## ORGANIC WASTE RECYCLING FACILITY SURVEY

Date:								
Contact Person:								
Direct Phone:								
Email Address:								
	ity currently accept o		•	Yes No				
	r facility <b>plan</b> to acce not continue survey.			Yes No				
FACILITY INFORMATION								
Facility Name: Phone:	No. of Operating Days/Week:							
Address:	Plans for Expansion? Yes (If yes, please fill out both tables, below)							
City:	No (If no, please fill out the first table, below)							
County:				<u>—</u>				
				FACILITY OPERAT	TION TYPE			
Process:	Transfer Only (no recycling) Chipping and Grinding							
	Composting (Check type, below):  Anaerobic Digestion							
	Open Windrow Co-Digestion							
	Aerated Static Pile Other (Please explain, below):							
	In-Vessel							
	Other (Explain):				•			
					•			
					•			
				FACILITY CAP	ACITY			
Please fill in the blank in tons <sup>1</sup> :								
	Maximum Operating		ING AVAILABLE Residual Sent to		PLANNED/PROPOSED  Maximum Operating Residual Sent to			
	Capacity/Capability	Average Operating Throughput	Landfill	Are there any restrictions on	Capacity/Capability	Average Operating Throughput	Residual Sent to Landfill	Are there any restrictions on recylcing
	(This should represent your "operational" and not "permitted" (tons/day)		(if applicable)	recylcing these types of wastes?	(This should represent your "operational" and not "permitted"		(if applicable)	these types of wastes?
Food Waste	(tons/day)	(tons/day)	(tons/day)		(tons/day)	(tons/day)	(tons/day)	
Green Waste								
Landscape and								
Pruning Waste Wood Waste								
Paper Products								
Printing and Writing Paper	<del>                                     </del>							
Digestate	<del>                                     </del>							
Biosolids	<del>                                     </del>							

May provide value in cubic yards, it conversion factor is provided.