

Cornell Waste Management Compost Facility Survey

<http://cwmi.css.cornell.edu>

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: Compost Feedstocks**

1a. Please indicate the types and amounts of waste that are composted

Type of Waste		Tons/year	Cubic yards/year
Leaves	<input type="checkbox"/>	_____	_____
Grass	<input type="checkbox"/>	_____	_____
Brush and branches	<input type="checkbox"/>	_____	_____
Logs, stumps and other wood	<input type="checkbox"/>	_____	_____
Food waste (post-consumer)	<input type="checkbox"/>	_____	_____
Food processing waste (pre-consumer)	<input type="checkbox"/>	_____	_____

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Paper products/paper pulp	<input type="checkbox"/>	_____	_____
Floral waste and trimmings/plants	<input type="checkbox"/>	_____	_____
Manures (please answer 1b below)	<input type="checkbox"/>	_____	_____
Sewage sludge	<input type="checkbox"/>	_____	_____
Papermill sludge	<input type="checkbox"/>	_____	_____
Other (specify) _____	<input type="checkbox"/>	_____	_____

Additional notes on types of waste:

1b. For Manures please indicate type of animal and number of animals

Type	Number
Lactating Cows	<input type="checkbox"/>
Heifers and Dry Cows	<input type="checkbox"/>
Beef Cattle	<input type="checkbox"/>
Swine	<input type="checkbox"/>
Chickens/Turkeys and other Fowl	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>

2a. Source of organics and tipping fees:

a. Area households/residents	<input type="checkbox"/>	g. Supermarkets	<input type="checkbox"/>
b. Municipalities	<input type="checkbox"/>	h. Prisons	<input type="checkbox"/>
c. Commercial landscapers	<input type="checkbox"/>	i. Nursing homes	<input type="checkbox"/>
d. Greenhouses/florists	<input type="checkbox"/>	j. Businesses	<input type="checkbox"/>
e. Hospitals	<input type="checkbox"/>	k. Manure	<input type="checkbox"/>
f. Restaurants	<input type="checkbox"/>	l. Other	<input type="checkbox"/> specify

2b. Do you accept any of these from outside sources?  no  yes

Explain

2c. Do you charge a compost tipping fee to take outside waste?  no  yes

Depends?  no  yes

If yes, does it depend on either the type of material or the source?

If yes, what is the cost for the particular material?

Type of material or source	Cost
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

2d. What is your local waste tipping fee?

9. How the finished product is used

a. Is compost sold? no  yes

Price \$ \_\_\_\_\_ per \_\_\_\_\_ for bulk products  
 \_\_\_\_\_ per \_\_\_\_\_ for bagged products

Comments

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- b. Is compost given away? no  yes
1. Free to anyone  2. Free to local government users
3. Free to residents  4. Free to those who bring waste
5. Free to others  specify \_\_\_\_\_
- c. Is compost used on site? no  yes

**Section 4: Marketing and Labeling**

1. Do you label your compost product? no  yes   
What is on the label?
2. Do you give instructions for use? no  yes   
What are they?