

Return by: April 30, 2009

Return to: DNR Regional Contact

State of Wisconsin
Department of Natural Resources

**2008 ANNUAL REPORT RECYCLING PROGRAM
ACCOMPLISHMENTS AND ACTUAL COSTS**

Form 4400-182

Rev. 3-09

Responsible Unit (RU)	County	Municipal Code	RU Population
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NOTICE: This form is authorized by s. NR 544.10 and s. NR 542.09(3), Wis. Adm. Code. Completion of this form is **mandatory** for annual reporting and request of financial recycling grant reimbursement, except for information denoted as optional, for continued conditional approval of a responsible unit's recycling program and retention of the 2008 recycling grant for responsible units that are grantees. 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	Primary Contact
Title	Title
Telephone Number Best Way to Contact	Telephone Number Best Way to Contact
Mailing Address – Street, Route, or PO Box	Mailing Address – Street, Route or PO Box
City, State, ZIP Code	City, State, ZIP Code
Email address	Email address

SECTION 2: EFFECTIVE PROGRAM INFORMATION

Answer all questions in this section as they relate to your collection of **s. NR 544 Table 1 materials**. You will be able to report on collection of other materials (such as tires, appliances, yard waste) in another section.

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

Provide information on how your program collected recyclables from single-family homes and multi-family dwellings up to 4 units during the previous calendar year. If you are a multi-municipality RU, complete Appendix A instead and then skip to Section 2B.

1. Do you have curbside collection? Yes No

If yes:

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

Single Stream Dual Stream/Sorted Both

b) What is your curbside collection frequency? (Select one response)

Weekly Bi-weekly Monthly Other

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

- RU provides service (municipal service)
- RU contracts with a private hauler for service
- Individual households contract with private hauler for service Percent Served: _____
- Other Describe: _____

2. Do you have drop-off service?

Yes No

If yes:

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

b) How is drop-off service provided? (Check all that apply)

- RU provides service (municipal service)
- RU contracts with a private hauler for service
- Other Describe: _____

3. Do you have a DNR-approved alternative collection method?

Yes No

If yes:

a) Date of Approval _____

b) Description of alternative collection method

4. What is your primary collection method?

Curbside Drop-off Alternative

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

Use the spaces below to list haulers, materials recovery facilities (MRFs) and any other processors/end users related to the collection and processing of your recyclables. Attach additional sheets if necessary.

- **Haulers:** include any haulers your RU or your residents contract with. If your RU collects recyclables, include yourself as a hauler.
- **MRFs:** list the MRF or MRFs that received and processed recyclables from your RU during the previous calendar year. This may include MRFs you contract with directly or MRFs your hauler uses on a regular basis.
- **Other processors/end users:** if any of your recyclables were NOT processed by a MRF, that meets the requirements of s.NR 544.16, Wis. Adm. Code, provide information on the other processors/end users of those materials during the previous calendar year. Examples include farmers that take newspapers for animal bedding and scrap yards that collect aluminum cans.

Hauler/MRF/Other Processor Name (Circle one and write in name)	Telephone Number	ID/License Number
Mailing Address – Street, Route, or P.O. Box	Contracted By <input type="checkbox"/> Municipality <input type="checkbox"/> Resident <input type="checkbox"/> Both <input type="checkbox"/> Not Contracted	
City, State, ZIP Code	Other Processor Material(s)	
Hauler/MRF/Other Processor Name (Circle one and write in name)	Telephone Number	ID/License Number
Mailing Address – Street, Route, or P.O. Box	Contracted By <input type="checkbox"/> Municipality <input type="checkbox"/> Resident <input type="checkbox"/> Both <input type="checkbox"/> Not Contracted	
City, State, ZIP Code	Other Processor Material(s)	

Hauler/MRF/Other Processor Name (Circle one and write in name)	Telephone Number	ID/License Number
Mailing Address – Street, Route, or P.O. Box	Contracted By <input type="checkbox"/> Municipality <input type="checkbox"/> Resident <input type="checkbox"/> Both <input type="checkbox"/> Not Contracted	
City, State, ZIP Code	Other Processor Material(s)	

C. Compliance

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, enter the ordinance revision date _____
2. Have you implemented a Compliance Assurance Plan (CAP) as required by s. NR 544.04(9g), Wis. Adm. Code. Yes No

If yes:

 - a) 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)
 - My RU has no residences with 5 or more units
 - RU provides direct outreach to owners/landlords
 - RU staff regularly conduct inspections/visits
 - RU staff respond to recycling-related complaints
 - Other Describe: _____
4. How does your RU ensure compliance with your recycling ordinance at non-residential facilities and properties (e.g., businesses, stadiums, events, etc.)? (Check all that apply)
 - RU provides direct outreach to business owners/managers
 - RU staff regularly conduct inspections/visits
 - RU staff respond to recycling-related complaints
 - Other Describe: _____

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 (inspections, citations, written warnings and fines related to recycling).

If you did not receive complaints or take a type of enforcement action, enter a '0' in the appropriate box. If you did not keep complete records during 2008, use your best estimates. Beginning with the next report you should have records to verify the numbers.

Type of Unit	Complaints Received	Inspections	Citations	Written Warnings	Fines
1 – 4 Units					
5+ Units					
Non-residential					

B. Table 1 Materials and Weights Collected

1. Select all the NR 544 Table 1 recyclable materials your RU collected during the previous calendar year.

- | | | |
|--|--|---|
| <input type="checkbox"/> Newspapers | <input type="checkbox"/> Corrugated cardboard | <input type="checkbox"/> Magazines |
| <input type="checkbox"/> Aluminum containers | <input type="checkbox"/> Steel and bi-metal containers | <input type="checkbox"/> Plastic containers #1 & #2 |
| <input type="checkbox"/> Glass containers | <input type="checkbox"/> Foam PS packaging | <input type="checkbox"/> Plastic containers #3 - #7 |

2. Provide the tonnages of these materials collected through your effective recycling program during the previous calendar year. **This is the information used to determine whether your program met its collection standard.** Refer to the instructions packet you received with this form for more details on how to complete this section.

You **must** enter the tonnages of NR 544 Table 1 materials collected from **residences with 1 to 4 units**. You may also include tons collected from residences with 5 or more units, if desired. (Note: Expenses related to residences with 5 or more units are not grant eligible.)

You should have received tonnage information from one or more of the haulers/MRFs/other processors you entered in Section 2B. You do not need to enter tonnage information for every entry in that list. For example, if a hauler and MRF handled the same loads of recyclables, report the tonnage only once. If you have more than two, attach additional pages as necessary.

Hauler/MRF/Other Processor Name (Circle one and write in name)	Reported Weight in Tons
<p>Do loads normally include any of the following? (check all that apply):</p> <p><input type="checkbox"/> Materials from multi-family residences with 5 or more units</p> <p style="padding-left: 20px;">If checked were these weights included in the reported weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Materials from non-residential facilities or properties</p> <p><input type="checkbox"/> Materials not included in Table 1, including residential mixed paper</p> <p><input type="checkbox"/> My loads contain none of the above materials</p> <p><input type="checkbox"/> I have asked my hauler or MRF for this information and they have not provided it to me</p> <p>Briefly describe how the reported weight was determined for each reporting MRF and hauler.</p> <hr/> <hr/>	
Hauler/MRF/Other Processor Name (Circle one and write in name)	Reported Weight in Tons
<p>Do loads normally include any of the following? (check all that apply):</p> <p><input type="checkbox"/> Materials from multi-family residences with 5 or more units</p> <p style="padding-left: 20px;">If checked were these weights included in the reported weight? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Materials from non-residential facilities or properties</p> <p><input type="checkbox"/> Materials not included in Table 1, including residential mixed paper</p> <p><input type="checkbox"/> My loads contain none of the above materials</p> <p><input type="checkbox"/> I have asked my hauler or MRF for this information and they have not provided it to me</p> <p>Briefly describe how the reported weight was determined for each reporting MRF and hauler.</p> <hr/> <hr/>	

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

- a) Your collection standard for Table 1 is _____
- b) Sum of reported weights in tons _____ tons

POUNDS PER CAPITA CALCULATION:

- a) Reported weight multiplied by 2000 and divided by your population = _____
- b) 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. Tonnage Information for Other Materials (optional)

1. Provide information on other recyclable materials 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.

Check the box next to any materials collected in your RU, and provide weight or volume information or number of units, if available.

Material	Weight/Unit	Material	Weight/Unit
<input type="checkbox"/> Waste Tires	_____	<input type="checkbox"/> Lead Acid Batteries	_____
<input type="checkbox"/> Waste Oil	_____	<input type="checkbox"/> Yard Waste	_____
<input type="checkbox"/> Textiles	_____	<input type="checkbox"/> Office Paper (non-residential)	_____
<input type="checkbox"/> Electronics	_____	<input type="checkbox"/> Mixed Residential Paper	_____
<input type="checkbox"/> Major Appliances	_____	<input type="checkbox"/> Scrap Metal	_____

D. Report of Actual Recycling Costs

If you received a basic recycling grant during the previous calendar year, provide information on your recycling program costs and revenues. Use **Form 8700-227A Actual 2008 Costs - Form 4A** to calculate this information and provide totals here. These forms were included in the packet sent out with this form or can be found at <http://dnr.wi.gov/org/caer/cfa/grants/recycle/recycle.html>.

All figures should be entered in whole dollar amounts.

- 1. Did you have a basic recycling grant from the DNR for 2008? Yes No
- If yes:
 - a) Total cost of recycling program (Line 20) \$ _____
 - b) Ineligible costs (Line 21) \$ _____
 - c) Eligible recycling expenses (Line 22) \$ _____
 - e) Other deductible revenue (Line 23): \$ _____
 - f) Revenues from sale of recyclables (Line 24) \$ _____
 - f) Net eligible recycling costs (Line 26) \$ _____
 - g) Costs of handling yard waste (Line 27) \$ _____

E. Outreach and Waste Reduction Efforts

If you have more than two outreach or waste reduction efforts, attach additional pages as necessary.

