

State of North Carolina

Department of Environmental Quality
Division of Waste Management &
Division of Environmental Assistance and Customer Service

Solid Waste and Materials Management Annual Report July 1, 2019 - June 30, 2020

Submit this form to Lgteam@ncdenr.gov by September 1, 2020.

On the following pages, you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2019-2020. Each North Carolina county and municipality is required to complete this report annually. Completion and submission of this report will fulfill the annual reporting mandate to the state as required by G.S. 130A-309.09A. Failure to complete and submit this report could result in the local government being excluded from distributions of Solid Waste Disposal Tax Proceeds and other Department of Environmental Quality grants.

Instructions

This form must be completed electronically using Adobe Reader. It is suggested that you complete the form using the latest version of Adobe Reader which can be downloaded for free at: https://get.adobe.com/reader/. Please **DO NOT** complete this form using Adobe Acrobat Pro.

Complete the form by entering responses in the appropriate fields using Adobe Reader. Please save a copy of the completed form to your computer for your records by using the "Save As" option. Name the file Community Name LGAR 2019-20. For example, Aberdeen LGAR 2019-20.

You can find your reports from previous years at: https://deq.nc.gov/conservation/recycling/local-government-recycling-assistance/LGAR

After completing and saving the report, please email the report to <u>Lgteam@ncdenr.gov</u>

If you need assistance completing or submitting this form, please feel free to contact one of the following Division of Environmental Assistance and Customer Service staff members:

Sandy Skolochenko, phone: 919-707-8147, email: sandy.skolochenko@ncdenr.gov

Tara Nattress, phone: 919-707-8123, email: tara.nattress@ncdenr.gov

Form Year

2020



Local Government Report Form

Required: Select your Local Government Name DOBBINS HEIGHTS

State of North Carolina

Department of Environmental Quality Division of Waste Management & Division of Environmental Assistance and Customer Service

COMPLETION AND SUBMISSION OF THIS REPORT WILL FULFILL THE ANNUAL REPORTING MANDATE TO THE STATE AS REQUIRED BY G.S. 130A-309.09A.

Please submit this form to Lgteam@ncdenr.gov by September 1, 2020. If you have questions or need assistance completing this form, please call 919-707-8147 or 919-707-8123. Person Completing This Report: Regina Hamilton Title: Town Clerk Mailing Address: PO Box 151 City: Hamlet Zip: 28345 Phone: 910-582-6002 Date: July 14, 2020 Email: dobbinsheights@bellsouth.net **General Instructions** Please remember that the time period for the report is JULY 1, 2019 through JUNE 30, 2020. Please check "No" if you have nothing to report for a specific question. Did your local government have a Recycling Coordinator or similar position for FY 19-20? X No Name Recycling Coordinator (if different from person completing this report.) Name: Title: Address: City: Zip: Email: Telephone: Did your local government have a Solid Waste Director or similar position for FY 19-20? X No 2. If Yes, Name: Address: City: Zip: Email: Telephone: Did your local government have **dedicated or part-time** Solid Waste Enforcement Staff for FY 19-20? If Yes, Name: James Mumford Title: Sanitation Worker Address: 172 Earle Franklin Dr. City: Hamlet Zip: 28345 Telephone: 910-582-6002 Email: dobbinsheights@bellsouth.net Did your local government have solid waste ordinances in place addressing any of the following during FY 19-20? (if yes, please check all that apply) Disposal Bans Illegal Dumping Littering Construction & Demolition Other: Did your local government manage, provide or contract for any solid waste services in FY 19-20 (e.g., collection, disposal, recycling, 5. mulching, composting)? X Yes No

If you answer "No" to question 5, the report is complete, please email to Lgteam@ncdenr.gov.

| | Part 1. Waste Reduction and Recycling Programs Serving Government Facilities |
|-----|---|
| 6. | Did your local government have a recycling program in place for collecting recyclable materials generated at public buildings in FY 19-20? |
| 7. | Did your local government have any program or policy encouraging or requiring local agencies to purchase products with recycled content in FY 19-20? Yes No |
| 8. | Did your local government have a program in place to collect and recycle spent fluorescent lights generated from the public buildings and facilities that were operated by your government in FY 19-20? Yes No |
| | Part II. Waste Reduction and Recycling Programs Serving the Public |
| SO | URCE REDUCTION / REUSE |
| 9. | Did your local government have a backyard composting program? |
| 10. | If yes, please check all backyard composting activities that apply: |
| | ☐ Education ☐ Demonstration site(s) ☐ Bin distribution/sales Number of Bins distributed? |
| 11. | Did your local government operate a program to promote source reduction efforts? Yes No If yes, please check all source reduction programs that apply: Junk Mail Reduction Single Use Plastics Reduction Food Waste Reduction |
| | Promoting Reuse and Donation Other |
| 12. | Did your local government offer a waste exchange or reuse program? Yes No |
| 13. | If yes, please check all waste exchange and/or reuse programs that apply: |
| | Swap shop/shed Number of sheds in use? Paint exchange Number of gallons recovered? |
| | Other (e.g. pallet exchange, etc.) |
| PU | BLIC RECYCLING SERVICES |
| 14. | Which of the following responses best describes your recyclables recovery activities for the period July 1, 2019 through June 30, 2020? Choose ONE option that best applies. |
| | My local government DID operate or contract for a recyclables recovery program. (please continue to question 15) |
| | My local government DID NOT operate or contract for recyclables recovery BUT DID participate in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; then go to Part IV on page 7 .) |
| | With which local government did you participate? |
| | My local government DID NOT operate, contract or participate in a recycling program. (Go to Part IV on page 7.) |
| CU. | RBSIDE RECYCLING PROGRAM |
| 15. | Did your government operate a Curbside Recycling Program? Yes No, skip to question # 25 |
| 16. | Who collected the recyclable materials for your local government's curbside recycling program? |
| | Local government employees |
| | Private contractor (please specify) |
| | Franchised hauler (please specify) |
| | Other (please specify) |
| | |

| 17. | Please provide the following information about your community: a. Total number of households in your jurisdiction? |
|-----|---|
| | b. Number of households eligible to participate in the curbside recycling program: |
| | c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): |
| 18. | If your curbside recycling program is operated through a <u>public franchise granted to a private company</u> then please answer the following: Is public participation in the franchise: Voluntary or Mandatory Does your franchise consist of: One service district or Multiple service districts |
| 19. | What sector(s) of your community was served by the curbside recycling program? Residential Commercial Industrial |
| 20. | If you checked commercial or industrial in question 19, please indicate the number of accounts served: |
| 21. | How frequently were the curbside recyclables collected? Once a week Every other week / biweekly Other |
| 22. | Please describe the collection containers used: Bins Blue bags Roll-out carts |
| 23. | Please describe the method of recycling collection: curb-sort (collector separates material as collected) single stream / commingled don't know / other |
| 24. | Do residents sign up for curbside recycling service or are they automatically included? Sign up Automatically included |
| DR | OP-OFF RECYCLING PROGRAM |
| 25. | Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 32 |
| 26. | Who collected the recyclable materials for your local government's drop-off recycling program? Local government employees Private contractor |
| | Other (please specify) |
| 27. | Please describe the method / style of recyclable materials handling for your drop-off recycling program: source-separated (citizens separate materials by type) single stream / commingled dual / two stream (paper separated from cans/bottles) don't know / other |
| 28. | Please estimate the number of households served by your drop-off recycling program. |
| 29. | What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial |
| 30. | How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites: |
| 31. | How many of these locations were staffed with attendants? |
| EL | ECTRONICS RECYCLING PROGRAM |
| 32. | Did your community operate an electronics recycling program in FY 19-20? Yes No, skip to question # 38 |
| | If you did operate an electronics recycling program, please indicate style of program: |
| | Permanent - Curbside Collection Permanent - Drop-off Scheduled Collection Day or Event Part of HHW Program |
| | If you offer curbside collection of electronics is it: by appointment or unscheduled |
| | If you operate a drop-off electronics program, how many collection sites do you provide? Number of Sites: |

| 33. | Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses |
|-----|---|
| 34. | Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses |
| 35. | Annually, DEQ distributes funds to eligible units of local government. If your unit of local government received a distribution from the Electronics Management Fund in February 2020, please provide the following information: |
| | Electronics Management Fund balance as of July 1, 2019: \$ |
| | Electronics Management Funds received from DEQ during FY 19-20 (Feb 2020 distribution): \$ |
| | Electronics Management Funds spent during FY 19-20: \$ |
| | Electronics Management Fund balance as of June 30, 2020: \$ |
| 36. | Explain how Electronics Management Funds were used during FY 19-20 (list items purchased if applicable): |
| | |
| | |
| 37 | Name of electronics recycler(s) used during FY 19-20: |
| | Does the electronics recycler(s) used have either the e-Steward or R2 certification? |
| OT | HER PUBLIC RECYCLING PROGRAMS |
| | only programs operated or contracted for <u>by the local government</u> . The tonnage of any materials collected by the following programs uld be listed in the "Other" column in the Recycling Tonnages Chart on pg 5. |
| 38. | Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or drop-off recycling programs? Yes No |
| 39. | Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner other than through your curbside or drop-off recycling programs? Yes No |
| 40. | Does your local government provide recycling services to Alcoholic Beverage Commission permit holders? Yes On-site collection services provided If on-site collection provided, please estimate # of ABC accounts served: |
| | Public drop-off recycling sites available for ABC On Premises Permit holders to use |
| 41. | Does your local government operate a program to recycle Construction and Demolition materials? Yes No If yes, please check all materials that were recycled and report tonnages in tonnage table on page 5: |
| | ☐ Clean Wood ☐ Brick, concrete, etc. ☐ Sheetrock ☐ Vinyl siding ☐ Shingles ☐ Metals ☐ Other |
| 42. | Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 19-20. (check all that apply and if possible indicate tonnages on page 5 in "Other" column) |
| | ☐ Public Parks Recycling Program ☐ Athletic Field /Venue Recycling Program |
| | ☐ Pedestrian Recycling Program ☐ Recycling Service for Special Events / Festivals |
| 43. | Please identify all "Other" programs or services operated by your government during FY 19-20. (check all that apply and if possible indicate tonnages on page 5 in "Other" column) |
| | Public School Recycling Program |
| | Scheduled Collection Drives (e.g. confidential document shredding event held quarterly, once a year, etc.) |
| | Lend-a-Bin Program where local government provides recycling containers to community organizations for use at events |
| | Organics / Food Waste Recycling other than yard waste program |
| | Oyster Shell Recycling Program |
| | Other Programs (please specify) |
| | Programs to manage Special Wastes are addressed in Part III on page 6, please do not include Special Waste programs above. |
| | |

RECYCLING TONNAGES FROM PUBLIC PROGRAMS

- 44. a. Enter data in the table below for ALL recycling programs operated or contracted for by your local government. Provide TONNAGES (or estimates) for each material collected for the period JULY 1, 2019 through JUNE 30, 2020.
 - b. Do NOT report yard waste, tires, HHW, used oil, batteries or other special wastes on this page these are covered later in the report.
 - c. If you collected single stream or other commingled materials, record tons in the "Commingled tons" row and then X the boxes beside each material type included in the commingled mix.

| BBO CB AM | Curbside | | Drop-off | | All "Othe | er" Programs | Total Tons | |
|---|----------------|-------------------|-----------------|----------------|------------------|---------------------|---------------------------------|--|
| PROGRAM | ⊠ if Yes | Tons | ⊠ if Yes | Tons | ⊠ if Yes | Tons | (totals are calculated by form) | |
| GLASS: | | | | | | | | |
| Clear | | | | | | | | |
| Brown | | | | | | | | |
| Green | | | | | | | | |
| Mixed | | | | | | | | |
| PLASTIC: | | | | | | | | |
| PET #1 | | | | | | | | |
| HDPE #2 | | | | | | | | |
| All Plastic Bottles | | | | | | | | |
| Other Plastic Containers | | | | | | | | |
| Bulky Rigid Plastics | | | | | | | | |
| METAL: | | | | | | | | |
| Aluminum Cans | | | | | | | | |
| Steel Cans | | | | | | | | |
| PAPER: | | | | | | | | |
| Newsprint (ONP) | | | | | | | | |
| Cardboard (OCC) | | | | | | | | |
| Magazines (OMG) | | | | | | | | |
| Office Paper | | | | | | | | |
| Mixed / Other Paper | | | | | | | | |
| Cartons / Aseptic Containers | | | | | | | | |
| WOOD: | | | | | | | | |
| Pallets | | | | | | | | |
| Other Wood - DO NOT | | Report all tons | in Other colun | nn | | | | |
| report yard waste tons here | | | | | | | | |
| ELECTRONICS: Televisions | | | | | | | | |
| | - | n , 11 , | . 04 1 | | | | | |
| Computer Equipment | _ | Report all tons | ın Otner colun | nn | | | | |
| Other Electronics | | | | | | | | |
| OTHER MATERIALS: | | | | | | | | |
| Textiles (clothes etc) | _ | | | | | | | |
| C&D Materials Recycling | _ | | | | | | | |
| White Goods | _ | Report all tons | in Other colun | nn | | | | |
| Other Scrap Metal | _ | | | | | | | |
| | _ | | | | | | | |
| Commingled tong* (v hove | | | | | | | | |
| Commingled tons* (x boxes above for all items included) | | | | | | | | |
| TOTAL TONS: | | | | | | | | |
| | | | | | | | | |
| 5. *If you checked comn | ningled, which | n material recove | ery facility (M | RF) does you | community use | ? | | |
| A MRF is the plant to | hat separates | commingled recy | vclables into | marketable coi | mmodities (paper | r, plastic, metals, | glass) | |
| a. Do you have a for | mal contract v | with the MRF? | Yes | □ No If | yes, what month | /year does it expi | re? | |
| b. Do you know you | | | | | No | | - | |
| Inbound contamin | | | - | | | ered to the MRF. | | |
| If yes, what is the | | - | | | | | | |
| | | 1 | | | | | | |

| Material Type | Tons Diverted | Describe t | he mechanism that caused t | hese ma | terials to be recov | vered and d | ata collection | on met |
|---|---------------------------------|-----------------|---|-----------|---------------------|-------------|----------------|---------------|
| | 1 | | | | | | | |
| | | | | | | | | |
| | | Part | III. Special Waste | Colle | ections | | | |
| | | | w considering services prov | | | | | |
| 1 | 1 0 | v | . Do not include materials poted outside of any Househo | _ | | _ | 1 | , 0 |
| | | | gram or HHW event and w | | | | | |
| rd materials in ques | stion #47 but inst | ead report | with HHW materials in ques | stion #48 | 8. | | | |
| | | | | | 1011 | | | |
| | | | ence centers, transfer station on facilities or household | | | | | |
| | Programs for Co | | Did program collect this | # of | | | | |
| Materials from C | | | material from the public? | sites | Data on quantit | | _ | u. |
| Used Motor Oil | | | Yes | | 1 | | gallons | \neg |
| Used Oil Filters | | | Yes | | barrels | s, or | | lbs |
| Used Antifreeze | | | Yes | | | I— | gal | lons |
| Batteries, Lead Acid | d (Auto) | | Yes | | # bat | teries, or | | lbs |
| Batteries, Dry Cell | Batteries, Dry Cell (Household) | | | | | I | | lbs |
| Fluorescent Bulbs/I | Lights Containing | Mercury | Yes | | lb | s, or | # bu | ılbs |
| Propane Tanks | | | Yes | | lb | s, or | # ta | anks |
| Used Cooking Oil / | Waste Vegetable | Oil | Yes | | 1b | s, or | gal | lons |
| Other Special Wast | es - please provid | le waste | Yes | | · | | | lbs |
| type here: | (MICD + D | | | | | | | |
| Pesticide Container pesticides themselv | | m, not | Yes | | lb | s, or | | con- iners |
| NCDA Pesticide Di | sposal Assistance | _ | Yes | | | 1 | | lbs |
| (for management of | - | | 105 | | | . | | 105 |
| Latex Paint (do not HHW event or by a | 1 | | Yes | | | ıls, or | | lbs |
| | | | Program - Fiscal Year 201 | 9-2020 | | I - | | |
| | ` ′ | | HHW collection facility or | | ary collection eve | nt? Ye | es N | lo |
| If Yes, please respo | nd to the following | ng question | s: | | - | | | |
| a. Was HHW colle | cted at a perman | ent collection | on facility or temporary coll | ection e | vent? Perma | nent [| Temp. Ever | ıt |
| b. How many days | did the HHW co | llection pro | ogram operate (number of da | iys oper | ated out of 365)? | | | |
| | - | er the HHW | program or event with ano | ther loca | al government? | Yes | ☐ No | |
| Please list partne | | | | | | | | |
| • | | | ed in your HHW collection | | | | | |
| | • | | QG (Very Small Quantity C | | , | | No | |
| | | | t of VSQG material collecte | | | poi | unds | |
| f. Provide the amo | unt of materials | collected by | the HHW program for the | fiscal ye | ear | | poun | ds |
| a List all the HHV | V disposal and HI | ng contractors: | | | | | | |
| g. List all the HHV | v disposar and m | | | | | | | |

| | | Part | IV. Yard Wa | ste, Mulc | hing and | l C | ompostin | g Managem | ent |
|-----|---|----------------|---|-----------------|--------------|------------|------------------|-------------------------|---|
| | | be dispose | | s, incinerator: | | | | | a. Do not include informatio |
| 19. | | _ | ent operate a yard wa | | | _ | | • | w yard waste is managed by aste, compost, or LCID facil |
| 50. | Did a storm ev | ent signific | antly impact the amo | ount of yard w | aste your go | ver | nment manage | d during FY 19-20 | 0? Yes No |
| 51. | | | als were managed by vaste, brush, limbs, | | | | | | DR CUBIC YARDS of /cubic yd. |
| | | Destin | nation | Check if used | Tons | | Cubic Yards | Facility | Name and Location |
| | End user (to fa | rmer or ho | me-owner) | | | or | | | |
| | Your local gov | ernment's 1 | mulch or compost fac | cility 🔲 | | or | | | |
| | Other public m | ulch or cor | npost facility | | 31.32 | or | | Richmond County | |
| | Private mulch | or compost | facility | | | or | | | |
| | Land clearing a | and inert de | ebris landfill (LCID) | | | or | | | |
| | Energy / Fuel U | Jse (e.g. bo | oiler fuel market) | | | or | | | |
| | | To | tal | | 31.32 | or | | | |
| | | ed by progr | ram in the appropriat | e boxes above | Ex. 10 ci | ıbic | | days/wk x 16 wks | en enter the grand total $s = 480$ cubic yards cubic yards TOTAL |
| | SEC OF TIME | ir (iir yaras) | | | | | tion Servi | | |
| | | | | | | | | | |
| 52. | Please complet | 1 | wing table about you ollects Solid Waste? | <u> </u> | | | 4049 | • | |
| | Sector | | ter - see codes at righ | | see codes a | | lot WHO CO | llects Solid Waste? | How is Solid Waste Collected? es 1. Once a week at household |
| | Residential | Primary | a Secondary | Primary 2 | Secondary | | b. By Co | ntract | Twice a week at household Twice a week at household Convenience center/greenbox |
| | Commercial | Primary | d Secondary | Primary | Secondary | | d. Local | government not | 4. As needed or by request |
| | Industrial | Primary | d Secondary | Primary | Secondary | | involv servic | ed in provision of e | 5. Daily 6. Other |
| 53. | If you provide | residential | waste collection at s | ingle-family h | ouseholds in | ı yo | ur jurisdiction, | please answer the | e following questions: |
| | What type of c | ollection m | nethod is used? | Fully Auto | mated | Se | emi-Automated | l 🛛 Manual | Don't know |
| | * * | | ection frequency? | □ Weekly | | ļi | s per week | Other | |
| | | | e point for single fan | _ , | | | Curbside | □ Back yard / Ba | ck door |
| | • • | | ontainer is used? | _ | nt-provided | | | ent-provided conta | <u></u> |
| | ** | | collection services? | ∑ Yes | ∏ No | | | pro | |
| 54. | For municipali | ties - did yo | our government colle | ect white good | . — | | | No | |
| | If so, were wni | | elivered to the county | | | | No No | al A adiridia | ~ |
| 55. | Did your local issues / activiti | governme | | | nform citize | ns s | pecifically abo | | nagement and / or recycling |
| 56. | Please estimate | your annu | al budget for solid w | | - | _ | | s: \$ | |
| 57. | Does your com | ımunity pro | oduce recycling educ | ation and outr | each materia | ıls i | n languages be | sides English? | Yes No |
| | If YES, please | list other la | anguages used: | | | | - | | |
| | - | | | | | | | | |

| | rart vII | . Resources 1 | or 201 | iu was | te Managem | ient an | a Full Co | ost Account | ıng |
|-----|--|---------------------------|------------|---------------------------------|---------------------------------|---------------------------|--------------------------------|---|---|
| | Did your local governm NC Solid Waste Dispos According to GS 105-1 | sal Tax proceeds ar | e distribu | ated to elig | ible local governn | nents on a | quarterly bas | sis by the Depart | ment of Revenue. |
| | Did your local governm | nent receive Solid V | Waste Dis | sposal Tax | distributions? | | X Y | res N | lo |
| | If yes, how are disposa | ıl tax distributions b | eing use | d? | | | | | |
| 60. | What other funding sou Tipping fees Property tax Per househo | s tes / general fund | | | sight-based fees (e yclables | .g. PAYT | _ | re tax hite Goods tax | |
| 61. | If applicable, please pr | • | | | 1 0 | | | C 1. 1 | |
| | ex: \$ \$75.00 | per | <i>y</i> | ear | per | house | ehold | for solid was | te |
| | a. \$ | per | | | per | | | for solid was | te |
| | b. \$ | per | | | per | | | for recycling | |
| | c. \$ | per | | | per | | | for yard wast | te |
| | d. \$ | per | | | per | | | for bulky wa | ste |
| | e. \$ | per | | | per | | | availability f | ee |
| | f. \$ | per | | | per | | | total charge | |
| 62. | Did your local government | | | | | | | 9-20? (a system | where residents |
| | are charged a fee by we | | | | | | | 1 . 0 | 0 1 |
| | cording to GS 130A-309 | | | • | | ost accour | nting annuall | y and inform us | sers of such costs. |
| 63. | If your local government | nt contracts for soli | d waste (| | | | | | |
| | | | | | nual Contract Amo | ount | Month/Year | of Contract Exp | piration |
| | Solid Waste Services C | Contract | | \$ | | | | | |
| | Recycling Contract | | | \$ | | | | | |
| | OR: Combined Contrac | et (solid waste & re | cycling) | \$ | | | | | |
| 64. | Collection Programs: P collection programs for not available, please r | waste, recyclables | and yard | d waste inc | luding materials c | | 1 " | • | _ |
| | | # of Households served | (enter N | Collected MSW tons; autofilled) | Collection Cost | | osal Cost g fees paid) | Total Cost including overhead | Cost Per Ton Managed (calculated by form) |
| N | Iunicipal Solid Waste* | 822 | | | | | | | |
| | Recycling Program** | | | | | | | | |
| | Yard Waste Program | 822 | | 31.32 | | | | | |
| | Totals | (calculated by form): | | 31.32 | | _ | | | _ |
| | *for materials collected and **for materials collected by | _ | | - | | | | rs. Do not include sp | pecial waste services. |
| 65. | If your government ope facility operations (rour proportionately. Land | erates a landfill, tran | nsfer stat | ion, yard v | vaste /compost fac | ility or red e combine | cycling facilited, please atte | y, please provid empt to allocate of | e total budget for |
| | Trans | sfer Station Budget | : | \$ | | | | | _ |
| | Yard | Waste / Compost I | Facility E | Budget: \$ | | | | | _ |
| | Recy | cling Facility Budg | get: | \$ | | | | | _ |
| 66. | What was your government | ment's total combin | ed annua | ıl budget fo | or all solid waste a | nd recycli | ng services in | n 19-20? \$ | |

Part VIII. Mandated Programs

Only Counties need to complete questions 67 through 85. Part VIII is applicable to NCGS Chapter 130A - Article 9, Part 2D, "Management of Discarded White Goods" and Part 2B, "Scrap Tire Disposal Act." <u>Municipalities</u> should skip to Part IX on page 11.

| | ITE GOODS | | | | | | | | |
|-----|--|---------------|----------------------|---------------------|------|--|--|--|--|
| 67. | Please provide contact information for the person responsible | for the white | goods program. | | | | | | |
| | Name: | | Title: | | | | | | |
| | Mailing Address: | City: | | Zip: | | | | | |
| | Phone: Email: | | | | | | | | |
| 68. | Please provide the physical address of the primary County whe Physical Address: | • | | | | | | | |
| | | | | | | | | | |
| | GPS Coordinates (decimal degree system): | | | | | | | | |
| 69. | Please provide contact information and license number of the Name: | 3.7 | • | s from white goods. | | | | | |
| | Refrigerant Extraction License #: | Refr | igerant Extraction L | | | | | | |
| | Mailing Address: | | ing Address: | | | | | | |
| | Phone: Email: | —— Phor | ne: | Email: | | | | | |
| 70. | Provide the types and amounts of refrigerants removed from | | | | | | | | |
| | Type of Refrigerants Removed | Amount | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 71. | Refrigerants may be recycled or sent for destruction. Provide the business, method of disposal and amount earned / paid. | | | | | | | | |
| | Business Name and Phone Number | | d of Disposal | Amount Earned | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 72. | Tons of white goods received: | | | | | | | | |
| | Tons of white goods from cleanup activities: | | | | | | | | |
| | Total Tons (also list in #44 on page 5): | | Reported in #44 or | n page 5? Yes | ☐ No | | | | |
| 73. | NCDOR White Goods Disposal Tax Proceeds Distribution Total (Aug, Nov, Feb and May) | \$ | | | | | | | |
| | Monies earned from the sale of white goods | \$ | | | | | | | |
| | Monies earned from the sale of extracted refrigerants | | | | | | | | |
| | Monies from other sources | | | | | | | | |
| | Total Revenue: | | | | | | | | |
| 74. | The NCGS Management of Discarded White Goods requires of discarded white goods. Provide the amounts and types of e | | | | | | | | |
| | Capital Improvements: \$ | • | - | | | | | | |
| | Operating Costs: \$ | | | | | | | | |
| | Cleanup of Illegal Disposal Sites: | | | | | | | | |
| | Other: | | | | | | | | |
| | Total Expenditures: \$ | | | | | | | | |
| | | | | | | | | | |

| 75. | | rmation for the person responsible for the scrap tire p | m'.i |
|-----|---|--|-----------------------------------|
| | | | Zip: |
| | Phone: | | |
| 76. | | address of the primary scrap tire collection site. | |
| | | degree system): | |
| 77. | Scrap Tire Management Pro | ogram - Tons Collected July 1, 2019 - June 30, 2020 as originated in NC in the normal course of busines | 0 |
| | • | anup activities - costs reimbursed by DEQ | Tons |
| | Tons of scrap tires from fee | | Tons |
| | Tons of scrap tires no fees of | charged - costs not reimbursed by DEQ | Tons |
| | Total Tons: | , , | Tons |
| 78. | Indicate the types of scrap t | ires received: | |
| , | ** | ck % Off-Road % Agricultural | ıl % Cleanup % Out of State |
| 79. | Scrap Tire Management Pro | ogram - Revenue July 1, 2019 - June 30, 2020 | b, May) \$ |
| | | nt Fund Grants (if applicable: Jul and Jan) | \$ |
| | Scrap Tire Cleanup Reimbu | ` ** | \$ |
| | Scrap Tire charges: | | \$ |
| | Total Revenue: | | \$ |
| 80. | Contract cost for disposal/p | ogram - Expenditures July 1, 2019 - June 30, 2020 processing (not including shipping): (not including disposal/processing): gement program costs: | describe: |
| 81. | Scrap Tire Disposal/Process | sing Company | |
| | Company Name: | Phone: | Email: |
| | | | |
| | | | |
| 82. | | ed off site for treatment or disposal in a tire monofill | ll, were they cut and disposed of |
| 83. | Suggestions for scrap tire d proceeds distribution altern | | |
| 84. | Scrap tire management pro limitations, other than mon | | |
| MA | NAGEMENT OF ABA | ANDONED MANUFACTURED HOMES | S BY COUNTIES |
| | | whether to implement a program for the management | |
| | If yes, has your county deve | eloped a written plan for the management of abandon | oned manufactured homes? Yes No |

Part IX. Disaster Preparedness - COUNTIES and MUNICIPALITIES TEMPORARY DISASTER DEBRIS STAGING SITES Does your local government have a plan in place for management of disaster debris? If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? No Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: Phone: Phone: Phone: E-mail: E-mail: E-mail: Please list the temporary disaster debris staging sites in your county or municipality which have been reviewed for conflicts with the Natural Heritage Program (NHP) and the State Historic Preservation Office (SHPO) through coordination with the Solid Waste Section. Please note that the vetting of a site prior to a disaster is advantageous to local governments because a staging site which is found to have impacted federal or state resources after a disaster may cause difficulty for local governments when attempting to obtain FEMA reimbursement. Attach extra sheets, if needed. Disaster Site # Site Name Disaster Site # Site Name Does your plan address the management of: Household hazardous waste Mass animal mortality White goods Abandoned vessels 91. Does your plan include coordination with NC DOT on clearing roads and waste in the right of way? Part X. Comments

Use this section to elaborate on any info provided in your report as necessary. Have there been major changes to your recycling or solid waste program since last year? Has your program been affected by COVID-19? Do you have new or updated ordinances that affect your programs? You may submit additional sheets if needed.

This form is to be submitted electronically. If you require assistance, please contact one of these NC DEACS staff members:

Sandy Skolochenko, email: sandy.skolochenko@ncdenr.gov phone: 919-707-8147 Tara Nattress, email: tara.nattress@ncdenr.gov phone 919-707-8123

THIS FORM IS DUE SEPTEMBER 1, 2020

The Division of Environmental Assistance and Customer Service Local Government Assistance Team is ready to assist you in any way we can. Please visit https://deq.nc.gov/conservation/recycling/local-government-recycling-assistance or e-mail us at Lgteam@ncdenr.gov

