**Annex Ⅱ Questionnaire**

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Name:

Country:

Organization and present post:

E-mail:

Remarks 1: The Questionnaire should be typewritten in English (12-point, appropriately spaced, A4 sized paper), and total pages of the report should be limited to 2 pages.

Remarks 2: Please itemize your answers and make them specific.

1. Have you ever studied the following subjects? Please check either Yes or No. If you answer “Yes”, please fill in “Years” parentheses with your years of experience.

|  |  |  |  |
| --- | --- | --- | --- |
|  | YES | NO | Years |
| (1) Environmental science and engineering | ( ) | ( ) | ( ) |
| (2) Sanitary engineering | ( ) | ( ) | ( ) |
| (3) Environmental education | ( ) | ( ) | ( ) |
| (4) Household waste treatment practice | ( ) | ( ) | ( ) |
| (5) Solid waste management administration | ( ) | ( ) | ( ) |

2. Waste situation in the area under your organization’s jurisdiction.

(1) Household Waste Management

- Volume of household waste

- Kinds of household waste and its percentage

- Collection method

- Fee of household waste

(2) Landfill Site

　(2)-1 General information

|  |  |
| --- | --- |
| Items | Disposal site |
| Site1 | Site2 |
| Name of the site |  |  |
| Year when disposal started |  |  |
| Total area |  | ha |  | ha |
| Capacity |  | cu.m |  | cu.m |
| Estimated life span remaining (year) |  | yrs |  | yrs |
| Amount of daily waste disposed |  | t/d |  | t/d |
| Distance from center of collection area to the site |  | km |  | km |
| Disposal method (See notes bellow) | □O,□C,□S,□D | □O,□C,□S,□D  |
| Existence of animals on the site | □Yes　　□No | □Yes　　□No |
| Existence of waste pickers on the site | □Yes　　□No | □Yes　　□No |
| Existence of open burning on the site | □Yes　　□No | □Yes　　□No |

 Note O：Open dumping

C：Controlled tipping (with sporadic cover)

S：Sanitary landfill (with daily cover)

D：Dumping into water body

- Method of measurement (or estimation) of volume of waste

- Rate of tipping fee

- Management organization (local government or private company)

(2)-2 Personnel for the Landfill Management service (number of personnel)

In case staff is not assigned to the Landfill site, please put the number of staff needed in parenthesis.)

|  |  |
| --- | --- |
| Type of personnel | Disposal site |
| Site1 | Site2 |
| Administrator |  |  |
| Health officer |  |  |
| Public Health Inspector or equivalent |  |  |
| Engineer |  |  |
| Technical assistant/Technician |  |  |
| Mechanics/ Mechanic’s assistant |  |  |
| Supervisor |  |  |
| Driver |  |  |
| Laborer |  |  |
| Total |  |  |

(2)-3 Details of Landfill sites

|  |  |
| --- | --- |
| Items | Disposal site |
| Site 1 | Site 2 |
| Ground form of the location | RiversideSwampFlat groundMountain areaSeasideOthers |  |  |
| Depth of waste layers |  | m |  | m |
| Obtaining method of covering material | In the SiteOutside the SiteBuying |  |  |
| Types of waste disposed | Household wasteInstitutional and commercial wasteIndustrial wasteConstruction wasteStreet/park cleaned wasteDrain cleansing wasteBulky wasteOthers: |  |  |
| Monitoring items  | LeachateUnderground waterLandfill gas |  |  |

(2)-4 Existing facilities in Landfill Sites(Please put a check mark ✓ if the site has)

|  |  |
| --- | --- |
| Item | Disposal Site |
| Site 1 | Site 2 |
| Electricity Supply |  |  |
| Water Supply |  |  |
| Telephone |  |  |
| Office in the Site  |  |  |
| Weighbridge |  |  |
| Access Road |  |  |
| Fence for Boundary |  |  |
| Bank for Boundary |  |  |
| Gate |  |  |
| Notice Board |  |  |
| Cover Material |  |  |
| Gas Venting Pipe |  |  |
| Rain Water Drain |  |  |
| Leachate Collection Pipe |  |  |
| Leachate Treatment Facility |  |  |
| Oxidation Pond |  |  |
| Bio treatment |  |  |
| Chemical treatment |  |  |
| Sand filtration |  |  |

(3) Industrial Waste

- Kinds and volume of industrial waste

- Waste generator can be identified or not. If yes, please explain who and how.

(4) Population of the area which your organization is in charge of

(5) The annual budget (U.S. dollar) for solid waste management

1. Solid waste management
2. Frequency of Waste Composition Survey (Choose One)
* Every Month
* Every Year
* Other Frequency( )
* Not Carried out

b. Breakdown by weight of the annual solid waste materials and percentage

|  |  |  |
| --- | --- | --- |
|  | Weight (tons) | Percentage |
| - Food | ( t) | ( %) |
| - Paper | ( t) | ( %) |
| - Plastic | ( t) | ( %) |
| - Metals | ( t) | ( %) |
| - Others | ( t) | ( %) |

c. Breakdown of annual municipal solid waste management budget and percentage for total badget of solid waste management.

|  |  |  |
| --- | --- | --- |
|  | Budget (USD) | Percentage |
| - Collection | ( USD) | ( %) |
| - Construction of treatment/disposal facilities | ( USD) | ( %) |
| - Operation and management of disposal | ( USD) | ( %) |
| - others | ( USD) | ( %) |

(7) Compost plant

- Method and capacity

(8) Medical/Toxic waste treatment

- Kind/volume of medical/toxic waste treatment

- Treatment method

(9) Environmental education

- Method and target people