



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

13-14

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).

- **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) 424-4081 Attn: Paula Guerrero or Judy Belaval; **or**
 - 📧 Scanned and e-mailed to paula.guerrera@ct.gov (Do not send hard copy if sending electronically); **or**
 - ✉ Land-mailed (DEEP-MMCA – 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 – Please delete unused pages. Indicate (at bottom of this page) the total number of pages in your report.
- Call Paula Guerrero (860 424-3334) to confirm receipt of report by DEEP
- **Part 6** needs to be completed electronically – Click [here](#) to access **Part 6** electronically

Questions? Visit the CT DEEP Website or contact Paula Guerrero (see above) or Judy Belaval (860) 424-3237.

1. **Name of City/Town**

Mailing Address:

State: 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:

OFFICE USE ONLY: ✓ = Complete M = Missing I = Incomplete C = Called

Part 1a _____ Part 1b _____ Part 2 _____ Part 3 _____ Part 4 _____ Part 5 _____ Part 6 _____

COMMENTS _____


PART 1: ITEMS RECYCLED (Please report disaster debris as a separate material type)

1a: 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 (Use drop down)
Bottles/Cans/Paper (BCP) • First Destination Is a CT Permitted SW Facility <hr/> Please check types of Residential BCP collected for recycling: <input checked="" type="checkbox"/> Glass & Metal Containers <input checked="" type="checkbox"/> Plastic #1 Containers <input checked="" type="checkbox"/> Plastic #2 Containers <input checked="" type="checkbox"/> Plastics #s 1-7 <input checked="" type="checkbox"/> Paper Beverage Cartons <input checked="" type="checkbox"/> Newspaper <input checked="" type="checkbox"/> Cardboard <input checked="" type="checkbox"/> Discarded Mail <input checked="" type="checkbox"/> Grey boxboard (e.g. cereal boxes) <input checked="" type="checkbox"/> Magazines <input checked="" type="checkbox"/> Phone Books <input checked="" type="checkbox"/> Office Paper <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Includes Res & NonRes	Destination: WILLIMANTIC WASTE Address: 1 RECYCLING WAY WILLIMANTIC, CT 06226 Check all that apply: <input checked="" type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	NA	NA
	Destination: USA HAULING AND RECYCLING Address: P.O. BOX 808 EAST WINDSOR, CT 06088 Check all that apply: <input checked="" type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	NA	NA
	Destination: Address: Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	NA	NA
Bottles/Cans/Paper • First Destination Is Not a CT Permitted SW Facility Select from Dropdown Menu <input type="checkbox"/> If other -specify: <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address: If unable to report tonnage – then please provide Hauler Name and Contact Info:		
Bottles/Cans/Paper • First Destination Is Not a CT Permitted SW Facility Select from Dropdown Menu <input type="checkbox"/> If other -specify: <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address: If unable to report tonnage – then please provide Hauler Name and Contact Info:		
Storage Batteries (vehicle batteries) <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	Destination: JOHNS SCRAP METAL Address: 35 JOHNSON RD COLUMBIA, CT 06237	80	# of Batteries
Scrap Metal <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	Destination: SIMS METAL MANAGEMENT Address: 234 UNIVERSAL DR NORTH HAVEN, CT 06473	161.58	Long tons
Waste Oil (gallons) <input type="checkbox"/> Includes Res & NonRes	Destination: CT WASTE OIL RECYCLING 27 MILL ST. MIDDLETOWN, CT 06457	1010	Gallons

