



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 Guerrero; **Or**
- Scanned & E-Mailed To DEEP.Solid&HazWasteReports@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 Guerrero.
 - Must be double-sided and preferably on paper with a minimum 30% post-consumer content.
 - PLEASE CONSERVE PAPER – Do not send unused pages or sections. Indicate (at bottom of this page) the total number of pages in your report.

Call Paula Guerrero (860 424-3334) to confirm receipt of your report.

Part 6 needs to be completed electronically on SurveyMonkey and will provide a snapshot of municipal compliance with basic statutory recycling requirements and help identify areas that need improvement. **The link to Part 6 will be e-mailed to municipal recycling contacts sometime in August.**

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

1. **Name of City/Town** WATERFORD

Mailing Address: 15 ROPE FERRY RD **Zip Code** 06385
2. **Recycling Contact Name:** BRIAN LONG

Title: DIRECTOR PUBLIC WORKS

Fax #: 860-442-9037 **Email:** blong@waterfordct.org **Phone #:** 860-444-5864
3. **Reporting Period:** July 1, 20 17 through June 30, 20 18

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)

Materials Recycled from *Residential* Sources

(A) Recyclable Item	(B) Name/Address - <i>First Destination for Residential Recyclables</i> (after the municipal transfer station or municipal compost site, if applicable)	(C) Amount Recycled	(D) Units of Measure
Bottles/Cans/Cartons/Paper (BCP) • <i>First Destination Is a CT Permitted SW Facility</i> <input type="checkbox"/> Includes Res & NonRes	Destination: Address: Check all that apply: <input 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
	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/Cartons/Paper • <i>First Destination Is Not a CT Permitted SW Facility</i> <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address: Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately <i>If unable to report tonnage – then please provide Hauler Name and Contact Info:</i>		
	Destination: Address: Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately <i>If unable to report tonnage – then please provide Hauler Name and Contact Info:</i>		
Storage Batteries (vehicle batteries) <i>Generated in the municipality and recycled thru a program operated on municipally owned property or thru a municipally run or contracted program</i> <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	Destination: INTERSTATE BATTERIES Address: KILLINGWORTH, CT	103	UNITS
	Destination: Address:		
Scrap Metal - <i>Generated in the municipality and recycled thru a program operated on municipally owned property or thru a municipally run or contracted program</i> <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	Destination: CT SCRAP Address: 140 RT 32 NORTH FRANKLIN, CT	192.76	TONS
	Destination: Address:		
Waste Oil (gallons) <i>Generated in the municipality and recycled thru a program operated on municipally owned property or thru a municipally run or contracted program</i> <input checked="" type="checkbox"/> Includes Res & NonRes	Destination: WESTERN OIL Address: LINCOLN , RHODE ISLAND	2250	Gallons
Used Textiles (clothing, shoes, linens etc.) <i>Generated in the municipality and recycled thru a program operated on municipally owned property or thru a municipally run or contracted program</i> <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address:		
Electronics <i>Generated in the municipality and recycled thru a program operated on municipally</i>	Destination: NEW TOWN RECYCLING Address: 600 A APGAR DRIVE, SOMERSET, NJ	53.26	TONS

