



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](#). The Part 6 FY2016 questions will provide a baseline snapshot of municipal compliance with basic statutory recycling requirements and will help identify areas that need improvement. The Part 6 survey can be accessed at: <https://www.surveymonkey.com/r/AMRR2016>

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

1.	Name of City/Town <input style="width: 80%;" type="text"/>
	Mailing Address: <input style="width: 70%;" type="text"/> Zip Code <input style="width: 20%;" type="text"/>
2.	Recycling Contact: Name: <input style="width: 80%;" type="text"/>
	Title: <input style="width: 80%;" type="text"/>
	Fax #: <input style="width: 20%;" type="text"/> Email: <input style="width: 20%;" type="text"/> Phone #: <input style="width: 20%;" type="text"/>
3.	Reporting Period: July 1, 20 <input style="width: 10%;" type="text"/> through June 30, 20 <input style="width: 10%;" type="text"/>
	Number of Pages in This Report: <input style="width: 20%;" type="text"/>

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</i> Destination for <i>Residential</i> Recyclables (after the municipal transfer station or municipal compost site, if applicable)	(C) Amount Recycled	(D) Units of Measure
Bottles/Cans/Paper (BCP) <ul style="list-style-type: none"> • <i>First Destination Is a CT Permitted SW Facility</i> <input type="checkbox"/> <i>Includes Res & NonRes</i>	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/Paper <ul style="list-style-type: none"> • <i>First Destination Is Not a CT Permitted SW Facility</i> <input type="checkbox"/> <i>Tonnage Includes Res & NonRes</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> _____		
	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 type="checkbox"/> <i>Tonnage Includes Res & NonRes</i>	Destination: _____ Address: _____		
	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 type="checkbox"/> <i>Tonnage Includes Res & NonRes</i>	Destination: _____ Address: _____		
	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 type="checkbox"/> <i>Includes Res & NonRes</i>	Destination: _____ Address: _____		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"/> <i>Tonnage Includes Res & NonRes</i>	Destination: _____ Address: _____		
Electronics <i>Generated in the municipality and recycled thru a program operated on municipally</i>	Destination: _____ Address: _____		

Materials Recycled from <i>Residential</i> Sources			
(A) Recyclable Item	(B) Name/Address - <i>First</i> Destination for <i>Residential</i> Recyclables (after the municipal transfer station or municipal compost site, if applicable)	(C) Amount Recycled	(D) Units of Measure
<p><i>owned property or thru a municipally run or contracted program</i> Check Types Included:</p> <input type="checkbox"/> CEDs (CT e-Waste Recycling Program) <input type="checkbox"/> Non-CEDs <input type="checkbox"/> Other- Specify: <input type="text"/> <input type="checkbox"/> Other- Specify: <input type="text"/> <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
<p>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></p> <input type="checkbox"/> Includes Res & NonRes	Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
<p>C&D Waste Recycled Specify Type: <input type="text"/></p>	Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
<p>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. <i>Any organic material burned (with or without energy production) cannot be counted as recycled!!!!</i></p>			
<p>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></p> <p>1CY=0.25 tons</p> <input type="checkbox"/> Tonnage Includes Res & NonRes	<p>How are leaves managed?</p> <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="text"/>	<input type="text"/>
	<input type="checkbox"/> Finished compost is sold or sent to a permitted composting or recycling facility Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Leaves are sent to a permitted composting or recycling facility Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Other – Describe <input type="text"/> Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
<p>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></p> <p>1CY(loose) = 0.15 tons</p> <input type="checkbox"/> Tonnage Includes Res & NonRes	<p>How is the brush managed?</p> <input type="checkbox"/> chipped and used as mulch on municipal sites <input 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: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Other – Describe <input type="text"/>	<input type="text"/>	<input type="text"/>
<p>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></p> <input type="checkbox"/> Tonnage Includes Res & NonRes	<p>How are grass clippings managed?</p> <input type="checkbox"/> Grass clippings are composted at municipal compost site	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> Grass clippings are sent to a permitted composting or recycling facility Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>
<p>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:</p>	<p>How is mixed yard waste managed?</p> <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="text"/>	<input type="text"/>
	<input type="checkbox"/> Finished compost is sold or sent to a permitted composting or recycling facility Destination: <input type="text"/> Address: <input type="text"/>	<input type="text"/>	<input type="text"/>

Materials Recycled from *Residential* Sources

(A) Recyclable Item	(B) Name/Address - <i>First</i> Destination for <i>Residential</i> Recyclables <small>(after the municipal transfer station or municipal compost site, if applicable)</small>	(C) Amount Recycled	(D) Units of Measure
<input type="checkbox"/> Grass; <input type="checkbox"/> Brush; <input type="checkbox"/> Leaves <input type="checkbox"/> Tonnage Includes Res & NonRes	<input type="checkbox"/> Mixed yard waste is sent to a permitted composting or recycling facility Destination: _____ Address: _____	_____	_____
	<input type="checkbox"/> Mixed yard waste - Other – Describe _____ Destination: _____ Address: _____	_____	_____
Food Scraps <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: _____	_____	_____
	Destination: _____ Address: _____	_____	_____
Disaster Debris Clean Wood <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: _____	_____	_____
	Destination: _____ Address: _____	_____	_____
Paint <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: _____	_____	_____
	Destination: _____ Address: _____	_____	_____
Mattresses <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: _____	_____	_____
	Destination: _____ Address: _____	_____	_____
Other – Specify: _____ <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: _____	_____	_____
	Destination: _____ Address: _____	_____	_____