(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 (Use drop down)
	Address:		
Used Textiles (clothing, shoes, linens etc.) thru a municipal program <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address:		
Electronics Check Types Included: <input checked="" type="checkbox"/> Computer Monitors <input checked="" type="checkbox"/> TVs <input checked="" type="checkbox"/> Computers <input checked="" type="checkbox"/> Printers <input checked="" type="checkbox"/> Other- Specify: VCR,DVR,MP3 SCANNERS,TELEPHONE SYSTEMS,CELL PHONES,CAMERAS,RADIOS,STEREO <input checked="" type="checkbox"/> Other- Specify: PROJECTORS,VIDEO GAME SYSTEMS, ETC. <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address: Destination: ECOVANTA PROJECTS OF WALLINGFORD LP Address: 530 CHERRY ST WALLINGFORD, CT. 06492	74.78	Tons
NiCd Batteries <input type="checkbox"/> Includes Res & NonRes	Destination: Address:		
C&D Waste Recycled Specify Type: <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address:		
Incoming Leaves 1CY=0.25 tons <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address: Destination: Address:		
Brush (from yard waste) 1CY(loose) = 0.15 tons <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	Destination: VERNON TRANSFER STATION Address: 12 HOCKANUM BLVD VERNON, CT 06066	7250	Cubic Yards
Grass Clippings <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address:		
Yard Waste Mix Check Types Included: <input type="checkbox"/> Grass; <input type="checkbox"/> Brush; <input type="checkbox"/> Leaves <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address: Destination: Address:		
Food Scraps <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address: Destination: Address:		
Disaster Debris Clean Wood <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address: Destination:		

(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 (Use drop down)
	Address:		
Other Please Specify: AUTOMOTIVE, TRUCK TIRES <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	Destination: DON STEVENS TIRES Address: 60 CURTISS ST. SOUTHLINGTON, CT 06489	@1200 TIRES	
Other Please Specify: <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address:		
Other Please Specify: <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address:		

1b: Items Recycled from Non-Residential Sources (Please Report Disaster Debris as a Separate Material Type)

(A) Recyclable Item	(B) Name/Address-First Destination for NonResid Recyclables (after the municipal transfer station or municipal compost site, if applicable)	(C) Amount Recycled	(D) Units of Measure (use drop down)
<p>Bottles/Cans/Paper</p> <ul style="list-style-type: none"> • First Destination Is a CT Permitted SW Facility <p>Check types of Non-Residential BCP collected:</p> <p><input type="checkbox"/> Glass & Metal Containers</p> <p><input type="checkbox"/> Plastic #1 Containers</p> <p><input type="checkbox"/> Plastic #2 Containers</p> <p><input type="checkbox"/> Plastics #1-7</p> <p><input type="checkbox"/> Paper Beverage Cartons</p> <p><input type="checkbox"/> Newspaper</p> <p><input type="checkbox"/> Cardboard</p> <p><input type="checkbox"/> Discarded Mail</p> <p><input type="checkbox"/> Grey boxboard (such as cereal boxes)</p> <p><input type="checkbox"/> Office Paper</p> <p><input type="checkbox"/> Magazines</p> <p><input type="checkbox"/> Phone Books</p> <p><input checked="" type="checkbox"/> Other: CONCRETE</p> <p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Other:</p>	<p>Destination: BABYLON RECYCLING</p> <p>Address: SUFFIELD,CT.</p> <p>Check all that apply: <input type="checkbox"/>Single Stream <input type="checkbox"/>Dual Stream <input type="checkbox"/>Material Collected Separately</p> <hr/> <p>Destination:</p> <p>Address:</p> <p>Check all that apply: <input type="checkbox"/>Single Stream <input type="checkbox"/>Dual Stream <input type="checkbox"/>Material Collected Separately</p> <hr/> <p>Destination:</p> <p>Address:</p> <p>Check all that apply: <input type="checkbox"/>Single Stream <input type="checkbox"/>Dual Stream <input type="checkbox"/>Material Collected Separately</p> <hr/> <p>Destination:</p> <p>Address:</p> <p>Check all that apply: <input type="checkbox"/>Single Stream <input type="checkbox"/>Dual Stream <input type="checkbox"/>Material Collected Separately</p> <hr/> <p>Destination:</p> <p>Address:</p> <p>Check all that apply: <input type="checkbox"/>Single Stream <input type="checkbox"/>Dual Stream <input type="checkbox"/>Material Collected Separately</p>	<p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p>	<p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p> <p>NA</p>
<p>Bottles/Cans/Paper</p> <ul style="list-style-type: none"> • First Destination Is Not a CT Permitted SW Facility <p>Select from Dropdown <input type="checkbox"/></p> <p>If other -specify: _____</p>	<p>Destination:</p> <p>Address:</p> <p>If unable to report tonnage – then please provide Hauler Name and Contact Info:</p>		
<p>Bottles/Cans/Paper</p> <ul style="list-style-type: none"> • First Destination Is Not a CT Permitted SW Facility <p>Select from Dropdown <input type="checkbox"/></p> <p>If other -specify: _____</p>	<p>Destination:</p> <p>Address:</p> <p>If unable to report tonnage – then please provide Hauler Name and Contact Info:</p>		
<p>Commercial/ Institutional Source Separated Food Waste</p>	<p>Destination:</p> <p>Address:</p> <hr/> <p>Destination:</p> <p>Address:</p>		
<p>Storage Batteries</p>	<p>Destination:</p> <p>Address:</p>		
<p>Scrap Metal</p>	<p>Destination:</p> <p>Address:</p>		

(A) Recyclable Item	(B) Name/Address-First Destination for NonResid Recyclables (after the municipal transfer station or municipal compost site, if applicable)	(C) Amount Recycled	(D) Units of Measure (use drop down)
	Destination: Address:		
Used Textiles (clothing, shoes, linens etc.)	Destination: Address:		
Incoming Leaves 1 CY=0.25 tons	Destination: Address:		
	Destination: Address:		
Brush (from yard waste)	Destination: Address:		
Grass Clippings	Destination: Address:		
Yard Waste Mix Check Types Included: <input type="checkbox"/> Grass; <input type="checkbox"/> Brush; <input type="checkbox"/> Leaves	Destination: Address:		
	Destination: Address:		
Waste Oil (gallons)	Destination: Address:		Gallons
	Destination: Address:		Gallons
Electronics Check Types Included: <input type="checkbox"/> Computer Monitors <input type="checkbox"/> TVs; <input type="checkbox"/> Computers <input type="checkbox"/> Printers <input type="checkbox"/> Other- Specify: <input type="checkbox"/> Other- Specify:	Destination: Address:		
	Destination: Address:		
	Destination: Address:		
	Destination: Address:		
NiCd Batteries	Destination: Address:		
C&D Waste Recycled Please Specify Type:	Destination: Address:		
Disaster Debris Clean Wood	Destination: Address:		
Other Please Specify:	Destination: Address:		



Part 2: Grasscycling & Home Composting

If your municipality has active, ongoing grasscycling (leaving grass clippings on the lawn) and/or home composting programs, please check the appropriate boxes below. An estimate of the amount home composted/grasscycled will be added to your municipality's waste diversion tonnages.

If you have determined (through measurement or survey) the actual amount home composted and/or grasscycled, please report that annual tonnage on Part #1a and/or Part #1b (pages 2 thru 5) of this form and specify "grasscycling" and/or "home composting" in the row(s) labeled "other", and attach a brief description of how those tonnages were calculated.

Program or Activity Type	Home Composting of Yard Trimmings & Food Scraps	Grasscycling (Leaving grass clippings on the lawn)
Mailings of Educational Material	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency of Mailings: FLYERS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Frequency of Mailings: FLYERS
Distribution (other than mailing) of Brochures and Other Educational Material (including information on the municipal web site)	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No How Distributed: PRESS RELEASE	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No How Distributed: PRESS RELEASE
Showing of Home Composting and/or Grasscycling Video(s) either on Local Cable Access or Other Public Media	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Frequency of Showing: Where Shown:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Frequency of Showing: Where Shown:
Master Composting Program	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Workshops, Demonstrations, etc.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description:
Distribution or Subsidizing of Home Composting Bins, and/or Mulching Blades or Mulching Mowers for Residents	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of Bins Distributed or Subsidized in this Reporting Fiscal Year: Month(s)/Year of Distribution:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Number of Mulching Blades or Mulching Mowers Distributed or Subsidized this Reporting Fiscal Year: Month(s)/Year of Distribution:
Other Programs or Activities Promoting Grasscycling or Home Composting	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description:

If you would like additional information or have questions about home composting or grasscycling, visit the [DEEP composting webpage](#) or call the DEEP Recycling Office at (860) 424-3365

Part 3: Information Regarding Collectors (Haulers) of Solid Waste and Recyclables Operating Within the Borders of the Municipality
 Please list below the haulers or collectors registered in your municipality and provide their contact information- including their e-mail address. (Please duplicate this page if

Name of Hauling Company	Owner of Hauling Company	Mailing Address & E-mail Address	Contact Name	Phone Number	Did Hauler Submit FY2013 Annual Report To Your Municipality?	Other CT Municipalities in which the Collector Hauls SW &/or RECY (if more than three towns just list CT regions - e.g. NW CT; SE CT; etc.)
ALL WASTE INC.		Mailing: 143 MURPHY RD. HARTFORD, CT 06114 E-mail: mslowik@allwaste.com	MATTHEW SLOWIK	860-724-4575	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
CWPM LLC.		Mailing: P.O. BOX 415 E-mail: bmccaln@cwpm.net	BRIAN MCCAIN	860-747-1335	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
TALKIN' TRASH	MARK AND SUSAN NICHOLAS	Mailing: 45 EAST ST VERNON, CT 06066 E-mail: marknicholas45@comcast.net	MARK NICHOLAS	860-604-1941	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
USA HAULING AND RECYCLING INC		Mailing: 15 MULLEN RD ENFIELD, CT 06082 E-mail: frankm@usarecycle.com	FRANK MARCI	860-746-3200	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
WINDSOR SANITATION		Mailing: 58 POQUONOCK AVE WINDSOR, CT 06095 E-mail: dcance@windsorsanitation.com	KEVIN BYRNES	860-688-3955	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Mailing: E-mail:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please note: All collectors hauling solid waste (including recyclables) generated within the borders of your municipality are required to: (1) register annually annually to your municipality - CGS Sec 22a-220a(d). A copy of the collector/hauler reporting form can be found at: www.ct.gov/DEEP/solidwastereporti

Word pdf Instructions



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

Please indicate 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 - list first destination after waste leaves your transfer station.
- If first destination is out-of-state, report in Column (C) 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) <i>(after the municipal transfer station, if applicable)</i>	(C) Tons
MSW¹ • First Destination Is a CT Permitted SW Facility	Facility : COVANTA-WILLIMANTIC WASTE Address: 1590 WEST MAIN ST WILLIMANTIC, CT	NA
	Facility : Address:	NA
Oversized MSW¹ - (furniture, mattresses, carpets, etc) • First Destination Is a CT Permitted SW Facility	Facility : MURPHY RD RECYCLING Address: 143 MURPHY RD, HARTFORD, CT	NA
	Facility : F&G RECYCLING -USA Address: EAST WINDSOR, CT	NA
MSW¹ • First Destination Is Not a CT Permitted SW Facility	Facility : Address: If unable to report tonnage to this first destination (located out-of-state) –please provide Hauler Name and Contact Info:	Tons:
	Facility : Address: If unable to report tonnage to this first destination (located out-of-state) –please provide Hauler Name and Contact Info:	Tons:
Oversized MSW¹ - (furniture, mattresses, carpets, etc) • First Destination Is Not a CT Permitted SW Facility	Facility: Address: If unable to report tonnage to this first destination (located out-of-state) –please provide Hauler Name and Contact Info:	Tons:
	Facility: Address: If unable to report tonnage to this first destination (located out-of-state) –please provide Hauler Name and Contact Info:	Tons:
CONSTRUCTION & DEMOLITION WASTE	Facility: Address:	Tons:
	Facility: Address:	Tons:
DISASTER DEBRIS DISPOSED	Facility: Address:	Tons:
LANDCLEARING DEBRIS (Logs & Stumps) DISPOSED	Facility: HARVEST NEW ENGLAND Address: RT140 ELLINGTON, CT	Tons:

(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
SPECIAL WASTE ²	Facility: Address:	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: VERNON	Reporting Period: July 20 ¹³ June 30 , 20 ¹⁴
<p><u>Certification of document.</u> 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:</p> <p style="padding-left: 40px;">“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.”</p>	
Municipal Recycling Contact Signature:	
Signature - Municipal Recycling Contact	Date 8/7/14
PETER GRIFFITHS Printed Name - Municipal Recycling Contact	pgriffiths@vernon-ct.gov E-mail Address
Municipal CEO Signature:	
Signature Of Municipal CEO	Date 8/11/14
Daniel Champagne Printed Name - Municipal CEO	dchampagne@vernon-ct.gov E-mail Address

