



Department of Energy & Environmental Protection  
Bureau of Materials Management & Compliance  
Assurance

79 Elm Street - 4<sup>th</sup> Floor  
Hartford, Connecticut 06106-5127

## Annual Municipal Recycling Report For FY 2020-2021

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).

(PLEASE SUBMIT THIS FY2021 REPORT NO LATER THAN  
**NOVEMBER 30, 2021**)

**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](#), contact [Paula Guererra](#) (860) 424-3334 or [Peter Brunelli](#) (860) 424-3536

- Name of City/Town**      Avon

**Mailing Address:**      11 Arch Road      Zip Code      06001
- Recycling Contact:** Name: Alexander Trujillo

Title:      Deputy Director of Public Works

Phone #:      860-673-6151      Fax #:      860-673-0338      Email:      atrujillo@avonct.gov
- Reporting Period:**      July 1, 20 20      through      June 30, 20 21

**Number of Pages in This Report:** 8

PART 1: MATERIALS RECYCLED FROM **RESIDENTIAL** SOURCES

Materials Recycled from <b>Residential</b> Sources			
(A) Recyclable Item	(B) Name/Address - <b>First</b> Destination for <b>Residential</b> 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>  • <b>First Destination Is a CT SW Facility</b>  <b>X Includes Res &amp; NonRes</b>	Destination Name: MIRA Town: 100 Constitution Plaza State: _____ <b>Check all that apply:</b> X Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	NA	NA
	Destination Name: _____ Town: _____ State: _____ <b>Check all that apply:</b> <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	NA	NA
	Destination Name: _____ Town: _____ State: _____ <b>Check all that apply:</b> <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	NA	NA
<b>Bottles/Cans/Cartons/Paper</b>  • <b>First Destination Is NOT a CT SW Facility</b>  <b>Tonnage Includes Res &amp; NonRes</b>	Destination Name: _____ Town: _____ State: _____ <b>Check all that apply:</b> <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately		
	Destination Name: _____ Town: _____ State: _____ <b>Check all that apply:</b> <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</b> (vehicle batteries)  <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: _____ Town: _____ State: _____		
	Destination Name: _____ Town: _____ State: _____		
<b>Scrap Metal –</b>  <input type="checkbox"/> Tonnage Includes Res & NonRes	Destination Name: Chuck and Eddie's Used Auto Parts Town: New Haven State: CT	105.6	Tons
	Destination Name: _____ Town: _____ State: _____		
<b>Waste Oil</b> (gallons)  <input type="checkbox"/> Includes Res & NonRes	Destination Name: _____ Town: _____ State: _____		Gallons
	Destination Name: _____ Town: _____ State: _____		
<b>Used Textiles</b> (clothing, shoes, linens etc.) <b>Tonnage Includes Res &amp; NonRes</b>	Destination Name: _____ Town: _____ State: _____		
	Destination Name: _____ Town: _____ State: _____		
<b>Electronics</b> Check Types Included: X CEDs (CT e-Waste Recycling Program) X Non-CEDs <input type="checkbox"/> Other- Specify: _____ <input type="checkbox"/> Other- Specify: _____ <b>Tonnage Includes Res &amp; NonRes</b>	Destination Name: Take 2 Town: Waterbury State: CT	37.2	Tons
	Destination Name: _____ Town: _____ State: _____		
<b>NiCd Batteries</b> <input type="checkbox"/> Includes Res & NonRes	Destination Name: _____ Town: _____ State: _____		
	Destination Name: _____ Town: _____ State: _____		
<b>C&amp;D Waste Recycled</b> (NOT DISPOSED)	Destination Name: _____ Town: _____ State: _____		
	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
<b>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</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. <b>Any organic material burned (with or without energy production) cannot be counted as recycled!!!!</b></i>			
<b>Incoming Leaves</b> 1 CY=0.25 tons <input type="checkbox"/> Tonnage Includes Res & NonRes	<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: _____		
<b>Brush (from yard waste)</b> 1CY(loose) = 0.15 tons <input 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 _____		
<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 type="checkbox"/> Brush; <input type="checkbox"/> Leaves <input 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 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"/> <i>Tonnage Includes Res &amp; NonRes</i>	Destination Name: _____ Town: _____ State: _____ Destination Name: _____ Town: _____ State: _____		
<b>Paint</b> <input type="checkbox"/> <i>Tonnage Includes Res &amp; NonRes</i>	Destination Name: Clean Harbors Environmental Services Town: Bristol State: CT	20,843	Pounds
<b>Mattresses</b> <input type="checkbox"/> <i>Tonnage Includes Res &amp; NonRes</i>	Destination Name: _____ Town: _____ State: _____		
<b>Other – Specify:</b> <input type="checkbox"/> <i>Tonnage Includes Res &amp; NonRes</i>	Destination Name: _____ Town: _____ State: _____		
<b>Other – Specify:</b> <input type="checkbox"/> <i>Tonnage Includes Res &amp; NonRes</i>	Destination Name: _____ Town: _____ State: _____		



