



**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.
 - 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.

Questions? Please visit the [CT DEEP Website](#), contact [\(860\) 424-3334](mailto:Paula.Guererra) or [\(860\) 424-3536](mailto:Peter.Brunelli)

| | | | |
|--|---|---|--------------|
| 1. | Name of City/Town | WATERFORD | |
| Mailing Address: | 15 ROPE FERRY ROAD, WATERFORD | Zip Code | 06385 |
| 2. | Recycling Contact: Name: DAN MATHESON | | |
| | Title: ASSISTANT DIRECTOR WATERFORD PUBLIC WORKS | | |
| Phone #: | 860-444-5864 | Fax #: | 860-442-9037 |
| | | Email: dmatheson@waterfordct.org | |
| 3. | Reporting Period: July 1, 20 18 through June 30, 20 19 | | |
| Number of Pages in This Report: 8 | | | |



PART 1: MATERIALS RECYCLED FROM RESIDENTIAL SOURCES

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) | Destination Name: Town: _____ State: _____ Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately | NA | NA |
| <ul style="list-style-type: none"> • First Destination Is a CTSW Facility <p><input type="checkbox"/> <i>Includes Res & NonRes</i></p> | Destination Name: Town: _____ State: _____ Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately | NA | NA |
| <ul style="list-style-type: none"> • First Destination Is NOT a CT SW Facility <p><input type="checkbox"/> <i>Tonnage Includes Res & NonRes</i></p> | Destination Name: Town: _____ State: _____ Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately | NA | NA |
| | Destination Name: Town: _____ State: _____ Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately | | |
| For the materials listed below, please report quantity generated in the municipality and recycled thru a program operated by the municipality or thru a municipally contracted program | | | |
| Storage Batteries (vehicle batteries) | Destination Name: INTERSTATE BATTERIES | | |
| <input checked="" type="checkbox"/> <i>Tonnage Includes Res & NonRes</i> | Town: KILLINGWORTH State: CT | 101 | UNITS |
| | Destination Name: | | |
| | Town: _____ State: _____ | | |
| Scrap Metal – | Destination Name: CT SCRAP | | |
| <input checked="" type="checkbox"/> <i>Tonnage Includes Res & NonRes</i> | Town: NORTH FRANKLIN State: CT | 206.73 | TONS |
| | Destination Name: | - | |
| | Town: _____ State: _____ | | |
| Waste Oil (gallons) | Destination Name: WESTERN OIL | | |
| <input checked="" type="checkbox"/> <i>Includes Res & NonRes</i> | Town: LINCOLN State: RI | 850 | Gallons |
| | Destination Name: | | |
| <input type="checkbox"/> <i>Tonnage Includes Res & NonRes</i> | Town: _____ State: _____ | | |
| | Destination Name: | | |
| Used Textiles (clothing, shoes, linens etc.) | Destination Name: | | |
| <input type="checkbox"/> <i>Tonnage Includes Res & NonRes</i> | Town: _____ State: _____ | | |
| | Destination Name: | | |
| Electronics | Destination Name: NEW TECH RECYCLING | | |
| Check Types Included: <input checked="" type="checkbox"/> CEDs (CT e-Waste Recycling Program) <input checked="" type="checkbox"/> Non-CEDs | Town: SOMERSET State: NJ | 45.07 | TONS |
| | Destination Name: | | |
| <input type="checkbox"/> Other- Specify: <input type="checkbox"/> Other- Specify: <input type="checkbox"/> <i>Tonnage Includes Res & NonRes</i> | Town: _____ State: _____ | | |
| | Destination Name: | | |
| NiCd Batteries | Destination Name: | | |
| <input type="checkbox"/> <i>Includes Res & NonRes</i> | Town: _____ State: _____ | | |
| | Destination Name: | | |
| C&D Waste Recycled | Destination Name: | | |
| (NOT DISPOSED) | Town: _____ State: _____ | | |
| | Destination Name: | | |

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 municipality 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!!!!

| | | | |
|---|--|--------|------|
| Incoming Leaves 1 CY=0.25 tons <input type="checkbox"/> Tonnage Includes Res & NonRes | <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 type="checkbox"/> Leaves are sent to a permitted composting or recycling facility Destination: Address: <input type="checkbox"/> Other – Describe Destination: Address: | | |
| Brush (from yard waste) 1CY(loose) = 0.15 tons <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes | <input type="checkbox"/> sent to a permitted composting or recycling facility Destination: Address: <input 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"/> Other – Describe | 47 | |
| | <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 Check Types Included: <input checked="" type="checkbox"/> Grass; <input checked="" type="checkbox"/> Brush; <input checked="" type="checkbox"/> Leaves <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes | <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: <input checked="" type="checkbox"/> Mixed yard waste is sent to a permitted composting or recycling facility Destination: EARTH GRO Address: NORTH FRANKLIN, CT | 409.24 | TONS |
| | <input type="checkbox"/> Mixed yard waste - Other – Describe Destination: Address: | | |
| | Destination Name: Town: _____ State: _____ | | |
| | Destination Name: Town: _____ State: _____ | | |

