



**Connecticut Department of
Energy & Environmental Protection**
Bureau of Materials Management & Compliance Assurance
Waste Engineering & Enforcement Division

Hazardous Waste Reporting Form

Please complete this form in accordance with the [instructions](#) (DEEP-HHW-INST-001) to ensure the proper handling of this report. Print or type unless otherwise noted.

Permittee/Registrants of the [General Permit to Perform One Day Collections of Certain Wastes and Household Hazardous Waste](#) and permanent household hazardous waste facilities are required to submit this reporting form for each collection held during the calendar year. This form shall be submitted within thirty (30) calendar days of the date of the last collection for the calendar year or by December 31st of the calendar year, whichever is earlier.

Part I: Permit Type

<p>Check the appropriate box identifying the permit type you are authorized for:</p> <p><input type="checkbox"/> A <i>permanent</i> Household Hazardous Waste Solid Waste Facility permit</p> <p><input type="checkbox"/> A <i>One-day</i> Collection of Household Hazardous Waste and Hazardous Wastes from Certain Generators General Permit</p>	<p>Please identify the existing permit/registration number in the space provided.</p> <p>Current permit or registration number:</p> <p>Date issued:</p>
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Part II: Permittee/Registrant Information

Name:		
Mailing Address:		
City/Town:	State:	Zip Code:
Business Phone:	ext.	
Contact Person:	Title:	
Email Address:		

Part V: CESQG Hazardous and Universal Waste Collections

This part is to be completed for collections of CESQG hazardous and universal wastes *only*. Use a separate sheet for each collection event.

Date of Collection Event:

Address of Collection Site:

Name of CESQG	Address of CESQG	Classification of Waste (DOT Class and Division)	Quantity of Waste (Gallons)	Quantity of Waste (specify Pounds or Tons)

Check here if additional sheets are necessary, and label and attach them to this sheet.

Part VI: Destination/Recycling Facilities

Fill in the name and address of the Destination/Recycling Facilities:

1. Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

Check the type of facility that applies:

- Hazardous Waste Landfill Hazardous Waste Treatment and Storage Facility
 Overseas Facility Recycling Facility

Provide the following information:

Date of Collection Event	Address of Collection Site	Type of Waste	Manifest Tracking No.

2. Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Contact Person:

Title:

Check the facility type that applies:

- Hazardous Waste Landfill Hazardous Waste Treatment and Storage Facility
 Overseas Facility Recycling Facility

Provide the following information:

Date of Collection Event	Address of Collection Site	Type of Waste	Manifest Tracking No.

Check here if additional sheets are necessary, and label and attach them to this sheet

Part VII: Summary of Emergency Incidents

Date of Collection Event	Address of Collection Site/ Location of Incident	Description of Emergency Incident	Classification and Amount of Waste Involved

Check here if additional sheets are necessary, and label and attach them to this sheet

Part VIII: Permittee/Registrant Certification

The permittee/registrant *and* the individual(s) responsible for actually preparing the reporting form must sign this part. A report will be considered incomplete unless all required signatures are provided. If the permittee/registrant is the preparer, please mark N/A in the spaces provided for the preparer.

<p>“I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with Section 22a-6 of the General Statutes, pursuant to Section 53a-157b of the General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this reporting form is on complete and accurate forms as prescribed by the commissioner without alteration of the text.”</p>	
_____ Signature of Registrant/Permittee	_____ Date
_____ Name of Registrant/Permittee (print or type)	_____ Title (if applicable)
_____ Signature of Preparer (if different than above)	_____ Date
_____ Name of Preparer (print or type)	_____ Title (if applicable)
<p><input type="checkbox"/> Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet.</p>	

Note: Please submit the Reporting Form to:

SOLID WASTE PROGRAM
WASTE ENGINEERING AND ENFORCEMENT DIVISION
BUREAU OF MATERIALS MANAGEMENT AND COMPLIANCE ASSURANCE
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127