ORGANIC WASTE RECYCLING FACILITY SURVEY

Date:									
Contact Person:									
Direct Phone:									
Email Address:									
If "Yes", ski 2. If no, does you	ity currently accept or receive waste from p Question 2 and begin survey. If "No" a r facility plan to accept or receive waste not continue survey. If "Yes", begin surve	e from LA County?							
		FACILITY INFORMATION							
Facility Name: Phone:	Ity Name: 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:									
FACILITY OPERATION 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 CAPACITY										
Please fill in the blank	n tons ¹ : EXISTING AVAILABLE				PLANNED/PROPOSED					
	Maximum Operating Capacity/Capability (This should represent your 'operational' and not 'permitted' (tons/day)	Average Operating Throughput (tons/day)	Residual Sent to Landfill (if applicable) (tons/day)	Are there any restrictions on recylcing these types of wastes?	Maximum Operating Capacity/Capability (This should represent your "operational" and not "permitted" (tons/day)	Average Operating Throughput (tons/day)	Residual Sent to Landfill (if applicable) (tons/day)	Are there any restrictions on recylcing these types of wastes?		
Food Waste										
Green Waste										
Landscape and Pruning Waste										
Wood Waste										
Paper Products										
Printing and Writing Paper										
Digestate										
Biosolids	cubic vards, if convers									

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