This is a Worksheet ONLY
Use this blank form as your worksheet ONLY. Do not send in your report using this worksheet. If you wish to submit in hard copy format, contact Dan Werner at 608-267-7622 or Daniel.werner@wisconsin.gov for the official hard copy form.

2012 ANNUAL REPORT RECYCLING PROGRAM ACCOMPLISHMENTS AND ACTUAL COSTS

Form 4400-182 Rev. 10-12

Responsible Unit (RU)	County	Municipal Code	RU Population

NOTICE: Completion of this form is mandatory annual reporting for continued approval of a responsible unit's recycling program and retention of the DNR recycling grant, for those who received it. This form is authorized by s. NR 544.10 and s. NR 542.09(3), Wis. Adm. Code. Personally identifiable information will be used for program administration and must be made available to requesters as required by Wisconsin Open Records law [s. 19.31-19.39, Wis. Stats].

SECTION 1: CONTACT INFORMATION

Authorized Representative Name	Primary Contact Name ☐ Check if same as auth rep
Title	Title
Primary Phone Number Best Way to Contact ☐ Phone ☐ Email	Primary Phone Number Best Way to Contact ☐ Phone ☐ Email
Email address	Email address
Mailing Address – Street, Route or PO Box	Mailing Address – Street, Route or PO Box
City, State, ZIP Code	City, State, ZIP Code

SECTION 2: EFFECTIVE PROGRAM INFORMATION

All questions in this section relate to your collection of s. NR 544 Table 1 recyclables

(Newspapers, Corrugated cardboard, Magazines, Residential mixed paper, Aluminum containers, Steel/bi-metal (tin) containers, Plastic containers # 1-7, Foam polystyrene packaging and Glass containers).

We only have a few questions about materials other than Table 1 recyclables (tires, appliances, yard waste, etc.). Those questions start in section C at the bottom of page 4. All questions until that point pertain only to Table 1 recyclables.

A. Collection of Recyclables for 1 to 4 Unit Residential Housing

Provide information on how your program collected recyclables from 1 to 4 unit residential dwellings during the previous calendar year.

If you are a multi-municipality RU, skip to question #6 and complete appendix A for each member municipality.

1. Do you have curbside collection? ☐ Yes ☐ No

   If yes:

   a) What is your primary curbside collection method? (Select one)

   ☐ Single Stream (all recyclables in one bin)
   ☐ Dual Stream (recyclables sorted into two or more bins)
   ☐ Both (two or more different collection systems)

   b) How often are recyclables picked up? (Select one)

   ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other

c) How is curbside service provided? (Check all that apply)

- ☐ RU provides service with municipal equipment and staff
- ☐ RU contracts another municipality to provide services with their equipment and staff
- ☐ RU contracts private hauler(s) to provide collection service
- ☐ Residents contract private hauler for their recyclable pickup **% of population that does this: _____**

2. Do you have drop-off center(s)? ☐ Yes ☐ No

If yes:

a) How many total hours is your drop-off center(s) open monthly, on average? _____ (hours)
(Example: two centers, each open 5 hours per month, equals 10 hours total)

b) Who operates the drop-off center(s)? Your answer should be based on who actually operates a drop-off facility, not who picks up the materials. (Check all that apply)

- ☐ RU operates drop-off site
- ☐ Private hauler/MRF operates drop-off site
- ☐ Other Describe: _____

3. What is your primary collection method? ☐ Curbside ☐ Drop-off

4. Your RU was approved for an Alternative Collection Method on:

Description: (If not approved): Your RU has not been approved for an Alternative Collection Method, please go to the next question.

5. Our records show that your RU made a revision to your original program application on:

Description: (If no): Your RU has not made a revision to your original program application, please go to the next question.

6. **List the haulers that collected Table 1 recyclables** in your RU during the previous calendar year. Refer to the attached list of haulers for their legal name and their DNR License number. Attach additional sheets if necessary.

