

## Section 3:

### Instructions for Completing Your Business Recycling and Waste Reduction Plan

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#### GENERAL INSTRUCTIONS:

Montgomery County businesses are required to submit a Business Recycling and Waste Reduction Plan to the County in accordance with Executive Regulation 1-15. A Plan must be completed using best available information. It is designed to provide the County with a basic picture of how your business is, or will be, recycling and reducing waste to meet the County's goal of recycling even more waste generated in the County, aiming for zero waste.

- If your business already recycles the required materials simply document what you do by providing information requested on the Business Recycling and Waste Reduction Plan form.
- If your business is not yet recycling, information on how to set up a recycling program is available through the SORRT (Smart Organizations Reduce and Recycle Tons) Program, the County's program dedicated to assisting businesses in recycling and waste reduction. Please call 3-1-1 or (240) 777-0311 to receive information. Even if you do not currently have a recycling program in place, a Plan is still required to be filed.

If recycling a required material poses an extreme hardship, your business may request an exemption from recycling that material. To request an exemption, you must check the box on Page 2 of the Plan that corresponds to the material which you are requesting an exemption from recycling. After the Montgomery County Recycling and Resource Management Division (RRMD) receives your request, staff will send a standard Exemption Request Form, which your business must complete and submit to RRMD. Upon receipt of a completed Exemption Request Form, County staff will schedule a site visit.

Exemptions, if approved, will be granted for a set period of time only after careful review of circumstances based on cost, space and market limitations.

## STEP-BY-STEP GUIDANCE FOR COMPLETING YOUR BUSINESS RECYCLING AND WASTE REDUCTION PLAN:

These instructions provide an explanation of what is required in each section of the Plan.

### ITEMS ON PAGE 1:

#### Business Name

Provide the complete legal name of your business. All businesses, including not-for-profit organizations, and Federal, State and local government facilities, are required to comply with the County's recycling regulation.

#### Address

Provide the street address, suite or room number, city and zip code of your business.

#### Phone Number

Provide the phone number of your business, including area code.

#### Recycling Program Contact Person

Provide the full name (and email address, if available) of the person employed by your business who will be available to County staff to answer questions about this Plan.

#### Business Website

Provide the website of your business, if available.

#### Government Agency

If you are a government agency, please check the relevant level of government. If you are an agency, but none of these categories apply to you, indicate under whose authority you operate.

Business Name: _____		
Address: _____		
Phone Number: _____		
Recycling Program Contact Person: _____		
Contact Person e-mail: _____	Business Website: _____	
<b>IF GOVERNMENT AGENCY, CHECK APPLICABLE:</b>	County <input type="checkbox"/>	State <input type="checkbox"/> Federal <input type="checkbox"/>
<b>If your business leases property at above address, provide property owner or manager name:</b>		
Property Owner/Manager Name: _____	Telephone #: _____	
Property Owner/Manager Mailing Address: _____		
<b>EMPLOYEE NUMBER:</b> _____ (Employee means any person working 20 or more hours a week for more than 6 months in a calendar year.)		
<b>Total square feet of building space occupied:</b> _____ Square Feet		
<b>Total acreage of green area (landscaped and grassy area), if applicable:</b> _____ Acres		

### Property Owner/Manager Name, Address, and Phone Number

If applicable, provide the name, address, and phone number (with area code) of the management company that your business leases property from at this site.

### Number of Employees

Provide the total number of full-time employees employed by your business at this site. A full-time employee is defined as any person working 20 or more hours per week on site, for more than six months in a calendar year. If this Plan is being submitted for multiple business sites, provide the total number of employees covered by this Plan and provide the number of employees working at each site – include this detail on a separate page. For example, a grocer with several store locations that chooses to submit one Plan to cover all stores must provide, on a separate attached page, the address of each store location and the corresponding number of employees for each store location.

