

ACT 101 RECYCLING COMPLIANCE REPORT
For Commercial/ Governmental/ Institutional Establishments

For the period: Jan. 1, 2025 to Dec. 31, 2025

Due: February 1, 2026

To: earnold@sgtwp.org

Municipality Name: Spring Garden Township		County Name: York	
Name of Establishment:			
Address:		City:	Zip Code:
Email:		Telephone:	Fax:
Primary Business Function:			

1. CHECK THE BOX that describes how your establishment collected recyclable materials: Single Stream (all materials collected together) Commingled (two or more materials collected but kept separate from paper materials) Source-separated (all materials collected separately)

2. CHECK THE BOX(ES) that describe(s) how your recyclable materials were transported, and indicate which materials were transported by which transporter if multiple methods were used.:

Transported by recycling facility or broker (name): _____
 Transported by private hauler (name): _____
 Transported by confidential document destruction company (name): _____
 Establishment delivered materials to municipal drop-off or curbside program (location): _____

If any of the above methods were used to transport/collect your recyclables, DO NOT ENTER WEIGHTS in the list below. Weights will be retrieved from the hauler/company that transported/collected the material. DO CHECK BOXES in the list below for material types your establishment recycled.

Establishment delivered materials directly to recycling facility (name): _____
 Other (please specify): _____

3. If your establishment delivered its materials directly to a recycling facility, CHECK BOXES below for material types your establishment recycled, ENTER WEIGHTS in tons below, and ATTACH WEIGHT TICKETS from your recycler.

Material Type*	Weight**	Material Type*	Weight**
<input type="checkbox"/> Single Stream: [SS1] _____		<input type="checkbox"/> Office Paper (high grade, including shredding) [PA4] _____	
<input type="checkbox"/> Commingled: [XXX] _____		<input type="checkbox"/> Phone Books [PA6] _____	
GLASS:			
<input type="checkbox"/> Clear Glass [GL1] _____		<input type="checkbox"/> Drum Fiber (55-gal. drums) [DR3] _____	
<input type="checkbox"/> Mixed Glass [GL2] _____			
<input type="checkbox"/> Green Glass [GL3] _____			
<input type="checkbox"/> Brown Glass [GL4] _____			
<input type="checkbox"/> Plate Window Glass [GL5] _____			
<input type="checkbox"/> Other Glass [GL6] _____			
PLASTIC:			
<input type="checkbox"/> Corrugated Cardboard (OCC) [C01] _____		<input type="checkbox"/> #1 Plastic (PET) [PL1] _____	
<input type="checkbox"/> Brown Bags/Sacks [C02] _____		<input type="checkbox"/> #2 Plastic (HDPE) [PL2] _____	
<input type="checkbox"/> Gabled/Aseptic Cartons [C03] _____		<input type="checkbox"/> #3 Plastic (PVC) [PL3] _____	
<input type="checkbox"/> Magazines/Catalogs [PA1] _____		<input type="checkbox"/> #4 Plastic (LDPE) [PL4] _____	
<input type="checkbox"/> Newsprint/Newspaper [PA2] _____		<input type="checkbox"/> #5 Plastic (PP) [PL5] _____	
<input type="checkbox"/> Mixed/Other Paper Grades (books, mail, paperboard, etc.) [PA3] _____		<input type="checkbox"/> #6 Plastic (PS) [PL6] _____	
METAL:			

