



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

Construction & Demolition (C&D) Waste Volume Reduction Plant (VRP) Quarterly Solid Waste (SW) Reporting Form

Name of Facility: _____ Permittee: _____ SW Permit #: _____

Facility Location: Street: _____ Town: _____ State: _____ Zip Code: _____

Mailing Address: _____

Only those sections of the form relevant to the types of waste received at your facility need to be submitted as follows:

Links to Different Sections of this Reporting Form	Waste Type is Received at this Facility	Required to be Submitted by
C&D Waste and Oversized MSW Processed	<input type="checkbox"/> Yes	All C&D VRPs
Source Separated (SS) MSW Recyclables Processed or Transferred	<input type="checkbox"/> Yes	Only those C&D VRPs which are also permitted to process or transfer source separated MSW recyclables
MSW Received & Transferred	<input type="checkbox"/> Yes	Only those C&D VRPs which are also permitted to receive and transfer MSW
Observations re Designated Recyclables Mixed in with MSW and/or with C&D Waste		All C&D VRPs
Certification		All C&D VRPs

C&D WASTE and OVERSIZED MSW

C&D *Part A* - QUANTITIES C&D WASTE/OVERSIZED MSW RECEIVED

C&D and OVERSIZED MSW RECEIVED FROM <i>A REGIONAL SOLID WASTE FACILITY</i>				
NAME /LOCATION OF REGIONAL SW FACILITY OF ORIGIN	DESCRIPTION OF MATERIAL AS RCVD (PRIOR TO PROCESSING) ¹	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
		Tons Received	Tons Received	Tons Received

¹ Description categories include but are not limited to: (1)Asphalt Roof Shingles; (2)Clean Fill-Asphalt,Brick,Concrete; (3)Construction Waste; (4)Demolition Waste; (5)Gypsum Wall Board-Construction; (6)Landclearing Debris-Logs & Stumps; (7)Mixed C&D Waste; Treated & Untreated Wood- Mixed; (8)Untreated Wood – Mixed Landclearing, Lumber; Pallets, Etc.; (9)Untreated Dimensional Lumber; (10)Oversized MSW; (11)Scrap Metal From C&D Waste; (12)Treated Wood.

C&D and OVERSIZED MSW RECEIVED FROM CT (Not from a regional solid waste facility) <i>Oversized MSW MUST be reported by town of origin</i>				
DESCRIPTION OF MATERIAL (PRIOR TO PROCESSING) ¹		MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
		Tons Received	Tons Received	Tons Received
TYPE OF C&D MATERIAL RCVD:	For Oversized MSW specify CT city or town of origin:			
TYPE OF C&D MATERIAL RCVD:	For Oversized MSW specify CT city or town of origin:			
TYPE OF C&D MATERIAL RCVD:	For Oversized MSW specify CT city or town of origin:			
TYPE OF C&D MATERIAL RCVD:	For Oversized MSW specify CT city or town of origin:			
TYPE OF C&D MATERIAL RCVD:	For Oversized MSW specify CT city or town of origin:			
TYPE OF C&D MATERIAL RCVD:	For Oversized MSW specify CT city or town of origin:			
TYPE OF C&D MATERIAL RCVD:	For Oversized MSW specify CT city or town of origin:			
TYPE OF C&D MATERIAL RCVD:	For Oversized MSW specify CT city or town of origin:			
TYPE OF C&D MATERIAL RCVD:	For Oversized MSW specify CT city or town of origin:			
TYPE OF C&D MATERIAL RCVD:	For Oversized MSW specify CT city or town of origin:			
TYPE OF C&D MATERIAL RCVD:	For Oversized MSW specify CT city or town of origin:			

C&D and OVERSIZED MSW RECEIVED FROM OUT- OF- STATE (But, not from a regional solid waste facility)				
STATE OF ORIGIN	DESCRIPTION OF MATERIAL (PRIOR TO PROCESSING)	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
		Tons Received	Tons Received	Tons Received

Use additional pages as needed.

¹ C&D description categories include but are not limited to: (1)Asphalt Roof Shingles; (2)Clean Fill-Asphalt,Brick,Concrete; (3)Construction Waste; (4)Demolition Waste; (5)Gypsum Wall Board-Construction; (6)Landclearing Debris-Logs & Stumps; (7)Mixed C&D Waste; Treated & Untreated Wood- Mixed; (8)Untreated Wood – Mixed Landclearing, Lumber; Pallets, Etc.; (9)Untreated Dimensional Lumber; (10)Oversized MSW; (11)Scrap Metal From C&D Waste; (12)Treated Wood.

C&D Part B - QUANTITIES C&D WASTE/OVERSIDED MSW SENT OUT

C&D SENT TO RECYCLING, END-MARKES OR REUSE FACILITIES (Material **BURNED** for energy is considered disposed)

MATERIAL RECYCLED/ REUSED	RECYCLING DESTINATION NAME/LOCATION	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
		Tons Recycled	Tons Recycled	Tons Recycled
CLEAN WOOD OR CLEAN WOOD CHIPS (300)				
TREATED WOOD (301)				
SCRAP METAL (220)				
CLEAN FILL (302)				
CORRUGATED from C&D				
GYPSUM DRY WALL (307)				
OTHER – Specify				
OTHER – Specify				
OTHER – Specify				
OTHER – Specify				

C&D & Oversized MSW SENT TO DISPOSAL FACILITIES (or TRANSER to DISPOSAL) (Material **BURNED** for energy is considered disposed)

TYPE OF WASTE SENT	DISPOSAL DESTINATION NAME/LOCATION	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
		Tons Disposed	Tons Disposed	Tons Disposed
OVER-SIZED MSW (DISPOSED) Mattresses, Furniture, etc.				
PROCESSED C&D or C&D PROCESS RESIDUE (DISPOSED)				
OTHER WASTE - TYPE: _____				
OTHER WASTE - TYPE: _____				

C&D PartC – BALANCE SHEET: QUANTITIES C&D WASTE/OVERSIDED MSW RCVD VS SENT OUT

COMPARE TOTAL RECEIVED VS TOTAL SENT OUT - C&D/Oversized MSW Processing

Total Amount Received: _____; Total Sent Out: _____; Difference (Recev'd Vs Sent Out:) _____; % Discrepancy: _____

Optional: Percent of C&D Waste/Oversized MSW Received for Transfer Only from a Regional SW facility (i.e. already processed at the sending facility and not processed at this facility)	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
	_____ %	_____ %	_____ %

Name of Facility: _____ Permittee: _____ SW Permit #: _____

Facility Location: Street: _____ Town: _____ State: _____ Zip Code: _____

SOURCE SEPARATED (SS) MSW RECYCLABLES PROCESSED OR TRANSFERRED

Source Separated Recyclables Part A- QUANTITIES SS MSW RECYCLABLES RECEIVED

Source Separated MSW Recyclables RECEIVED FROM A REGIONAL SOLID WASTE (SW) FACILITY

NAME/LOCATION OF REGIONAL SW FACILITY OF ORIGIN	TYPE OF RECYCLABLE ²	SOURCE	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
			Tons Received	Tons Received	Tons Received
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			

Source Separated MSW Recyclables RECEIVED FROM CONNECTICUT (But not from a regional solid waste facility)

CT CITY/TOWN OF ORIGIN	TYPE OF RECYCLABLE ²	SOURCE	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
			Tons Received	Tons Received	Tons Received
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			

² Types of source separated recyclables received include but are not limited to: (1)Batteries-Lead Acid (2)Commingled Containers- i.e. Bottles & Cans; (3)Corrugated; (4)Dual Stream- Bottles/Cans/Paper; (5)Glass Containers; (6)Leaves; (7)Metal Containers; (8)Newspaper; (9)Paper-Mixed Types; (10)Plastic Containers; (11)Office Paper; (12)Scrap Metal; (13) Single Stream-Bottles/Cans/Paper

Source Separated MSW Recyclables RECEIVED FROM CONNECTICUT (But not from a regional solid waste facility)					
CT CITY/TOWN OF ORIGIN	TYPE OF RECYCLABLE ²	SOURCE	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
			Tons Received	Tons Received	Tons Received
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			

Source Separated MSW Recyclables RECEIVED FROM OUT-OF-STATE (But not from a regional solid waste facility)					
STATE OF ORGIN	TYPE OF RECYCLABLE ²	SOURCE	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
			Tons Received	Tons Received	Tons Received
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			
		<input type="checkbox"/> Residential <input type="checkbox"/> NonResidential <input type="checkbox"/> Mix-Res&NonRes			

²Types of source separated recyclables received include but are not limited to: (1)Batteries-Lead Acid (2)Commingled Containers- i.e. Bottles & Cans; (3)Corrugated; (4)Dual Stream- Bottles/Cans/Paper; (5)Glass Containers; (6)Leaves; (7)Metal Containers; (8)Newspaper; (9)Paper-Mixed Types; (10)Plastic Containers; (11)Office Paper; (12)Scrap Metal; (13) Single Stream-Bottles/Cans/Paper

Source Separated MSW Recyclables Part B- QUANTITIES SENT OUT from the SS RECYCLING SECTION of the FACILITY

Source Separated Recyclables SENT TO RECYCLING OR REUSE FACILITIES OR END-MARKETS - Material BURNED for energy (except "Waste Oil") is not recycled.					
MATERIAL RECYCLED	RECYCLING DESTINATION NAME/LOCATION	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR	
		Tons Recycled			
COMMINGLED CONTAINERS (Mixed bottles and cans) Includes:					
CORRUGATED					
NEWSPAPER					
OFFICE PAPER					

Source Separated Recyclables SENT TO *RECYCLING OR REUSE FACILITIES OR END-MARKETS* - *Material BURNED for energy (except "Waste Oil") is not recycled.*

MATERIAL RECYCLED	RECYCLING DESTINATION NAME/LOCATION	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
		Tons Recycled		
MIXED PAPER Includes:				
SCRAP METAL from MSW				
ALUMINUM CANS				
FLINTS GLASS				
AMBER GLASS				
STEEL CANS				
SCRAP METAL (from MSW including appliances)				
SINGLE STREAM MIX OF RECYCLABLES				
OTHER – Specify:				
OTHER – Specify:				
OTHER – Specify:				

Residue Generated from the Processing of the Source Separated Recyclables and *Disposed* - *Material BURNED for energy (except "Waste Oil") should be reported as disposed.*

MATERIAL DISPOSED	DISPOSAL DESTINATION NAME/LOCATION	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
		Tons Disposed	Tons Disposed	Tons Disposed
MSW DISPOSED - Residue from processing SS MSW recyclables				

Source Separated Recyclables *Part C* - BALANCE SHEET: QUANTITIES SOURCE SEPARATED MSW RECYCLABLES RCVD vs SENT OUT (i.e. marketed and residue).

COMPARE TOTAL RECEIVED VS TOTAL SENT OUT FROM Source Separated MSW RECYCLABLES

Total Amount Received: _____; Total Sent Out _____; Difference (Rcvd Vs Sent Out): _____; % Discrepancy: _____;

Optional: Percent of Source Separated MSW Recyclables Received for Transfer Only from a Regional SW facility (i.e. already processed at the sending facility and not processed at this facility)	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
	_____ %	_____ %	_____ %

MSW Transfer Part B - MSW SENT OUT for DISPOSAL FROM THE MSW TRANSFER SECTION of the FACILITY

DESTINATIONS & QUANTITIES OF MSW TRANSFERRED to Disposal				
MATERIAL TRANSFERRED	DESTINATION NAME/LOCATION	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
		_____	_____	_____
		Tons Disposed	Tons Disposed	Tons Disposed
MSW to DISPOSAL				

MSW Transfer Part C - RECYCLABLES RECOVERED FROM MSW RECEIVED FOR TRANSFER (The presence of designated recyclables in MSW received for transfer indicates a possible violation of Connecticut's requirement for generators to separate designated recyclables from other solid waste pursuant to [CGS 22a-241b](#) as clarified by Section 3 of [PA 10-87](#).)

DESTINATIONS AND QUANTITIES OF RECYCLABLES RECOVERED from MSW TRANSFERRED (Material BURNED for energy (except "Waste Oil") is considered disposed, not recycled.)				
MATERIAL RECYCLED from MSW RECEIVED FOR TRANSFER	RECYCLING DESTINATION – NAME/LOCATION	MONTH/YEAR	MONTH/YEAR	MONTH/YEAR
		_____	_____	_____
		Tons Recycled	Tons Recycled	Tons Recycled
COMMINGLED CONTAINERS (Mixed bottles and cans)				
CORRUGATED				
NEWSPAPER				
OFFICE PAPER				
MIXED PAPER Includes:				
SCRAP METAL				
ALUMINUM CANS				
FLINTS GLASS				
AMBER GLASS				
STEEL CANS				
SCRAP METAL				
SINGLE STREAM MIX OF RECYCLABLES				
OTHER – Specify:				
OTHER – Specify:				

MSW Transfer Part D- BALANCE SHEET: QUANTITIES of TRANSFER MSW RECEIVED vs TRANSFERRED

COMPARE TOTAL RECEIVED VS TOTAL SENT OUT from MSW TRANSFER Section of the facility
Total Amount Received: _____; Total Sent Out: _____; Difference (Recev'd Vs Sent Out): _____; % Discrepancy: _____

LOADS FULLY INSPECTED - PART B

DESIGNATED RECYCLABLES RECEIVED MIXED in with OTHER SOLID WASTE – LOADS FULLY INSPECTED Pursuant to [CGS 22a-220c\(b\)](#) and Individual SW Facility Permit Requirements

TYPE OF SOLID WASTE RECEIVED	MONTH/YEAR		MONTH/YEAR		MONTH/YEAR	
	% of Loads Fully Inspected	% of Fully Inspected Loads Containing >10% Designated Recyclables	% of Loads Fully Inspected	% of Fully Inspected Loads Containing >10% Designated Recyclables	% of Loads Fully Inspected	% of Fully Inspected Loads Containing >10% Designated Recyclables
C&D for PROCESSING	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %
MSW for TRANSFER	_____ %	_____ %	_____ %	_____ %	_____ %	_____ %