### Total Square Feet of Building Space Occupied

Provide the total area your business occupies at this site. If this Plan is being submitted for multiple business sites, provide the total square feet of space occupied by all businesses covered by this Plan and also provide the individual square footage occupied by each business at each site – include this detail on a separate page. For example, a business that has four (4) offices in the County that is filing one Plan for all four sites must provide, on a separate attached page, the square footage occupied by each of the four individual offices.

### Total Acreage of Green Area, if applicable

If your business or property manager maintains any vegetated area outside the building(s) you occupy, provide an estimate of the number of acres of maintained area.

### Business Type

Describe the major function(s) your business performs by checking the appropriate category. If more than one category applies to your business at this site, please check all that apply. If none of the categories apply, please describe the primary function of your business in the space provided.

### North American Industry Classification System (NAICS) Code

This refers to the standard number used by the federal government to classify different types of businesses. You can look up the NAICS for your type of business or organization at: <https://www.census.gov/naics/>.

<b>BUSINESS TYPE</b> (Check all that apply):			
<input type="checkbox"/> BAR/RESTAURANT	<input type="checkbox"/> OFFICE	<input type="checkbox"/> WHOLESALE	<input type="checkbox"/> AGRICULTURAL
<input type="checkbox"/> RETAIL, NON-GROCER	<input type="checkbox"/> RETAIL, GROCER	<input type="checkbox"/> LABORATORY	<input type="checkbox"/> MANUFACTURING
<input type="checkbox"/> SOCIAL SERVICES	<input type="checkbox"/> HOTEL	<input type="checkbox"/> HOSPITAL	<input type="checkbox"/> EDUCATION
<input type="checkbox"/> HOME-BASED BUSINESS	<input type="checkbox"/> OTHER (Please Specify) _____		
North American Industry Classification System (NAICS) Code: _____ (If Known)			

## Who will submit your Annual Recycling and Waste Reduction Report?

If your business wants to exercise the option to have your property owner/manager submit an Annual Recycling and Waste Reduction Report and include information on your business, check the relevant entity and provide the company name, mailing address, contact person name, and phone number.

### Multiple-site businesses

If this Plan covers your business at more than one location within the County, put a check mark in the box and provide, on a separate attached page, the information requested about each individual business location.

## ITEMS ON PAGE 2:

### Plan for Recycling and Disposing Solid Waste

This is the location on the Plan for you to provide detail on how your business will recycle and/or reduce the amount of required materials generated to divert them from your trash. The materials identified in the left-hand column include all the required recyclables. ***Notate white office paper, colored paper, newspapers, magazines, cardboard and other clean, dry paper mixed together*** on the line for "mixed paper." ***Notate food and beverage containers mixed together*** on the line for "commingled containers." (Refer to the Recyclable Materials – Definitions list in Section 8.)

### FIRST COLUMN:

#### Total Number and Size of Central Collection Containers and Number of Pick-Ups per Month

Provide the total number of central collection containers for each material, including hampers, boxes, bins, totes, dumpsters, compactors, balers, and roll-off(s) for which your business is responsible. Report the number of deskside containers only in the event your business does not have any other central collection container(s) at your location. (This would apply to a business whose property manager or janitorial service provider collects recyclables from each office or station and consolidates material with other businesses or tenants.) You may need to verify container size and collection schedule with the company providing collection service, which may include the janitorial service company, recycling company, or your property manager.

### SECOND COLUMN:

#### Name and Phone Number of Company Hauling/Handling Materials

Provide the complete name and phone number (with area code) of the licensed hauler or collector responsible for hauling each material to a facility for recycling. If your business self-hauls a material to a recycling facility, please indicate "Self" in the space provided and document the complete name of the facility and phone number (with area code) receiving the material. Under the category Solid Waste for Disposal, indicate the complete name and phone number (with area code) of the licensed hauler responsible for disposing of your business' trash.

### THIRD COLUMN:

#### Waste Reduction Program

Executive Regulation 1-15 requires businesses to prepare a waste reduction and recycling plan that demonstrates how the business will recycle or reduce the amount of solid waste going to disposal facilities. Your description of waste reduction efforts will assist the County in evaluating the needs and successes of businesses seeking to reduce the amount of waste they generate. Please list the material(s) for which your business has implemented a waste reduction program and on a separate page provide detail on how the technique works and its results. Include how your business educated its employees about the waste reduction program. Replacing disposable coffee cups with reusable (washable) ceramic mugs for employees and visitors is one example of waste reduction.

