Section 3: Instructions for Completing Your Business Recycling and Waste Reduction Plan

GENERAL INSTRUCTIONS:

Montgomery County businesses are required to submit a Business Recycling and Waste Reduction Plan in accordance with Executive Regulation 1-15. The Business Recycling and Waste Reduction Plan must be submitted to the County. 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 70 percent recycling goal.

- 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 Division of Solid Waste Services (DSWS) receives your request, staff will send a standard Exemption Request Form, which your business must complete and submit to DSWS. Upon receipt of a completed Exemption Request Form, County staff will schedule a site visit. Exemptions 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 suite or room number, street address, building name, 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.

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, for more than six months in a calendar year. If this Plan is being submitted for multiple business sites, provide the total 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 employee number for each site.*

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 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.

Standard Industrial Classification (SIC) Code:

This refers to the standard number used by the federal government to classify different types of businesses. Most libraries have a copy of the Standard Industrial Classification Manual if no one working for your business knows your SIC Code. If this information is not available, it may be omitted; the County will assign you a number.

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 required materials to divert them from your trash. The materials identified in the left-hand column include all the required recyclables. If your program includes white office

paper, colored paper, newspapers, magazines, cardboard and other clean, dry paper mixed together, report the information on the line for "mixed paper." If your program collects food and beverage containers mixed together, report the information on the line for "commingled containers." Refer to the Recyclable Materials -- Definitions list in Section 7.)

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, toters, dumpsters, compactor/roll-off(s), and roll-off(s) for which your business is responsible. Report the number of desk-side 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 custodian 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 custodial 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 center, 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 with the goal of reducing solid waste for disposal by at least 70 percent annually, by volume or weight. 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 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, DSWS will provide you with a standard Exemption Request Form for submission to DSWS. Then DSWS staff will schedule a site visit. Exemption requests will be judged 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; and

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 wood pallets, computer equipment, motor oil, etc.

BOTTOM ROW: Solid Waste for Disposal Only:

Provide requested information in corresponding boxes. 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.

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: Division of Solid Waste Services, Attn: SORRT, 101 Monroe Street, 6th Floor, Rockville, MD 20850

Business Name: _____

Address: _____

Phone Number: _____

Recycling Program Contact Person: _____

Contact Person Email: _____ 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: _____

NUMBER OF EMPLOYEES: _____(Employee means 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):

❑ BAR/RESTAURANT ❑ OFFICE ❑ WHOLESALE ❑ AGRICULTURAL

❑ RETAIL, NON-GROCER ❑ RETAIL, GROCER ❑ LABORATORY ❑ MANUFACTURING

❑ SOCIAL SERVICES ❑ HOTEL ❑ HOSPITAL ❑ EDUCATION

❑ HOME-BASED BUSINESS ❑ OTHER (Please Specify)

Standard **I**ndustrial **C**lassification (SIC) Code:_____(If Known)

Who will submit your Annual 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 DSWS USE ONLY — DO NOT WRITE BELOW THIS LINE

DIVISION OF SOLID WASTE SERVICES 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 company hauling/handling materials** (if self-hauled, indicate facility/phone number where materials are delivered to)	**WASTE REDUCTION PROGRAM** (Check if applicable & attach separate page to describe)	**Check Box if Exemption Request Form is required ****
REQUIRED MATERIALS FOR RECYCLING, REUSE, OR BEING SOURCE REDUCED				
MIXED PAPER:			❑	❑
WHITE OFFICE PAPER			❑	❑
CORRUGATED CARDBOARD			❑	❑
NEWSPAPER			❑	❑
COMMINGLED MATERIALS			❑	❑
ALUMINUM CANS			❑	❑
STEEL/TIN CANS			❑	❑
PLASTIC BOTTLES AND CONTAINERS			❑	❑
GLASS BOTTLES & JARS			❑	❑
YARD TRIM Leaves Grass Brush			❑	❑
CHRISTMAS TREES			❑	❑
SCRAP METAL			❑	❑
VOLUNTARY MATERIALS FOR RECYCLING, REUSE OR SOURCE REDUCTION (Attach list of other materials as needed)				
MATERIAL:				N/A
MATERIAL:				N/A
SOLID WASTE FOR DISPOSAL ONLY — BELOW THIS LINE				
SOLID WASTE FOR DISPOSAL (Trash)				N/A

* List Container Types.

** DSWS 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 and Company Name _____

I hereby certify that as the Corporate Officer, I am responsible for ensuring compliance with applicable County Recycling 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 _____

Montgomery County SORRT Program

101 Monroe Street ▪ 6th floor ▪ Rockville, MD ▪ 20850 ▪ 3-1-1 or (240) 777-0311 ▪ www.montgomerycountymd.gov/recycling

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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