

MULTI-UNIT DEVELOPMENTS WASTE RECYCLING & ORGANICS FORM



The purpose of this form is to provide evidence that the commercial or multi-unit development has planned to provide adequate space for the collection and storage for garbage, recyclable material and organics, as per the City of Leduc Land Use bylaw Section 21.18 Trash and Recycling Enclosures.

If collection services have yet to be determined please fill out the anticipated waste collection level of service required.

Users can reference the *City of Leduc Commercial and Multi-Unit Developments Waste Management Design Guidelines* for support filling out this form.

Property Name/Address: _____

WASTE COLLECTION SERVICES:

Company Name (if known): _____ Contract Expiry _____ N/A

WASTE COLLECTION LEVEL OF SERVICE

CONTAINER TYPE(S)	CONTAINER SIZE(S) (GALLONS, LITRES, CUBIC YARDS)	# OF CONTAINERS	COLLECTION FREQUENCY
Carts			<input type="radio"/> 2x/week <input type="radio"/> weekly <input type="radio"/> every other week <input type="radio"/> monthly
Dumpsters			<input type="radio"/> 2x/week <input type="radio"/> weekly <input type="radio"/> every other week <input type="radio"/> monthly
Molok Style Bins			<input type="radio"/> 2x/week <input type="radio"/> weekly <input type="radio"/> every other week <input type="radio"/> monthly
Compactor			<input type="radio"/> 2x/week <input type="radio"/> weekly <input type="radio"/> every other week <input type="radio"/> monthly
Other:			<input type="radio"/> 2x/week <input type="radio"/> weekly <input type="radio"/> every other week <input type="radio"/> monthly

ENCLOSURE:

Is the waste area enclosed? Yes No
 Is the waste collection inside a building? Yes No
 Do you have multiple collection points on site? Yes No

If yes, how many collection sites? _____

Is waste, recycling and organics collected in the same location? Yes No

RECYCLING COLLECTION SERVICES:

Check if same as waste hauler: Haul to Eco Station: Other: _____

Check if not applicable:

Company Name (if known): _____ Contract Expiry _____ N/A

RECYCLING COLLECTION LEVEL OF SERVICE

CONTAINER TYPE(S)	CONTAINER SIZE(S) (GALLONS, LITRES, CUBIC YARDS)	# OF CONTAINERS	COLLECTION FREQUENCY
Carts			<input type="radio"/> 2x/week <input type="radio"/> weekly <input type="radio"/> every other week <input type="radio"/> monthly
Dumpsters			<input type="radio"/> 2x/week <input type="radio"/> weekly <input type="radio"/> every other week <input type="radio"/> monthly
Molok Style Bins			<input type="radio"/> 2x/week <input type="radio"/> weekly <input type="radio"/> every other week <input type="radio"/> monthly
Compactor			<input type="radio"/> 2x/week <input type="radio"/> weekly <input type="radio"/> every other week <input type="radio"/> monthly
Other:			<input type="radio"/> 2x/week <input type="radio"/> weekly <input type="radio"/> every other week <input type="radio"/> monthly

Check off which of the following materials are included in your recycling program: Paper Cardboard Plastics Metal

Glass Styrofoam Beverage Containers Other (please list): _____

Are residents/staff required to sort their recycling into categories or is the collection co-mingled?

If required to sort, please describe sorting requirements: _____

ENCLOSURES (if different from the waste collection area):

Is the recycling collection area enclosed? Yes No Do you have multiple collection points on site? Yes No
 Is the recycling collection inside a building? Yes No If yes, how many? _____

ORGANICS COLLECTION SERVICES:

Check if same as waste hauler: Check if residents or staff self-haul to the Eco Station: Other: _____

ORGANICS COLLECTION LEVEL OF SERVICE			
CONTAINER TYPE(S)	CONTAINER SIZE(S) (GALLONS, LITRES, CUBIC YARDS)	# OF CONTAINERS	COLLECTION FREQUENCY
Carts			<input type="radio"/> 2x/week <input type="radio"/> weekly <input type="radio"/> every other week <input type="radio"/> monthly
Dumpsters			<input type="radio"/> 2x/week <input type="radio"/> weekly <input type="radio"/> every other week <input type="radio"/> monthly
Molok Style Bins			<input type="radio"/> 2x/week <input type="radio"/> weekly <input type="radio"/> every other week <input type="radio"/> monthly
Compactor			<input type="radio"/> 2x/week <input type="radio"/> weekly <input type="radio"/> every other week <input type="radio"/> monthly
Other:			<input type="radio"/> 2x/week <input type="radio"/> weekly <input type="radio"/> every other week <input type="radio"/> monthly

Check off which of the following materials are included in your organics program: Food Waste Yard Waste Shredded Paper
 Soiled Cardboard Pet Waste Compostable plastics (i.e. bags, utensils) Other (please list): _____

Are residents/staff required to use certified compostable bags? Yes No N/A

Is the organics collection area enclosed? Yes No Do you have multiple collection points on site? Yes No
 Is the organics collection inside a building? Yes No If yes, how many? _____

Please provide a site plan which indicates the locations for waste/recycling/organics.

We are here to help you: The City of Leduc has a Waste Diversion program liaison ready to assist you if you have any questions or problems with your waste diversion plan.

I would like to learn more about how to develop a(n): **recycling diversion program** **organics diversion program** for my building.

Please indicate the best contact inform to follow up at so that we can provide more information:

Name: _____ Title: _____

Email: _____ Phone Number: _____