

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, 2020 - June 30, 2021

Submit this form to Lgteam@ncdenr.gov by September 1, 2021.

On the following pages, you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2020-2021. 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 2020-21. For example, Aberdeen LGAR 2020-21.

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 Lgteam@ncdenr.gov

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:

Tara Nattress, phone: 919-707-8123, email: <u>tara.nattress@ncdenr.gov</u> Carol Abken, phone: 919-707-8138, email: <u>carol.abken@ncdenr.gov</u>

Form Year

2021



Local Government Report Form

Required: Select your Local Government Name

CEDAR ROCK

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, 2021. If you have questions or need assistance completing this form, please call 919-707-8123 or 919-707-8138. Title: Councilman Person Completing This Report: John Nelson Brookshire Mailing Address: 1509 Mountain Circle Drive Zip: 28645 City: Lenoir Phone: 828-754-1239 Date: 8/23/2021 Email: bobfloydjr@floydgroup.com **General Instructions** Please remember that the time period for the report is JULY 1, 2020 through JUNE 30, 2021. Please check "No" if you have nothing to report for a specific question. Did your local government have a staff member who managed the recycling program for FY 20-21? Yes X No If Yes, is recycling program management a full-time or part-time responsibility? Full Time ☐ Part Time If Yes, Name: City: Address: Zip: Telephone: Email: 2. Did your local government have a Solid Waste Director or similar position for FY 20-21? No. If Yes, Name: Address: City: Zip: Email: Telephone: Did your local government have **dedicated or part-time** Solid Waste Enforcement Staff for FY 20-21? If Yes, Name: Address: Zip: Telephone: Email: Did your local government have solid waste ordinances in place addressing any of the following during FY 20-21? (if yes, please check all that apply) ☐ Illegal Dumping Littering Construction & Demolition Disposal Bans Other: Did your local government manage, provide or contract for any solid waste services in FY 20-21 (e.g., collection, disposal, recycling, 5. mulching, composting)? X Yes □ No

2020-2021 Local Government Annual Report *Report Due Date: September 1, 2021* Submit to: Lgteam@ncdenr.gov

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 20-21? Yes No | | | | | | |
| 7. | Did your local government have any program or policy encouraging or requiring local agencies to purchase products with recycled content in FY 20-21? 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 20-21? 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, 2020 through June 30, 2021? 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 partner with another local government to operate or contract a recyclables recovery program. (Please identify the local government responsible for its operation and briefly explain the partnership; then go to Part IV on page 7 .) | | | | | | |
| | With which local government did you partner and what is the arrangement? | | | | | | |
| | 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? X 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) Republic Services | | | | | | |
| | Franchised hauler (please specify) | | | | | | |
| | Other (please specify) | | | | | | |
| | | | | | | | |

| 1/. | Please provide the following information about your community: |
|-----|--|
| | a. Total number of households in your jurisdiction? 135 |
| | b. Number of households eligible to participate in the curbside recycling program: 135 |
| | c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 135 |
| 18. | If your curbside recycling program is operated by a franchised hauler then please answer the following: Is public participation in the franchise: |
| 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 Multi-bin system Roll-out carts |
| 23. | Please describe the method of recycling collection: curb-sort (collector separates material as collected) single stream / commingled dual / two stream 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? All None Some please list # of staffed sites: |
| EL | ECTRONICS RECYCLING PROGRAM |
| 32. | Did your community operate an electronics recycling program in FY 20-21? 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 2021, please provide the following information: |
| | Electronics Management Fund balance as of July 1, 2020: \$ |
| | Electronics Management Funds received from DEQ during FY 20-21 (Feb 2021 distribution): \$ |
| | Electronics Management Funds spent during FY 20-21: \$ |
| | Electronics Management Fund balance as of June 30, 2021: \$ |
| | Total spent on electronics recycling program FY 20-21 (Electronics Management Funds plus additional funds): \$ |
| 36. | Explain how Electronics Management Funds were used during FY 20-21 (list items purchased if applicable): |
| | |
| 37 | Name of all strengths are real surface (a) and during EW 20.21. |
| 51 | Name of electronics recycler(s) used during FY 20-21: Does the electronics recycler(s) used have either the e-Steward or R2 certification? Yes No |
| | |
| OT | HER PUBLIC RECYCLING PROGRAMS |
| | only programs operated or contracted for <u>by</u> <u>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 |
| 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 No |
| | On-site collection services provided If on-site collection provided, please estimate # of ABC accounts served: |
| 4.1 | 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 20-21. (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 20-21. (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 |
| | If yes, what type? Drop-off Curbside Pilot Other: |
| | 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, 2020 through JUNE 30, 2021.
 - 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 above for all items included.

