



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

APPENDIX B COMMERCIAL GP FACILITY-

Part 1 – Ash Residue Received

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

Part 1B – Ash Residue Received <i>from OUT-OF-STATE</i>	
ORIGIN	QUARTER TOTAL
• STATE OF ORIGIN (direct haul) OR • NAME/LOCATION OF OUT-OF-STATE REGIONAL SW FACILITY	Tons Received

Part 2 - Ash Residue TRANSFERRED from the FACILITY

Part 2A – <i>Recycled</i> – Ash Residue Transferred to <i>RECYLING, END-MARKETS OR REUSE FACILITIES</i>		
RECYCLING DESTINATION NAME & LOCATION (If Material Is Managed thru a Broker – Indicate Broker Name & Destination State or Country)	Destination Type	QUARTER TOTAL Tons Recycled
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Part 2B – *Disposed* – Ash Residue Transferred to *DISPOSAL FACILITIES* (or to TSs for TRANSFER to DISPOSAL)

DISPOSAL DESTINATION NAME/LOCATION	DISPOSAL DESTINATION TYPE	QUARTER TOTAL Tons Disposed

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 Tons Received:	Total Tons Transferred:	Difference (Received 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](#) (860 424-3334) to confirm receipt of report by DEEP