Hauler Name	Telephone Number	DNR License Number
Mailing Address – Street, Route, or P.O. Box	City, State, ZIP Code	
Contracted By ☐ RU/municipality ☐ Individual residents/households ☐ Both		

B. Processing of Recyclables for 1 to 4 Unit Residential Housing

1. **List the materials recovery facilities (MRFs) that received and processed Table1 recyclables** from your RU during the previous calendar year. Attach additional sheets if necessary. Refer to the attached list of MRFs for their legal name and their Recycler ID.

MRF Name	Telephone Number	Recycler ID
Mailing Address – Street, Route, or P.O. Box	City, State, ZIP Code	
Contracted by RU? ☐ Yes ☐ No	☐ I can't find my MRF on the list / I don't know who my MRF is	

2. **List places not reported above that received Table 1 recyclables from your RU** during the previous calendar year. Examples include farmers that take newspapers for animal bedding and scrap yards that collect aluminum cans **(Aluminum cans are the only weights to be reported from scrap yards. Do not report the weight of other scrap metal recycled).**

Attach additional sheets if necessary. **If you have no other processors or end users, go to the next section.**

Processor Type: ☐ Farmer ☐ Paper Mill ☐ Salvage Yard ☐ Other Describe:_____		
Processor Name	Contact Name	Telephone Number
Material Accepted	Contracted by RU? ☐ Yes ☐ No	

C. Compliance

Provide information about how your RU ensures that all residents and businesses are complying with your recycling ordinance. Note: all RUs should have a valid ordinance and CAP.

1. Does your RU have a recycling ordinance? ☐ Yes ☐ No
   a) Did your recycling ordinance change during the previous calendar year? ☐ Yes ☐ No
   b) If yes, what date was/is the ordinance effective? _____

2. Has your RU implemented a Compliance Assurance Plan (CAP) as required by s. NR 544.04(9g), Wis. Adm. Code? ☐ Yes ☐ No
   If yes, did you make changes to your CAP during the previous calendar year? ☐ Yes ☐ No

3. How does your RU ensure compliance with your recycling ordinance at residences with 5 or more units?
   (Check all that apply, at least one)
   - ☐ There are no residences with 5 or more units physically located within my RU
   - ☐ RU provides outreach to landlords/building managers
   - ☐ RU staff conduct inspections/visits
   - ☐ RU staff respond to recycling-related complaints

4. How does your RU ensure compliance with your recycling ordinance at non-residential facilities and properties?
   (e.g., businesses, farms, fairgrounds, churches, schools, etc.) (Check all that apply, at least one)
   - ☐ RU provides outreach to business owners/managers
   - ☐ RU staff conduct inspections/visits
   - ☐ RU staff respond to recycling-related complaints

SECTION 3: ANNUAL PERFORMANCE INFORMATION

A. Compliance & Enforcement

Report the number of recycling-related complaints your RU received during the previous calendar year, along with the number of enforcement actions you took. You should have records to verify these numbers.

	Complaints Received	Warning Tags	Verbal Warnings	Written Warnings	Inspections	Citations
1 – 4 units residential						
5+ units residential						
Non-residential						

B. Table 1 Materials and Weights Collected

1. **Check all of the NR 544 Table 1 recyclables your program collected** during the previous calendar year.

If you are in a grandfathered incinerator area, please check only materials that are recycled. Do not check newspaper, magazines, cardboard, or plastics if they are incinerated.

- ☐ Newspapers
- ☐ Corrugated cardboard
- ☐ Magazines
- ☐ Residential mixed paper
- ☐ Aluminum containers
- ☐ Steel/bi-metal (tin) containers
- ☐ Plastic containers #1 and #2
- ☐ Plastic containers #3-#7 *
- ☐ Foam polystyrene packaging *
- ☐ Glass containers

*indicates materials for which DNR has granted a waiver from collection requirements and landfill/incineration bans.

2. **Provide the tonnages of these materials** collected during the previous calendar year (only from residences with 1 to 4 units). You should have received tonnage information from the haulers/MRFs/other processors you entered in Section 2A and 2B. If a hauler and MRF handled the same loads of recyclables, report the tonnage only once. Attach additional pages as necessary.

If your hauler or MRF has provided you a list of tonnages by material breakdown, please attach a copy.

