Solid Waste Facilities

Attachment I: Statement of Consistency with the Solid Waste Management Plan

Please complete the form in accordance with the *Instructions for Completing the Permit Application for Construction and Operation of a Solid Waste Facility* (DEP-SW-INST-100). This form must be submitted with the *Permit Application for Construction and Operation of a Solid Waste Facility* (DEP-SW-APP-100). If additional space is required, please attach supplementary pages. Print legibly or type.

The Department of Environmental Protection (DEP) reserves the right to request any other information it deems pertinent.

Applicant Name:

(As indicated on the Permit Application Transmittal Form)

Identify the solid waste facility type:

Part I: Source of Waste

Identify the source(s) (the specific town(s) to be served) of the waste to be transferred/ processed/disposed of and whether the waste is residential, commercial, etc. Include estimated volumes and/or tonnages from each municipality/customer.

| Source (Municipality/Customer) | Waste (Residential, Commercial, etc.) | Volume/Tonnage |
|--------------------------------|--|----------------|
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Part II: Waste Types

Describe each waste type and the quantity that will be handled at the facility. Describe how each waste type will be handled on-site (e.g., compaction, mechanically processed, hand separated, composted, incinerated, etc.).

| Waste Type | Quantity | Process(es) |
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Part III: Waste Management

Identify each type of waste, how it is currently managed, and identify its long-term management plan (e.g., reused, recycled, composted, energy recovery, landfilled). If during processing a residue is generated, identify its quantity and/or percentage (e.g., tonnage or volume of residue generated and/or percentage of total waste incoming).

| Waste Type | Current Management | Long-Term Management | Residue Quantity/Percentage |
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Part IV: Waste Disposal

List each waste, residue and/or recyclable material and identify the final disposal facility/facilities or market(s) (e.g., list the specific facilities currently used or expected to be used in the future). Verify that the Connecticut facilities are currently permitted by DEP and the out-of state facilities are permitted by their state environmental regulatory agency and identify the permit type.

| Wastes/Residues/Recyclables | Final Disposal Facility | Facility Permit Type |
|-----------------------------|-------------------------|----------------------|
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Part V: Contract/Agreements with Disposal Sites and/or Markets

Identify the duration (e.g., spot market, 4 months, 5 years, etc.) of the contract/agreement between the proposed facility and the facilities or markets to which the waste will be finally transported. (Include signed copies of contracts or letters of agreement from the potential disposal sites and/or markets and attach them to this sheet.) Demonstrate that these facilities have available long-term capacity to accept each waste, residue or recyclable from this proposed facility.

| Facility Name: |
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| Contract Duration: |
| Long Term Capacity Demonstration for each waste/residue/recyclable: |
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| Facility Name: |
| Contract Duration: |
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| Long Term Capacity Demonstration for each waste/residue/recyclable: |
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| Factor Maria |
| Facility Name: |
| Contract Duration: |
| Long Term Capacity Demonstration for each waste/residue/recyclable: |
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| Facility Name: |
| Contract Duration: |
| Long Term Capacity Demonstration for each waste/residue/recyclable: |
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| Are there any similar solid waste facilities currently operating | ng in the area(s) to | be served by this prop | osed facility? |
|--|----------------------|-------------------------|----------------|
| ☐ Yes ☐ No | | | |
| If yes, provide their names and addresses below. | | | |
| Facility Name: | | | |
| Address: | | | |
| City/Town: | State: | Zip Code: | |
| Facility Name: | | | |
| Address: | | | |
| City/Town: | State: | Zip Code: | |
| Facility Name: | | | |
| Address: | | | |
| City/Town: | State: | Zip Code: | |
| discussed in the SWMP. Check here if additional sheets | s are necessary, a | nd label and attach the | m to this shee |
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