Compost Facility Survey

**Section 1: Ownership and Address**

 Owner: a. Private owner [ ]

1. Company [ ]
2. Farm [ ]
3. Other [ ]  Specify Click here to enter text.

 b. Government [ ]

1. State [ ]  Specify Click here to enter text.
2. County [ ]  Specify Click here to enter text.
3. City [ ]  Specify Click here to enter text.
4. Town [ ]  Specify Click here to enter text.
5. Village [ ]  Specify Click here to enter text.

 c. College/University [ ]

1. Private [ ]
2. Public [ ]

 d. School [ ]

1. Elementary/Primary [ ]
2. High/Junior High [ ]

 e. Non-profit [ ]

 f. Other [ ]  Specify Click here to enter text.

 Name of Facility Click here to enter text.

 Manager/Contact Name Click here to enter text.

 Mailing Address

 Street/PO Box Click here to enter text.

 City Click here. State Click here Zip Click here

 County Click here to enter text.

 Facility Address (if different from above)

 Street Click here to enter text.

 City Click here. State Click here Zip Click here

 County Click here to enter text.

 Phone Click here to enter text. (please include area code)

 Fax Click here to enter text.

 Cell or other phone Click here to enter text.

 e-mail Click here to enter text.

 Website Click here to enter text.

**Section 2: Compost Feedstocks**

1. Please indicate the types of feedstock that are composted (check all that apply)

 Leaves [ ]  Grass [ ]  Brush and branches [ ]

 Logs, stumps and other wood [ ]  Food waste (pre and post plate) [ ]

 Food processing waste [ ]  Paper products/paper pulp [ ]

 Floral waste and trimmings/plants [ ]  Manures (please indicate type below) [ ]

 Sewage residuals [ ]  Papermill residuals [ ]  Other (specify) Click here

2. Which of the above would you consider your MAJOR Feedstock? Click here to enter text.

3. For manures (above) please indicate type of animal

 Cow [ ]  Horse [ ]  Poultry [ ]  Swine [ ]  Sheep/Goats [ ]

4. Source of organics (check all that apply)

 Area households/residents [ ]  Municipalities [ ]

 Commercial landscapers [ ]  Greenhouses/florists [ ]

 Hospitals [ ]  Restaurants [ ]

 Supermarkets [ ]  Prisons [ ]

 Nursing homes [ ]  Businesses [ ]

 Manure [ ]  Other (specify) Click here to enter text.

5. Do you accept any of these from outside sources? No [ ]  Yes [ ]

 Explain Click here to enter text.

6. Do you charge a compost tipping fee to take outside waste? No [ ]  Yes [ ]

**Section 3: Process and Finished Compost**

1. What is your compost process?

 Piled, in windrows [ ]  Piled, but not in windrows [ ]

 Forced aerated static piles [ ]  Passively aerated piles/windrows [ ]

 In-vessel composting [ ]  Other (specify) Click here to enter text.

2. How is the finished product used (check all that apply)

 Compost is sold [ ]  Compost is used on-site [ ]

 Compost is given away [ ]

 Free to anyone [ ]  Free to local government users [ ]

 Free to residents [ ]  Free to those who bring waste [ ]

 Free to others (specify) Click here to enter text.

**Section 4: Marketing and Labeling**

1. Do you label your compost product? No [ ]  Yes [ ]

 What is on the label? Click here to enter text.

2. Do you give instructions for use? No [ ]  Yes [ ]

 What are they? Click here to enter text.

Please send completed survey to: Mary Schwarz

Via mail: 813 Bradfield Hall, Cornell University, Ithaca, NY 14853

Via fax: 607-255-2644

Via e-mail: msp5@cornell.edu

Thank you