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

Commercial GP FACILITY RECEIVING CLEAN WOOD, INCLUDING LEAVES AND GRASS CLIPPINGS (APPENDIX C) 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 wood and yard waste is not weighed – Please describe method for estimating weight	

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

APPENDIX C COMMERCIAL GP FACILITY

Part 1 – Clean Wood, Including Leaves and Grass Clippings Received

Part 1A – Clean Wood, Leaves, and Grass Received *from a CT REGIONAL SW FACILITY*		
ORIGIN NAME /LOCATION OF CT REGIONAL SW FACILITY from which clean wood, leaves, or grass were received	**TYPE of MATERIAL RECEIVED**	**QUARTER TOTAL**
		Tons Received

Part 1B – Clean Wood, Leaves, and Grass Received *DIRECT HAUL FROM CONNECTICUT or from CT MUNICIPAL TRANSFER STATIONS* **(Not from regional solid waste facilities)**		
ORIGIN CT Direct Haul or from a CT Municipal TS	**TYPE of MATERIAL RECEIVED**	**QUARTER TOTAL**
		Tons Received
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		

Part 1B – Clean Wood, Leaves, and Grass Received *DIRECT HAUL FROM CONNECTICUT or from CT MUNICIPAL TRANSFER STATIONS* (Not from regional solid waste facilities)		
ORIGIN CT Direct Haul or from a CT Municipal TS	TYPE of MATERIAL RECEIVED	QUARTER TOTAL Tons Received
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		

Part 1C – Clean Wood, Leaves, and Grass Received *from OUT-OF-STATE*		
ORIGIN • STATE OF ORGIN (direct haul) OR • NAME/LOCATION OF OUT-OF-STATE REGIONAL SW FACILITY from which clean wood, leaves, or grass were received	TYPE of MATERIAL RECEIVED	QUARTER TOTAL Tons Received

Part 2 –APPENDIX C COMMERCIAL GP FACILITY- Clean Wood, Leaves and Grass Clippings Transferred from the Facility

PART 2A- *Recycled –* Clean Wood, Leaves and Grass Clippings Transferred to *RECYLING, END-MARKETS OR REUSE FACILITIES*(*Material BURNED for energy is NOT considered RECYCLED*			
Type of Clean Wood, Leaves and Grass Clippings RECYCLED/ REUSED	RECYCLING DESTINATION NAME & LOCATION (If Material Goes thru a Broker – Indicate Broker Name & Destination State or Country)	Recycling Destination Type	QUARTER TOTAL Tons Transferred to Recycling

Part 2B – *Disposed –* Clean Wood, Leaves and Grass Clippings Transferred to *DISPOSAL FACILITIES (or to TSs for TRANSER to DISPOSAL) (Material used as LF alternative daily cover i.e. ADC is considered DISPOSED.)*			
TYPE OF WASTE DISPOSED	DISPOSAL DESTINATION		QUARTER TOTAL
	NAME/LOCATION	Disposal Destination TYPE	Tons Disposed

Part 2B – *Disposed –* Clean Wood, Leaves and Grass Clippings Transferred to *DISPOSAL FACILITIES* *(or to TSs for TRANSER to DISPOSAL) (Material used as LF alternative daily cover i.e. ADC is considered DISPOSED.)*

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

Part 3 – BALANCE SHEET *APPENDIX C COMMERCIAL GP FACILITY- Clean Wood, Leaves and Grass Clippings*

COMPARE TOTAL RECEIVED VS TOTAL Transferred			
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 DEP; 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