



Vernon

Environmental Protection

Bureau of Materials Management & Compliance Assurance  
79 Elm Street - 4<sup>th</sup> Floor  
Hartford, Connecticut 06106-5127

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## Annual Municipal Recycling Report

This report regarding municipal recycling activity for the previous fiscal year is **required** to be submitted by September 30<sup>th</sup> 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](mailto: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 - 4<sup>th</sup> 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](http://CTDEEPWebsite), contact [Paula Guererra \(860\) 424-3334](tel:8604243334) or [Peter Brunelli \(860\) 424-3536](tel:8604243536)

1.	<b>Name of City/Town</b> <b>Vernon</b>		
	<b>Mailing Address:</b>	14 Park Place Vernon, Ct	<b>Zip Code</b> 06066
2.	<b>Recycling Contact:</b> Name: Peter Griffiths		
	<b>Title:</b>	Refuse and Recycling Supervisor	
	<b>Phone #:</b>	860-870-3500	<b>Fax #:</b> 860-870-3505 <b>Email:</b> pgriffiths@vernon-ct.gov
3.	<b>Reporting Period:</b> July 1, 20 19 through June 30, 20 20		
	<b>Number of Pages in This Report:</b> 6		



# PART 1: MATERIALS RECYCLED FROM RESIDENTIAL SOURCES

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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
<b>Bottles/Cans/Cartons/Paper (BCP)</b>  • First Destination Is a CT SW Facility  <input checked="" type="checkbox"/> Includes Res & NonRes	Destination Name: Willimantic Waste Paper Town: Willimantic State: Ct. Check all that apply: <input checked="" type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	NA	NA
	Destination Name: USA Recycling Town: Enfield State: Ct. Check all that apply: <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input checked="" 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 checked="" type="checkbox"/> Material Collected Separately	NA	NA
<b>Bottles/Cans/Cartons/Paper</b>  • First Destination Is NOT a CT SW Facility  <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		
<b>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</b>			
<b>Storage Batteries (vehicle batteries)</b>  <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: John's Scrap Town: Columbia State: Ct	60	Units
	Destination Name: Town: State:		
<b>Scrap Metal -</b>  <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: Ct Scrap Town: North Franklin State: Ct	266	Tons
	Destination Name: Town: State:		
<b>Waste Oil (gallons)</b>  <input type="checkbox"/> Includes Res & NonRes	Destination Name: Federal Oil Services Town: Killingworth State: Ct	2000	Gallons
	Destination Name: Simple Recycling Town: Solon State: OH	13.74	Tons
<b>Electronics</b> Check Types Included: <input checked="" type="checkbox"/> CEDs (CT e-Waste Recycling Program) <input type="checkbox"/> Non-CEDs <input checked="" type="checkbox"/> Other- Specify: Nicd Batteries <input type="checkbox"/> Other- Specify: Fluorescent Bulbs <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: Take 2 Recycling Town: Waterbury State: Ct	78.8	Tons
	Destination Name: Town: State:		
<b>NiCd Batteries</b> <input type="checkbox"/> Includes Res & NonRes	Destination Name: Town: State:		
<b>C&amp;D Waste Recycled (NOT DISPOSED)</b>	Destination Name: Town: State:		



Materials Recycled from <i>Residential</i> 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
<b>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</b>  <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>			
<b>Incoming Leaves</b> 1 CY=0.25 tons <input checked="" 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 checked="" type="checkbox"/> Leaves are sent to a permitted composting or recycling facility Destination: <b>We Care Denali</b> Address: <b>Farmington Ct</b>	5000	Tons
	<input type="checkbox"/> Other - Describe Destination: Address:		
<b>Brush (from yard waste)</b> 1CY(loose) = 0.15 tons <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes <input checked="" type="checkbox"/> Included in Yard Waste Total	<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		
<b>Grass Clippings</b> <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:		
<b>Yard Waste Mix</b>  Check Types Included: <input type="checkbox"/> Grass; <input checked="" type="checkbox"/> Brush; <input checked="" type="checkbox"/> Leaves <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes  small stumps weeds rakings	<input type="checkbox"/> Mixed yard waste is composted at municipal compost site <input type="checkbox"/> Finished compost is used on municipal sites <input checked="" 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:	1275	Tons
	<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:		
<b>Food Scraps</b> <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name:  Town: State: Destination Name:  Town: State:		

