

PART 1 – GENERAL INFORMATION

Location Information

State: _____ County: _____ City/Area/Location: _____
 Geographic Coordinates: Latitude: _____ Longitude: _____ Basis: Decimal DMS

Respondent Information

Respondent Type: Municipality County Private Entity Other Govt. Other:
 Respondent Name: _____ Position/Title: _____
 Respondent Contact Info. _____

Service Area Information

Population Served: Persons Accounts Other:
 Service Area Extent: Square Miles Acres Other:
 Characterization of Service Area (in %): _____ Urban _____ Suburban _____ Rural _____ Other:
 Describe in your own words the most important municipal solid waste management issues in your Service Area:

Services Provided (Check All That Apply)

- Residential Collection Commercial Collection Institutional/Industrial Coll. Brush/Yard Waste Collection
- Grease/Grit Trap Collection Septage Collection Bulk Containers/Dumpsters Recycling
- Household Haz. Waste Coll. Used Oil/Filter Coll. Liquids/Solids Processing Composting
- Incineration/Combustion Landfill Disposal Other:

PART 2 – COLLECTION SYSTEM SERVICE DESCRIPTIONS

Residential & Commercial Collected with Residential (Check & Skip if Not Provided)

Service Method: Manual Automated Semi-Automated Other:
 Containers: Customer Supplied Centralized 50 Gal. Carts 90 Gal. Carts Other:
 Collection Vehicle: Automated Top Load Automated Side Load Automated Rear Load
 Semi-Automated Top Load Semi-Automated Side Load Semi-Automated Rear Load
 Manual Side Load Manual Rear Load Other:
 Collection Location: Alley Street On-Lot Centralized Other:
 Frequency (per week): 1 2 3 4 5 6 7 Other:
 Number of Accounts: _____ Residential _____ Commercial (Collected with Residential)
 Quantity Collected-Latest Fiscal Year: _____ Tons Compacted Cubic Yards(CY) Un-compacted CY
 Rate Basis: Service Address Utility Account Property Assessment Other:
 Base Billing Rate: _____ Frequency: Month Year Per Collection Other:
 Supplemental Rate Information:
 Do you use your personnel and equipment to provide this service? Y N
 Do you use an independent contractor to provide this service? If so, who: Y N

Commercial/Institutional/Industrial Collection - Containers (Check & Skip if Not Provided)

Service Method: Automated Semi-Automated Other:
 Containers: Customer Supplied 2 CY 3 CY 4 CY Roll-off Other:
 Collection Vehicle: Automated Front/Top Load Automated Side Load Automated Rear Load
 Semi-Automated Front/Top Load Semi-Automated Side Load Semi-Automated Rear Load
 Manual Front/Top Load Manual Side Load Manual Rear Load Other:
 Collection Location: Alley Street On-Lot Centralized Other:
 Frequency (per week): 1 2 3 4 5 6 7 Other:
 Number of Accounts: _____ Commercial _____ Institutional _____ Industrial _____ Other:
 Quantity Collected-Latest Fiscal Year: _____ Tons Compacted Cubic Yards(CY) Un-compacted CY
 Rate Basis: Service Address Utility Account Property Assessment Other:
 Billing Frequency: Month Year Per Collection Other:

Please Complete the Rate Table:

Supplemental Rate Information:

Container	1/wk	2/wk	3/wk	4/wk	5/wk	6/wk	7/wk
2 CY							
3 CY							
4CY							

Do you use your personnel and equipment to provide this service? Y N
 Do you use an independent contractor to provide this service? If so, who: Y N