Materials Recycled from *Residential* Sources

(A) Recyclable Item	(B) Name/Address - <i>First Destination for Residential Recyclables</i> (after the municipal transfer station or municipal compost site, if applicable)	(C) Amount Recycled	(D) Units of Measure
<i>owned property or thru a municipally run or contracted program</i> Check Types Included: <input checked="" type="checkbox"/> CEDs (CT e-Waste Recycling Program) <input checked="" type="checkbox"/> Non-CEDs <input type="checkbox"/> Other- Specify: <input type="checkbox"/> Other- Specify: <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address:		
NiCd Batteries <i>Generated in the municipality and recycled thru a program operated on municipally owned property or thru a municipally run or contracted program</i> <input type="checkbox"/> Includes Res & NonRes	Destination: Address:		
C&D Waste Recycled Specify Type:	Destination: Address:		
For the following questions regarding source separated organics: - 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 include information re 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!!!!			
Incoming Leaves <i>Generated in the municipality and recycled thru a program operated on municipally owned property or thru a municipally run or contracted program.</i> 1 CY=0.25 tons <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	How are leaves managed? <input type="checkbox"/> Leaves are composted at municipal compost site <input type="checkbox"/> Finished compost is used on municipal sites <input type="checkbox"/> Finished compost is given or sold to residents <input type="checkbox"/> Finished compost is sold or sent to a permitted composting or recycling facility Destination: Address:		
	<input checked="" type="checkbox"/> Leaves are sent to a permitted composting or recycling facility Destination: MCCLURE CONST Address: MINER LANE, WATERFROD		
	<input checked="" type="checkbox"/> Other – Describe SCOTTS EARTHGRO Destination: FRANKLIN, CT Address:		
Brush (from yard waste) <i>Generated in the municipality and recycled thru a program operated on municipally owned property or thru a municipally run or contracted program</i> 1CY(loose) = 0.15 tons <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	How is the brush managed? <input checked="" type="checkbox"/> chipped and used as mulch on municipal sites <input checked="" type="checkbox"/> chipped and given to residents <input type="checkbox"/> chipped and used as bulking agent in municipal compost site <input type="checkbox"/> sent to a permitted composting or recycling facility Destination: Address:		
	<input type="checkbox"/> Other – Describe		
Grass Clippings <i>Generated in the municipality and recycled thru a program operated on municipally owned property or thru a municipally run or contracted program</i> <input type="checkbox"/> Tonnage Includes Res & NonRes	How are grass clippings managed? <input type="checkbox"/> Grass clippings are composted at municipal compost site <input type="checkbox"/> Grass clippings are sent to a permitted composting or recycling facility Destination: Address:		
Yard Waste Mix <i>Generated in the municipality and recycled thru a program operated on municipally owned property or thru a municipally run or contracted program</i> Check Types Included:	How is mixed yard waste managed? <input type="checkbox"/> Mixed yard waste is composted at municipal compost site <input type="checkbox"/> Finished compost is used on municipal sites <input type="checkbox"/> Finished compost is given or sold to residents <input type="checkbox"/> Finished compost is sold or sent to a permitted composting or recycling facility Destination: Address:		

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
<input checked="" type="checkbox"/> Grass; <input type="checkbox"/> Brush; <input type="checkbox"/> Leaves <input type="checkbox"/> Tonnage Includes Res & NonRes	<input checked="" type="checkbox"/> Mixed yard waste is sent to a permitted composting or recycling facility Destination: MCCLURE CONSTRUCTION Address:		
	<input type="checkbox"/> Mixed yard waste - Other – Describe Destination: Address:		
Food Scraps Generated in the municipality and recycled thru a program operated on municipally owned property or thru a municipally run or contracted program <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address:		
	Destination: Address:		
Disaster Debris Clean Wood Generated in the municipality and recycled thru a program operated on municipally owned property or thru a municipally run or contracted program <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address:		
	Destination: Address:		
Paint Generated in the municipality and recycled through the CT EPR program or other program on municipally owned property or thru a municipally run or contracted program <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: Address:		
Mattresses Generated in the municipality and recycled through the CT EPR program or other program on municipally owned property or thru a municipally run or contracted program <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	Destination: RECYC-MATTRESS CORP Address: 12 EASTERN PARK RD, EAST HARTFORD, CT	1377	UNITS
Other – Specify: FLOURESCENT BULBS Generated in the municipality and recycled thru a program operated on municipally owned property or thru a municipally run or contracted program <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	Destination: NLR Address: 4 REVAY ROAD, EAST WINDSOR, CT	1331	UNITS
Other – Specify: PROPANE TANKS Generated in the municipality and recycled thru a program operated on municipally owned property or thru a municipally run or contracted program <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	Destination: RINDGE ENERGY LLC Address: P.O. BOX 33 RINDGE, NEW HAMPSHIRE	200	UNITS

OTHER RECYCLABLES (i.e. Recyclables Not Listed Above and/or Material Recycled Only 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 Permitted SW Facility	Destination: Address: Check all that apply: <input 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

OTHER RECYCLABLES (i.e. Recyclables Not Listed Above and/or Material Recycled Only 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
	Destination: Address: Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	NA	NA
Non-Residential Bottles/Cans/Paper • First Destination Is Not a CT Permitted SW Facility	Destination: Address: Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately If unable to report tonnage – then please provide Hauler Name and Contact Info:		
Other Specify Type of Recyclable: TIRES <input checked="" type="checkbox"/> Only Residential <input checked="" type="checkbox"/> Only Non-Residential <input type="checkbox"/> Includes Res & NonRes	Destination: EMPIRE TIRE Address: 1414 NORWICH ROAD, PLAINVILLE, CT	802	UNITS
Other Specify Type of Recyclable <input type="checkbox"/> <input type="checkbox"/> Only Residential <input type="checkbox"/> Only Non-Residential <input type="checkbox"/> Includes Res & NonRes	Destination: Address:		
Other Specify Type of Recyclable <input type="checkbox"/> <input type="checkbox"/> Only Residential <input type="checkbox"/> Only Non-Residential <input type="checkbox"/> Includes Res & NonRes	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 #1 (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. Want more information re home composting or grasscycling? Visit the DEEP [composting webpage](#) or call the DEEP Recycling Office at (860) 424-3366

