Return by: May 2, 2022

Return to: WDNR Recycling Report

Waste and Materials Management, WA/5

PO Box 7921

Madison, WI 53707-7921

State of Wisconsin

Department of Natural Resources

2021 RECYCLING PROGRAM ACCOMPLISHMENTS

AND ACTUAL COSTS ANNUAL REPORT

Form 4400-182 Rev. 02-22

Responsible Unit (RU)	County	Municipal Code	RU Population
NOTICE: Completion of this form approval of a responsible unit's recy received it. This form is authorized the information will be used for program Wisconsin Open Records law [s. 19]	voling program and retention by chs. NR 544.10 and NR an administration and must be 1.31-19.39, Wis. Stats].	n of the DNR recycling 542.09(3), Wis. Adm. C	grant, for those who Code. Personally identifiable
Authorized Representative Name			
Title			
Primary Phone Number	Best Way to Con	ntact	
	☐ Phone	☐ Email	
Email address			
Mailing Address – Street, Route or PO Box			
City, State, ZIP Code			
Primary Contact Name	norized representative		
Title			
Primary Phone Number	Best Way to Con	ntact Pho	one □ Email
Email address			
Mailing Address – Street, Route or PO Box			
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, glass containers, plastic containers # 1-7, and foam polystyrene packaging.

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

<ul> <li>1. Do you have curbside collection? ☐ Yes ☐ No If yes:</li> <li>a) How is curbside service provided? (Check all that ☐ RU provides service with municipal equipm ☐ RU contracts another municipality to provide RU contracts private hauler(s) to provide con ☐ Residents contract private hauler for their residents contract private hauler for their residents.</li> </ul>	nent and staff de services with their equipment and staff collection service			
<ul> <li>b) What is your primary curbside collection method</li> <li>☐ Single Stream (all recyclables in one bin)</li> <li>☐ Dual Stream (recyclables sorted into two or</li> <li>☐ Both (there are two or more haulers, each</li> </ul>	r more bins)			
c) How often are recyclables picked up? (Select on ☐ Weekly ☐ Once every other week ☐ I				
<ul> <li>2. Do you have drop-off site(s)? ☐ Yes ☐ No If yes: <ul> <li>a) How many total hours is your drop-off site(s) on (Example: 2 sites, each open 5 hours per month)</li> <li>b) Who operates the drop-off site(s)? Your answer should be based on who actually open (Check all that apply)</li> <li>☐ RU operates drop-off site</li> <li>☐ Private hauler/MRF operates drop-off site</li> <li>☐ Other Describe:</li> </ul> </li> </ul>	h, equals 10 hours total) erates a drop-off facility, not who picks up the materials.			
List only drop-off sites that collected Table 1 recyclables collected other items (e.g., yard waste, used oil) and did sheets if necessary.	(paper and containers); Do not list sites if they only			
Drop-off Site Name	County where drop-off site is located			
Address/Location of the Drop-off Site (Street, Route)	City, State, ZIP Code			
Drop-off Site Name	County where drop-off site is located			
Address/Location of the Drop-off Site (Street, Route)	City, State, ZIP Code			
3. Do the majority of your residents use curbside or drop-off ☐ Curbside ☐ Drop-off for their recyclable materials?				

4. <b>List the haulers that collected Table 1 recyclables</b> in your RU during the previous calendar year. Please note that some companies have multiple listings for different regional collection hubs. 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. A list of licensed haulers is available on our website at <a href="http://dnr.wi.gov/topic/waste/licenses.html">http://dnr.wi.gov/topic/waste/licenses.html</a> .					
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				
I marriada recidente, medecina					
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				
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 Residen	ntial Housing				
1. 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. Work with your hauler and/or MRF to make sure you know which regional MRF your RU's recycling is processed at and select the correct listing. Attach additional sheets if necessary. A list of MRFs and corresponding facility IDs is available on our website at <a href="http://dnr.wi.gov/topic/Recycling/MRF.html">http://dnr.wi.gov/topic/Recycling/MRF.html</a> .					
MRF Name	Telephone Number				
Mailing Address – Street, Route, or P.O. Box	City, State, ZIP Code				
Contracted by RU? ☐ Yes ☐ No					
MRF Name	Telephone Number				
Mailing Address – Street, Route, or P.O. Box	City, State, ZIP Code				
Contracted by RU? ☐ Yes ☐ No					
,					
MRF Name	Telephone Number				
Mailing Address – Street, Route, or P.O. Box	City, State, ZIP Code				
Contracted by RU? ☐ Yes ☐ No					