Purpose of the Effort <input type="checkbox"/> Recycling <input type="checkbox"/> Waste Reduction	Title of Effort	
Primary Audience (Check the one answer that best applies per named effort)		
<input type="checkbox"/> All Businesses <input type="checkbox"/> All Households <input type="checkbox"/> All Businesses and Households <input type="checkbox"/> Building Owners/Managers <input type="checkbox"/> Business Sector	<input type="checkbox"/> Everyone in the RU <input type="checkbox"/> Homeowners <input type="checkbox"/> Renters/Tenants <input type="checkbox"/> Residences 1-4 Units <input type="checkbox"/> Residences 5+ Units	<input type="checkbox"/> Special event organizers <input type="checkbox"/> Students <input type="checkbox"/> Teachers <input type="checkbox"/> Waste Haulers <input type="checkbox"/> Other
Method/Media (Check all that apply)		
<input type="checkbox"/> Community yard sale	Frequency: _____	
<input type="checkbox"/> Door-to-door campaign	Frequency: _____	
<input type="checkbox"/> News releases	Frequency: _____	
<input type="checkbox"/> Newspaper ads	Frequency: _____	
<input type="checkbox"/> Radio ads or PSAs	Frequency: _____	
<input type="checkbox"/> Recycling event	Frequency: _____	
<input type="checkbox"/> Tax bill/municipal mailings	Frequency: _____	
<input type="checkbox"/> TV ads or PSAs	Frequency: _____	
<input type="checkbox"/> Conduct waste audits	# of: _____	
<input type="checkbox"/> Printed publications	# of: _____	
<input type="checkbox"/> Stickers/magnets/etc	# of: _____	
<input type="checkbox"/> Clear bag program <input type="checkbox"/> Display booths <input type="checkbox"/> Education program <input type="checkbox"/> Volume-based SW fee <input type="checkbox"/> Web site		

Purpose of the Effort <input type="checkbox"/> Recycling <input type="checkbox"/> Waste Reduction	Title of Effort	
Primary Audience (Check the one answer that best applies per named effort)		
<input type="checkbox"/> All Businesses <input type="checkbox"/> All Households <input type="checkbox"/> All Businesses and Households <input type="checkbox"/> Building Owners/Managers <input type="checkbox"/> Business Sector	<input type="checkbox"/> Everyone in the RU <input type="checkbox"/> Homeowners <input type="checkbox"/> Renters/Tenants <input type="checkbox"/> Residences 1-4 Units <input type="checkbox"/> Residences 5+ Units	<input type="checkbox"/> Special event organizers <input type="checkbox"/> Students <input type="checkbox"/> Teachers <input type="checkbox"/> Waste Haulers <input type="checkbox"/> Other
Method/Media (Check all that apply)		
<input type="checkbox"/> Community yard sale	Frequency: _____	
<input type="checkbox"/> Door-to-door campaign	Frequency: _____	
<input type="checkbox"/> News releases	Frequency: _____	
<input type="checkbox"/> Newspaper ads	Frequency: _____	
<input type="checkbox"/> Radio ads or PSAs	Frequency: _____	
<input type="checkbox"/> Recycling event	Frequency: _____	
<input type="checkbox"/> Tax bill/municipal mailings	Frequency: _____	
<input type="checkbox"/> TV ads or PSAs	Frequency: _____	
<input type="checkbox"/> Conduct waste audits	# of: _____	
<input type="checkbox"/> Printed publications	# of: _____	
<input type="checkbox"/> Stickers/magnets/etc	# of: _____	
<input type="checkbox"/> Clear bag program <input type="checkbox"/> Display booths <input type="checkbox"/> Education program <input type="checkbox"/> Volume-based SW fee <input type="checkbox"/> Web site		

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 2008 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 2008 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

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. Does this member have curbside collection? Yes No

If yes:

a) What is this member's primary curbside collection method? (Select one response)

Single Stream Dual Stream/Sorted Both

b) What is this member's curbside collection frequency? (Select one response)

Weekly Bi-weekly Monthly Other

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

RU provides service (municipal service)

Municipality provides service (municipal service)

RU contracts with a private hauler for service

Municipality contracts with a private hauler for service

Individual households contract with private hauler service Percent Served: _____

Other Describe: _____

2. Does this member have drop-off service? Yes No

If yes:

a) How many hours weekly is the drop-off center open, on average?

_____ (hours)

b) How is drop-off service provided? (Check all that apply)

RU provides service (municipal service)

Municipality provides service (municipal service)

RU contracts with a private hauler for service

Municipality contracts with a private hauler for service

Other Describe: _____

3. Does this member have a DNR-approved alternative collection method? Yes No

If yes:

a) Date of Approval

b) Description of alternative collection method

4. What is this member's primary collection method? Curbside Drop-off Alternative