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



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	Owner of Hauling Company	Mailing Address & E-mail Address	Contact Name	Phone Number	Did Hauler Register in Your Municipality in FY2017?	Did Hauler Submit FY2017 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.)	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.
ALLWASTE	RUSS LAWLER	Mailing:143 MURPHY ROAD HARTFORD, CT E-mail: WWW. ALLWASTE.COM	MATTHEW SLOWICK	860-952-2068	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	SE CT	<input checked="" type="checkbox"/> MSW; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input checked="" type="checkbox"/> Recyclables; <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify-	<input type="checkbox"/> MSW – Residential <input checked="" type="checkbox"/> MSW – Non Residential; <input type="checkbox"/> Recyclables – Residential <input checked="" type="checkbox"/> Recyclables – Non-Residential
CWPM	JASON MANAFORT	Mailing:25 NORTON PLACE, PLAINVILLE, CT E-mail: BMCCAIN@CWPM.NET	SCOTT CORRADO	860-747-1335	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SE CT	<input checked="" type="checkbox"/> MSW; <input checked="" type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input checked="" type="checkbox"/> Food Scraps <input checked="" type="checkbox"/> Recyclables; <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify-	<input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Non-Residential
LOWE/SHORELINE	KIM LOWE	Mailing:998 HARTFORD TPKE WATERFORD, CT E-mail:	TONY OR KIM LOWE	860-442-5693	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SE CT	<input checked="" type="checkbox"/> MSW; <input checked="" type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Recyclables; <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify-	<input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Non-Residential
UBS	MICHAEL SLOSBERG	Mailing:P.O. BOX 1720 3 OAK ST WESTERLY, RI E-mail:	RAY JONES	401-539-0121	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SE CT	<input checked="" type="checkbox"/> MSW; <input checked="" type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Recyclables; <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify-	<input type="checkbox"/> Residential <input checked="" type="checkbox"/> Non-Residential
MJ SAUCHUK	MICHAEL SAUCHUK	Mailing:183 COW HILL RD MYSTIC, CT E-mail: MJSAUCHUK@AOL.COM	MARK SAUCHUK	860-572-0011	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SE CT	<input checked="" type="checkbox"/> MSW; <input checked="" type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Recyclables; <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify-	<input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Non-Residential
WWP	TIM DEVIVO	Mailing:P.O. BOX 239 WILLIMANTIC, CT E-mail: TDEVIVO@WILLIMANTICWAS TE.COM	BEN DEVIVO	860-423-4527	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SE CT	<input checked="" type="checkbox"/> MSW; <input checked="" type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input checked="" type="checkbox"/> Food Scraps <input checked="" type="checkbox"/> Recyclables; <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify-	<input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Non-Residential
		Mailing: E-mail:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> MSW; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Recyclables; <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify-	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential
		Mailing: E-mail:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> MSW; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing ; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Recyclables; <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify-	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential

Attach additional sheets if needed



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
MSW¹ • First Destination (after the municipal transfer station, if applicable) Is a CT Permitted SW Facility	Facility : Address:	NA
	Facility : Address:	NA
Oversized MSW¹- (furniture, mattresses, carpets, etc) • First Destination (after the municipal transfer station, if applicable) Is a CT Permitted SW Facility	Facility : Address:	NA
	Facility : Address:	NA
MSW¹ • First Destination (after the municipal transfer station, if applicable) 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 (after the municipal transfer station, if applicable) 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 (after the municipal transfer station, if applicable)	Facility: Address:	Tons:
	Facility: Address:	Tons:
DISASTER DEBRIS (after the municipal transfer station, if applicable)	Facility: Address:	Tons:
LANDCLEARING DEBRIS (logs and stumps) (after the municipal transfer station, if applicable)	Facility: Address:	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 this FY
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: _____

Reporting Period: July 1 2017

June 30, 20 18

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: _____

9-19-2018

Signature - Municipal Recycling Contact

Date

Brian Long-Public Works Dept

blong@waterfordct.org

Printed Name - Municipal Recycling Contact

E-mail Address

Municipal CEO Signature: _____

9-21-18

Signature Of Municipal CEO

Date

Daniel M. Steward

dsteward@waterfordct.org

Printed Name - Municipal CEO

E-mail Address

Part 6: Qualitative Survey Questions re Municipal Recycling Program

- Part 6 survey questions need to be answered electronically on SurveyMonkey. Check your e-mail in August for the link.
- No Internet Access? Contact Paula Guerrero (860) 424- 3334 for a paper version of Part 6.