**Department of Energy & Environmental Protection**

**Bureau of Materials Management & Compliance Assurance**

**79 Elm Street - 4th Floor**

**Hartford, CT 06106-5127**

**Commercial GP FACILITY RECEIVING SOURCE SEPARATED RECYCLABLES (APPENDIX F)**

**Quarterly Solid Waste (SW) Reporting Form**

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| **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**

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| --- | --- |
| **If recyclables are not weighed – Please describe method for estimating weight** |  |

|  |  |  |
| --- | --- | --- |
| **Reporting Quarter** | **YEAR** | **QUARTER** |
|  |  |

***Part 1 – SOURCE SEPARATED RECYCLABLES RECEIVED BCP =Bottles, Cans, Paper***

| **Part 1A – SOURCE SEPARATED RECYCLABLES RECEIVED *from a CT REGIONAL SW FACILITY*** | | |
| --- | --- | --- |
| **ORIGIN -NAME/LOCATION OF REGIONAL SW FACILITY from which RECYCLABLES were RECEIVED** | **TYPE OF RECYCLABLE RECEIVED (see** [**list below**](#ListRecyclables) **of types of source separated recyclables acceptable under Appendix A)** | **QUARTER TOTAL** |
| **Tons Received** |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |

| **Part 1B – SOURCE SEPARATED RECYCLABLES RECEIVED *DIRECT HAUL FROM CONNECTICUT GENERATORS or from CT MUNICIPAL TRANSFER STATIONS*  (But not from regional solid waste facilities) *BCP = Bottles or Cans or Paper*** | | | |
| --- | --- | --- | --- |
| **ORIGIN**   * **For *BCP*– Report CT Municipality of Origin** * **For Other Recyclables (not BCP) report origin as “Connecticut”** | **TYPE OF RECYCLABLE RECEIVED** | **SOURCE**  **for CT BCP Only** | **QUARTER TOTAL** |
| **Tons Received** |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |  |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |  |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |  |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |  |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |  |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |  |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |  |

| **Part 1C – SOURCE SEPARATED RECYCLABLES RECEIVED *from OUT-OF-STATE*** | | |
| --- | --- | --- |
| * **STATE OF ORGIN (direct haul) OR** * **NAME/LOCATION OF OUT-OF-STATE REGIONAL SW FACILITY** | **TYPE OF RECYCLABLE RECEIVED** | **QUARTER TOTAL** |
| **Tons Received** |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |
|  | **BCP – Select from Dropdown1:**  **Non-BCP Select From Dropdown2:**  **If other–specify:** |  |

***Part 2 – SOURCE SEPARATED RECYCLABLES TRANSFERRED FROM THE FACILITY***

| **Part 2A – SOURCE SEPARATED RECYCLABLES TRANSFERRED TO *RECYLING OR REUSE FACILITIES OR END-MARKETS* –**  ***Material BURNED for energy* (except “Waste Oil”) *is not recycled*.** | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **MATERIAL RECYCLED** | | | | | | **RECYCLING DESTINATIOI NAME/LOCATION**  **(If Material Is Managed thru a Broker – Report Broker Name and Indicate Destination State or Country)** | | | | | | **RECYCLING DESTINATION**  **TYPE** | | | | | | **QUARTER TOTAL** |
| **Tons Transferred to Recycling** |
| **Select from Dropdown1:**  **or From Dropdown2:**  **If other–specify:** | | | | | |  | | | | | | **Select from Dropdown:**  **If other–specify:** | | | | | |  |
| **Select from Dropdown1:**  **or From Dropdown2:**  **If other–specify:** | | | | | |  | | | | | | **Select from Dropdown:**  **If other–specify:** | | | | |  |
| **Select from Dropdown1:**  **or From Dropdown2:**  **If other–specify:** | | | | | |  | | | | | | **Select from Dropdown:**  **If other–specify:** | | | |  |
| **Select from Dropdown1:**  **or From Dropdown2:**  **If other–specify:** | | | | | |  | | | | | | **Select from Dropdown:**  **If other–specify:** | | |  |
| **Select from Dropdown1:**  **or From Dropdown2:**  **If other–specify:** | | | | | |  | | | | | | **Select from Dropdown:**  **If other–specify:** | |  |
| **Select from Dropdown1:**  **or From Dropdown2:**  **If other–specify:** | | | | | |  | | | | | | **Select from Dropdown:**  **If other–specify:** |  |
| **Select from Dropdown1:**  **or From Dropdown2:**  **If other–specify:** | | | | | |  | | | | | | **Select from Dropdown:**  **If other–specify:** | | |  |

| **Part 2B – SOURCE SEPARATED RECYCLABLES and PROCESSING RESIDUE TRANSFERRED TO *DISPOSAL FACILITIES* –*Material BURNED for energy* (except “Used Oil”) *is not considered recycled – report tonnage burned in this section – i.e. Part2B)*** | | | | |
| --- | --- | --- | --- | --- |
| **MATERIAL DISPOSED** | | **DISPOSAL DESTINATIOI NAME/LOCATION** | **DISPOSAL DESTINATION**  **TYPE** | **QUARTER TOTAL** |
| **Tons Disposed** |
| **Select from Dropdown1:**  **OR From Dropdown2:**  **If other–specify:** | |  | **Select from Dropdown:**  **If other Specify:** |  |
| **Select from Dropdown1:**  **OR From Dropdown2:**  **If other–specify:** | |  | **Select from Dropdown:**  **If other Specify:** |  |
| **Select from Dropdown1:**  **OR From Dropdown2:**  **If other–specify:** |  | **Select from Dropdown:**  **If other Specify:** |  |

***Part 3 – BALANCE SHEET – SOURCE SEPARATED RECYCLABLES RECEIVED VS TRANSFERRED FROM THE FACILITY***

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| ***COMPARE TOTAL RECEIVED VS TOTAL TRANSFERRED (disposed + recycled) for SOURCE SEPARATED RECYCLABLES for this reporting quarter*** |
| ***Total Amount Received:*       *Total Transferred:*      *Difference (Recev’d Vs Transferred):*      *% Discrepancy:*** |
| ***If discrepancy is >10% - Explain:*** |

***Part 4 – CERTIFICATION***

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| **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 - 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**](mailto:paula.guerrera@ct.gov) **(860 424-3334) to confirm receipt of report by DEEP**

**List of possible source separated recyclables acceptable under Appendix F of the Commercial GP**

* Clean Wood
* Leaves
* Grass Clippings
* Source Separated Food Scraps
* Other Source Separated Organics
* Mattresses, Box springs (Mattresses) –Need to indicate if managed through CT EPR program
* Furniture
* Recyclable Containers (Glass, Plastics, Metal and
* Cardboard)
* Scrap Metal
* Propane Tanks Without Valves and Chlorofluorocarbon (“CFC”)
* Scrap metal including Appliances such as Freezers, Refrigerators, Dehumidifiers, Air Conditioners and Water Coolers With or Without CFC Liquid (aka FreonTM)
* Textiles and Shoes
* Paper **(**boxboard, cardboard, color ledger paper, magazines, Newspaper, Office paper, and high-grade white paper)
* Newspaper
* Office Paper
* Used Oil and Antifreeze
* Used Oil Filters
* Plastics - bulky
* Scrap Tires
* Paint -Architectural - Need to indicate if managed through CT EPR program
* Yellow Grease
* Gypsum Wallboard
* Asphalt Roofing Shingles
* Carpet
* Lead Acid Storage Batteries
* Mixed Batteries
* Mercury-Containing Lamps
* Mercury-Containing Equipment
* Electronics .
* Electronics – Used Residential Covered Electronic Devices (CEDs)-Managed thru CT EPR Program