Brush/Yard Waste Collection (<input type="checkbox"/> Check & Skip if Not Provided)	
Material Collected:	<input type="checkbox"/> Bulk Brush <input type="checkbox"/> Bagged Yard Waste <input type="checkbox"/> Trees/Limbs Only <input type="checkbox"/> Other:
Service Method:	<input type="checkbox"/> Manual <input type="checkbox"/> Automated <input type="checkbox"/> Semi-Automated <input type="checkbox"/> Other:
Is brush/yard waste co-collected with garbage/municipal solid waste?	<input type="checkbox"/> Y <input type="checkbox"/> N
Collection Vehicle:	<input type="checkbox"/> Grapple Truck <input type="checkbox"/> Dump Truck/Trailer <input type="checkbox"/> Automated (from Containers) <input type="checkbox"/> Other:
Collection Location:	<input type="checkbox"/> Alley <input type="checkbox"/> Street <input type="checkbox"/> On-Lot <input type="checkbox"/> Centralized <input type="checkbox"/> Other:
Collection Restrictions:	<input type="checkbox"/> Bundled/Baled <input type="checkbox"/> Quantity Limitation <input type="checkbox"/> Frequency Limitation <input type="checkbox"/> Other:
Frequency (per week):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Call/Request <input type="checkbox"/> Other:
Number of Accounts:	Residential Commercial Institutional Industrial Other:
Rate Basis:	<input type="checkbox"/> Per Pickup/Service Call <input type="checkbox"/> Service Address <input type="checkbox"/> Utility Account <input type="checkbox"/> Property Assessment <input type="checkbox"/> Other:
Base Billing Rate:	Frequency: <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Per Collection <input type="checkbox"/> Included with MSW <input type="checkbox"/> Other:
Quantity Collected-Latest Fiscal Year:	<input type="checkbox"/> Tons <input type="checkbox"/> Compacted Cubic Yards(CY) <input type="checkbox"/> Un-compacted CY
Billing Frequency:	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Per Collection <input type="checkbox"/> Other:
Do you use an independent contractor to provide this service? If so, who:	<input type="checkbox"/> Y <input type="checkbox"/> N
Grease/Grit Trap and Septage Collection (<input type="checkbox"/> Check & Skip if Not Provided)	
Material Collected:	<input type="checkbox"/> Grease Trap Waste <input type="checkbox"/> Grit Trap Waste <input type="checkbox"/> Septage <input type="checkbox"/> Other:
Service Method:	<input type="checkbox"/> Automated <input type="checkbox"/> Semi-Automated <input type="checkbox"/> Other:
Collection Vehicle:	<input type="checkbox"/> Vacuum Truck/Trailer <input type="checkbox"/> Dump Truck/Trailer <input type="checkbox"/> Automated (from Containers) <input type="checkbox"/> Other:
Collection Location:	<input type="checkbox"/> Alley <input type="checkbox"/> Street <input type="checkbox"/> On-Lot <input type="checkbox"/> Centralized <input type="checkbox"/> Other:
Frequency (per week):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Call/Request <input type="checkbox"/> Other:
Number of Accounts:	Commercial Institutional Industrial Other:
Rate Basis:	<input type="checkbox"/> Per Pickup/Service Call <input type="checkbox"/> Service Address <input type="checkbox"/> Utility Account <input type="checkbox"/> Property Assessment <input type="checkbox"/> Other:
Base Billing Rate:	Frequency: <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Per Collection <input type="checkbox"/> Other:
Quantity Collected-Latest Fiscal Year:	<input type="checkbox"/> Tons <input type="checkbox"/> Gallons <input type="checkbox"/> Other:
Billing Frequency:	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Per Collection <input type="checkbox"/> Other:
Measurement:	<input type="checkbox"/> Gallons/Cubic Feet <input type="checkbox"/> Pounds/Tons <input type="checkbox"/> Other:
Do you use an independent contractor to provide this service? If so, who:	<input type="checkbox"/> Y <input type="checkbox"/> N
Bulk Containers/Dumpsters (<input type="checkbox"/> Check & Skip if Not Provided)	
Material Collected in Bulk Containers:	<input type="checkbox"/> Garbage/MSW <input type="checkbox"/> Construction/Demolition Debris <input type="checkbox"/> Brush <input type="checkbox"/> Other:
Service Method:	<input type="checkbox"/> Automated <input type="checkbox"/> Semi-Automated <input type="checkbox"/> Other:
Collection Vehicle:	<input type="checkbox"/> Tilt Truck/Trailer <input type="checkbox"/> Lift Truck/Trailer <input type="checkbox"/> Other:
Collection Location:	<input type="checkbox"/> Alley <input type="checkbox"/> Street <input type="checkbox"/> On-Lot <input type="checkbox"/> Centralized <input type="checkbox"/> Other:
Frequency (per week):	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Call/Request <input type="checkbox"/> Other:
Number of Accounts:	Commercial Institutional Industrial Other:
Rate Basis:	<input type="checkbox"/> Per Pickup/Service Call <input type="checkbox"/> Service Address <input type="checkbox"/> Utility Account <input type="checkbox"/> Property Assessment <input type="checkbox"/> Other:
Base Billing Rate:	Frequency: <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Per Collection <input type="checkbox"/> Other:
Quantity Collected-Latest Fiscal Year:	<input type="checkbox"/> Tons <input type="checkbox"/> Compacted Cubic Yards(CY) <input type="checkbox"/> Un-compacted CY
Billing Frequency:	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Per Collection <input type="checkbox"/> Other:
Do you use an independent contractor to provide this service? If so, who:	<input type="checkbox"/> Y <input type="checkbox"/> N
Recycling (<input type="checkbox"/> Check & Skip if Not Provided)	
Material Collected:	<input type="checkbox"/> Glass <input type="checkbox"/> Newsprint <input type="checkbox"/> Other Paper <input type="checkbox"/> Cardboard <input type="checkbox"/> Appliances/White Goods <input type="checkbox"/> Scrap Metal <input type="checkbox"/> Plastics <input type="checkbox"/> Rags/Fabrics
Service Method:	<input type="checkbox"/> Manual <input type="checkbox"/> Automated <input type="checkbox"/> Semi-Automated <input type="checkbox"/> Other:
Collection Vehicle:	<input type="checkbox"/> Container/Bin Truck/Trailer <input type="checkbox"/> Dump Truck/Trailer <input type="checkbox"/> Other:
Collection Location:	<input type="checkbox"/> Alley <input type="checkbox"/> Street <input type="checkbox"/> On-Lot <input type="checkbox"/> Centralized <input type="checkbox"/> Other:
Frequency:	per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Call/Request <input type="checkbox"/> Other:
Number of Accounts:	Commercial Institutional Industrial Other:
Rate Basis:	<input type="checkbox"/> Per Pickup/Service Call <input type="checkbox"/> Service Address <input type="checkbox"/> Utility Account <input type="checkbox"/> Property Assessment <input type="checkbox"/> Other:
Base Billing Rate:	Frequency: <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Per Collection <input type="checkbox"/> Included with MSW <input type="checkbox"/> Other:
Quantity Collected-Latest Fiscal Year:	<input type="checkbox"/> Tons <input type="checkbox"/> Compacted Cubic Yards(CY) <input type="checkbox"/> Un-compacted CY
Billing Frequency:	<input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/> Per Collection <input type="checkbox"/> Other:
Do you use an independent contractor to provide this service? If so, who:	<input type="checkbox"/> Y <input type="checkbox"/> N

