

**BUSINESS ORGANIC WASTE REPORTING FORM:
Sullivan County, New York**

Date:

Phone Number:

Company Name:

Contact Person:

Address:

Email:

1. Type and amount of organic waste generated:

- Liquid Waste: spent soda, pop, beer, or juices
- Fats, Oils, or Grease (FOG): fryer oils, grease trap materials
- Pre-Consumer Food Waste: meat scraps, fruits, spent grains and yeast from brewing wort, and vegetables
- Post-Consumer Food Waste
- Waxed Cardboard (OCC)
- Other Cardboard (OCC)
- Biosolids
- Other: _____

2. If diverted, who is responsible for hauling organic materials?

3. What is the variability of the waste material(s) you generate (i.e., characteristics and amount generated)?

4. Do you have any information on the strength and/or content of your waste streams (solids, BOD, COD, nitrogen, phosphorus, metals, etc)?

- NO
- If YES, please explain:

5. Are there barriers that prevent your company from donating and recycling more food waste (liability concerns, limited access to organic recyclers, food safety concerns regarding collection and storage, insufficient recycling options, transportation constraints like distance, cost and fleet, etc.)?

- NO
- YES

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6. Is organic waste processed on site prior to disposal?

- NO
- if YES, what method is used?

7. Do you now separate your waste under your current disposal plan and divert it from a landfill?

- NO
- if YES, how: Animal feed, composting, digestion, donated and how much per week/month/year

8. Have you considered or researched alternative disposal locations and/or methods for your waste disposal needs?

- NO
- YES

9. If an environmentally more sustainable option for disposal were available to you, would you use it?

- NO
- YES

10. What would be the primary driver for you to switch (cost, environmental impact, etc)?

Please send this form back to us by Tuesday December 18, 2018 via mail or e-mail at recycling@co.sullivan.ny.us or DPW Composting Project, 100 North Street, Monticello NY 12701.

Signature: _____

Date: _____