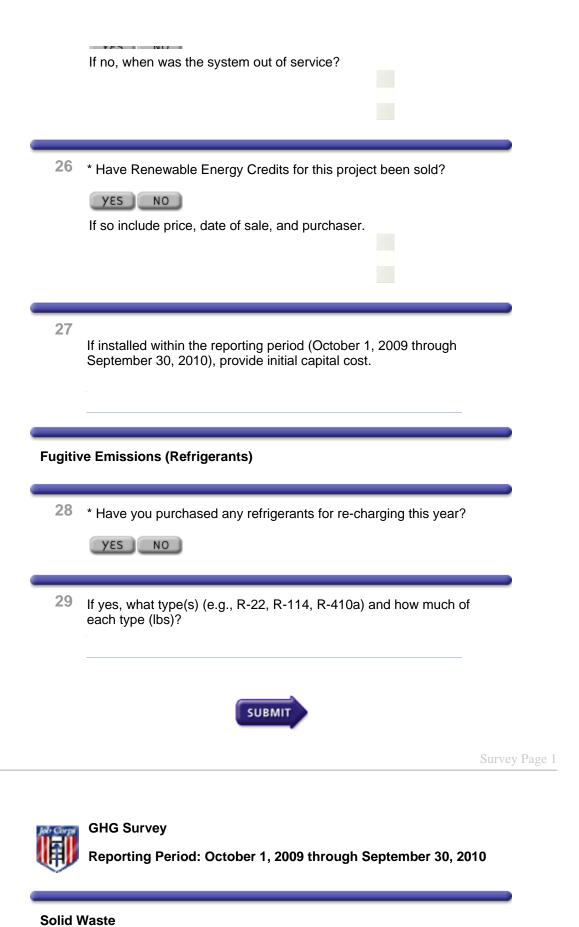
	GHG Survey Reporting Period: October 1, 2009 through September 30, 2010			
Center Identification				
1	* What is your center name?			
2	What is the zip code of your center?			
3	* What is the name, phone number, and e-mail address for the person filling out this form? Name: Phone number: E-mail:			
Staff and Students ANSWER ONLY IF YOU HAVE AN ON-SITE WASTEWATER TREATMENT PLANT INCLUDING A LAGOON, SEPTIC SYSTEM, OR PACKAGE PLANT				
4	How many resident students are present on an average day?			
5	How many non-resident students are present on an average day?			
6	How many staff are present on a typical day?			
7	Staff - of the number present on a typical day, how many are full time?			

8	Staff - if part time, about how many hours per week do they work, on average?
Visito	
	rs /ER ONLY IF YOU HAVE AN ON-SITE WASTEWATER TREATMENT
	Γ INCLUDING A LAGOON, SEPTIC SYSTEM, OR PACKAGE PLANT
9	About how many visitors do you have in a year?
10	For your visitors, about how long is the average visit (hrs)?
Renev	vable Electricity Production
	,
11	
	* Do you have a renewable electricity production facility?
	* Do you have a renewable electricity production facility? YES NO
12	
	YES NO
	If yes, what type(s) of fuel is used — select all that apply
	If yes, what type(s) of fuel is used — select all that apply Wind Solar electric Solar heat
	If yes, what type(s) of fuel is used — select all that apply Wind Solar electric Solar heat Biodiesel
	If yes, what type(s) of fuel is used — select all that apply Wind Solar electric Solar heat
	If yes, what type(s) of fuel is used — select all that apply Wind Solar electric Solar heat Biodiesel
	If yes, what type(s) of fuel is used — select all that apply Wind Solar electric Solar heat Biodiesel
12	If yes, what type(s) of fuel is used — select all that apply Wind Solar electric Solar heat Biodiesel Other, please explain
12	If yes, what type(s) of fuel is used — select all that apply Wind Solar electric Solar heat Biodiesel Other, please explain * Is the system grid connected to the local utility supply?

	Wind:	
	Solar electric:	
	Solar heat:	
	Biodiesel:	
	Other:	
15	If you do not know h	now much electricity was produced, provide
	a. Installation date:	
	b. Rated output (e.g., 2.0 kW rated)	
	wind turbine or	
	five 200 Watt solar panels):	
	c. Manufacturer:	
16		een fully functional since its installation date and g period (October 1, 2009 through September 30,
	YES NO If answer is no, pro	vide number of days the system was out of service
17	* Have Renewable	Energy Credits for this project been sold?
	YES NO	
		, date of sale, and purchaser.
18	If installed within the September 30, 2010	e reporting period (October 1, 2009 through 0), provide initial capital cost.

Renewable Non-Electric Energy Production

19	* Do you have a renewable non-electric energy production facility? yes No
20	If yes, what type(s) of fuel is (are) used? (select all that apply) Solar thermal Biomass Biodiesel Ground source heat pumps Other, please explain
21	If biomass was present, how much biomass was combusted (in tons)?
22	If biodiesel was present, how much biodiesel was produced (in gallons)?
23	* Do you know how much energy was produced from other types of fuel, such as ground source heat pumps or solar hot water heaters (in MBTUs)?
24	If you do not know how much energy was produced, provide a. Installation date: b. Rated output (e.g., 20 tons for ground source heat pumps or 3 solar hot water panels rated at 20 kWh each):
25	* Has the system been fully functional for the reporting period (October 1, 2009 through September 30, 2010)?



30 * Do you know how many tons (or cubic yards) of solid waste you produce in a year?





Survey Page 2

