



NEO IRIDIS ENERGY
Waste Energy Project Evaluation Form

Date: _____

SEND FORM TO:

dcrockett@neoviridisenergy.com

Contact Information

Contact's Name & Title: _____

Contact's Company: _____

Contact's Address: _____

(CITY, COUNTY, & STATE)

(Zip)

Contact's E-mail: _____

Contact's Phone No.: _____

Contact's Fax No.: _____

Project Description

Please list applicable existing operations (i.e., farm, ranch, dairy, landfill, municipal, etc.): _____

Type of Waste:

- Solid Manure (please list type)
- Crop Residue (please list type)
- Other (please describe)

- Liquid Manure Lagoon (please list type)
- Municipal Waste (please list type)

Waste: _____

Existing Volume of Waste (tons or gallons): _____

Daily Volume of Waste Generated (tons or gallons): _____

Annual Volume of Waste Generated (tons or gallons): _____

Current Use of the Waste: _____

Special Considerations

Project Goals: _____

Other Details: _____
