



Landfill Monitoring Report Transmittal

LANDFILL MONITORING COORDINATOR
BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE
DEPARTMENT OF ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Please submit **all** monitoring information for each monitoring period in one package with this transmittal form to the address specified above. Please submit **only** one copy of each submittal and submit complete monitoring reports, NOT partial reports.

Part I: Landfill Information

1. Landfill Name:			
Landfill Site Address:			
City/Town:			
Site I.D. Number (if applicable):			
2. Owner of the Landfill:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	E-mail:		
3. Solid Waste Permit #:		Date of issuance:	
Solid Waste Operation and Management Plan Title:			
			Date:
Groundwater Discharge Permit #:	Date of Issuance:		
Order Number:	Date of Issuance:		

Part II: Submittal Information

1. Year of Submittal:			
<input type="checkbox"/> 1 st Quarter Report	<input type="checkbox"/> 2 nd Quarter Report	<input type="checkbox"/> 3 rd Quarter Report	<input type="checkbox"/> 4 th Quarter Report
<input type="checkbox"/> 1 st Semiannual Report	<input type="checkbox"/> 2 nd Semiannual Report		
<input type="checkbox"/> Annual Report			
<input type="checkbox"/> Other: Specify:			
2. Submitter Name:			
Mailing Address:			
City/Town:	State:	Zip Code:	
Business Phone:	ext.	Fax:	
Contact Person:	E-mail:		

Part III: Monitoring Program

 Check the appropriate box(es).

<input type="checkbox"/> Drinking Water Wells Sampled	<input type="checkbox"/> Surface Water Sampled	<input type="checkbox"/> Monitoring Wells Sampled
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