Dear <Waste Hauler, Recycler, Composter, etc.>,

In response to your indicated interest in being included in the update of the County of Bucks Municipal Waste Management Plan, I have enclosed a copy of the questionnaire that should be filled out for each disposal/recycling/composting facility to be included in the Plan update. Please feel free to copy the form as needed to provide information on each facility separately. The questionnaire should be filled out and returned to me no later than June 1, 2016. Please feel free to supplement your response with any additional pertinent information and a narrative. The narrative can include information on the company, the facilities history, and other relevant information. The County of Bucks will edit the supplied information to fit into a consistent format.

The County of Bucks will review the information submitted as well as gather additional information about potential waste, recycling, and composting processing facilities over the next several months. Any facility meeting the appropriate criteria will be included in the County of Bucks’ Solid Waste Management Plan; although some of the facility’s details may be omitted for format consistency. We will contact each responding facility later this year. Each participating facility will be allowed to commit capacity at that time.

If you have any questions about the Plan revision, please contact me.

Art Feltes

County of Bucks Recycling Coordinator

County of Bucks Planning Commission

(215) 345-3414

[aafeltes@co.bucks.pa.us](mailto:aafeltes@co.bucks.pa.us)

**County of Bucks Municipal Waste Management Plan Revision**

**Site Questionnaire**

1. Name of Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Facility Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Location of Site:
   1. Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. City and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Latitude/Longitude and USGS Quad Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Permit Number and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Permit Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. List Permit/ Host Municipality/ Facility Restrictions:

Daily or Yearly Capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours of Operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permitted Hours: **Y/N**

Host Fees or Assessments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Types of Waste/Materials Accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Facility Capacity (cubic yrds of remaining permitted landfill capacity; permitted incinerator tons per day, approx. recycling/compost throughput per day, etc.):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Current Municipal Waste Disposal Rate (tons per day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Current Tipping Fee (please explain whether it is a weighted average, omits contracted prices, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. List all county plans which currently designate the facility (for multi-county please list each county by name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. List all major long-term disposal contracts and capacity reservation agreements that would affect the long-term availability of capacity at this facility:

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1. Describe the facility; including existing improvements, future plans, and potential for expansion:

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1. List any significant\* (\*issue that could have resulted in a NOV, volume restriction, or shutdown) compliance problems pertaining to the permit and/or operating requirements of your facility within the last five years. Also include a description of corrective actions taken to address each issue:

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1. Please list other relevant information about this facility that you feel should be included in this Plan update:

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