### FOURTH COLUMN:

#### Check Box if Exemption Request Form is Required

If your business cannot recycle any of the required categories of recyclable materials, put a check mark in the box(es) corresponding to the material(s) in order to obtain an Exemption Request Form. Upon receipt of your request, RRMD will provide you with a standard Exemption Request Form for submission to RRMD. RRMD staff will schedule a site visit upon receipt of an Exemption Request Form. Exemption requests will be reviewed on the following criteria:

1. unavailability of markets for the specified material (refer to Page 1 of these instructions for additional information about exemptions)
2. extreme financial hardship due to significant disparity between the costs of recycling an identified material and the costs of disposal of that material
3. unavailability of on-site or proximate off-site location to prepare and store material(s) for recycling

#### Please List all Other Materials for Recycling, Reuse or Waste Reduction

Please list any other materials your business recycles, reuses or reduces through a waste reduction program. Examples include reusing wood pallets, donating used computer equipment, recycling used motor oil, donating edible, uneaten food, etc.

#### BOTTOM ROW: Solid Waste for Disposal Only:

Identify the total number and size of container(s) used to store solid waste for disposal (trash), the number of pick-ups per month, and the name of the hauler that transports your business' solid waste to a facility for disposal.

*For example, 1-twenty cubic yard roll-off X 4 times a month.*

***Important: This form will be returned to you if this section is not completed.***

#### Signature Lines

A corporate officer must sign the form and print his/her name and the company name.

***Important: This form will be returned to you if this section is not completed.***

## MONTGOMERY COUNTY BUSINESS RECYCLING AND WASTE REDUCTION PLAN

Refer to the Montgomery County *Business Recycling Regulation Handbook* for guidance on recycling and completing your Plan.

Send completed Plan to: Department of Environmental Protection, Recycling and Resource Management Division/Waste Reduction and Recycling Section,  
Attn: SORRT Program, 2425 Reedie Drive, 4th Floor, Wheaton, MD 20902

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Recycling Program Contact Person: \_\_\_\_\_

Contact Person e-mail: \_\_\_\_\_ Business Website: \_\_\_\_\_

IF GOVERNMENT AGENCY, CHECK APPLICABLE: County  State  Federal

If your business leases property at above address, provide property owner or manager name:

Property Owner/Manager Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Property Owner/Manager Mailing Address: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_ (Employee means any person working 20 or more hours a week for more than 6 months in a calendar year.)

Total square feet of building space occupied: \_\_\_\_\_ Square Feet

Total acreage of green area (landscaped and grassy area), if applicable: \_\_\_\_\_ Acres

BUSINESS TYPE (Check all that apply):

- |  |   |                                     |  |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> BAR/RESTAURANT      | <input type="checkbox"/> OFFICE                       | <input type="checkbox"/> WHOLESALE  | <input type="checkbox"/> AGRICULTURAL  |
| <input type="checkbox"/> RETAIL, NON-GROCER  | <input type="checkbox"/> RETAIL, GROCER               | <input type="checkbox"/> LABORATORY | <input type="checkbox"/> MANUFACTURING |
| <input type="checkbox"/> SOCIAL SERVICES     | <input type="checkbox"/> HOTEL                        | <input type="checkbox"/> HOSPITAL   | <input type="checkbox"/> EDUCATION     |
| <input type="checkbox"/> HOME-BASED BUSINESS | <input type="checkbox"/> OTHER (Please Specify) _____ |                                     |  |

North American Industry Classification System (NAICS) Code: \_\_\_\_\_ (If Known)

Who will submit your Annual Recycling and Waste Reduction Report? Check appropriate box and provide requested information:

Self  Property Manager/Owner  Central Business Office  Other: \_\_\_\_\_

Name of Person responsible for submitting Annual Report: \_\_\_\_\_ Phone: \_\_\_\_\_

Company Name and Address: \_\_\_\_\_

MULTIPLE SITE BUSINESSES:

- Check this box if this Plan covers your business at more than one location within the County. Attach a list of the addresses of all in-County business locations, on-site contact person, the number of employees working and approximate square feet occupied at each location.

