

Return by: April 30, 2016

State of Wisconsin  
Department of Natural Resources

Return to: Angela Carey  
DNR Bureau of Waste and  
Materials Management, WA/5  
PO Box 7921  
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**2015 RECYCLING PROGRAM ACCOMPLISHMENTS  
AND ACTUAL COSTS ANNUAL REPORT**  
Form 4400-182

Rev. 03-16

Responsible Unit (RU)	County	Municipal Code	RU Population
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**NOTICE: Completion of this form fulfills the mandatory annual reporting requirement** 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 chs. NR 544.10 and 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 <input type="checkbox"/> Check if same as auth rep
Title	Title
Primary Phone Number <span style="margin-left: 100px;">Best Way to Contact</span> <input type="checkbox"/> Phone <input type="checkbox"/> Email	Primary Phone Number <span style="margin-left: 100px;">Best Way to Contact</span> <input type="checkbox"/> Phone <input type="checkbox"/> 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 ch. 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.). These questions start in section C on page 5. All questions until that point pertain only to Table 1 recyclables.

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

Please 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 #4 and complete appendix A for each member municipality.**

1. Do you have curbside collection?  Yes  No

If yes:

a) 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: \_\_\_\_\_

b) 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)

- c) How often are recyclables picked up? (Select one)  
 Weekly    Bi-weekly    Monthly    Other

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: \_\_\_\_\_

Please only list dropoff sites that collected Table 1 recyclables (paper and containers) during the reporting year. Do not list sites if they only collected other items (e.g., yard waste, used oil) and did not ALSO collect Table 1 recyclables. Attach additional sheets if necessary.

Dropoff Site Name	
Address/Location of the Dropoff Site (Street, Route)	City, State, ZIP Code
County Name where the Dropoff Site is Located	

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

4. **Please list the haulers that collected Table 1 recyclables** in your RU during the previous calendar year. Please note that some companies have multiple listings for different regional collection hubs. Please work with your hauler to make sure you know what regional office your RU's recycling is collected through and provide the correct listing .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 <input type="checkbox"/> RU/municipality <input type="checkbox"/> Individual residents/households <input type="checkbox"/> Both		

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

1. **Please list the materials recovery facilities (MRFs) that received and processed Table1 recyclables** from your RU during the previous calendar year. Please note that some companies have multiple listings for different regional MRFs. Please work with your hauler and/or MRF to make sure you know what regional MRF your RU's recycling is processed at and select the correct listing. Attach additional sheets if necessary. Refer to the attached list of MRFs for their legal name and their Facility ID (FID).

MRF Name	Telephone Number
Mailing Address - Street, Route, or P.O. Box	City, State, ZIP Code
Contracted by RU? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> I can't find my MRF on the list / I don't know who my MRF is

**2. Please 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 metal yards that collect aluminum cans (**Aluminum cans and/or steel and bi-metal cans are the only metal weights to be reported from scrap metal 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: <input type="checkbox"/> Farmer <input type="checkbox"/> Paper Mill <input type="checkbox"/> Scrap Metal Yard <input type="checkbox"/> Other Describe: _____		
Processor Name	Contact Name	Telephone Number
Material Accepted	Contracted by RU? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### C. Compliance

**Please tell us how your RU ensures that all residents and businesses are complying with your recycling ordinance. Note: all RUs should have a valid ordinance and Compliance Assurance Plan (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 ch. 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**

Please 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 maintain 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. Please 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.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Newspapers              | <input type="checkbox"/> Aluminum containers             | <input type="checkbox"/> Foam polystyrene packaging * |
| <input type="checkbox"/> Corrugated cardboard    | <input type="checkbox"/> Steel/bi-metal (tin) containers | <input type="checkbox"/> Glass containers             |
| <input type="checkbox"/> Magazines               | <input type="checkbox"/> Plastic containers #1 and #2    |   |
| <input type="checkbox"/> Residential mixed paper | <input type="checkbox"/> Plastic containers #3-#7 *      |   |

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

2. Please provide the tonnages of these materials collected during the previous calendar year (only from residences with 1 through 4 units). After making a written request for the tonnage information from the haulers/MRFs/other processors you entered in Section 2A and 2B, you should receive the information within four weeks. Please plan accordingly and request this information early. 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.

Optional: 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 (ch. 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)

Please provide information on recyclable materials other than Table 1 recyclables collected within your RU. This information does not affect your compliance with the collection standard and is not required, but reporting it allows us to recognize your additional efforts and helps provide a more accurate and complete picture of recycling in Wisconsin.

