



## 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 – <input type="checkbox"/> Appendix A; <input type="checkbox"/> Appendix B; <input type="checkbox"/> Appendix C; <input type="checkbox"/> Appendix D; <input type="checkbox"/> Appendix E; <input type="checkbox"/> Appendix F; <input type="checkbox"/> 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	
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REPORTING QUARTER: YEAR:                      QUARTER:  1<sup>ST</sup>-Jan-Mar;  2<sup>nd</sup> Apr-Jun;  3<sup>rd</sup> Jul-Sep;  4<sup>th</sup> 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 <i>from a CT REGIONAL SW FACILITY</i>		
ORIGIN	TYPE of MATERIAL RECEIVED	QUARTER TOTAL
NAME /LOCATION OF CT REGIONAL SW FACILITY from which clean wood, leaves, or grass were received		Tons Received

Part 1B – Clean Wood, Leaves, and Grass Received <i>DIRECT HAUL FROM CONNECTICUT 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 MATERIAL RECEIVED	QUARTER TOTAL
		Tons Received
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		

Part 1B – Clean Wood, Leaves, and Grass Received <i>DIRECT HAUL FROM CONNECTICUT 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 MATERIAL RECEIVED	QUARTER TOTAL
		Tons Received
CONNECTICUT		
CONNECTICUT		
CONNECTICUT		

Part 1C – Clean Wood, Leaves, and Grass Received <i>from OUT-OF-STATE</i>		
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- <i>Recycled</i> – Clean Wood, Leaves and Grass Clippings Transferred to <i>RECYCLING, END-MARKETS OR REUSE FACILITIES</i> (Material <i>BURNED</i> for energy is <i>NOT</i> considered <i>RECYCLED</i> )			
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 – <i>Disposed</i> – Clean Wood, Leaves and Grass Clippings Transferred to <i>DISPOSAL FACILITIES</i> (or to TSs for TRANSFER to DISPOSAL) (Material used as LF alternative daily cover i.e. ADC is considered <i>DISPOSED.</i> )			
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:)	%
<i>Discrepancy:</i>			
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](mailto: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 - 4<sup>th</sup> 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](mailto:Paula.Guerrera@dep.state.ct.us) (860 424-3334) to confirm receipt of report by DEEP