

Solid Waste City/County Survey Evaluation and Goal Setting

Every five years, as required by Iowa law, the cities and counties making up solid waste planning areas hold collaborative goal setting processes to determine local needs and goals. This survey will provide information for the required Plan Update. Please fill it out to the best of your ability and return it to the local Solid Waste Planning Agency.

If you need assistance to complete this survey, please contact your Local Solid Waste Planning Agency.

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

Note: To check boxes, right click on the box, click on "Properties". Under "Default value," change to "Checked".

Garbage & Recycling	Yes	No	Not Applicable
Garbage Collection:			
a) Residents have mandatory garbage collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) There is a limit to the amount of trash each household may dispose of each week (or disposal period).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The city/county contracts with one hauler for residential garbage collection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____			
Recycling Collection:			
a) Curbside recycling collection is available for residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Each household pays a recycling fee. (It may be part of the garbage fee)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Recyclables (paper, plastic, cans & other materials accepted) are put together in the same bin/bag. (Single Stream)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Residents have access to recycling collection at a drop-off site (or container) nearby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Businesses have access to recycling collection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Multi-family housing (apartments, townhomes etc.) are required to have curbside recycling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____			

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Yard Waste & Organics	Yes	No	Not Applicable
Yard Waste or Compost Site:			
a) The City/County has yard waste site for brush and limbs only. Material is managed by burning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The City/County has yard waste site for brush and limbs only. Material is managed by grinding/chipping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The City/County composts yard and garden waste. Brush and limbs are managed by burning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The City/County composts site yard and garden waste. Brush and limbs are managed by grinding/chipping.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Another party, such as the landfill or a private company handles organics management of our site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Food waste is composted at the Compost site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other/more information (location of site/hours etc): _____			

Other:	Yes	No	Don't Know
Residents know where to:			
a) Recycle motor oil and lead acid batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Recycle appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Recycle tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Safely dispose of household hazardous materials like pesticides, cleansers, chemicals, rechargeable batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Recycle electronics/computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List recyclers and contractors operating in your area: _____			
Other: _____			

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Program Analysis	Yes	No	Not Applicable
Which of these could have long term benefits for residents and/or businesses?			
Improved information about waste reduction and recycling services available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Improved access to recycling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with safe disposal of hard to materials such as household hazardous materials, used motor oil, tires, electronics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Edit this line for local use</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Edit this line for local use</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other – list services your community is interested in: _____			