



NEEDHAM PUBLIC HEALTH DIVISION



Recycling Plan

Name of Firm: _____

Address: _____

Contact Person for Solid Waste and Recycling (phone, email): _____

Description of Type of Business: _____

Description of Current Waste Management:

Solid Waste: _____ containers, emptied _____ per month by _____
number, size of dumpsters/carts/bins/other containers # times name of hauling firm

Recycling: _____ containers, emptied _____ per month by _____
number, size of dumpsters/carts/bins/other containers # times name of hauling firm

Other: _____ containers, emptied _____ per month by _____
number, size of dumpsters/carts/bins/other containers # times name of hauling firm

Comments/Notes: _____

Description of Proposed Recycling (Mandatory for Waste Ban materials):

Paper: _____ containers, emptied _____ per month by _____
number, size of dumpsters/carts/bins/other containers # times name of hauling firm

Bottles and Cans: _____ containers, emptied _____ per month by _____
number, size of dumpsters/carts/bins/other containers # times name of hauling firm

Cardboard: _____ containers, emptied _____ per month by _____
number, size of dumpsters/carts/bins/other containers # times name of hauling firm

Organic/Food Waste (to be required by DEP as of July 2014 for those generating more than 1 ton per week):

_____ containers, emptied _____ per month by _____
number, size of dumpsters/carts/bins/other containers # times name of hauling firm

Other: _____ containers, emptied _____ per month by _____
number, size of dumpsters/carts/bins/other containers # times name of hauling firm

Other: _____ containers, emptied _____ per month by _____
number, size of dumpsters/carts/bins/other containers # times name of hauling firm

Comments/Notes: _____

(OVER)



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Description of Proposed Recycling (Optional)

Clothing/Textiles: _____

Styrofoam: _____

Books/CDs/DVDs: _____

Other: _____

Please add any additional information below:
