



Connecticut Department of

**ENERGY &
ENVIRONMENTAL
PROTECTION**

Approval of Registration

Municipal Transfer Station General Permit

Name of Permittee: Town of Simsbury

Site Address: 66 Wolcott Road, Simsbury

Name of Facility: Town of Simsbury Transfer Station

The registrant is hereby authorized to operate a Municipal Transfer Station in accordance with the general permit issued by the Department on November 29, 2012.

This registration will expire on November 29, 2022.

June 27, 2014
Date

Robert C. Isner
Robert C. Isner, Director
Waste Engineering & Enforcement Division
Bureau of Materials Management &
Compliance Assurance

Application No.: 201404816

Registration No.: 12801167-MTSGP

Certified to be a true copy of a document in
the file of the Department of Environmental
Protection, Bureau of Materials Management
and Compliance Assurance.

Name: Nicole Paulin
Title: Office Assistant
Date: 7/14/14

**INSTRUCTIONS FOR COMPLETING SINGLE TOWN TRANSFER STATION (ONE TOWN)
REPORTING FORM: FOR TRANSFER STATIONS RECEIVING SOLID WASTE AND/OR
RECYCLABLES FROM ONLY ONE TOWN**

WHAT IS THIS FORM?

This is a reporting form that operators of recycling and solid waste transfer stations which receive recyclables and/or solid waste from one town should use to fulfill their quarterly reporting requirements to DEP pursuant to Section 22a-209(p) of the Regulations of the Connecticut State Agencies. The form is composed of 3 parts: 1) report of quantities of recyclables and solid waste received at the transfer station; 2) report of quantities and destinations of recyclables transferred to recycling processing facilities or recycling end markets and quantities and destinations of solid waste transferred to disposal facilities; and 3) certification and signature. PLEASE USE THE ATTACHED FORMS TO MAKE ADDITIONAL COPIES. DEP WILL NOT BE SENDING REMINDERS OR ADDITIONAL FORMS OUT ON A REGULAR BASIS. Additional forms are available from the DEP Recycling Program (860 424-3365).

If you own or operate more than one transfer station, a form shall be completed for each facility. Completed forms are to be mailed to the DEP Bureau of Waste Management, Division of Planning & Standards, 79 Elm Street -4th Floor, Hartford, CT 06106-5127, and Attn: Judy Belaval or e-mail to judy.belaval@ct.gov or paula.guerrera@ct.gov.

HOW OFTEN MUST THIS FORM BE COMPLETED?

The report must be completed quarterly. The reporting quarters and dates for submitting reports are:

QUARTER	REPORTING PERIOD	DEADLINE FOR SUBMITTAL
1 ST	January 1 - March 31	April 30
2 ND	April 1 - June 30	July 31
3 RD	July 1 - September 30	October 31
4 TH	October 1 - December 31	January 31

HOW TO COMPLETE THIS FORM

- PART #1:** Shall be used to report the TOTAL QUANTITIES OF RECYCLABLES and SOLID WASTE RECEIVED AT THE TRANSFER STATION. The quantities recorded are to include the **total amount** received from all customers (private haulers, municipal haulers, and individuals) that delivered materials to the transfer station. Record the name and address of your facility and the dates covered in this reporting quarter. At the top of the chart, record the name of the municipality where the recyclables and/or solid waste were generated. Except for waste oil, any items that are eventually incinerated or land filled and not actually reutilized as a material product other than fuel (e.g., tires, chipped wood) should not be recorded as a recyclable. Quantities are to be expressed in tons for all items.
- PART #2:** Shall be used to report the PROCESSING FACILITIES AND/OR END MARKETS TO WHICH THE RECYCLABLES WERE TRANSFERRED and the DISPOSAL FACILITY TO WHICH THE SOLID WASTE WAS TRANSFERRED. Again, except for waste oil any items that are eventually incinerated or landfilled and not actually reutilized as a material product other than fuel (e.g., tires, chipped wood) should not be recorded as a recyclable. In the first column, record the full name and location (town and state) of the entity to which the recyclables (You do not have to list recyclables individually if going to same facility) or solid waste were transferred. If more than one processing facility or market or disposal facility was used, list each on a separate line. If more lines are needed please attach a second sheet.
- PART #3:** This part shall be used to certify that the information reported is accurate and correct. If form is completed incorrectly or incomplete, the report will be considered **NOT** received and your facility will not get credit, the entire form may be returned to you for correction and or missing information.

TRANSFER STATION FORM (For TS Receiving Waste and/or Recyclables from Only One Town and TS is Located in that Town)

REPORTING FACILITY	Name:	
	Street: Mailing:	
	Town:	State: Zip Code:

Does Facility Have a Scale? <input type="checkbox"/> YES <input type="checkbox"/> NO	(REPORT IN TONNAGES ONLY)
If Facility Does Not Weigh Tonnage, Please Describe Method for Estimating Tonnage Reported: _____	

PART 1: QUANTITIES (TONS) OF SOLID WASTE & RECYCLABLES RECEIVED

TOTAL TONNAGES OF SOLID WASTE AND RECYCLABLES RECEIVED			
MATERIAL RECEIVED	MONTH/YEAR _____	MONTH/YEAR _____	MONTH/YEAR _____
MSW ¹ (INCLUDES OVERSIZED)			
BULKY ²			
SPECIAL ³			
RECYCLABLES ⁴			

¹ MSW is solid waste from residential, commercial, and industrial sources; excluding hazardous, bulky, biomedical, sludge, or scrap metal waste.
² BULKY WASTE is land clearing or demolition debris
³ SPECIAL WASTE is any waste other than hazardous or biomedical which requires special handling for safe disposal
⁴ RECYCLABLES is any materials received that is recyclable

TRANSFER STATION FORM

(For TS Receiving Waste and/or Recyclables from Only One Town and TS is Located in that Town)

REPORTING FACILITY	Name:		
	Street: Mailing:		
	Town:	State:	Zip Code:

Does Facility Have a Scale? ☐ YES ☐ NO (REPORT IN TONNAGES ONLY)

If Facility Does Not Weigh Tonnage, Please Describe Method for Estimating Tonnage Reported: _____

PART 1: QUANTITIES (TONS) OF SOLID WASTE & RECYCLABLES RECEIVED

TOTAL TONNAGES OF SOLID WASTE AND RECYCLABLES RECEIVED			
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⁴ RECYCLABLES is any materials received that is recyclable

(MUST BE IN TONNAGE)

[illegible]

PART 3 - CERTIFICATION and SIGNATURE

"I have personally examined and am familiar with the information submitted in the documents and all attachments (all sections of Part #1 and Part #2 of the Transfer Station Reporting Form) and certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief, and I understand that any false statement made in this document or its attachments may be punishable as a criminal offense in accordance with Section 22a-6, pursuant to Section 53a-157 of the Connecticut General Statutes."

Signature of duly authorized representative of permittee: _____ Date: _____ Printed name: _____

Signature of person responsible for preparing report: _____ Printed name: _____
Date: _____