

MUNICIPAL SOLID WASTE & RECYCLING SURVEY

Your participation in this survey assists your local solid waste planning agency in developing your planning area's comprehensive solid waste plan. Your response also demonstrates to the state that you have implemented a comprehensive solid waste reduction program for your residents. ***If you need assistance to complete this form, please contact your Local Solid Waste Planning Agency.***

City Name _____ Prepared by _____ Date: _____
 Title _____ Phone # _____ Fax # _____
 Email _____ Planning Area _____

Basic Information

1. Is your city currently part of a 28E agreement with a solid waste agency that addresses integrated solid waste management? Yes No

2. How does your city govern the collection of garbage/recycling?

	Residential	Commercial	No or Not Applicable
Garbage Collection:			
a) This city licenses haulers/collectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) This city/county/solid waste agency contracts with haulers/collectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Properties contract individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Collected by city/county/solid waste agency crews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recycling Collection:			
a) This city licenses haulers/collectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) This city/county/solid waste agency contracts with haulers/collectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Properties contract individually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Collected by city/county/solid waste agency crews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. List the names of all waste and recycling haulers that serve your community (including both curbside and drop-off), and put a checkmark (✓) in appropriate boxes to indicate their services.

Waste Hauler Name <i>(Public & Private Haulers - If necessary, attach extra pages)</i>	Garbage Collection		Garbage Disposal		Recycling Collection	
	Residential	Commercial	Within Planning Area	Transported Out-of-State	Residential	Commercial
<i>Ex.: Stobbe's Sanitation Services</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How frequently is residential garbage collected? *(Check all that apply)*
 Weekly Twice-weekly Every other week Does not apply
 Other: _____
5. Does your city have a residential Unit-Based Pricing (UBP) program, also known as "Pay As You Throw"? *(UBP is a system in which the cost of garbage collection is dependent on the number or size of bags/cans used)*
 Yes No If yes, what year did the program begin? _____
6. If applicable, briefly describe your UBP program below and/or attach your program's brochure/flyer.
7. If applicable, what is the basis for the UBP program? Required by City Ordinance
(Check all that apply) System Provided by Private Hauler
 Required by City/Hauler Contract
 Required by Iowa Code
 Other

Residential Recycling Information

8. Put a checkmark (✓) in appropriate boxes to indicate recycling services for paper, plastic, metal, and glass.	City/County	Solid Waste Agency	Private Entity	Not Applicable
a) Who provides <u>curbside</u> recycling collection for your city's residents? <i>(Check all that apply)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Who provides <u>drop-off</u> recycling collection for your city's residents? <i>(Check all that apply)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What materials are collected as part of your residential recycling program? <i>(Check all that apply)</i>	Curbside	Drop-off	Don't Have Access To
Paper: a) Newspaper b) Corrugated Cardboard c) Office paper d) Box Board (cereal and tissue boxes, etc.) e) Magazines f) Other: _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/>
Glass: a) Clear Glass b) Brown Glass c) Green Glass d) Other: _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/>
Metal: a) Steel Cans (tin) b) Aluminum c) Other: _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/>

	Curbside	Drop-off	Don't Have Access To
Plastic: a) PET #1 (soda & water bottles) b) HDPE #2 (detergent, milk jugs, etc.) c) PVC #3 (salad dressing bottles, etc.) d) LDPE #4 (bread bags, shrink wrap, etc.) e) PP #5 (bottle labels, etc.) f) PS & EPS #6 (packaging peanuts, etc.) g) Other Plastic #7	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> g) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> g) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> g) <input type="checkbox"/>

Other Materials:

10. If your residents have access to curbside recycling for the above items, how often are they collected?
 Weekly Twice-monthly Every other week Monthly
 Other: _____
11. If your residents have access to drop-off sites for any of the above items, list the locations/addresses of the sites available to your city.
- a) _____
 within city outside city Hours of operation = _____
- b) _____
 within city outside city Hours of operation = _____
- c) _____
 within city outside city Hours of operation = _____
- d) _____
 within city outside city Hours of operation = _____

Diverted Materials Information

12. What diverted materials are collected from your residents?
(Check all that apply)

	Curbside	Collection Frequency	Drop-off	Don't Have Access To
Diverted Materials: a) Household Hazardous Waste b) Appliances c) Electronics d) Tires e) Used Oil f) Lead Acid Batteries g) Other _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> g) <input type="checkbox"/>	a) _____ b) _____ c) _____ d) _____ e) _____ f) _____ g) _____	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> g) <input type="checkbox"/>	a) <input type="checkbox"/> b) <input type="checkbox"/> c) <input type="checkbox"/> d) <input type="checkbox"/> e) <input type="checkbox"/> f) <input type="checkbox"/> g) <input type="checkbox"/>

Commercial Recycling Information

13. Do businesses/workplaces in your city have access to recycling programs? Yes No
 No businesses within the city limits (If No, please skip to "Yard Waste Management Programs" Section)
14. How are recyclable materials collected from businesses/workplaces? (Check all that apply)
- Collected at the business/workplace by a private hauler.
 - Collected at the business/workplace by the local solid waste agency.
 - Collected at the business/workplace by your city or county.
 - Processed and marketed directly by the business/workplace.
 - Business/workplace employees drop off recyclables at a recycling center or drop-off site.
15. Does this city require businesses/workplaces to recycle by ordinance? Yes No
(If applicable, for more information on this ordinances whom do we contact? _____)

Yard Waste Management Options

16. What yard waste (i.e., leaves, grass clippings and garden waste) and tree waste (i.e., trees, tree limbs/branches) management options are promoted in your community? (YW = Yard Waste, TW = Tree Waste) (Check all that apply)
- Backyard Composting: YW TW Land Apply on Farm/City Property: YW TW
- Backyard Burning: YW TW Leave it Lay/Mulching Mower Program: YW
- Compost or Mulch Program: YW TW Other: _____
17. Does your city operate a burn pile for trees and tree limbs? Yes No
(Please note that State Code only allows cities to burn trees and tree trimmings - IAC 567-23.2.)
18. List the locations/addresses of any yard waste management sites available to your city (attach additional pages if necessary).
- a) _____
- within city outside city Hours of operation = _____
- 1) Select the collection method that best describes how materials get to this yard waste management site?
 Dropped off on-site Curbside pickup Both
- 2) Select which items listed below are accepted at this yard waste management site (check all that apply):
 Garden Waste Grass Clippings Leaves Trees and Brush Tree Limbs Other
- b) _____
- within city outside city Hours of operation = _____
- 1) Select the collection method that best describes how materials get to this yard waste management site?
 Dropped off on-site Curbside pickup Both
- 2) Select which items listed below are accepted at this yard waste management site (check all that apply):
 Garden Waste Grass Clippings Leaves Trees and Brush Tree Limbs Other

Please mail or fax this completed survey back to:

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Des Moines, IA 50319
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