OTHER RECYCLABLES (i.e. *Recyclables Not Listed Above and/or Material Recycled Only from Non-Residential Sources*)

(A) Recyclable Item	(B) Name/Address - <i>First</i> Destination for <i>Other</i> Recyclables <small>(after the municipal transfer station or municipal compost site, if applicable)</small>	(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
	Destination: _____ Address: _____ Check all that apply:	NA	NA

OTHER RECYCLABLES (i.e. <i>Recyclables Not Listed Above and/or Material Recycled Only from Non-Residential Sources</i>)			
(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
	<input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately		
Non-Residential Bottles/Cans/Paper <ul style="list-style-type: none"> • 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: _____		
	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:: _____ <input type="checkbox"/> Only Residential <input type="checkbox"/> Only Non-Residential <input type="checkbox"/> Includes Res & NonRes	Destination: _____ Address: _____		
Other Specify Type:: _____ <input type="checkbox"/> Only Residential <input type="checkbox"/> Only Non-Residential <input type="checkbox"/> Includes Res & NonRes	Destination: _____ Address: _____		
Other Specify Type:: _____ <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.

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 type="checkbox"/> No Frequency of Mailings this FY: _____	This FY: <input type="checkbox"/> Yes <input 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 type="checkbox"/> No How Distributed: _____	This FY: <input type="checkbox"/> Yes <input 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 type="checkbox"/> No Frequency of Showing this FY: _____ Where Shown: _____	This FY: <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency of Showing this FY: _____ Where Shown: _____
Master Composting Program	This FY: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Workshops, Demonstrations, etc.	This FY: <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____	This FY: <input type="checkbox"/> Yes <input 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 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 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	This FY: <input type="checkbox"/> Yes <input type="checkbox"/> No Description: _____	This FY: <input type="checkbox"/> Yes <input 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) 424-3366



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 FY2016?	Did Hauler Submit FY2016 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.
		Mailing: <input type="text"/> E-mail: <input type="text"/>			<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="text"/>	<input type="checkbox"/> MSW – Residential <input type="checkbox"/> MSW – Non Residential; <input type="checkbox"/> Recyclables – Residential <input type="checkbox"/> Recyclables – Non-Residential
		Mailing: <input type="text"/> E-mail: <input type="text"/>			<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="text"/>	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential
		Mailing: <input type="text"/> E-mail: <input type="text"/>			<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="text"/>	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential
		Mailing: <input type="text"/> E-mail: <input type="text"/>			<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="text"/>	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential
		Mailing: <input type="text"/> E-mail: <input type="text"/>			<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="text"/>	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential
		Mailing: <input type="text"/> E-mail: <input type="text"/>			<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="text"/>	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential
		Mailing: <input type="text"/> E-mail: <input type="text"/>			<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="text"/>	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential
		Mailing: <input type="text"/> E-mail: <input type="text"/>			<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="text"/>	<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). A link to the collector/hauler reporting form can be found at: www.ct.gov/DEEP/solidwastereporting or by clicking here:

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 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 (after the municipal transfer station, if applicable)	(C) Tons
MSW¹ • First Destination (after the municipal transfer station, if applicable) Is a CT Permitted SW Facility	Facility : <input type="text"/> Address: <input type="text"/>	NA
	Facility : <input type="text"/> Address: <input type="text"/>	NA
Oversized MSW¹ - (furniture, mattresses, carpets, etc) • First Destination (after the municipal transfer station, if applicable) Is a CT Permitted SW Facility	Facility : <input type="text"/> Address: <input type="text"/>	NA
	Facility : <input type="text"/> Address: <input type="text"/>	NA
MSW¹ • First Destination (after the municipal transfer station, if applicable) Is Not a CT Permitted SW Facility	Facility : <input type="text"/> Address: <input type="text"/> If unable to report tonnage to this first destination (located out-of-state) – please provide Hauler Name and Contact Info: <input type="text"/>	Tons: <input type="text"/>
	Facility : <input type="text"/> Address: <input type="text"/> If unable to report tonnage to this first destination (located out-of-state) – please provide Hauler Name and Contact Info: <input type="text"/>	Tons: <input type="text"/>
Oversized MSW¹ - (furniture, mattresses, carpets, etc) • First Destination (after the municipal transfer station, if applicable) Is Not a CT Permitted SW Facility	Facility: <input type="text"/> Address: <input type="text"/> If unable to report tonnage to this first destination (located out-of-state) – please provide Hauler Name and Contact Info: <input type="text"/>	Tons: <input type="text"/>
	Facility: <input type="text"/> Address: <input type="text"/> If unable to report tonnage to this first destination (located out-of-state) – please provide Hauler Name and Contact Info: <input type="text"/>	Tons: <input type="text"/>
CONSTRUCTION & DEMOLITION WASTE (after the municipal transfer station, if applicable)	Facility: <input type="text"/> Address: <input type="text"/>	Tons: <input type="text"/>
	Facility: <input type="text"/> Address: <input type="text"/>	Tons: <input type="text"/>
DISASTER DEBRIS (after the municipal transfer station, if applicable)	Facility: <input type="text"/> Address: <input type="text"/>	Tons: <input type="text"/>
LANDCLEARING DEBRIS (after the municipal transfer station, if applicable) (Logs & Stumps)	Facility: <input type="text"/> Address: <input type="text"/>	Tons: <input type="text"/>

