

Sheet Leaf Composting Notification Form

Please complete this form in accordance with the instructions (DEP-RCY-INST-009) to ensure the proper handling of your notification. Print or type unless otherwise noted.

DEP USE ONLY
Notification No Permit No Facility I.D

Part I: Notification Information

Enter a check mark in the appropriate box identifying the notification type.						
This notification is for (check one): A new sheet leaf composting activity. The farm has never accepted leaves for sheet leaf composting.	A sheet leaf composting activity on agricultural land that has <i>previously</i> received leaves for sheet composting.					
Please identify the most recent year that leaves were land-applied, if applicable:						
Part II: Fee Information						
There is no fee for this notification at this time.						

Part III: Registrant Information

1.	Fill in the name of the person who will be responsible for practicing sheet leaf composting in accordance with Section 22a-208i(a)-1(g) of the Regulations of Connecticut State Agencies:			
	Registrant:			
	Phone: ext	t.	Fax:	
	Enter a check mark if there are co-registrants required information as supplied above.	. If so, label and attac	ch additional sheet(s) with the	
2.	List primary contact for departmental correspondence and inquiries, if different than the registrant.			
	Name:			
	Mailing Address:			
	City/Town:	State:	Zip Code:	
	Business Phone:	ext.	Fax:	
3.	List the person to whom the Agricultural Sales Tax Exemption Permit was issued:			
	Name:			
	Mailing Address:			
	City/Town:	State:	Zip Code:	
	Phone:	ext.	Fax:	
	Agricultural Sales Tax Exemption Permit Number:			
	Date Issued:	Expiration Date:		

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Part IV: Source and Volume Information

List all sources from which leaves will be obtained and estimate the quantities from each.

1.	Leaf Source:				
	Estimated Quantity:	cubic yards			
2.	Leaf Source:				
	Estimated Quantity:	cubic yards			
3.	Leaf Source:				
	Estimated Quantity:	cubic yards			
4.	Leaf Source:				
	Estimated Quantity:	cubic yards			
	Please enter a check ma	ark if additional she	eets are necessary, and lab	el and attach them to this sheet.	
Par	t V: Site Informatio	<u> </u>			
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1.	Name of Landowner:				
	Mailing Address:		•	-	
	City/Town:		State:	Zip Code:	
	Phone:		ext.	Fax:	
	Property Location (stree	t/geographical des	scription):		
	Мар:	Block:	Lot:	Acreage:	
	Crop(s) Grown:				
	Estimated volume of lea	ves to be sheet co	omposted: cubic yard	ds	
2.	Name of Landowner:				
	Mailing Address:				
	City/Town:		State:	Zip Code:	
	Phone:		ext.	Fax:	
	Property Location (stree	t/geographical des	scription):		
	Мар:	Block:	Lot:	Acreage:	
	Crop(s) Grown:			J	
	Estimated volume of leaves to be sheet composted: cubic yards				
	☐ Please enter a check mark if additional sheets are necessary, and label and attach them to this sheet.				
Par	t VI: Supporting Do	cuments			
			submitted as verification that	the annlicable attachment has been	
	Please check the box by the attachment being submitted as verification that the applicable attachment has been submitted with this notification form. Please label the document and be sure to include the registrant's name.				
		•	_	USGS Quadrangle Map indicating the quadrangle name and number on the	

Part VII: Registrant Certification

The landowner, the person who will practice sheet leaf composting, and the person to whom the Agricultural Sales Tax Exemption Permit has been issued must sign this part. A notification will be considered incomplete unless *all* required signatures are provided.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.				
I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute.				
I certify that this notification is on complete and accurate forms a alteration of the text."	s prescribed by the commissioner without			
Signature of Landowner	Date			
Orginatore of Europeaner	Buic			
Name of Landowner (print or type)	Title (if applicable)			
Signature of Person Practicing Sheet Leaf Composting	Date			
Name of Person Practicing Sheet Leaf Composting (print or type)	Title (if applicable)			
Signature of Person to Whom the Agricultural Sales Tax Exemption Permit was Issued Date				
Name Person to Whom the Agricultural Sales Tax Exemption Permit was Issued (print or type)	Title (if applicable)			
Please enter a check mark if additional signatures are necessary. If so, please reproduce this sheet and attach signed copies to this sheet.				

Note: Please submit the Notification Form and all Supporting Documents to:

COMPOST SPECIALIST CT DEP RECYCLING PROGRAM 79 ELM STREET HARTFORD, CT 06106-5127