



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

**COMMERCIAL GENERAL PERMIT Notifier/Tier I Operator - Annual Reporting Form**

<b>SOLID WASTE MANAGEMENT CATEGORY</b>	Are you reporting as a:
	<input type="checkbox"/> Notifier (First Time Notifier? <input type="checkbox"/> Yes <input type="checkbox"/> No) or <input type="checkbox"/> Tier I Operator
<b>REPORTING ENTITY</b>	Name of Notifier/Operator:
	<b>Location</b> of Waste Aggregation Site: Street: _____ Town: _____ State: _____ Zip code: _____ Phone: _____
	<b>Mailing Address</b> (if different from above)

REPORTING PERIOD: Fiscal Year \_\_\_\_ July \_\_\_\_ through June \_\_\_\_  
 Year Year

Are incoming and outgoing wastes and recyclables weighed at the aggregation site?  Yes  No

If Not - Please Describe Method for Estimating Tonnage Reported:

**PART 1: Waste or Recyclables Received from out-of-state - Does the aggregation site receive waste or recyclables generated out-of-state?**  No  Yes  
 If yes, Complete Part 1 (if service vehicles deliver CT and out-of-state waste mixed together- please try to estimate percentage from out-of-state); if no skip to Part 2.

Type of Out-of-state Waste or Recyclable Received	Tons Received JUL-DEC Year ____	Tons Received JAN-JUN Year ____	Fiscal Year Total Tons Received

**PART 2: Quantities (Tons) of Solid Waste Transferred from the Aggregation Site to Destinations other than a CT Permitted or CT Authorized Solid Waste Facility** (e.g. transferred directly to a market such as a manufacturer, paper mill or transferred directly to an out-of-state destination, etc.)

Any item which is burned as a fuel (except for waste oil), or is eventually incinerated or landfilled should be recorded as disposed and not as recycled.

**Part 2a - Solid Waste Transferred from the Aggregation Site to *Out-of-State Disposal* Destinations** (e.g. waste-to-energy facilities, incinerators or landfills, etc.)

Waste Sent To Out-Of-State <i>Disposal</i> Destinations					
Name And Location of Out-of-State Disposal Destination to which Waste Was Transferred	Type Of Disposal Destination (e.g. landfill, waste-to-energy, incinerator, out-of-state transfer station, out-of-state aggregation site, etc.)	Type of Waste Disposed	JUL to DEC Year: ____	JAN to JUN Year: ____	Fiscal Year Total
			Tons Disposed		

Waste Sent To Out-Of-State <i>Disposal</i> Destinations					
Name And Location of Out-of-State Disposal Destination to which Waste Was Transferred	Type Of Disposal Destination (e.g. landfill, waste-to-energy, incinerator, out-of-state transfer station, out-of-state aggregation site, etc.)	Type Of Waste Disposed	JUL to DEC Year: ____	JAN to JUN Year: ____	Fiscal Year Total
			Tons Disposed		

- **Total** tons transferred to *disposal destinations* this reporting period \_\_\_\_\_
- Tons transferred to *out-of-state disposal* destinations this reporting period \_\_\_\_\_

**PART 2b - Recyclables Transferred *from the Aggregation Site to End-Users (i.e. markets in CT or out-of-state) or to Out-of-State Recycling Destinations***

RECYCLABLES TRANSFERRED <i>to End-Users or to Out-of-State Recycling</i>					
Name and Location of End User (Market e.g. Manufacturer, Paper mill, Landscaper, etc.) or Out-of-State Recycling Facility to which Recyclables Were Transferred	DESTINATION TYPE (e.g. manufacturer, paper mill, landscapers, out-of-state recycling processing facility, out-of-state aggregation site, etc.)	Type of Recyclable	JUL to DEC Year: ____	JAN to JUN Year: ____	Fiscal Year TOTAL
			Tons Recycled		

- **Total** tons transferred to recycling destinations this reporting period \_\_\_\_\_
- Tons transferred *directly to end users(MARKETS) or to out-of-state recycling destinations* this reporting period \_\_\_\_\_

**Part 3 - Certification and Signature**

This document, which is required to be submitted to the Commissioner of Energy and Environmental Protection, shall be signed by the Notifier/Tier I Operator or, if Notifier/Tier I Operator is not an individual, by Notifier's/Tier I Operator'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 Notifier/Tier I Operator or a duly authorized representative:** \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_


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

Date: \_\_\_\_\_ Printed name: \_\_\_\_\_ E-mail Address \_\_\_\_\_ Phone \_\_\_\_\_

**The completed report needs to be submitted to CT DEEP by July 31<sup>st</sup> for the previous fiscal year (Jul 1<sup>st</sup> - Jun 30<sup>th</sup>) 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](mailto:DEEP.Solid&HazWasteReports@ct.gov) (Do not send hard copy if sending electronically); **Or**

 Land-Mailed (CT DEP; Bureau of MM&CA – Recycling Office; 79 Elm Street - 4<sup>th</sup> 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.

If submitting the report electronically send as WORD or EXCEL document – and scan the certification section and send with the rest of the report. **Contact [Paula Guerrera](#) (860 424-3334) to confirm receipt of report by DEEP**