



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 2021-2022

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). (PLEASE SUBMIT THIS FY2021 REPORT NO LATER THAN **NOVEMBER 30, 2022**)

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.

1. **Name of City/Town** AVON

Mailing Address: 11 ARCH ROAD Zip Code 06001
2. **Recycling Contact:** Name: ALEXANDER TRUJILLO

 Title: DEPUTY DIRECTOR OF PUBLIC WORKS

 Phone #: 860-673-6151 Fax #: 860-673-0338 Email: atrujillo@avonct.gov
3. **Reporting Period:** July 1, 2021 through June 30, 2022

Number of Pages in This Report: 8

PART 1: MATERIALS RECYCLED FROM **RESIDENTIAL** SOURCESMaterials 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 <input type="checkbox"/> Includes Res & NonRes	Destination Name: MIRA Town: HARTFORD 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: 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 • 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		
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 type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: Town: State:		
	Destination Name: Town: State:		
Scrap Metal – <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: CHUCK AND EDDIE'S USED AUTO PARTS Town: NEW HAVEN State: CT	79.62	TONS
	Destination Name: ALBERT BROS. Town: WATERBURY State: CT	4.73	TONS
Waste Oil (gallons) <input type="checkbox"/> Includes Res & NonRes	Destination Name: SAFETY-KLEEN SYSTEMS, INC. Town: NORWELL State: MA	1140	Gallons
Used Textiles (clothing, shoes, linens etc.) <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: Town: State:		
Electronics Check Types Included: <input type="checkbox"/> CEDs (CT e-Waste Recycling Program) <input type="checkbox"/> Non-CEDs <input type="checkbox"/> Other- Specify: <input type="checkbox"/> Other- Specify: <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: TAKE 2 Town: WATERBURY State: CT	34.5	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</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
Source-Separated Organics - 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			
<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"/> <i>Tonnage Includes Res & NonRes</i>	<input checked="" type="checkbox"/> Leaves are composted at municipal compost site <input checked="" 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: _____		
	<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 type="checkbox"/> <i>Tonnage Includes Res & NonRes</i>	<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"/> <i>Tonnage Includes Res & NonRes</i>	<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 type="checkbox"/> Grass; <input type="checkbox"/> Brush; <input type="checkbox"/> Leaves <input type="checkbox"/> <i>Tonnage Includes Res & NonRes</i>	<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 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 <input type="checkbox"/> <i>Tonnage Includes Res & NonRes</i>	Destination Name: _____ Town: _____ State: _____ Destination Name: _____ Town: _____ State: _____		

Other Materials Collected Through A Municipal Recycling Collection Program

Disaster Debris Clean Wood <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: _____		
	Town: _____ State: _____		
	Destination Name: _____		
	Town: _____ State: _____		
Paint <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: CLEAN HARBORS ENVIRONMENTAL SERVICES	20,019	POUNDS
	Town: BRISTOL State: CT		
Mattresses <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: PAINE'S INC.		
	Town: EAST GRANBY State: CT		
Other – Specify: <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: _____		
	Town: _____ State: _____		
Other – Specify: <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: _____		
	Town: _____ State: _____		



PART 2: MATERIALS RECYCLED FROM **NON-RESIDENTIAL** SOURCES

OTHER RECYCLABLES - Materials Recycled from <i>NON-Residential</i> Sources			
(A) Recyclable Item	(B) Name/Address - <i>First</i> Destination for <i>Other</i> 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) • <i>First Destination Is a CT SW Facility</i>	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		
	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"/> 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"/> 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.)**

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 FY2022?	Did Hauler Submit FY2022 Annual Report To Your Municipality?
ALL WASTE	Mailing: <input type="text"/> E-mail: <input type="text"/>	MATTHEW SLAVICK	860-274-4575	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
CWPM	Mailing: <input type="text"/> E-mail: <input type="text"/>	BRIAN MCCAIN	860-747-1335	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PAINE'S INC.	Mailing: <input type="text"/> E-mail: <input type="text"/>	MICHAEL PAINE	860-658-9481	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
AJ WASTE	Mailing: <input type="text"/> E-mail: <input type="text"/>	BONNIE WALLINGER	203-272-1992	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
WASTE MATERIAL TRUCKING	Mailing: <input type="text"/> E-mail: <input type="text"/>	MARK ZOMMER	860-675-9682	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DAINTY RUBBISH	Mailing: <input type="text"/> E-mail: <input type="text"/>	MICHAEL ARMETTA	860-224-1313	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="text"/>	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="text"/>	Mailing: <input type="text"/> E-mail: <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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.
ALL WASTE	X Residential X Non-Residential	X MSW; X Recyclables; X 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"/> MSW <input checked="" type="checkbox"/> Recyclables
CWPM	X Residential X Non-Residential	X MSW; X Recyclables; X 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"/> MSW <input checked="" type="checkbox"/> Recyclables
PAINE'S INC.	X Residential X Non-Residential	X MSW; X Recyclables; X 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"/> MSW <input checked="" type="checkbox"/> Recyclables
AJ WASTE	<input type="checkbox"/> Residential X Non-Residential	<input type="checkbox"/> MSW; <input type="checkbox"/> Recyclables; X 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"/> MSW <input type="checkbox"/> Recyclables
WASTE MATERIAL TRUCKING	X Residential X Non-Residential	X MSW; X 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"/> MSW <input checked="" type="checkbox"/> Recyclables
DAINTY RUBBISH	<input type="checkbox"/> Residential X Non-Residential	X MSW; X 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"/> MSW <input checked="" type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<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"/> MSW <input type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<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"/> MSW <input type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<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"/> MSW <input type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<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"/> MSW <input type="checkbox"/> Recyclables
	<input type="checkbox"/> Residential <input type="checkbox"/> Non-Residential	<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"/> MSW <input type="checkbox"/> 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
MSW¹ • First Destination Is a CT SW Facility (after the municipal transfer station, if applicable)	Destination Name: MIRA Town: HARTFORD State: CT	NA
	Destination Name: Town: State:	NA
Oversized MSW¹ - (furniture, mattresses, carpets, etc) • First Destination Is a CT SW Facility (after the municipal transfer station, if applicable)	Destination Name: PAINE'S INC. Town: EAST GRANBY State: CT	NA
	Destination Name: FLOYDVILLE ROAD FACILITY Town: EAST GRANBY State: CT	NA
MSW¹ • First Destination Is Not a CT SW Facility (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:
Oversized MSW¹ - (furniture, mattresses, carpets, etc) • First Destination Is Not a CT SW Facility (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:
CONSTRUCTION & DEMOLITION WASTE (after the municipal transfer station, if applicable)	Destination Name: PAINE'S INC. Town: EAST GRANBY State: CT	Tons:
DISASTER DEBRIS (after the municipal transfer station, if applicable)	Destination Name: Town: State:	Tons:
LANDCLEARING 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: AVON

Reporting Period: July 1, 2021

June 30, 2022

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:

11/17/2022

Signature - Municipal Recycling Contact

Date

ALEXANDER M. TRUJILLO

atrujillo@avonct.gov

Printed Name – Municipal Recycling Contact

E-mail Address

Municipal CEO Signature:

11/17/22

Signature Of Municipal CEO

Date

BRANDON L. ROBERTSON

brobertson@avonct.gov

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.