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

Annual Municipal Recycling Report

This report regarding municipal recycling activity for the previous fiscal year is **required** to be submitted by September 30th of each year to the Connecticut Department of Energy & Environmental Protection (DEEP) -CGS Sec 22a-220(h).

Parts 1 through 5 can be completed and submitted to the CT Department of Energy & Environmental Protection via any **one** of the following methods

- ☎ Fax (860) 424-4059 Attn: Solid Waste Facility Reporting- Paula Guerrera; **Or**

- 🖥 Scanned & E-Mailed To Paula.Guerrera@ct.gov (Do not send hard copy if sending electronically); **Or**

- 📧 Land-Mailed to CT DEEP; Bureau of MM&CA – Recycling Office; 79 Elm Street - 4th Floor; -Hartford, CT 06106-5127; Attn: Solid Waste Facility Reporting- Paula Guerrera.
  - o Must be double-sided and preferably on paper with a minimum 30% post-consumer content.
  - o PLEASE CONSERVE PAPER – Do not send unused pages or sections. Indicate (at bottom of this page) the total number of pages in your report.

Questions? Please visit the CT DEEP Website, contact Paula Guererra (860) 424-3334 or Peter Brunelli (860) 424-3536

1.
   Name of City/Town

   Mailing Address: Zip Code

2. ***Recycling Contact***: Name:

   Title:

   Phone #:   Fax #:   Email:

3. ***Reporting Period:***   July 1, 20   through June 30, 20

   Number of Pages in This Report:

PART 1: MATERIALS RECYCLED FROM *RESIDENTIAL* SOURCES

(A) Recyclable Item	(B) Name/Address - *First* Destination for *Residential* Recyclables (after the municipal transfer station or municipal compost site, if applicable)	(C) Amount Recycled	(D) Units of Measure
Bottles/Cans/Cartons/Paper (BCP) • *First Destination* Is a *CT SW Facility* ☐ *Includes Res & NonRes*	Destination Name: Town:　　　　State: **Check all that apply:** ☐Single Stream ☐Dual Stream ☐Material Collected Separately	**NA**	**NA**
	Destination Name: Town:　　　　State: **Check all that apply:** ☐Single Stream ☐Dual Stream ☐Material Collected Separately	**NA**	**NA**
	Destination Name: Town:　　　　State: **Check all that apply:** ☐Single Stream ☐Dual Stream ☐Material Collected Separately	**NA**	**NA**
Bottles/Cans/Cartons/Paper • **First Destination Is** *NOT* **a CT SW Facility** ☐ *Tonnage Includes Res & NonRes*	Destination Name: Town:　　　　State: **Check all that apply:** ☐Single Stream ☐Dual Stream ☐Material Collected Separately		
	Destination Name: Town:　　　　State: **Check all that apply:** ☐Single Stream ☐Dual Stream ☐Material Collected Separately		

For the materials listed below, please report quantity generated in the municipality and recycled thru a program operated by the municipally or thru a municipally contracted program

(A) Recyclable Item	(B) Name/Address	(C) Amount Recycled	(D) Units of Measure
Storage Batteries (vehicle batteries) ☐Tonnage Includes Res & NonRes	Destination Name: Town:　　　　State:		
	Destination Name: Town:　　　　State:		
Scrap Metal – ☐*Tonnage Includes Res & NonRes*	Destination Name: Town:　　　　State:		
	Destination Name: Town:　　　　State:		
Waste Oil (gallons) ☐ *Includes Res & NonRes*	Destination Name: Town:　　　　State:		Gallons
Used Textiles (clothing, shoes, linens etc.) ☐*Tonnage Includes Res & NonRes*	Destination Name: Town:　　　　State:		
Electronics Check Types Included: ☐CEDs (CT e-Waste Recycling Program) ☐Non-CEDs ☐Other- Specify:　　 ☐Other- Specify: ☐*Tonnage Includes Res & NonRes*	Destination Name: Town:　　　　State: Destination Name: Town:　　　　State:		
NiCd Batteries ☐ *Includes Res & NonRes*	Destination Name: Town:　　　　State:		
C&D Waste Recycled (NOT DISPOSED)	Destination Name: Town:　　　　State:		