## PART 2: MATERIALS RECYCLED FROM *NON-RESIDENTIAL* 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
<b><i>Non-Residential</i></b> <b>Bottles/Cans/Paper (BCP)</b> • <i>First Destination Is a CT SW Facility</i>	Destination Name: _____ Town: _____ State: _____ <i>Check all that apply:</i> <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	NA	NA
	Destination Name: _____ Town: _____ State: _____ <i>Check all that apply:</i> <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	NA	NA
	Destination Name: _____ Town: _____ State: _____ <i>Check all that apply:</i> <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately	NA	NA
<b><i>Non-Residential</i></b> <b>Bottles/Cans/Paper</b> • <i>First Destination Is Not a CT SW Facility</i>	Destination Name: _____ Town: _____ State: _____ <i>Check all that apply:</i> <input type="checkbox"/> Single Stream <input type="checkbox"/> Dual Stream <input type="checkbox"/> Material Collected Separately		
	Destination Name: _____ Town: _____ State: _____ <i>Check all that apply:</i> <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"/> <i>Includes Res &amp; NonRes</i>	Destination Name: _____ Town: _____ State: _____		
<b>Other</b> Specify Type of Recyclable <input type="checkbox"/> _____ <input type="checkbox"/> Only Residential <input type="checkbox"/> Only Non-Residential <input type="checkbox"/> <i>Includes Res &amp; NonRes</i>	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 <a href="#">Register</a> in Your Municipality in FY2020?	Did Hauler Submit FY2020 <a href="#">Annual Report To Your Municipality?</a>
All Waste	Mailing: E-mail:	Matthew Slavick	860-274-4575	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No
CWPM	Mailing: E-mail:	Brian McCain	860-747-1335	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No
Paines, Inc.	Mailing: E-mail:	Michael Paine	860-658-9481	X Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes X No
Dainty Rubbish	Mailing: E-mail:	Michael Armetta	860-224-1313	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No
Waste Material Trucking	Mailing: E-mail:	Mark Zommer	860-675-9682	<input type="checkbox"/> Yes X No	<input type="checkbox"/> Yes X No
AJ Waste Systems, LLC	Mailing: E-mail:	Bonnie Wallinger	203-272-1992	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No
	Mailing: E-mail:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: E-mail:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: E-mail:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: E-mail:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: E-mail:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Mailing: E-mail:			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Attach additional sheets if needed





## 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> • First Destination Is a <b>CT SW Facility</b> (after the municipal transfer station, if applicable)	Destination Name: <b>MIRA</b> Town: <b>Hartford</b> State: <b>CT</b>	<b>NA</b>
	Destination Name: _____ Town: _____ State: _____	<b>NA</b>
<b>Oversized MSW<sup>1</sup></b> - (furniture, mattresses, carpets, etc) • First Destination Is a <b>CT SW Facility</b> (after the municipal transfer station, if applicable)	Destination Name: <b>All Waste</b> Town: <b>Hartford</b> State: <b>CT</b>	<b>NA</b>
	Destination Name: <b>Floydville Road Facility</b> Town: <b>East Granby</b> State: <b>CT</b>	<b>NA</b>
<b>MSW<sup>1</sup></b> • First Destination Is <b>Not</b> a <b>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) • First Destination Is <b>Not</b> a <b>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: _____ Town: _____ State: _____	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: _____ Town: _____ State: _____	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.



### 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-	X MSW X 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-	X MSW X Recyclables
Paines, 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-	X MSW X 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-	X MSW X 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-	X MSW X Recyclables
AJ Waste Systems, LLC	<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
	<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](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 5: Certification of Data Reported

**Municipality: Avon**

**Reporting Period: July 1 2020**

**June 30, 2021**

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:

**June 16, 2022**

Signature - Municipal Recycling Contact

Date

**Alexander M. Trujillo**

**atrujillo@avonct.gov**

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) 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.**

