

Report for: _____ Date: _____

**2009 ANNUAL SOLID WASTE MANAGEMENT REPORT for
MUNICIPALITIES and DEP-licensed TRANSFER STATIONS AND LANDFILLS**

REPORTING ENTITY: _____

This report includes information on MSW disposal for the following municipalities:

This report includes information on RECYCLING for the following municipalities:

DEP LICENSE NUMBER (if applicable) _____

A. CONTACT PERSON: _____ Phone: _____

Title: _____ Cell phone: _____

Mailing Address: _____ E-mail: _____

City/Town: _____ Zip Code: _____

B. TRANSFER STATION or LANDFILL MANAGER: _____

Mailing Address: _____ Phone: _____

E-mail: _____ Cell phone: _____

Not applicable

C. RECYCLING COORDINATOR: _____

E-mail: _____

D. RECYCLING COMMITTEE CHAIR: _____

E-Mail: _____

F. Please list the web site address(es), if any, used by the reporting entity to provide recycling and solid waste management information to your residents:

Signature of person completing this form _____

Printed name of person completing this form _____

Please return two (2) copies of your completed form (3 copies for landfill reports) with the required annual report fee (if any) by April 30, 2010 to:

Vicky Bryant
Maine Dept. of Environmental Protection
17 State House Station
Augusta, Maine 04333-0017

SECTION 1 SUMMARY OF WASTE DISPOSAL AND RECYCLING

Waste Type	Tons received residential	Tons received commercial	Destination(s) (may list broker for recyclables)	Transporter(s) (leave blank if list broker in previous column)	Final use/disposition*
MSW					
Mixed CDD					
Wood from CDD					
Asphalt shingles					
Sheetrock					
Carpet					
Leaf & yard waste					
Land clearing debris					
Burn pile ash and/or hot loads area ash					
Tires					
White goods & scrap metal					
Vehicle batteries					
Mixed recyclables/ Single Stream					
Co-mingled containers					
Co-mingled paper & OCC					
Office paper grade					
Mixed paper grade					
Corrugated cardboard (OCC)					
Mixed newspapers and magazines					
Newspapers (ONP)					
Magazines (OMG)					
Mixed glass					
Clear glass					
Green glass					
Brown/amber glass					
Mixed household metals					
Aluminum cans/foil					
Tin cans					
WTE metal					
Mixed plastics					
PETE/ PET (#1) plastic					
HDPE (#2) plastic					
PVC (#3) plastic					
LDPE (#4) plastic					
Cooking oil/grease					
Other wastes (list)					

*Enter code : D=disposed R=recycled C=composted B=beneficial use E=Diverted for Energy (wood & tires only)

If this report includes data for more than one municipality, list each municipality and the percentage (please note as actual or estimated) of the total recyclables from each municipality: _____

Commercially-owned and Privately-owned facilities: Attach a report listing the waste types, amounts and state of origin for all waste accepted from states other than Maine.

Universal waste handling - Provide a summary of universal waste handling activities, including the types of universal waste accepted and the amounts from residences and businesses sent for recycling. You can refer to your waste shipment records for this information.

This facility accepts Universal Wastes from: (check all that apply)

Households Businesses Municipal buildings/schools Direct elsewhere (fill in next table)

Waste Type	Amount received from households	Units of measure	Amount received from businesses, municipal buildings and schools	Units of measure	Consolidator or other destination
Monitors and TVs					
Computers and peripherals					
Mercury lamps		Linear Feet		Linear Feet	
CFLs		units		units	
Mercury thermostats					
Other mercury devices					
Batteries					
Intact PCB ballasts					
Other: _____					
Other: _____					

If you do not accept Universal Wastes at your facility, where do you direct your residents and businesses to deliver these products? _____

Waste Type	Residents	Businesses
Computers, monitors, TVs and peripherals		
Mercury Lamps		
Mercury thermostats		
Other mercury devices		
Batteries		
Intact PCB ballasts		

Waste Oil Management:

Not Applicable

Gallons removed by licensed transporter	
Gallons burned on site in waste oil furnace	
Gallons burned by municipality off-site	
Gallons burned off-site by other entity	

Name of transporter: _____

SECTION 2 REUSE

Not Applicable

Please describe any reuse opportunities for 'items salvaged', as may be provided/managed through a 'Swap shop/bargain barn' or 'casual program', including charity collection boxes, at this transfer station or recycling center.