Other Materials Collected Through A Municipal Recycling Collection Program

| | | | |
|--|---|--|------------|
| Disaster Debris Clean Wood | Destination Name: Town: _____ State: _____ | | |
| <input type="checkbox"/> <i>Tonnage Includes Res & NonRes</i> | Destination Name: Town: _____ State: _____ | | |
| Paint | TIRES | Destination Name: EMPIRE TIRE Town: PLAINFIELD State: CT | 775 UNITS |
| <input checked="" type="checkbox"/> <i>Tonnage Includes Res & NonRes</i> | Mattresses | Destination Name: RECYC-MATTRESSES CORP Town: EAST HARTFORD State: CT | 1514 UNITS |
| <input checked="" type="checkbox"/> <i>Tonnage Includes Res & NonRes</i> | Other – Specify: FLOURESCENT BULBS | Destination Name: NLR Town: EAST WINDSOR State: CT | 3185 PDS |
| <input checked="" type="checkbox"/> <i>Tonnage Includes Res & NonRes</i> | Other – Specify: PROPANE TANKS | Destination Name: PARACO GAS Town: SAUGERTIES State: NY | 129 UNITS |



PART 2: MATERIALS RECYCLED FROM NON-RESIDENTIAL SOURCES

OTHER RECYCLABLES - Materials Recycled from *NON-Residential* Sources

| (A) Recyclable Item | (B) Name/Address - <i>First Destination for Other Recyclables</i> (after the municipal transfer station or municipal compost site, if applicable) | (C) Amount Recycled | (D) Units of Measure |
|--|---|------------------------|-------------------------|
| <i>Non-Residential</i> Bottles/Cans/Paper (BCP) • <i>First Destination Is a CTSW Facility</i> | Destination Name: Town: _____ State: _____ <i>Check all that apply:</i> <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately | NA | NA |
| | Destination Name: Town: _____ State: _____ <i>Check all that apply:</i> <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately | NA | NA |
| | Destination Name: Town: _____ State: _____ <i>Check all that apply:</i> <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately | NA | NA |
| <i>Non-Residential</i> Bottles/Cans/Paper • <i>First Destination Is Not a CT SW Facility</i> | Destination Name: Town: _____ State: _____ <i>Check all that apply:</i> <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately | | |
| | Destination Name: Town: _____ State: _____ <i>Check all that apply:</i> <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately | | |
| Other Specify Type of Recyclable: <input type="checkbox"/> <input type="checkbox"/> Only Residential <input type="checkbox"/> Only Non-Residential <input type="checkbox"/> <i>Includes Res & NonRes</i> | Destination Name: Town: _____ State: _____ | | |
| Other Specify Type of Recyclable <input type="checkbox"/> <input type="checkbox"/> Only Residential <input type="checkbox"/> Only Non-Residential | Destination Name: Town: _____ State: _____ | | |

| 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 |
| <input type="checkbox"/> <i>Includes Res & NonRes</i> | | | |



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 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.) | Source of SW & RECY Hauled (e.g. Residential, Non-Residential) Check all that apply. |
|-------------------------|--|------------------|--|--|--|---|---|
| ALLWASTE | 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> MSW; <input checked="" type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- | <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Non-Residential |
| CWPM | Mailing:25 NORTON PLACE, PALINVILLE, CT E-mail: B.MCCAIN@CWPM.NET | SCOTT CORADDO | 860747-1335 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input checked="" type="checkbox"/> MSW; <input checked="" type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- | <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Non-Residential |
| LOWE/SHORLINE SVCS | Mailing:998 HARTFORD TPK, 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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- | <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Non-Residential |
| RIVERHEAD | Mailing:250 DAVID COURT, CALVERTON, NY E-mail: | JOHN CALLAHAN | 631-996-3100 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- | <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Non-Residential |
| MJ SAUCHUK | Mailing:183 COW HILL RD , MYSTIC, CT E-mail: MJSaucuk@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 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> MSW; <input checked="" type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- | <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Non-Residential |
| WWP | Mailing:P.O. BOX 239 WILLIMANTIC, CT E-mail: TDevivo@willimanticwa.com | BEN DEVIVO | 860-423-4527 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> MSW; <input checked="" type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- | <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Non-Residential |
| | Mailing: E-mail: | | | | | <input checked="" type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing; <input type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other – Specify- | <input type="checkbox"/> Residential <input checked="" type="checkbox"/> 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 5: Certification of Data Reported

Municipality: WATERFORD
19

Reporting Period: July 1 2018

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:

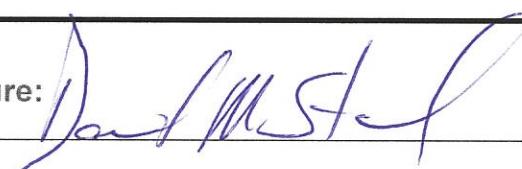

 Signature - Municipal Recycling Contact

9/18/19
 Date

DANIEL MATHESON
 Printed Name – Municipal Recycling Contact

dmatheson@waterfordct.org
 E-mail Address

Municipal CEO Signature:


 Signature Of Municipal CEO

9-19-19
 Date

DANIEL M. STEWARD
 Printed Name - Municipal CEO

dsteward@waterfordct.org
 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.