### Table 2 Other banned materials collected for recycling from residents

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

Material	Weight/Unit	Material	Weight/Unit
<input type="checkbox"/> Electronics	_____	<input type="checkbox"/> Used oil	_____
<input type="checkbox"/> Major appliances	_____	<input type="checkbox"/> Used Oil filters	_____
<input type="checkbox"/> Non-residential office paper	_____	<input type="checkbox"/> Waste tires	_____
<input type="checkbox"/> Used Lead acid batteries	_____	<input type="checkbox"/> Yard waste	_____

### Optional: Additional materials recycled from residents

Please check all materials that were recycled, not landfilled

- |  |  |
|--|--|
| <input type="checkbox"/> Carpet  | <input type="checkbox"/> Other rigid plastic (buckets, lawn furniture, milk crates, barrels, toys) |
| <input type="checkbox"/> Cooking oil   | <input type="checkbox"/> Plastic bags, wrap and film   |
| <input type="checkbox"/> Food/beverage cartons                               | <input type="checkbox"/> Scrap metal   |
| <input type="checkbox"/> Food waste (residential)                            | <input type="checkbox"/> Scrap wood/wooden furniture   |
| <input type="checkbox"/> Mattresses  | <input type="checkbox"/> Textiles  |
| <input type="checkbox"/> Non-bottle plastic containers (tubs, deli/carryout) |  |

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

If you received a basic recycling grant from the DNR for the previous year:

**Complete and return the attached financial worksheet.** You will use the totals from this worksheet 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/8700/8700-222B.pdf>.

\*All figures should be entered in whole dollar amounts.

- |  |          |
|--|----------|
| a) Total costs of recycling program (Line 18, Column E):   | \$ _____ |
| b) Total ineligible costs and revenue (Line 21, Column E): | \$ _____ |
| c) Total eligible recycling costs: (Line 22, Column E)     | \$ _____ |
| d) Total cost of yard waste collection                     | \$ _____ |

## E. Outreach and Other Program Features

1. Public information and education is key to a successful recycling program and is required by the recycling laws. What outreach efforts did you undertake in the program year? (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Community yard sale                        | <input type="checkbox"/> Printed publications (flyers, handouts, etc.)                       |
| <input type="checkbox"/> Conduct waste audits                       | <input type="checkbox"/> Radio ads or public service announcements                           |
| <input type="checkbox"/> Direct mail (flyers in the tax bill, etc.) | <input type="checkbox"/> Recycling focused event (collections, cleanups, etc.)               |
| <input type="checkbox"/> Display booths at fairs, etc.              | <input type="checkbox"/> School education program (Green and Healthy Schools, etc.)          |
| <input type="checkbox"/> News releases                              | <input type="checkbox"/> Social media (Facebook, twitter, etc.)                              |
| <input type="checkbox"/> Print ads (newspaper, magazines, etc.)     | <input type="checkbox"/> 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)
- Surcharge (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 or technical assistance
- Have ordinance requiring recycling at special events

4. If residents in your RU contract privately with haulers for recycling services, do you require the haulers to obtain a license or registration before they can provide these services to your residents? If yes, check all that apply.  Yes  No

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

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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Multi-family housing (more than 4 units)              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Incentive programs such as Recycle Bank for residents | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Work with hauler to improve the program               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Business or targeted business sector                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

7. Do you work with other communities to coordinate or jointly provide services?  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 past calendar year you MUST answer the following two questions.

Our RU was unable to meet the appropriate Table 1 collection standard for 2015 because of the following reasons:

--

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

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### 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 the responsible unit has described those changes in this 2015 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 if it fails to comply with any applicable provision of ch. 287, Wis. Stats., chs. NR 544 and NR 542 Wis. Adm. Code or its Effective Recycling Program Approval, the following may happen:

- the responsible unit's Effective Recycling Program approval may be revoked,
- the responsible unit may not be allowed to dispose of its solid waste in solid waste disposal and solid waste treatment facilities located in the state of Wisconsin, and
- the responsible unit may lose its eligibility for a state recycling grant.

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
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***Recycling is important to Wisconsin's economy and environment. The Wisconsin Department of Natural Resources appreciates the efforts your residents make to recycle at home, at work and on the go. We also thank our municipal partners for operating local recycling programs and for reporting their results.***

## 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 <input type="checkbox"/> By Contract <input type="checkbox"/> By Resolution
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1. Do you have curbside collection?    Yes    No

If yes:

a) 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: \_\_\_\_\_**

b) 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)

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

Weekly    Bi-weekly    Monthly    Other

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: \_\_\_\_\_

Please only list dropoff sites that collected Table 1 recyclables (paper and containers) during the reporting year. Do not list sites if they only collected other items (e.g., yard waste, used oil) and DID NOT also collect Table 1 recyclables. Attach additional sheets if necessary.

Dropoff Site Name	
Address/Location of the Dropoff Site (Street, Route)	City, State, ZIP Code
County Name where the Dropoff Site is Located	

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