<u>Material Type*</u>	<u>Weight**</u>
<input type="checkbox"/> Aluminum Cans	[AA1] _____
<input type="checkbox"/> Steel & Bimetallic Cans	[F02] _____
<input type="checkbox"/> Mixed Cans	[MX2] _____
<input type="checkbox"/> Aluminum Scrap	[AA2] _____
<input type="checkbox"/> Ferrous Metal	[F01] _____
<input type="checkbox"/> Non-Ferrous Metal	[N01] _____
<input type="checkbox"/> Copper	[N02] _____
<input type="checkbox"/> Brass	[N03] _____
<input type="checkbox"/> Lead	[N04] _____
<input type="checkbox"/> Stainless Steel	[N05] _____
<input type="checkbox"/> Nickel	[N10] _____
<input type="checkbox"/> Wire/Cable	[W01] _____
<input type="checkbox"/> Mixed Metals (including drum steel)	[MM1] _____
<input type="checkbox"/> Tanks/Cylinders (empty helium, oxygen, propane, etc.)	[TC1] _____
<input type="checkbox"/> White Goods (large electrical appliances)	[F03] _____

HAZARDOUS WASTE:

<input type="checkbox"/> Antifreeze	[O02] _____
<input type="checkbox"/> Batteries – AGM, Gel Cell, Lead-acid, Wet Cell	[B01] _____
<input type="checkbox"/> Batteries-Mixed Household (rechargeable and single use)	[B02] _____
<input type="checkbox"/> Batteries – Alkaline Single-use (AA, C, 9V, etc.)	[B03] _____
<input type="checkbox"/> Batteries – Lithium Single-use	[B04] _____
<input type="checkbox"/> Batteries - Lithium Rechargeable (lithium-ion,etc)	[B05] _____
<input type="checkbox"/> Batteries – Nickel Metal Hydride Rechargeable	[B06] _____
<input type="checkbox"/> Batteries – Nickel Metal Cadmium Rechargeable	[B07] _____
<input type="checkbox"/> Batteries – Small Sealed Lead Acid Rechargeable	[B08] _____
<input type="checkbox"/> Batteries – Nickel Zinc Rechargeable	[B09] _____
<input type="checkbox"/> Electronics	[CR1] _____

<u>Material Type*</u>	<u>Weight**</u>
<input type="checkbox"/> Printer Cartridges (inkjet, laser, toner, etc.)	[PC1] _____
<input type="checkbox"/> Fluorescent Tubes/CFLs	[FL1] _____
<input type="checkbox"/> Used Engine Oil	[OL2] _____
<input type="checkbox"/> Used Engine Oil Filters	[OL3] _____
<input type="checkbox"/> Other Commercial Hazardous Waste (cleaners, pesticides, etc.)	[CHW] _____
<input type="checkbox"/> Other Household Hazardous Waste (cleaners, pesticides, etc.)	[HHW] _____

OTHER RECYCLABLES:

<input type="checkbox"/> Asphalt	[ASP] _____
<input type="checkbox"/> Rubber Tires	[M01] _____
<input type="checkbox"/> Construction/Demolition Mtl	[M02] _____
<input type="checkbox"/> Clothing/Textiles	[M03] _____
<input type="checkbox"/> Furniture/Furnishings	[M04] _____
<input type="checkbox"/> Carpet	[RU1] _____
<input type="checkbox"/> Carpet Padding	[RU2] _____
<input type="checkbox"/> Mattresses	[MT1] _____
<input type="checkbox"/> Other Consumer Items Describe: _____	[MIS] _____

ORGANICS:

<input type="checkbox"/> Source-separated Food (composted, digested, etc.)	[SSF] _____
<input type="checkbox"/> Donated Food	[DF] _____
<input type="checkbox"/> Meat Renderings/ Grease Trap Material	[MGO] _____
<input type="checkbox"/> Food Grade Cooking Oil	[FGO] _____
<input type="checkbox"/> Wood Waste	[WW1] _____
<input type="checkbox"/> Yard & Leaf Waste	[Y01] _____

****Enter gross weight of all material. DO NOT subtract any processing residue from tonnages reported.**

***Report only post-consumer recycled materials on this form. (See instructions for definition.)**

I certify, to the best of my knowledge, that the information on this form is accurate and complete. I further authorize the Municipality to aggregate this report and use any attached weight tickets for PA DEP reporting and grant purposes.

Authorized Representative Name

Title

Signature

Date