| DDOCD AM | Curbside | | Drop-off | | All " | Other" Programs | Total Tons | |
|---|---|-------------------|------------|---------|---------|------------------------|---------------------------------|--|
| PROGRAM | ⊠ if Yes | Tons | ⊠ if Yes | Tons | ⊠ if Ye | Tons | (totals are calculated by form) | |
| GLASS: | | | | | | | | |
| Clear | П | | П | | П | | 0.00 | |
| Brown | | | | | | | 0.00 | |
| Green | | | | | | | 0.00 | |
| Mixed | $\overline{\boxtimes}$ | | | | | | 0.00 | |
| PLASTIC: | | | | | | | | |
| PET #1 | П | | ПП | | ПП | | 0.00 | |
| HDPE #2 | | | | | | | 0.00 | |
| All Plastic Bottles | \boxtimes | | Ħ | | | | 0.00 | |
| Other Plastic Containers | \boxtimes | | H | | | | 0.00 | |
| Bulky Rigid Plastics | | | H | | H | | 0.00 | |
| METAL: | | | | | | | | |
| Aluminum Cans | \boxtimes | | П | | П | | 0.00 | |
| Steel Cans | X | | | | H | | 0.00 | |
| PAPER: | | | | | | | | |
| Newsprint (ONP) | \boxtimes | | П | | | | 0.00 | |
| Cardboard (OCC) | \boxtimes | | H | | H | | 0.00 | |
| Magazines (OMG) | \boxtimes | | | | H | | 0.00 | |
| Office Paper | \overline{X} | | H | | H | | 0.00 | |
| Mixed / Other Paper | \boxtimes | | H | | H | | 0.00 | |
| Cartons / Aseptic Containers | \boxtimes | | | | H | | 0.00 | |
| WOOD: | | | | | | | | |
| Pallets | | | | | | | 0.00 | |
| Other Wood - DO NOT | | Report all tons | in Other c | olumn | | | 0.00 | |
| report yard waste tons here | | | | | Ш | | 0.00 | |
| ELECTRONICS: | | | | | | | | |
| Televisions | | | | | | | 0.00 | |
| Computer Equipment | Report all tons in Other column | | | | | | 0.00 | |
| Other Electronics | | | | | | | 0.00 | |
| OTHER MATERIALS: | | | | | | | | |
| Textiles (clothes etc) | | | | | | | 0.00 | |
| C&D Materials Recycling | | | | | | | 0.00 | |
| White Goods | | Report all tons | in Othan a | a luman | | | 0.00 | |
| Other Scrap Metal | | Keport all tons | in Oiner C | otumn | | | 0.00 | |
| Food Waste | | | | | | | 0.00 | |
| | | | | | | | 0.00 | |
| Commingled tons* (x boxes above for all items included) | \boxtimes | 59.00 | | | | | 59.00 | |
| TOTAL TONS: | | 59.00 | | 0.00 | | 0.00 | 59.00 | |
| 5. *If you checked comm | • | | | • | • | | | |
| _ | A MRF is the plant that separates commingled recyclables into marketable commodities (paper, plastic, metals, glass) | | | | | | | |
| • | | act with the MRF? | Yes | _ | | nonth/year does it exp | ire? | |
| Inbound contamin | b. Do you know your inbound contamination level at your MRF? Yes No Inbound contamination is the amount of non-recyclable materials in commingled loads delivered to the MRF. If yes, what is the inbound contamination percentage? | | | | | | | |