Processor Name	Hauler/MRF/Other	Reported Weight in Tons

COMPLIANCE WITH TABLE 1 COLLECTION STANDARDS (s. NR 544, WIS. ADM. CODE)

a) Sum of weights reported in above table _____tons

b) Pounds per capita collected (reported weight multiplied by 2000 and divided by population) _____lbs/person

Your population is:

c) Your collection standard for Table 1 is:

d) Did you meet your collection standard of Table 1? ☐ Yes ☐ No

If No, you must complete the **Request for Exemption From Table 1 Collection Standards** (page 7).

C. Information on Other Materials Collected From Residents (optional)

Provide information on recyclable materials other than Table 1 recyclables collected within your RU. This information does not affect your collection standard and is not required, but allows you to promote your additional efforts and helps provide a better picture of recycling in Wisconsin.

Table 2 Other banned materials collected for recycling

Please check all materials collected and provide weight, volume or amount if you have reliable information.

Material	Weight/Unit	Material	Weight/Unit
☐ Electronics	_____	☐ Waste oil	_____
☐ Lead acid batteries	_____	☐ Waste oil filters	_____
☐ Major appliances	_____	☐ Waste tires	_____
☐ Non-residential office paper	_____	☐ Yard waste	_____

Additional materials collected for recycling

Please check all materials collected

- ☐ Carpet
- ☐ Cooking oil
- ☐ Food/beverage cartons
- ☐ Food waste (residential)
- ☐ Mattresses
- ☐ Non-bottle plastic containers (tubs, deli/carryout)
- ☐ Other rigid plastic (buckets, lawn furniture, milk crates, barrels, toys)
- ☐ Plastic bags
- ☐ Scrap metal
- ☐ Scrap wood/wooden furniture
- ☐ Textiles

Do you have documented data on the amount of municipal trash/garbage collected from your community for this reporting year? ☐ Yes ☐ No

If yes, what was the tonnage? (please double check that this number does not include recyclables collected)

Please attach tonnage documentation received from your hauler. _____

Do you operate a household hazardous waste collection center? ☐ Yes ☐ No

D. Report of Actual Recycling Costs

1. Autofill: You (did not receive/received) a basic recycling grant from the DNR for the previous year.
   (If No, the rest of section does not appear): Please go to the next section.
   (If yes): **Complete and return the attached financial worksheets.** You will use those totals to fill out this section. Remember that grant assistance is provided only for the 1 to 4 unit residential portion of your recycling program. These worksheets are also included in the online report or can be found at: http://dnr.wi.gov/files/PDF/forms/8700/8700-227acde.pdf.

*All figures should be entered in whole dollar amounts.

a) Total costs of recycling program (Line 18, Column F, Form 1): $_____
b) Ineligible costs (Line 4, Schedule I, Form 3): $_____
c) Eligible recycling expenses: (Calculate by subtracting b) from a)) $_____
e) Revenues from sale of recyclables (Line 6, Form 3): $_____
f) Other deductible revenue (Line 7, Form 3): $_____
f) Net eligible recycling costs: (Calculate by subtracting e) + f) from c)) $_____
g) Costs of handling yard waste (Line 19, Form 1): $_____
h) Net eligible recycling costs excluding yard waste: (subtract g) from f)) $_____

E. Outreach and Other Program Features

1. What **outreach** efforts did you undertake in the program year? (Check all that apply)

☐ Community yard sale
☐ Conduct waste audits
☐ Direct mail (flyers in the tax bill, etc.)
☐ Display booths at fairs, etc.
☐ News releases
☐ Print ads (newspaper, magazines, etc.)
☐ Printed publications (flyers, handouts, etc.)
☐ Radio ads or public service announcements
☐ Recycling focused event (collections, cleanups, etc.)
☐ School education program (Green and Healthy Schools, etc.)
☐ Social media (facebook, twitter, etc.)
☐ Web site has recycling info (what to recycle, when, where, and how)

2. Do you have a Pay As You Throw/Volume Based Fee system for trash collection? ☐ Yes ☐ No
   (Charging residents for garbage collection based on the amount they throw away) If yes, check all that apply.