**FOR RRM D USE ONLY - DO NOT WRITE BELOW THIS LINE**

RECYCLING AND RESOURCE MANAGEMENT DIVISION APPROVAL BY: \_\_\_\_\_ Date: \_\_\_\_\_

EXEMPTION STATUS: \_\_\_\_\_ Approval Sent: \_\_\_\_\_

**PLAN FOR RECYCLING AND DISPOSING SOLID WASTE**

DATE PLAN SUBMITTED: \_\_\_\_\_

MATERIAL (Circle type where applicable)	Total Number and Size of central collection containers used by business(es) covered under this Plan and number of pick-ups per month. (Estimate pick-ups if necessary)	Name and Phone Number of Collection Company hauling/handling materials *If self-hauled, indicate facility/phone number where materials are delivered to	WASTE REDUCTION PROGRAM (Check if applicable and attach separate page to describe)	Check Box if Exemption Request Form is requested **
REQUIRED MATERIALS FOR RECYCLING, REUSE, OR BEING SOURCE REDUCED				
MIXED PAPER			<input type="checkbox"/>	<input type="checkbox"/>
WHITE OFFICE PAPER			<input type="checkbox"/>	<input type="checkbox"/>
CORRUGATED CARDBOARD			<input type="checkbox"/>	<input type="checkbox"/>
NEWSPAPER			<input type="checkbox"/>	<input type="checkbox"/>
COMMINGLED MATERIALS			<input type="checkbox"/>	<input type="checkbox"/>
ALUMINUM CANS			<input type="checkbox"/>	<input type="checkbox"/>
STEEL/TIN CANS			<input type="checkbox"/>	<input type="checkbox"/>
PLASTIC BOTTLES AND CONTAINERS			<input type="checkbox"/>	<input type="checkbox"/>
GLASS BOTTLES & JARS			<input type="checkbox"/>	<input type="checkbox"/>
YARD TRIM: Leaves Grass Brush			<input type="checkbox"/>	<input type="checkbox"/>
CHRISTMAS TREES			<input type="checkbox"/>	<input type="checkbox"/>
SCRAP METAL			<input type="checkbox"/>	<input type="checkbox"/>
VOLUNTARY MATERIALS FOR RECYCLING, REUSE OR BEING SOURCE REDUCED (Attach list of additional materials as needed)				
MATERIAL:				N/A
MATERIAL:				N/A
<b>SOLID WASTE FOR DISPOSAL ONLY - BELOW THIS LINE</b>				
SOLID WASTE FOR DISPOSAL (Trash)				N/A

\*\* RRMMD will contact you to schedule a site inspection and provide you an Exemption Request Form.

Signature of Person Completing Form \_\_\_\_\_ Date \_\_\_\_\_ Print Name of Signatory \_\_\_\_\_ Company Name \_\_\_\_\_  
 I hereby certify that as the Corporate Officer, I am responsible for ensuring compliance with Montgomery County Executive Regulation 1-15, which requires recycling and reporting by my business, and confirm that the above program will be implemented in accordance with the applicable schedule.

Signature of Responsible Corporate Officer \_\_\_\_\_ Date \_\_\_\_\_ Print Name of Signatory \_\_\_\_\_

## OPTIONAL SUBMITTAL WITH BUSINESS RECYCLING AND WASTE REDUCTION PLAN

**Does your Company buy or use any products that contain recycled content or material** (such as recycled toner cartridges, recycled hand towels or tissue paper, copier paper, etc.)? If so, please specify products below. Attach additional pages if needed.

(Refer to Recycled Product Supplier List and Recycled Products Guide in the Resource Material section of the Business Recycling Regulation Handbook.)

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