| | Material Type | I ons Diverted | Describe t | he mechanism that caused t | hese ma | aterials to be recover | ered and data | a collection me | | |
|------|--|---------------------|------------|--|-----------|------------------------|----------------|--------------------------|--|--|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | Part | III. Special Waste | Coll | ections | | | | |
| га. | se provide data bei | low for services pr | | he public. Please do not in | | | accepted and | d then disposed | | |
| | | | | vely by government operation | | | | | | |
| | | | | dous Waste (HHW) Program separate recycling efforts th | | | | accepted as a | | |
| | Ü | | • | | • | | | | | |
| | | | | nce centers, transfer station on facilities or household | | | | | | |
| '. [| | Programs for Co | | Did program collect this | # of | Data on quantiti | | | | |
| | | Citizens by Mate | | material from the public? | sites | Please repor | | | | |
| | Used Motor Oil | | | Yes | | | | gallons | | |
| | Used Oil Filters | | | Yes | | barrels, | , or | lbs | | |
| | Used Antifreeze | | | Yes | | | | gallons | | |
| | Batteries, Lead Ac | id (Auto) | | Yes | | # batte | eries, or | lbs | | |
| | Batteries, Dry Cell | (Household) | | Yes | | | | lbs | | |
| | Fluorescent Bulbs/Lights Containing Mercury | | | Yes | | lbs | , or | # bulbs | | |
| | Propane Tanks | | | Yes | | lbs | , or | # tanks | | |
| | Used Cooking Oil | / Waste Vegetable | e Oil | Yes | | lbs | , or | gallons | | |
| | Other Special Was | tes - please provid | le waste | Yes | | | | lbs | | |
| | type here: | (NICD A. D. | | | | | | | | |
| | Pesticide Containe pesticides themselv | | m, not | Yes | | lbs | , or | # con- tainers | | |
| - 1 | NCDA Pesticide Disposal Assistance Program | | | ☐ Yes | | | l - | lbs | | |
| L | (for management of pesticides, not containers) Latex Paint (do not include paint collected at | | | | | <u> </u> | | | | |
| | Latex Paint (do not HHW event or by a | | | Yes | | gal oi | | lbs | | |
| L | | | | Program - Fiscal Year 202 | 0-2021 | | | | | |
| | | | | HHW collection facility or | tempor | ary collection ever | nt? Yes | ⊠ No | | |
| | If Yes, please response | | | | laatian (| nyamt? Damman | t | oma Event | | |
| | | - | | on facility or temporary collisites) do you operate? | | _ | | - | | |
| | | | | | | | orary events | ·· | | |
| | b. How many days did all HHW collection programs operate (number of days operated out of 365)? c. Did your local government partner the HHW program or event with another local government or business? Yes No | | | | | | | | | |
| | Please list partner(s) | | | | | | | | | |
| | d. How many hou | | | | | | | | | |
| | d. How many households/residences participated in your HHW collection program? e. Did your program accept materials from VSQG (Very Small Quantity Generators) businesses? | | | | | | | | | |
| | If yes, please provide or estimate the amount of VSQG material collected: | | | | | | | | | |
| | | | | y the HHW program for the acluded elsewhere in this report | - | | n #44 or speci | pounds ial waste reporte | | |
| | | | | | | | | | | |
| | g. List all the HHV | W disposal and HI | HW recycli | ng contractors: | | | | | | |

| | | | IV. Yard Was | | | | | | | |
|-----|----------------------------|----------------|---|---|---|-------|------------------|---|--|---------------|
| | | | in sanitary landfills, materials in this sect | | rs, or in unp | ermi | tted sites and i | t is illegal to burn | . Do not include | information |
| 49. | - | - | nt operate a yard wast Collected curbside | | | | | please indicate ho eceived at yard w | • | |
| 50. | Did a storm ev | ent significa | ntly impact the amou | ınt of yard v | vaste your g | over | nment manage | d during FY 20-21 | ? Yes | No No |
| 51. | | | ls were managed by y aste, brush, limbs, le | | | | | | | DS of |
| | | Destina | ntion | Check if used | Tons | | Cubic Yards | Facility | Name and Location | n |
| | End user (to fa | rmer or hom | ne-owner) | | | or | | | | |
| | Your local gov | ernment's m | ulch or compost facil | lity 🔲 | | or | | | | |
| | Other public m | ulch or com | post facility | | | or | | | | |
| | Private mulch | or compost f | acility | | | or | | | | |
| | Land clearing a | and inert deb | oris landfill (LCID) | | | or | | | | |
| | Energy / Fuel U | Jse (e.g. boi | ler fuel market) | | | or | | | | |
| | | Tota | al | | 0.00 | or | 0.00 | | | |
| | estimate yard v | vaste volum | EMENT FORMULA e. Calculate for each am in the appropriate | truck used | in your yard e. Ex. 10 c | was | te managemen | t program, and the | en enter the grand | l total ds |
| | | 1.7. 1. | _ X | 1 (*11 1 | X | 1 . | 1 1 1 1 1 | | TOTAL | cubic yards |
| | Size of Truc | K (in yards) | Avg. no. of times to | | | | tion Servi | | TOTAL | |
| | | | rart v. | Soliu vv | aste Co | пес | cuon Servi | ces | | |
| 52. | Please complet | | ing table about your | ř – – – – – – – – – – – – – – – – – – – | | | | on system. | | |
| | Sector | Insert Lette | er - see codes at right | Insert # | y is Solid Waste Collected? usert # - see codes at right a. Local government employee a. Local government employee | | | | | ousehold |
| | Residential | Primary b | · | Primary 1 | Secondary | | | ise haulers | 2. Twice a week at l3. Convenience cent | ter/greenbox |
| | Commercial | Primary d | | Primary | Secondary | | | government not ed in provision of | 4. As needed or by r5. Daily | request |
| | Industrial | Primary d | Secondary | Primary | Secondary | | service | | 6. Other | |
| 53. | If you provide | residential v | vaste collection at sin | gle-family l | households i | n yo | ur jurisdiction, | please answer the | e following questi | ions: |
| | What type of c | ollection me | thod is used? | Fully Auto | omated [| Se | emi-Automated | Manual | Don't know | , |
| | What is the sta | ndard collec | tion frequency? | Weekly | Two | time | es per week | Other | | |
| | What is the typ | ical service | point for single famil | ly household | d waste? | X | Curbside [| Back yard / Back | ck door | |
| | What type of c | ollection cor | ntainer is used? | Governme | ent-provided | cart | s Reside | ent-provided conta | iner Bag | S |
| | Do you offer b | ulky waste c | collection services? | Yes | X No |) | | | | |
| 54. | | • | ur government collectivered to the county | _ | | b? | Yes No | No | | |
| | | Pai | rt VI. Solid W | aste and | l Recycli | ng | Education | nal Activities | S | |
| 55. | • | l governmer | nt have an education _I f the DEACS-provide | program abo | out solid wa | ste a | nd/or recycling | | | No |
| | Available at <u>http</u> . | s://deq.nc.gov | /conservation/recycling | g/general-rec | cycling-inforn | atio | n/customized-out | reach-materials | | |
| | | | ducational enforcement | ent strategie | es? | | | | | |
| | Cart tagging | | Collection App | | ther (please | | | | | |
| 56. | | • | l budget for solid wa | • | | | | | | |
| 57. | Do you offer e | ducation ma | terials in languages b | esides Engl | ish? | es | ⊠ No O | ther language(s): | | |

| 58 | Did your local governm | ent operate an Ent | | | | | | Yes N | |
|-----|---|---------------------------|------------|---------------------------|--|--------------------------|------------------------------|--|---|
| | NC Solid Waste Dispos According to GS 105-1 | sal Tax proceeds ar | e distribu | ited to elig | gible local governn | nents on a | quarterly b | asis by the Depar | tment of Revenue. |
| | Did your local governm | | | • | • | y 101 3011d | | Yes X | |
| | If yes, how are disposa | | | - | | | | <u></u> | |
| 60. | What other funding sou | rces does your loca | al govern | ment use? | , | | | | |
| | ☐ Tipping fees☐ Property tax☐ Per househo | es / general fund | | Sale of rec | eight-based fees (e cyclables | e.g. PAYT | | Fire tax White Goods tax | |
| 61. | If applicable, please pro ex: \$ \$75.00 | ovide your FY 20-2 per | | | 1 0 | , | chold | for solid was | ste |
| | | per | | | | | | | ste |
| | b. \$ | per | | | per | | | for recycling | , |
| | c. \$ | per | | | per | | | for yard was | te |
| | d. \$ | per | | | per | | | for bulky wa | ste |
| | e. \$ | per | | | per | | | availability f | <u>`ee</u> |
| | f. \$ | per | | | per | | | total charge | |
| | are charged a fee by we cording to <i>GS 130A-309</i> . If your local government | 9.08, local governi | ments are | e required or recyclin | to conduct full c | ost accour | nting annua | ally and inform u | |
| | Solid Waste Services C | ontract | | \$ | Hadi Collifact I illi | ar or contract Lx | Pilation | | |
| | Recycling Contract | | | \$ | | | | | |
| | OR: Combined Contrac | et (solid waste & re | cycling) | \$ 32,65 | | | | | |
| 64. | Collection Programs: P collection programs for not available, please r | waste, recyclables | and yard | l waste inc | cluding materials c | | | | |
| | | # of Households served | Tons C | ollected | Collection Cost | | osal Cost g fees paid) | Total Cost including overhead | Cost Per Ton Managed (calculated by form) |
| N | Iunicipal Solid Waste* | 135 | 106.37 | | 32,655.34 | | | 32,655.34 | 307.00 |
| | Recycling Program** | | | | | _ | | | 0.00 |
| | Yard Waste Program | | | | | | | | 0.00 |
| | Totals | (calculated by form): | 106.37 | | 32,655.34 | 0.00 | | 32,655.34 | 307.00 |
| | *for materials collected and | | | | | | | | |
| 65. | **for materials collected by If your government ope for facility operations (a proportionately. Land | erates a landfill, trai | nsfer stat | ion, yard v | waste /compost fac or different facilitie | cility or recess are com | cycling faci bined, pleas | lity, please providue attempt to alloc | |
| | Trans | sfer Station Budget | : | \$ | | | | | _ |
| | Yard | Waste / Compost 1 | Facility E | Budget: \$ | | | | | _ |
| | Recy | cling Facility Budg | get: | \$ | | | | | _ |
| 66. | What was your governr | ment's total combin | ed annua | l budget f | or all solid waste a | ınd recycli | ng services | in 20-21? \$ 32,6 | 65.34 |

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 | 1 0 | | | |
| | Name: | | Title: | | | |
| | Mailing Address: | City: | | Zip: | | |
| | Phone: Email: | | | | | |
| 68. | Please provide the physical address of the primary County wh Physical Address: | | | | | |
| | GPS Coordinates (decimal degree system): | | | | | |
| 69. | Please provide contact information and license number of the | | | | | |
| | Name: | * ' | • | | | |
| | Refrigerant Extraction License #: | Refrigerar | nt Extraction Li | | | |
| | Mailing Address: | | ddress: | | | |
| | Phone: Email: | Phone: | | Email: | | |
| 70. | Provide the types and amounts of refrigerants removed from v | white goods. | | | | |
| | Type of Refrigerants Removed | Amount | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 71. | | | | | | |
| | Dusiness Ivaine and Filone Ivainder | Method of 1 | Disposai | Amount Earned | Amount Paid | |
| | | | | | | |
| | | | | | | |
| 72. | Tons of white goods received: | | | | | |
| , | Tons of white goods from cleanup activities: | | | | | |
| | Total Tons (also list in #44 on page 5): 0.00 | Rep | oorted in #44 or | n page 5? Yes | ☐ No | |
| 73. | | \$ | | | | |
| | Monies earned from the sale of white goods | \$ | | | | |
| | Monies earned from the sale of extracted refrigerants | | | | | |
| | Monies from other sources | | | | | |
| | Total Revenue: | \$ 0.00 | | | | |
| 74. | The NCGS Management of Discarded White Goods requires of discarded white goods. Provide the amounts and types of each of the second sec | that the white good | s tax proceeds | distributions be used | | |
| | Capital Improvements: \$ | | | | | |
| | | | | | | |
| | | | | | | |
| | | | describe: | | | |
| | | | , | | | |
| | | | | | | |

| 75. | • | mation for the person responsible fo | | | |
|------------|--|---|---------------|------------|--------------------|
| | | | | | 7' |
| | | Emaile | | | Zip: |
| 5 . | | · | | | |
| 76. | | address of the primary scrap tire col | | | |
| | Physical Address: GPS Coordinates (decimal d | egree system): | | | |
| 77. | | gram - Tons Collected July 1, 2020 | | | |
| //. | | as originated in NC in the normal co | | | Tons |
| | * | unup activities - costs reimbursed by | | | Tons |
| | Tons of scrap tires from fees | • | | | Tons |
| | * | harged - costs not reimbursed by DI | EO | - | Tons |
| | Total Tons: | 5 | | 0.00 | Tons |
| 78. | Indicate the types of scrap ti | res received | | 0.00 | 10118 |
| 70. | • | k % Off-Road % | Agricultural | % Cleanu | p % Out of State % |
| 79. | | gram - Revenue July 1, 2020 - June | | ,, | r , , |
| 19. | | | | May) \$ | |
| | | t Fund Grants (if applicable: Jul and | | | |
| | Scrap Tire Cleanup Reimbu | ` ** | , | Φ. | |
| | Scrap Tire fees collected: | | | Ф | |
| | Total Revenue: | | | \$ 0.00 | |
| 80. | Saran Tira Managamant Pro | gram - Expenditures July 1, 2020 | Juna 20, 2021 | | |
| 80. | FY contract cost for disposa | | June 30, 2021 | | |
| | FY contract cost for shippin | | | | |
| | Additional scrap tire manage | | describe: | | |
| | Total Expenditures: | 0.00 | describe. | | |
| | • | | | | |
| | - | sposal/processing: | | | |
| 81. | Scrap Tire Disposal/Process | ing Company | | | |
| | Company Name: | · · · · · · · · · · · · · · · · · · · | Phone: | Emai | il: |
| | Physical Address: | | | | |
| 82. | If scrap tires were not hauled in a MSW landfill? Ye | d off site for treatment or disposal in | • | • | disposed of |
| 83. | Suggestions for scrap tire di proceeds distribution alterna | | | | |
| 84. | Scrap tire management proglimitations, other than mone | | | | |
| MA | NAGEMENT OF ARA | ANDONED MANUFACTUR | RED HOMES | BY COUNTIF | NS |
| | | whether to implement a program fo | | | |
| | | loped a written plan for the manager | • | | |

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 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 90. Does your plan address the management of: Household hazardous waste Mass animal mortality Abandoned vessels White goods 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? Do you expect upcoming changes to your programs? How were your programs 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:

Tara Nattress, email: tara.nattress@ncdenr.gov phone 919-707-8123 Carol Abken, email: carol.abken@ncdenr.gov phone: 919-707-8138

THIS FORM IS DUE SEPTEMBER 1, 2021

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/localgovernment-recycling-assistance or e-mail us at Lgteam@ncdenr.gov