DETAILS REGARDING LOADS FULLY INSPECTED & FOUND TO CONTAIN >10% (by volume) of DESIGNATED RECYCLABLES

LOADS (MSW and/or C&D Waste) FOUND TO CONTAIN >10% DESIGNATED RECYCLABLES BY VOLUME						
ORIGIN OF LOAD Name /Address of Generator (if Direct Hauled) – or SW Facility of Origin (if Received from Another SW Facility)	HAULER WHICH DELIVERED THE LOAD	DATE OF INSPECTION	TYPE(S) OF DESIGNATED RECYCLABLES IDENTIFIED IN LOAD	ESTIAMTED % DESIGNATED RECYCLABLES OF TOTAL LOAD VOLUME	PREDOMINANT DESIGNATED RECYCLABLE IN LOAD	ACTION TAKEN (check all that apply)
						<input type="checkbox"/> Letter sent to Collector/Hauler <input type="checkbox"/> Letter sent to Generator <input type="checkbox"/> Hauler Charged Penalty Fee <input type="checkbox"/> Load Rejected <input type="checkbox"/> Other – Describe: _____
						<input type="checkbox"/> Letter sent to Collector/Hauler <input type="checkbox"/> Letter sent to Generator <input type="checkbox"/> Hauler Charged Penalty Fee <input type="checkbox"/> Load Rejected <input type="checkbox"/> Other – Describe: _____
						<input type="checkbox"/> Letter sent to Collector/Hauler <input type="checkbox"/> Letter sent to Generator <input type="checkbox"/> Hauler Charged Penalty Fee <input type="checkbox"/> Load Rejected <input type="checkbox"/> Other – Describe: _____
						<input type="checkbox"/> Letter sent to Collector/Hauler <input type="checkbox"/> Letter sent to Generator <input type="checkbox"/> Hauler Charged Penalty Fee <input type="checkbox"/> Load Rejected

LOADS (MSW and/or C&D Waste) FOUND TO CONTAIN >10% DESIGNATED RECYCLABLES BY VOLUME

ORIGIN OF LOAD Name /Address of <i>Generator</i> (if Direct Hauled) – or SW Facility of Origin (if Received from Another SW Facility)	HAULER WHICH DELIVERED THE LOAD	DATE OF INSPECTION	TYPE(S) OF DESIGNATED RECYCLABLES IDENTIFIED IN LOAD	ESTIAMTED % DESIGNATED RECYCLABLES OF TOTAL LOAD VOLUME	PREDOMINANT DESIGNATED RECYCLABLE IN LOAD	ACTION TAKEN (check all that apply)
						<input type="checkbox"/> Other – Describe: _____
						<input type="checkbox"/> Letter sent to Collector/Hauler <input type="checkbox"/> Letter sent to Generator <input type="checkbox"/> Hauler Charged Penalty Fee <input type="checkbox"/> Load Rejected <input type="checkbox"/> Other – Describe: _____
						<input type="checkbox"/> Letter sent to Collector/Hauler <input type="checkbox"/> Letter sent to Generator <input type="checkbox"/> Hauler Charged Penalty Fee <input type="checkbox"/> Load Rejected <input type="checkbox"/> Other – Describe: _____
						<input type="checkbox"/> Letter sent to Collector/Hauler <input type="checkbox"/> Letter sent to Generator <input type="checkbox"/> Hauler Charged Penalty Fee <input type="checkbox"/> Load Rejected <input type="checkbox"/> Other – Describe: _____
						<input type="checkbox"/> Letter sent to Collector/Hauler <input type="checkbox"/> Letter sent to Generator <input type="checkbox"/> Hauler Charged Penalty Fee <input type="checkbox"/> Load Rejected <input type="checkbox"/> Other – Describe: _____
						<input type="checkbox"/> Letter sent to Collector/Hauler <input type="checkbox"/> Letter sent to Generator <input type="checkbox"/> Hauler Charged Penalty Fee <input type="checkbox"/> Load Rejected <input type="checkbox"/> Other – Describe: _____

Attach Additional Sheets if Needed

CERTIFICATION

CERTIFICATION and SIGNATURE

Certification of document. This document, which is required to be submitted to the Commissioner of 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 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: _____

If you own or operate more than one C&D VRP a form shall be completed for each plant.

Completed forms can be submitted to the CT Department of Environmental Protection by any **ONE** of the following methods:

 Fax (860) 424-4081 Attn: Paula Guerrero or Judy Belaval; **Or**

 Scanned & E-Mailed To Paula.Guerrera@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: Paula Guerrero or Judy Belaval)

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@ct.gov) (860 424-3334) to confirm receipt of report by DEP