Materials Recycled from *Residential* Sources

(A) Recyclable Item	(B) Name/Address - *First* Destination for *Residential* Recyclables (after the municipal transfer station or municipal compost site, if applicable)	(C) Amount Recycled	(D) Units of Measure

Source-Separated Organics - For the materials listed below, please report quantity generated in the municipality and recycled thru a program operated by the municipally or thru a municipally contracted program

If source separated organics or any products (compost, mulch, etc.) made from those organics by the municipality are sent to a CT permitted composting or recycling facility, please report the receiving facility so that the tonnage is not 2x counted. Any organic material burned (with or without energy production) cannot be counted as recycled!!!!

(A)	(B)	(C)	(D)
Incoming Leaves 1 CY=0.25 tons ☐ *Tonnage Includes Res & NonRes*	☐ Leaves are composted at municipal compost site 　☐ **Finished compost** is used on municipal sites 　☐ **Finished compost** is given or sold to residents		
	☐ **Finished compost** is sold or sent to a permitted composting or recycling facility 　Destination: 　Address:		
	☐ **Leaves** are sent to a permitted composting or recycling facility 　Destination: 　Address:		
	☐ Other – Describe 　Destination: 　Address:		
Brush (from yard waste) 1CY(loose) = 0.15 tons ☐ *Tonnage Includes Res & NonRes*	☐ sent to a permitted composting or recycling facility 　Destination: 　Address:		
	☐ chipped and used as mulch on municipal sites ☐ chipped and given to residents ☐ chipped and used as bulking agent in municipal compost site ☐ Other – Describe		
Grass Clippings ☐ Tonnage Includes Res & NonRes	☐ Grass clippings are composted at municipal compost site		
	☐ Grass clippings are sent to a permitted composting or recycling facility 　Destination: 　Address:		
Yard Waste Mix Check Types Included: ☐ Grass; ☐ Brush; ☐ Leaves ☐ *Tonnage Includes Res & NonRes*	☐ Mixed yard waste is composted at municipal compost site 　☐ Finished compost is used on municipal sites 　☐ Finished compost is given or sold to residents		
	☐ Finished compost is sold or sent to a permitted composting or recycling facility 　Destination: 　Address:		
	☐ Mixed yard waste is sent to a permitted composting or recycling facility 　Destination: 　Address:		
	☐ Mixed yard waste - Other – Describe 　Destination: 　Address:		
Food Scraps ☐ *Tonnage Includes Res & NonRes*	Destination Name: Town:　　　State:		
	Destination Name: Town:　　　State:		

Other Materials Collected Through A Municipal Recycling Collection Program

Disaster Debris Clean Wood ☐ *Tonnage Includes Res & NonRes*	Destination Name: Town: State:		
	Destination Name: Town: State:		
Paint ☐ *Tonnage Includes Res & NonRes*	Destination Name: Town: State:		
Mattresses ☐ *Tonnage Includes Res & NonRes*	Destination Name: Town: State:		
Other – Specify: ☐ *Tonnage Includes Res & NonRes*	Destination Name: Town: State:		
Other – Specify: ☐ *Tonnage Includes Res & NonRes*	Destination Name: Town: State:		

♻ PART 2: MATERIALS RECYCLED FROM *NON-RESIDENTIAL* SOURCES

OTHER RECYCLABLES - Materials Recycled from *NON-Residential* Sources			
(A) **Recyclable Item**	**(B)** **Name/Address - *First* Destination for *Other* Recyclables** (after the municipal transfer station or municipal compost site, if applicable)	**(C)** **Amount Recycled**	**(D)** **Units of Measure**
Non-Residential **Bottles/Cans/Paper (BCP)** • *First Destination* Is a *CT SW Facility*	Destination Name: Town: State: *Check all that apply*: ☐Single Stream ☐Dual Stream ☐Material Collected Separately	**NA**	**NA**
	Destination Name: Town: State: *Check all that apply*: ☐Single Stream ☐Dual Stream ☐Material Collected Separately	**NA**	**NA**
	Destination Name: Town: State: *Check all that apply*: ☐Single Stream ☐Dual Stream ☐Material Collected Separately	**NA**	**NA**
Non-Residential **Bottles/Cans/Paper** • **First Destination Is** *Not* **a CT SW Facility**	Destination Name: Town: State: *Check all that apply*: ☐Single Stream ☐Dual Stream ☐Material Collected Separately		
	Destination Name: Town: State: *Check all that apply*: ☐Single Stream ☐Dual Stream ☐Material Collected Separately		
Other Specify Type of Recyclable:: ☐ Only Residential ☐ Only Non-Residential ☐ *Includes Res & NonRes*	Destination Name: Town: State:		
Other Specify Type of Recyclable ☐ Only Residential ☐ Only Non-Residential ☐ *Includes Res & NonRes*	Destination Name: Town: State:		

PART 3: Information Regarding Collectors (Haulers) of Solid Waste (SW) and Recyclables Operating Within the Borders of the Municipality

Please list below the haulers or collectors operating in your municipality and provide their contact information- including their e-mail address: **(Please duplicate this page if additional space is needed.)**

Name of Hauling Company	Mailing Address & E-mail Address	Contact Name	Phone Number	Did Hauler **Register** in Your Municipality in FY2018?	Did Hauler Submit FY2018 **Annual Report To Your Municipality**?	Types of SW &/or RECY Hauled by the Collector (e.g. MSW, C&D, Special, Landclearing, Yard Waste; Food Scrap; Recyclables,etc.) Check all that apply.	Source of SW & RECY Hauled (e.g. Residential, Non-Residential) Check all that apply.
	Mailing: E-mail:			☐ Yes ☐ No	☐ Yes ☐ No	☐MSW; ☐Recyclables; ☐C&D; ☐ Yard Waste ☐Landclearing ; ☐Food Scraps ☐Special Waste ☐ Other – Specify-	☐ Residential ☐ Non-Residential
	Mailing: E-mail:			☐ Yes ☐ No	☐ Yes ☐ No	☐MSW; ☐Recyclables; ☐C&D; ☐ Yard Waste ☐Landclearing ; ☐Food Scraps ☐Special Waste ☐ Other – Specify-	☐ Residential ☐ Non-Residential
	Mailing: E-mail:			☐ Yes ☐ No	☐ Yes ☐ No	☐MSW; ☐Recyclables; ☐C&D; ☐ Yard Waste ☐Landclearing ; ☐Food Scraps ☐Special Waste ☐ Other – Specify-	☐ Residential ☐ Non-Residential
	Mailing: E-mail:			☐ Yes ☐ No	☐ Yes ☐ No	☐MSW; ☐Recyclables; ☐C&D; ☐ Yard Waste ☐Landclearing ; ☐Food Scraps ☐Special Waste ☐ Other – Specify-	☐ Residential ☐ Non-Residential
	Mailing: E-mail:			☐ Yes ☐ No	☐ Yes ☐ No	☐MSW; ☐Recyclables; ☐C&D; ☐ Yard Waste ☐Landclearing ; ☐Food Scraps ☐Special Waste ☐ Other – Specify-	☐ Residential ☐ Non-Residential
	Mailing: E-mail:			☐ Yes ☐ No	☐ Yes ☐ No	☐MSW; ☐Recyclables; ☐C&D; ☐ Yard Waste ☐Landclearing ; ☐Food Scraps ☐Special Waste ☐ Other – Specify-	☐ Residential ☐ Non-Residential
	Mailing: E-mail:			☐ Yes ☐ No	☐ Yes ☐ No	☐MSW; ☐Recyclables; ☐C&D; ☐ Yard Waste ☐Landclearing ; ☐Food Scraps ☐Special Waste ☐ Other – Specify-	☐ Residential ☐ Non-Residential

Attach additional sheets if needed

Please note: All collectors hauling solid waste (including recyclables) generated within the borders of your municipality **are required to: (1) register annually in your municipality and (2) report annually to your municipality – CGS Sec 22a-220a(d).**

The collector/hauler reporting form can be found at: www.ct.gov/DEEP/solidwastereporting or by clicking on links below:

Annual *Collector/Hauler* Reporting Form *to be submitted to the municipalities* in which the collector/hauler operates   Word   pdf   Instructions

Part 4: Solid Waste Disposed (Please Report Disaster Debris Separately From Other Material)

Please indicate the **first destination(s) (landfill, resource recovery facility, or regional multi-town transfer station)** where solid waste generated in your town is received for disposal.

- If first destination is your municipal transfer station – report the first destination of waste sent out from your transfer station.
- If first destination is out-of-state, report (in Column C) the tonnage delivered to that facility.
  - If you are unable to get information regarding tonnage sent to that out-of-state facility, report information regarding the hauler who transported that waste out-of-state.

(A) **Type of Solid Waste Disposed**	(B) **Name and Address of First Destination (i.e. Receiving Facility** (after the municipal transfer station, if applicable)	(C) **Tons this FY**
MSW [1] • First Destination Is a *CT SW Facility* (after the municipal transfer station, if applicable)	Destination Name: Town:　　　　　　State:	**NA**
	Destination Name: Town:　　　　　　State:	**NA**
Oversized MSW[1]- (furniture, mattresses, carpets, etc) • First Destination Is a *CT SW Facility* (after the municipal transfer station, if applicable)	Destination Name: Town:　　　　　　State:	**NA**
	Destination Name: Town:　　　　　　State:	**NA**
MSW[1] • First Destination Is *Not* a CT SW Facility (after the municipal transfer station, if applicable)	Destination Name: Town:　　　　　　State:	Tons:
If unable to report tonnage to this first destination (located out-of-state) – please provide Hauler Name and Contact Info	Destination Name: Town:　　　　　　State:	Tons:
Oversized MSW[1]- (furniture, mattresses, carpets, etc) • First Destination Is *Not* a CT SW Facility (after the municipal transfer station, if applicable)	Destination Name: Town:　　　　　　State:	Tons:
If unable to report tonnage to this first destination (located out-of-state) – please provide Hauler Name and Contact Info	Destination Name: Town:　　　　　　State:	Tons:
CONSTRUCTION & DEMOLITION WASTE (after the municipal transfer station, if applicable)	Destination Name: Town:　　　　　　State:	Tons:
DISASTER DEBRIS (after the municipal transfer station, if applicable)	Destination Name: Town:　　　　　　State:	Tons:
LANDCLEARING DEBRIS (logs and stumps) (after the municipal transfer station, if applicable)	Destination Name: Town:　　　　　　State:	Tons:

[1] **MSW** is solid waste from residential, commercial and industrial sources; *excluding* hazardous, biomedical, sludge; etc.

[2] **SPECIAL WASTE** is any waste other than hazardous or radioactive waste which requires special handling for safe disposal such as sewage treatment, water treatment, and industrial sludges; fly ash and casting sands or slag; contaminated dredge spoils, etc.

Part 5: Certification of Data Reported

Municipality: _____   **Reporting Period: July 1 20_**   **June 30, 20 _**

Certification of document. This document, which is required to be submitted to the Commissioner of Energy and Environmental Protection, shall be signed by the municipal CEO or a duly authorized representative of such CEO, 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."

Municipal Recycling Contact Signature:

Signature - Municipal Recycling Contact	Date
Printed Name – Municipal Recycling Contact	E-mail Address

Municipal CEO Signature:

Signature Of Municipal CEO	Date
Printed Name - Municipal CEO	E-mail Address

Part 6: Survey Questions re Municipal Recycling Program

The Part 6 survey is currently being hosted on SurveyMonkey and a unique URL will be e-mailed to municipal recycling contacts in August. This survey contains program-specific questions related to municipal solid waste program performance and municipal compliance with basic statutory recycling requirements.

MUNICIPALITIES MUST COMPLETE BOTH THE QUANTITATIVE SECTION (PARTS 1-5); AND THE WEB-BASED SURVEY SECTION (PART 6) IN ORDER TO SATISFY THEIR REPORTING OBLIGATION.

No Internet Access?
Contact Peter Brunelli (860) 424-3536 or Paula Guerrera (860) 424-3334 for a paper version of Part 6.