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 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.					
Yard □ Other Describe:	<u> </u>				
Contact Name	Telephone Number				
Contracted by RU? □	Yes □ No				
Yard □ Other Describe:					
Contact Name	Telephone Number				
Contracted by RU? □	Yes □ No				
Yard □ Other Describe:					
Contact Name	Telephone Number				
Contracted by RU? □	Yes □ No				
All RUs are required to have a valid ordinance and compliance assurance plan (CAP) in accordance with ss. NR 544.02(2) and 544.04(9g). Please tell us how your RU ensures that all residents and businesses are complying with your recycling ordinance. If you are unsure about either of these items, contact the recycling specialist whose name appears on the first page of this report.  1. What is your recycling ordinance number?  a) Did your recycling ordinance change during the previous calendar year? □ Yes □ No b) If yes, what date was the ordinance effective?					
<ul><li>2. Did your CAP change during the previous calendar year? ☐ Yes ☐ No</li><li>3. How does your RU ensure compliance with your recycling ordinance at residences with 5 or more units?</li></ul>					
(Check at least one and all that apply)  ☐ 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 at least one and all that apply) ☐ There are no non-residential facilities or properties physically located within my RU ☐ RU provides outreach to business owners/managers ☐ RU staff conduct inspections/visits ☐ RU staff respond to recycling-related complaints					
	contracted by RU?  Compliance assurance prour RU ensures that all resure about either of these is report.  Contracted by RU?  Compliance assurance prour RU ensures that all resure about either of these is report.  Contracted by RU?  Compliance assurance prour RU ensures that all resure about either of these is report.  Compliance assurance prour RU ensures that all resure about either of these is report.  Compliance assurance prour RU ensures that all resure about either of these is report.				

SECTION 3: ANNUAL PERFORMANCE INFORMATION								
Α.	A. Compliance & Enforcement							
year	ase report the number on the number of the n							٢
	Location Complaints Received Tags Verbal Warnings Inspections Citations							
	1 – 4 units residential							
	5+ units residential							
	Non-residential							]
В.	Table 1 Materials and W	leights Collec	ted					
All NR 544 Table 1 materials except for those with a waiver (plastic container #3-7 and foam PS packaging), are required to be collected by RUs in accordance with s. 287.07(4), Wis. Stats.  1. Did your RU collect all of the required NR 544 Table 1 materials?     Yes								
1 th	Provide the tonnage of renrough 4 units. If your hause ach a copy.	•				•		/IUI
Proce	essor Name			Hauler/MRF/Othe	er R	Reported Weight in Tons	<u> </u>	
SU	MMARY OF COMPLIAN			CTION STAN	IDARDS (ch	. NR 544, WIS.	ADM. CODE	Ξ)
	a) Sum of weights repo	rted in table ab	oove				tons	
	b) Pounds per capita co (reported weight multiplied by 20 Your population is:	000 and divided by p					lbs/perso	n
	c) Your collection stand	lard is	lbs	per person p	oer year			
	d) Did you meet your co				⊐ No able 1 Collec	ction 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.** Check all materials collected and provide the weight, volume or amount if you have reliable information. Material Weight/Unit Material Weight/Unit □ Electronics ☐ Used oil □ Used Oil filters ☐ Major appliances □ Used lead acid batteries ☐ Waste tires ☐ Yard waste 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.** Use the totals from the 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. All figures should be entered in whole dollar amounts. These worksheets are also included in the online report or can be found at: https://dnr.wisconsin.gov/sites/default/files/topic/Recycling/Fillable2021ActualCostWorksheet.pdf. 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 Education

Public information and education is a required component of an effective recycling program. What **outreach** and educational efforts did you undertake in previous calendar year? (Check all that apply)

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

SECTION 4: CERTIFICATION				
A. Request for Exemption from Table 1	Collection Standards (as applicable)			
If you did NOT meet your Table 1 collecti following two questions.	on standard for the past calendar year, you	ı MUST answer the		
Our RU was unable to meet the appropriat reasons:	e Table 1 collection standard for 2021 becaus	e of the following		
Our RU proposes to do the following in ord	ler to meet our collection standard for this year	r:		
B. Assurances				
	m is operating in accordance with its Effective e responsible unit has described those change			
B. The responsible unit agrees to comply vand NR 542, Wis. Adm. Code.	vith all applicable provisions of ch. 287, Wis. S	tats., and chs. NR 544		
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				
<ul> <li>may happen:</li> <li>the responsible unit's Effective Recycling Program approval may be revoked,</li> <li>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</li> <li>the responsible unit may lose its eligibility for a state recycling grant.</li> </ul>				
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		

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		
			□ By Contract	☐ By Resolution	
1. Do you have curbside collection?					
b) What is your primary curbside	collection method? (	(Select one)			
<ul> <li>□ Single Stream (all recyclables in one bin)</li> <li>□ Dual Stream (recyclables sorted into two or more bins)</li> <li>□ Both (there are two or more haulers, each having a different system)</li> </ul>					
c) How often are recyclables pick ☐ Weekly ☐ Once every	,	onthly   Other			
2. Do you have drop-off center(s)?  If yes:	□ Yes □ No				
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)					
<ul> <li>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)</li> <li>□ RU operates drop-off site</li> <li>□ Private hauler/MRF operates drop-off site</li> <li>□ Other Describe:</li> </ul>					
List drop-off sites that collected Table 1 recyclables (paper and containers) during the previous calendar year. Do not list sites if they only collected other items (e.g., yard waste, used oil) and DID NOT also collect Table 1 ecyclables. Attach additional sheets if necessary.					
Drop-off Site Name					
Address/Location of the Drop-off Site (Street, Route)	C	ity, State, ZIP Code			
County Name where the Drop-off Site is Located					
3. Do the majority of the residents of this member RU use curbside or drop-off for their recyclable materials?  ☐ Curbside ☐ Drop-off					