



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

Commercial GP Facility Receiving Universal Waste and Compatible Solid Wastes (Appendix G) - 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 recyclables are 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 G COMMERCIAL GP FACILITY

Part 1 – Universal Waste and Compatible Solid Wastes Received

Part 1A – Universal Waste and Compatible Solid Wastes Received <i>from a CT REGIONAL SW FACILITY</i>		
ORIGIN NAME/LOCATION OF CT REGIONAL SW FACILITY from which Universal Waste and Compatible Wastes were RECEIVED	TYPE OF SOLID WASTE RECEIVED	QUARTER TOTAL Tons Received

Part 1B – Universal Waste and Compatible Solid Wastes Received <i>DIRECT HAUL FROM CONNECTICUT GENERATORS or from CT MUNICIPAL TRANSFER STATIONS</i> (Not from regional solid waste facilities)		
ORIGIN CT Direct Haul or from a CT Municipal TS	TYPE OF SOLID WASTE RECEIVED	QUARTER TOTAL Tons Received
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		

ORIGIN CT Direct Haul or from a CT Municipal TS	TYPE OF SOLID WASTE RECEIVED	QUARTER TOTAL
		Tons Received
CONNECTICUT		
CONNECTICUT		

Part 1C – Universal Waste and Compatible Solid Wastes Received *from OUT-OF-STATE*

ORIGIN • STATE OF ORIGIN (direct haul) OR • NAME/LOCATION OF OUT-OF-STATE REGIONAL SW FACILITY	DESCRIPTION OF MATERIAL (PRIOR TO PROCESSING)	QUARTER TOTAL
		Tons Received

Part 2 - APPENDIX G COMMERCIAL GP FACILITY *Universal Waste and Compatible Solid Waste Transferred from the FACILITY*

Part 2A – *Recycled* - Universal Waste and Compatible Solid Wastes Transferred to *RECYLING, END-MARKETS OR REUSE FACILITIES*

TYPE of MATERIAL RECYCLED/ REUSED	RECYCLING DESTINATION NAME & LOCATION (If Material Is Managed thru a Broker – Indicate Broker Name & Destination State or Country)	Destination Type	QUARTER TOTAL
			Tons Recycled

Part 2B – *Disposed* - Universal Waste and Compatible Solid Waste Transferred to *DISPOSAL FACILITIES* (or to TSs for TRANSFER to DISPOSAL) (Material used as LF alternative daily cover i.e. ADC is considered *DISPOSED*.)

TYPE of MATERIAL DISPOSED	DISPOSAL DESTINATION NAME/LOCATION	DISPOSAL DESTINATION TYPE	QUARTER TOTAL
			Tons Disposed

Part 3 – BALANCE SHEET – UNIVERSAL WASTE AND COMPATIBLE SOLID WASTE RECEIVED VS TRANSFERRED FROM THE FACILITY

COMPARE TOTAL RECEIVED VS TOTAL TRANSFERRED (disposed + recycled) for <i>Universal Waste and Compatible Solid Wastes</i> for this reporting quarter			
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 Guerrero](#) (860 424-3334) to confirm receipt of report by DEEP