

**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 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 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.

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

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* SOURCESMaterials 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 SW Facility</i> <input type="checkbox"/> Includes Res & NonRes	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	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	NA	NA
Bottles/Cans/Cartons/Paper • <i>First Destination Is NOT a CT SW Facility</i> <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: Town: _____ State: _____ Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately		
	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 municipally or thru a municipally contracted program			
Storage Batteries (vehicle batteries) <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: INTERSTATE BATTERIES Town: KILLINGWORTH State: CT	101	UNITS
	Destination Name: Town: _____ State: _____		
Scrap Metal – <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: CT SCRAP Town: NORTH FRANKLIN State: CT	206.73	TONS
	Destination Name: Town: _____ State: _____		
Waste Oil (gallons) <input checked="" type="checkbox"/> Includes Res & NonRes	Destination Name: WESTERN OIL Town: LINCOLN State: RI	850	Gallons
Used Textiles (clothing, shoes, linens etc.) <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: Town: _____ State: _____		
Electronics 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 Name: NEW TECH RECYCLING Town: SOMERSET State: NJ	45.07	TONS
	Destination Name: Town: _____ State: _____		
NiCd Batteries <input type="checkbox"/> 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 - <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
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			
<i>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!!!!</i>			
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		
Grass Clippings <input type="checkbox"/> Tonnage Includes Res & NonRes	<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:		
Food Scraps <input type="checkbox"/> 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 <input type="checkbox"/> <i>Tonnage Includes Res & NonRes</i>	Destination Name: Town: _____ State: _____ Destination Name: Town: _____ State: _____		
Paint TIRES <input checked="" type="checkbox"/> <i>Tonnage Includes Res & NonRes</i>	Destination Name: EMPIRE TIRE Town: PLAINFIELD State: CT	775	UNITS
Mattresses <input checked="" type="checkbox"/> <i>Tonnage Includes Res & NonRes</i>	Destination Name: RECYC-MATTRESSES CORP Town: EAST HARTFORD State: CT	1514	UNITS
Other – Specify: FLOURESCENT BULBS <input checked="" type="checkbox"/> <i>Tonnage Includes Res & NonRes</i>	Destination Name: NLR Town: EAST WINDSOR State: CT	3185	PDS
Other – Specify: PROPANE TANKS <input checked="" type="checkbox"/> <i>Tonnage Includes Res & NonRes</i>	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 - 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: <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	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	NA	NA
Non-Residential Bottles/Cans/Paper • First Destination Is Not a CT SW Facility	Destination Name: Town: _____ State: _____ Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately		
	Destination Name: Town: _____ State: _____ Check all that apply: <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"/> Includes Res & NonRes	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 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.
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 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	860-747-1335	<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 checked="" 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/SORLINE 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 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 checked="" 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 checked="" type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; <input checked="" 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: 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	<input checked="" type="checkbox"/> MSW; <input checked="" type="checkbox"/> Recyclables; <input checked="" type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing; <input checked="" type="checkbox"/> Food Scraps <input type="checkbox"/> Special Waste <input type="checkbox"/> Other - Specify-	<input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Non-Residential
WWP	Mailing: P.O. BOX 239 WILLIMANTIC, CT E-mail: TDEVIVO@WILLIMANTICWA.STE.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 checked="" type="checkbox"/> MSW; <input checked="" type="checkbox"/> Recyclables; <input checked="" type="checkbox"/> C&D; <input type="checkbox"/> Yard Waste <input type="checkbox"/> Landclearing; <input checked="" type="checkbox"/> Food Scraps <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"/> 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 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
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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]
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]
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 Guerrero (860) 424-3334 for a paper version of Part 6.