## Other Materials Collected Through A Municipal Recycling Collection Program

<b>Disaster Debris Clean Wood</b> <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: _____ Town: _____ State: _____ Destination Name: _____ Town: _____ State: _____		
<b>Paint PAINTCARE</b> <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: <b>CREOC and Sherwin Williams</b> Town: <b>Manchester</b> State: <b>CT</b>		
<b>Mattresses</b> <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: <b>USA Hauling and Recycling</b> Town: <b>Enfield</b> State: <b>Ct.</b>	1355	Units
<b>Other – Specify: TIRES</b> <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: <b>DON STEVENS TIRES</b> Town: _____ State: _____	1200	Units
<b>Other – Specify: Freon Gas Appliances containing</b> <input checked="" type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: <b>Interstate Refrigeration</b> Town: <b>Foxboro</b> State: <b>Mass</b>	379	Units



## PART 2: 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
<b>Non-Residential Bottles/Cans/Paper (BCP)</b> • 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
<b>Non-Residential Bottles/Cans/Paper</b> • 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		
<b>Other</b> 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: <b>Interstate Refrigeration</b> Town: <b>Foxboro</b> State: <b>Mass</b>		
<b>Other</b> 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: _____		



### 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.
All Waste Inc	Mailing: 143 Murphy Rd Hartford, Ct 06114 E-mail: mslowik@allwaste.com	Matt Slowik	860 724 4575	<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 LLC	Mailing: P.O.Box 415 Plainville, Ct. 06062 E-mail: bmccain@cwpm.net	Brian McCain	8607471335	<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
USA Hauling and Recycling	Mailing: 15 Mullen Dr Enfield Ct E-mail: frankm@usarecycle.com	Frank Marci	8607463200	<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 checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Non-Residential
Windsor Sanitation	Mailing: P.O. Box 622 Windsor Ct. E-mail: dcance@windsorsanitation.com	Denise Cance	8606883955	<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
	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
	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
	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](http://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
<b>MSW<sup>1</sup></b> • <b>First Destination Is a CT SW Facility</b> (after the municipal transfer station, if applicable)	Destination Name: Willimantic Waste Paper Town: Willimantic State: Ct.	NA
	Destination Name: Town: State:	NA
<b>Oversized MSW<sup>1</sup></b> - (furniture, mattresses, carpets, etc) • <b>First Destination Is a CT SW Facility</b> (after the municipal transfer station, if applicable)	Destination Name: USA Hauling and Recycling Town: Hartford State: Ct.	NA
	Destination Name: Town: State:	NA
<b>MSW<sup>1</sup></b> • <b>First Destination Is Not a CT SW Facility</b> (after the municipal transfer station, if applicable)  If unable to report tonnage to this first destination (located out-of-state) – please provide Hauler Name and Contact Info	Destination Name: Town: State:	Tons:
	Destination Name: Town: State:	Tons:
<b>Oversized MSW<sup>1</sup></b> - (furniture, mattresses, carpets, etc) • <b>First Destination Is Not a CT SW Facility</b> (after the municipal transfer station, if applicable)  If unable to report tonnage to this first destination (located out-of-state) – please provide Hauler Name and Contact Info	Destination Name: Town: State:	Tons:
	Destination Name: Town: State:	Tons:
<b>CONSTRUCTION &amp; DEMOLITION WASTE</b> (after the municipal transfer station, if applicable)	Destination Name: USA Hauling and Recycling Town: Hartford State: Ct.	Tons:
<b>DISASTER DEBRIS</b> (after the municipal transfer station, if applicable)	Destination Name: Town: State:	Tons:
<b>LANDCLEARING DEBRIS (logs and stumps)</b> (after the municipal transfer station, if applicable)	Destination Name: We Care Denali Farmington Ct Town: Ellington State: Ct.	Tons:

<sup>1</sup> MSW is solid waste from residential, commercial and industrial sources; **excluding** hazardous, biomedical, sludge; etc.

<sup>2</sup> 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: **Vernon**

Reporting Period: July 1 20<sup>19</sup>

June 30, 20<sup>20</sup>

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

*Peter Griffiths*

9/19/20

Printed Name – Municipal Recycling Contact

E-mail Address

Peter Griffiths

pgriffiths@vernon-ct.gov

APPROVED  
TOWN ADMINISTRATOR

Municipal CEO Signature

Signature—Municipal CEO

Date

*Richard J. Brunelli*



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) 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.

