Compost Survey

**Section 1: Ownership and Address**

Owner: a. Private owner

1. Company

2. Farm

3. Other  specify

b. Government

1. State  specify

2. County  specify

3. City  specify

4. Town  specify

5. Village  specify

c. College/University

1. Private

2. Public

d. School

1. Elementary/Primary

2. High School

h. Non-profit

i. Other  specify

Name of Facility

Manager/Contact Name

Mailing Address

Street/PO Box

City       State       Zip

County

Facility Address (if different from above)

Street

City       State       Zip

County

Nearest intersection

Phone Area Code       Number

Fax Area Code       Number

Cell or other phone Area Code       Number

E-mail

Website:

**Section 2:**

1. Does your organization do:

a. Compost education? no  yes

b. Compost demonstration? no  yes

2a. What kind of educational materials are you using? (list names of publications, websites, etc)

2b. Do you teach any composting classes (please give details, i.e. how many times a year, where are the classes, etc)

3. Would it be helpful to have additional educational materials? no  yes

Explain

4. Do you have, or have you ever had compost bin sales? no  yes

Explain

5. What does your demonstration site consist of (i.e. feedstocks, types of composting, etc)?

6. Can CWMI provide further assistance for your educational/demonstration site?

no  yes Explain

7. Would you like to be put on our mailing list? no  yes  already on

Our mailing list is never made public, it is used only to mail out updates on CWMI research and other projects approximately 3-4 times per year.