1B(2) CARDBOARD and/or OTHER PAPER RECEIVED *DIRECT HAUL FROM CONNECTICUT GENERATORS or from CT MUNICIPAL TRANSFER STATIONS* (Not from a CT regional solid waste facility)

ORIGIN: CONNECTICUT CITY OR TOWN	SOURCE	DESCRIPTION OF MATERIAL AS RECEIVED (PRIOR TO PROCESSING)	QUARTER TOTAL
			Tons Received
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential		
	<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential		

Part 1B(3) CARDBOARD and/or OTHER PAPER RECEIVED *from OUT-OF-STATE*

ORIGIN • STATE OF ORGIN –NOT CT (direct haul) OR • NAME/LOCATION OF OUT-OF-STATE REGIONAL SW FACILITY	DESCRIPTION OF MATERIAL AS RECEIVED (PRIOR TO PROCESSING)	QUARTER TOTAL
		Tons Received

Part 2 - APPENDIX D COMMERCIAL GP FACILITY- *C&D WASTES/OVERSIZED MSW and RECYCLABLES TRANSFERRED*

Part 2A –*RECYCLED* - MATERIAL TRANSFERRED TO *RECYLING, END-MARKETS OR REUSE FACILITIES* (Material *BURNED* for energy is *NOT* considered *RECYCLED*)

TYPE of MATERIAL RECYCLED/ REUSED	RECYCLING DESTINATION NAME & LOCATION (If Material Is Managed thru a Broker – Indicate Broker Name & Destination State or Country)	Destination Type	QUARTER TOTAL Tons Recycled

Part 2B –DISPOSED - MATERIAL & WASTE TRANSFERRED TO DISPOSAL FACILITIES (or to TSs for TRANSFER FOR DISPOSAL) (Material BURNED for energy or used as LF alternative daily cover i.e. ADC is considered DISPOSED

TYPE OF WASTE or MATERIAL DISPOSED	DISPOSAL DESTINATION		QUARTER TOTAL
	NAME/LOCATION	Disposal Destination TYPE	Tons Disposed

Part 3 – BALANCE SHEET: QUANTITIES C&D WASTE/OVERSIZED MSW/PAPER RCVD VS TRANSFERRED

COMPARE TOTAL RECEIVED VS TOTAL Transferred for THIS 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 Guerrero](mailto:Paula.Guerrera@deep.state.ct.us) (860 424-3334) to confirm receipt of report by DEEP