Tons _____ **Estimated?** Yes ___ No ___ **Use a Building?** Yes ___ No ___

SECTION 3 COMPOSTING

Municipal Program

Not Applicable

List participating municipalities: _____

<u>Waste Type</u>	Amount accepted*	Units of measure	Amount of compost shipped	Units of measure	Broker/End-User
Leaf & yard waste					
Food Waste					
Other Organics (describe):					
-					

*actual or estimated? _____

Backyard composting - CREDITS

Not Applicable

List municipalities with a backyard compost education program: _____
(Must attach sample of flyer/media, to receive recycling credit)

List municipalities that ban disposal of leaf/yard waste: _____

What percentage of households has a backyard compost pile? _____% **(Copy of survey must be submitted)**

What percentage of households received a backyard compost bin this year? _____ before this year? _____

SECTION 4 ADDITIONAL INFORMATION ON MUNICIPAL SOLID WASTE MANAGEMENT PROGRAM

Municipal Solid Waste (MSW) Collection Practices of Member Communities	
List municipalities which provide curbside trash pickup by municipal employees	
List municipalities which provide curbside trash pickup by private hauler(s)	
List municipalities in which residents contract for curbside trash pick up by private haulers	
List the names of haulers operating in municipalities	
List municipalities in which residents drop-off trash at transfer station	
Estimate MSW taken directly out of communities for disposal by private hauler(s) as a percent of total	

How are trash disposal costs paid?	
List municipalities that pay for commercial trash disposal	
List municipalities in which businesses pay for commercial trash disposal	
List municipalities which have a “Pay As You Throw” program for residents and the price per bag for each.	

Recycling Collection Practices of Member Communities	
List municipalities which provide curbside collection of recyclables by municipal employees	
List municipalities which provide curbside collection of recyclables by private hauler(s)	
List municipalities in which private haulers provide curbside collection of recyclables	
List the names of haulers	
List the municipalities in which residents drop-off recyclables at transfer station or recycling center	

Household Hazardous Waste Collection	
List municipalities that provide for Household Hazardous Waste collection	
Total cost	
Vendor	
Frequency of collection	

Program information	
Solid Waste Program Expenses: \$	
Income from Recycling: \$	
List municipalities that have mandatory recycling	
List municipalities which have any other solid waste and/or recycling ordinances	
List municipalities which have any items banned from disposal of by municipal ordinance, and the items they ban.	

Please attach a copy of your program's annual financial report.

SECTION 5 - Additional Reporting Requirements for DEP-licensed Transfer Stations

1. Provide a summary of factors which affected the operation, design, and/or environmental monitoring program.

2. Operations

- A. Submit copies of reports prepared in accordance with the transfer station or storage facility's Hazardous and Special Waste Handling and Exclusion Plan.
- B. Report on deviations from approved operations manual and proposed changes in operations and/or operations manual.

Past Year Deviations

Proposed Changes

3. Summary of staff training provided on operation or maintenance of the transfer station.

4. Summary of all spills, fires and/or accidents on-site.

Spills _____

Fires _____

Accidents _____

5. Provide verification of 2 feet till soil between waste, and seasonal high water and bedrock if one or more base pads for storage of non-containerized waste is used.

6. Design

If any aspect of design was changed, please submit as-built plans and a narrative on these changes (proposed design changes for current year may be described).

7. Monitoring (if facility has a monitoring plan).

Evaluation of past year's monitoring results, monitoring program and equipment; recommended changes may be submitted. Attach additional sheets or provide a separate attachment if additional space is needed.

Monitoring Results _____

Monitoring Program _____

Equipment _____

8. Recommended Changes for transfer station (if any)

9. Comments: Please describe any recent improvements in your solid waste and recycling program. Include future plans or concerns for your program.
