Connecticut
Department of Energy &
Environmental Protection

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

Annual Municipal Recycling Report For FY 2025-2026

This report regarding municipal recycling activity for the previous fiscal year is **required** to be submitted by November 30th of each year to the Connecticut Department of Energy & Environmental Protection (DEEP) -CGS Sec 22a-220(h).
(PLEASE SUBMIT THIS FY2026 REPORT NO LATER THAN **NOVEMBER 30, 2026**)

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- Brenna Giannetti; **Or**
- 💻 Scanned & E-Mailed To DEEP.WasteDataReporting@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- Brenna Giannetti.
    - 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 Brenna Giannetti (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, 2025 through June 30, 2026**

Number of Pages in This Report: _____

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) • ***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
Bottles/Cans/Cartons/Paper • **First Destination Is *NOT* a CT SW Facility and located out-of-state** ☐ ***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		
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
	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 ☐ ***Tonnage Includes Res & NonRes***	Destination Name: Town: State:		
	Destination Name: Town: State:		
NiCd Batteries ☐ ***Includes Res & NonRes***	Destination Name: Town: State:		
PLASTIC WRAP/FILM ☐ ***Includes Res & NonRes***	Destination Name: Town: State:		

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 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 ☐ Leaves are composted at municipal compost site ☐ **compost used at** municipal sites ☐ **compost** is given or sold to residents ☐ **compost** is sold or sent to a permitted composting. ☐ ***Tonnage Includes Res & NonRes***	Destination: Address:		
	Destination: Address:		
Brush (from yard waste) 1CY(loose) = 0.15 tons ☐ sent to a permitted composting or recycling facility ☐ chipped and used on municipal sites ☐ chipped and given to residents ☐ ***Tonnage Includes Res & NonRes***	Destination: Address:		
Grass ☐ Grass clippings are sent to a permitted composting or recycling facility	Destination: Address:		
Yard Waste Mixed ☐ composted at municipal compost site ☐ compost is used on municipal sites ☐ compost is given or sold to residents ☐ ***Tonnage Includes Res & NonRes***	Destination: Address:		
	Destination: Address:		
	Destination: Address:		
Food Scraps ☐ ***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:		

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**	Destination Name: Town: State: *Check all that apply*: ☐ **Single Stream** ☐ **Dual Stream** ☐ **Material Collected Separately**	**NA**	**NA**
	Destination Name: Town: State: ☐ **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.)**

3A: Collector (Hauler) Contact Information					
Name of Hauling Company	**Mailing Address & E-mail Address**	**Contact Name**	**Phone Number**	**Did Hauler Register in Your Municipality in FY2024?**	**Did Hauler Submit FY2024 Annual Report To Your Municipality?**
	Mailing: **E-mail:**			☐ Yes ☐ No	☐ Yes ☐ No
	Mailing: **E-mail:**			☐ Yes ☐ No	☐ Yes ☐ No
	Mailing: **E-mail:**			☐ Yes ☐ No	☐ Yes ☐ No
	Mailing: **E-mail:**			☐ Yes ☐ No	☐ Yes ☐ No
	Mailing: **E-mail:**			☐ Yes ☐ No	☐ Yes ☐ No
	Mailing: **E-mail:**			☐ Yes ☐ No	☐ Yes ☐ No
	Mailing: **E-mail:**			☐ Yes ☐ No	☐ Yes ☐ No
	Mailing: **E-mail:**			☐ Yes ☐ No	☐ Yes ☐ No
	Mailing: **E-mail:**			☐ Yes ☐ No	☐ Yes ☐ No
	Mailing: **E-mail:**			☐ Yes ☐ No	☐ Yes ☐ No
	Mailing: **E-mail:**			☐ Yes ☐ No	☐ Yes ☐ No

Attach additional sheets if needed

3B: Collection Service(s) Information			
Name of Hauling Company	**Source of SW & RECY Hauled** Check all that apply.	**Types of SW &/or RECY Hauled by the Collector** Check all that apply.	**Collector Offers Subscription Service for Residential Curbside Collection of:** Check all that apply.
	☐ Residential ☐ Non-Residential	☐ MSW; ☐ Recyclables; ☐ C&D; ☐ Yard Waste ☐ Landclearing ; ☐ Food Scraps ☐ Special Waste ☐ Other – Specify-	☐ MSW ☐ Recyclables
	☐ Residential ☐ Non-Residential	☐ MSW; ☐ Recyclables; ☐ C&D; ☐ Yard Waste ☐ Landclearing ; ☐ Food Scraps ☐ Special Waste ☐ Other – Specify-	☐ MSW ☐ Recyclables
	☐ Residential ☐ Non-Residential	☐ MSW; ☐ Recyclables; ☐ C&D; ☐ Yard Waste ☐ Landclearing ; ☐ Food Scraps ☐ Special Waste ☐ Other – Specify-	☐ MSW ☐ Recyclables
	☐ Residential ☐ Non-Residential	☐ MSW; ☐ Recyclables; ☐ C&D; ☐ Yard Waste ☐ Landclearing ; ☐ Food Scraps ☐ Special Waste ☐ Other – Specify-	☐ MSW ☐ Recyclables
	☐ Residential ☐ Non-Residential	☐ MSW; ☐ Recyclables; ☐ C&D; ☐ Yard Waste ☐ Landclearing ; ☐ Food Scraps ☐ Special Waste ☐ Other – Specify-	☐ MSW ☐ Recyclables
	☐ Residential ☐ Non-Residential	☐ MSW; ☐ Recyclables; ☐ C&D; ☐ Yard Waste ☐ Landclearing ; ☐ Food Scraps ☐ Special Waste ☐ Other – Specify-	☐ MSW ☐ Recyclables
	☐ Residential ☐ Non-Residential	☐ MSW; ☐ Recyclables; ☐ C&D; ☐ Yard Waste ☐ Landclearing ; ☐ Food Scraps ☐ Special Waste ☐ Other – Specify-	☐ MSW ☐ Recyclables
	☐ Residential ☐ Non-Residential	☐ MSW; ☐ Recyclables; ☐ C&D; ☐ Yard Waste ☐ Landclearing ; ☐ Food Scraps ☐ Special Waste ☐ Other – Specify-	☐ MSW ☐ Recyclables
	☐ Residential ☐ Non-Residential	☐ MSW; ☐ Recyclables; ☐ C&D; ☐ Yard Waste ☐ Landclearing ; ☐ Food Scraps ☐ Special Waste ☐ Other – Specify-	☐ MSW ☐ Recyclables
	☐ Residential ☐ Non-Residential	☐ MSW; ☐ Recyclables; ☐ C&D; ☐ Yard Waste ☐ Landclearing ; ☐ Food Scraps ☐ Special Waste ☐ Other – Specify-	☐ MSW ☐ Recyclables
	☐ Residential ☐ Non-Residential	☐ MSW; ☐ Recyclables; ☐ C&D; ☐ Yard Waste ☐ Landclearing ; ☐ Food Scraps ☐ Special Waste ☐ Other – Specify-	☐ MSW ☐ Recyclables

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:
	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:
	Destination Name: Town: State:	Tons:
MIXED C&D - 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:
LAND CLEARING 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 2025 - June 30, 2026**

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) FOLLOWED AT A LATER DATE IN ORDER TO SATISFY THEIR REPORTING OBLIGATION.