

ACT 101 RECYCLING COMPLIANCE REPORT for CALENDAR YEAR _____

For the period: January 1, _____ to December 31, _____

DUE: FEBRUARY 1, _____

County: **ERIE COUNTY**

Municipality: _____

Contact Information

Name of Business:	Address:
Employee Contact:	City, State, Zip code:
Phone Number:	Email:
Fax Number:	Website:

- 1. Check the box in front of each POST-CONSUMER* material that your establishment recycled.**
 - a. **Report ONLY post-consumer materials on this form. Post-consumer material is material that has been used as a consumer item and then diverted from municipal solid waste for the purpose of collection and recycling. This term EXCLUDES material generated in manufacturing and converting processes such as manufacturing scrap and trimmings/cuttings. Also, print overruns, over issue publications, and obsolete inventories that did not leave the generating facility would be classified as pre-consumer materials and should NOT be reported on this form.*
- 2. If your establishment marketed your own recyclables, enter the weight in TONS (NOT POUNDS). Attach a legible weight ticket from your recycler.**
- 3. It is extremely important to subtract the PROCESSING RESIDUE ** before entering your weights below.**
 - a. **Processing residue is the material that is collected and weighed with recyclables, but is disposed of with the trash rather than recycled.*
 - b. **RESIDUE RATE (circle one): 0% 1% Other _____%**
- 4. Attach customer listing to this form if you are a recycling hauler or processor, shredding company, and/or a company with multiple store locations.**
- 5. SUBMIT REPORT TO MUNICIPALITY BY FEBRUARY 1, _____! Your accurate and timely reporting enables the County and the State to determine an accurate recycling rate and showcase the importance and viability of the recycling industry.**

RECYCLABLES: <i>(Convert all volumes to TONS and remove RESIDUE RATES before inserting weights to table.)</i>	Code	Residential (Curbside)	Residential (Drop-Off)	Commercial, Municipal, Institutional (Curbside)	Commercial, Municipal, Institutional (Drop-Off)	Name of Hauler or Processing Facility/Market
SINGLE STREAM	SS1					
COMMINGLED	XXX					
GLASS:						
GLASS: MIXED	GL2					
PAPER:						
PAPER: CARDBOARD	C01					
PAPER: MAGAZINES & CATALOGS	PA1					
PAPER: NEWSPRINT & NEWSPAPER	PA2					
PAPER: MIXED / OTHER PAPER GRADES	PA3					
PAPER: OFFICE PAPER (all high grades)	PA4					
PAPER: PHONE BOOKS	PA6					
PLASTICS:						
PLASTIC: PET (polyethylene terephthalate)	PL1					
PLASTIC: HDPE (high density polyethylene)	PL2					
PLASTIC: LDPE (low density polyethylene)	PL4					
PLASTIC: MIXED / OTHER	PL7					

	PLASTIC: FILM	PL8				
	METALS:					
	ALUMINUM CANS	AA1				
	STEEL / BIMETALLIC / TIN CANS	F02				
	MIXED CANS	MX2				
	ALUMINUM SCRAP	AA2				
	FERROUS METALS	F01				
	NON-FERROUS METALS	N01				
	COPPER	N02				
	BRASS	N03				
	LEAD	N04				
	STAINLESS STEEL	N05				
	NICKEL	N10				
	WIRE / CABLE	W01				
	MIXED METALS (includes drum steel)	MM1				
	WHITE GOODS	F03				
	HOUSEHOLD/COMMERCIAL HAZARDOUS WASTE					
	ANTIFREEZE	O02				
	BATTERIES (lead acid)	B01				
	BATTERIES (household)	B02				
	E-WASTE (televisions, etc.)	CR1				
	FLUORESCENT TUBES / CFLs	FL1				
	USED OIL	OL2				
	OIL FILTERS	OL3				
	OTHER COMMERCIAL HW (hazardous waste - paints, varnishes, pesticides, etc.)	CHW				
	OTHER HOUSEHOLD HW (hazardous waste - paints, varnishes, pesticides, etc.)	HHW				
	OTHER RECYCLABLES:					
	ASPHALT	ASP				
	RUBBER TIRES	M01				
	CONSTRUCTION & DEMOLITION	M02				
	CLOTHING / TEXTILES	M03				
	FURNITURE / FURNISHINGS	M04				
	MISCELLANEOUS / OTHER CONSUMER ITEMS	MIS				
	ORGANICS:	SSF				
	SOURCE SEPARATED FOOD	WW1				
	WOOD WASTE	Y01				
	YARD & LEAF WASTE:	SSF				
	TOTALS					

I certify, to the best of my knowledge, that the information on this form is complete and accurate. I further authorize the Municipality to aggregate this report for DEP reporting purposes. If a legible weight ticket is attached, this report may also be used for PA DEP grant purposes.

Authorized Representative	Title	Signature
		Date