☐ Pay by the bag
☐ Inverted rate structure for trash bins (pay more for larger bins)
☐ Fee for extra volume not contained in trash container

3. Are you active in special events recycling? If yes, check all that apply. ☐ Yes ☐ No

☐ Provide loaner recycling bins
☐ Provide staffing
☐ Have ordinance requiring recycling at special events

4. Do you require private haulers to obtain a license or registration before they can provide recycling service to residents in your community? If yes, check all that apply. ☐ Yes ☐ No

☐ Charge an annual fee
☐ Require reporting on recycling collection to the RU

5. Do you work with other communities to coordinate or jointly provide services? ☐ Yes ☐ No

6. Have you targeted any of these for special outreach/improvement?

Multi-family housing (more than 4 units) ☐ Yes ☐ No
Incentive programs such as Recycle Bank for residents ☐ Yes ☐ No
Work with hauler to improve the program ☐ Yes ☐ No

SECTION 4: CERTIFICATION

A. Request for Exemption from Table 1 Collection Standards (as applicable)

If you did NOT meet your Table 1 collection standard for the previous calendar year you MUST answer the following two questions.

Our RU was unable to meet the appropriate Table 1 collection standard for 2011 because of the following reasons:

Our RU proposes to do the following in order to meet our collection standard for this year:

B. Assurances

A. The responsible unit certifies the program is operating in accordance with its Effective Recycling Program Approval or if there have been changes those changes are described in this 2011 Annual Report Form.

B. The responsible unit agrees to comply with all applicable provisions of ch. 287, Wis. Stats., and chs. NR 544 and NR 542, Wis. Adm. Code.

C. The responsible unit understands that failure to comply with any applicable provision of ch. 287, Wis. Stats., chs. NR 544 Wis. Adm. Code, and NR 542, Wis. Adm. Code, or the Effective Recycling Program Approval may result in termination of the responsible unit's Effective Recycling Program Approval, the prohibition of disposing solid waste from the responsible unit in solid waste disposal and solid waste treatment facilities located in the state of Wisconsin, and ineligibility for state recycling grants.

D. The responsible unit certifies that in the management of its solid waste, it has, whenever possible and practical, followed these priorities: 1) the reduction of the amount of solid waste generated; 2) the reuse of solid waste; 3) the recycling of solid waste; 4) the composting of solid waste; 5) the recovery of energy from solid waste; 6) the land disposal of solid waste; and 7) the burning of solid waste without energy recovery.

C. Certification

☐ I hereby acknowledge that I am the duly authorized representative of the responsible unit and that, to the best of my knowledge and belief, the information contained in this report is correct, true and complete.

Print/Type Name of Authorized Representative	Signature of Authorized Representative	Date Signed

APPENDIX A – MEMBER INFORMATION

Note: This appendix is for use by multi-municipality RUs only

Please make copies and complete this page for each of your members.

Member Name	Municipal Code	Join Date	Join Method
			☐ By Contract ☐ By Resolution

1. Do you have curbside collection? ☐ Yes ☐ No

   If yes:

   a) What is your primary curbside collection method? (Select one)

   ☐ Single Stream (all recyclables in one bin)

   ☐ Dual Stream (recyclables sorted into two or more bins)

   ☐ Both (there are two or more haulers, each having a different system)

   b) How often are recyclables picked up? (Select one)

   ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Other

   c) How is curbside service provided? (Check all that apply)

   ☐ RU provides service with municipal equipment and staff

   ☐ RU contracts another municipality to provide services with their equipment and staff

   ☐ RU contracts private hauler(s) to provide collection service

   ☐ Residents contract private hauler for their recyclable pickup **% of population that does this: _____**

2. Do you have drop-off center(s)? ☐ Yes ☐ No

   If yes:

   a) How many total hours is your drop-off center(s) open monthly, on average? _____ (hours)

   (Example: two centers, each open 5 hours per month, equals 10 hours total)

   b) Who operates the drop-off center(s)? Your answer should be based on who actually operates a drop-off facility, not who picks up the materials. (Check all that apply)

   ☐ RU operates drop-off site

   ☐ Private hauler/MRF operates drop-off site

   ☐ Other Describe: _____

3. What is your primary collection method? ☐ Curbside ☐ Drop-off

4. Your RU was approved for an Alternative Collection Method on:

   Description: