

## State Agency Solid Waste Management Questionnaire

Date:	
Regional Office:	Regional Office Manager:
Office phone:	Email:

1. MSW hauler contractor (Name): \_\_\_\_\_
  - a. Contract date and expiration date: \_\_\_\_\_
    - i. Estimate PCA volume: \_\_\_\_\_; How often picked up: \_\_\_\_\_
  - b. Name of landfill/WTE facility where the MSW is disposed of: \_\_\_\_\_
  - c. Who holds the Contract (circle one) : Building Owner – Dept of Admin - MPCA - Other (list) \_\_\_\_\_
  
2. Recycling collector/hauler contractor (Name): \_\_\_\_\_
  - a. Contract date and expiration date: \_\_\_\_\_
    - i. Estimate PCA volume: \_\_\_\_\_; How often picked up: \_\_\_\_\_
  - b. Is recycling mixed with other tenants of building? Yes/No
  - c. Name of Recycling Facility where the recyclables are processed: \_\_\_\_\_
  - d. Who holds the Contract (circle one): Building Owner - Dept of Admin - MPCA - Other (list) \_\_\_\_\_
  
3. Recycling materials that are collected and picked up by contracted hauler/recycler (check those most appropriate)
 

_Steel cans _Aluminum cans _Plastic containers _Plastic film & other _Glass	_Cardboard _White paper _Mixed paper _Other (list) _____
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4. Source Separated Organic (food) Waste:
  - a. Is food waste being composted (circle one): Yes/No
    - i. If so, Name of Contractor (collector/hauler): \_\_\_\_\_
      1. Estimate PCA volume: \_\_\_\_\_; How often picked up: \_\_\_\_\_
    - ii. Contract date and expiration date: \_\_\_\_\_
    - iii. Name of compost site delivered to: \_\_\_\_\_
    - iv. Who holds the Contract (circle one): Building Owner - Dept of Admin - MPCA - Other (list) \_\_\_\_\_
    - v. Do you have a worm composter in your office: Yes/No
  
5. OTHER MSW arrangements or additional efforts (batteries, tyvek, techno Waste (cd,video tapes) etc.): \_\_\_\_\_