Household Hazardous Waste (<input type="checkbox"/> Check & Skip if Not Provided)	
Material Collected: <input type="checkbox"/> Fuel/Lubricants <input type="checkbox"/> Cleaners/Chemicals <input type="checkbox"/> Batteries <input type="checkbox"/> Others:	
Do you use your personnel and equipment to provide this service?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you use an independent contractor to provide this service? If so, who:	<input type="checkbox"/> Y <input type="checkbox"/> N
Used Oil/Filters (<input type="checkbox"/> Check & Skip if Not Provided)	
Material Collected: <input type="checkbox"/> Used Oil <input type="checkbox"/> Antifreeze <input type="checkbox"/> Used Oil/Air Filters <input type="checkbox"/> Others:	
Collection Method: <input type="checkbox"/> Attended <input type="checkbox"/> Unattended <input type="checkbox"/> Periodic/Event <input type="checkbox"/> Other:	
Do you use your personnel and equipment to provide this service?	<input type="checkbox"/> Y <input type="checkbox"/> N
Do you use an independent contractor to provide this service? If so, who:	<input type="checkbox"/> Y <input type="checkbox"/> N
PART 2 – PROCESSING/DISPOSAL SERVICE DESCRIPTIONS	
Liquids/Solids Processing, including activities at Landfills (<input type="checkbox"/> Check & Skip if Not Provided)	
Location:	
Permitting: <input type="checkbox"/> Permit <input type="checkbox"/> Registration <input type="checkbox"/> Notification <input type="checkbox"/> Exempt <input type="checkbox"/> Other:	
Site Identification/Permit Numbers:	
Materials Accepted: <input type="checkbox"/> Grease Trap Waste <input type="checkbox"/> Grit Trap Waste <input type="checkbox"/> Septage <input type="checkbox"/> Sewage Sludge <input type="checkbox"/> Brush/Yard Waster <input type="checkbox"/> Industrial Waste <input type="checkbox"/> Other:	
Processes Performed:	
Number of Days Operating (per week): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Other:	
Operating Hours:	
Quantity Processed-Latest Fiscal Year: _____ <input type="checkbox"/> Tons <input type="checkbox"/> Gallons <input type="checkbox"/> Other:	
Rate Basis: <input type="checkbox"/> Service Address <input type="checkbox"/> Utility Account <input type="checkbox"/> Per Load/Shipment <input type="checkbox"/> Other:	
Base Billing Rate: _____ Per:	
Supplemental Rate Information:	
Do you use your personnel and equipment to provide this service? <input type="checkbox"/> Y <input type="checkbox"/> N	
Do you use an independent contractor to provide this service? If so, who: <input type="checkbox"/> Y <input type="checkbox"/> N	
Disposal Sites/Landfills (<input type="checkbox"/> Check & Skip if Not Provided)	
Note: In lieu of completing this section, you may attach the last two (2) years of municipal solid waste annual reports that have been filed with the Municipal Solid Waste Division of the Texas Commission on Environmental Quality.	
Location:	
Permitting: <input type="checkbox"/> Permit <input type="checkbox"/> Registration <input type="checkbox"/> Notification <input type="checkbox"/> Exempt <input type="checkbox"/> Other:	
Site Identification/Permit Numbers:	
Materials Accepted: <input type="checkbox"/> Garbage/MSW <input type="checkbox"/> Brush/Yard Waste <input type="checkbox"/> Construction/Demolition Debris <input type="checkbox"/> Industrial Solid Waste (Class 1, 2 or 3) <input type="checkbox"/> Asbestos <input type="checkbox"/> Dead Animals <input type="checkbox"/> Medical Waste <input type="checkbox"/> Other:	
Disposal Activities: <input type="checkbox"/> Landfilling <input type="checkbox"/> Land Treatment <input type="checkbox"/> Beneficial Use/Reuse <input type="checkbox"/> Combustion/Incineration <input type="checkbox"/> Other:	
Landfill Information: <input type="checkbox"/> Type I (liner required) <input type="checkbox"/> Type IAE (no liner required) <input type="checkbox"/> Type IV (liner required) <input type="checkbox"/> Type IVAE (no liner required) <input type="checkbox"/> Landfill Gas Monitoring <input type="checkbox"/> Groundwater Monitoring <input type="checkbox"/> Storm Water Monitoring <input type="checkbox"/> Special Waste Acceptance <input type="checkbox"/> Compactor <input type="checkbox"/> Waste Screening Activities:	
Number of Days Operating (per week): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Other:	
Operating Hours:	
Quantity Processed-Latest Fiscal Year: _____ <input type="checkbox"/> Tons <input type="checkbox"/> Gallons <input type="checkbox"/> Other:	
Rate Basis: <input type="checkbox"/> Service Address <input type="checkbox"/> Utility Account <input type="checkbox"/> Per Load/Shipment <input type="checkbox"/> Other:	
Base Billing Rate: _____ Per:	
Supplemental Rate Information:	
Does your facility utilize a scale for incoming waste? <input type="checkbox"/> Y <input type="checkbox"/> N	
Do you use your personnel and equipment to provide this service? <input type="checkbox"/> Y <input type="checkbox"/> N	
Do you use an independent contractor to provide this service? If so, who: <input type="checkbox"/> Y <input type="checkbox"/> N	

PART 3 – SUPPLEMENTAL INFORMATION

Please use this section to provide any additional information you feel may be helpful to the process. When completed please forward to:

Naismith Engineering, Inc.
600 West 8th Street, Suite 300
Austin, TX 78701
(512) 708-9322

Name of Person Completing Report:

Date: