

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

Form Year

2021



Local Government Report Form

Required: Select your Local Government Name

HOOKERTON



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 Lgte | eam@ncdenr.gov by | y September 1, | 2021. | | | | |
|---|---|---------------------------------|----------------------------|-------------------------|--|--|--|--|
| If you have | e questions or need assistance comp | leting this form, please call | 919-707-8123 or 919- | 707-8138. | | | | |
| Person Completing This | Report: April H. Vinson | | Γitle: Town Clerk / Fina | ance Officer | | | | |
| Mailing Address: P.O. I | Box 296 / 303 E. Main Street | City: Hookerton | Zip | 28538 | | | | |
| Phone: 252-747-3816 | | | Date: 07-27-2021 | | | | | |
| Email: ahbaker@emb | arqmail.com | | | | | | | |
| | Ge | neral Instructions | | | | | | |
| Please remember that the report for a specific ques | e time period for the report is JULY 1, 2 stion. | 2020 through JUNE 30, 2021. | Please check "No" if you | have nothing to | | | | |
| 1. Did your local gov | ernment have a staff member who mana | aged the recycling program for | FY 20-21? Yes | ⊠ No | | | | |
| If Yes, is recyclin | g program management a full-time or p | art-time responsibility? | Full Time | Part Time | | | | |
| If Yes, Name: | | | Title: | | | | | |
| Address: | | City: | Zip: | | | | | |
| Telephone: | Email: | | | | | | | |
| 2. Did your local gov | ernment have a Solid Waste Director or | similar position for FY 20-21 | ? Yes X | Vo | | | | |
| If Yes, Name: | | - | Γitle: | | | | | |
| Address: | | City: | Zip: | | | | | |
| Telephone: | Email: | | | | | | | |
| 3. Did your local gov | ernment have dedicated or part-time S | Solid Waste Enforcement Staff | for FY 20-21? Yes | s 🛛 No | | | | |
| If Yes, Name: | | | Γitle: | | | | | |
| Address: | | City: | Zip: | | | | | |
| Telephone: | Email: | | _ | | | | | |
| 4. Did your local gov | rernment have solid waste ordinances in | place addressing any of the fo | llowing during FY 20-21 | ? (if yes, please check | | | | |
| ☑ Disposal Bans | ☐ Illegal Dumping ☐ Littering | Construction & Demol | ition Other: | | | | | |
| Did your local gov mulching, compos | rernment manage, provide or contract fo ting)? | r any solid waste services in F | Y 20-21 (e.g., collection, | disposal, recycling, | | | | |

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 |
| SOI | URCE REDUCTION / REUSE |
| 9. | Did your local government have a backyard composting program? ☐ Yes ☒ No |
| 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? |
| | ☐ 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.) |
| PUI | 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? 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) |
| | |

| 1/. | 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 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 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? |
| 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. | | | | | | | | | | | |
| | 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 electronics recycler(s) used during FY 20-21: | | | | | | | | | | |
| 0. | Does the electronics recycler(s) used have either the e-Steward or R2 certification? Yes No | | | | | | | | | | |
| O.T. | | | | | | | | | | | |
| | 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 lld 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 No | | | | | | | | | | |
| | 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 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.

| PD0 CD414 | Curbside | | Drop-off | | All " | Other" Programs | Total Tons | |
|--|----------|-----------------|------------|-------|-----------------|-----------------|---------------------------------|--|
| PROGRAM | ⊠ if Yes | Tons | ⊠ if Yes | Tons | ⊠ if Yes | Tons | (totals are calculated by form) | |
| GLASS: | | | | | | | | |
| Clear | | | | | | | 0.00 | |
| Brown | | | | | | | 0.00 | |
| Green | | | | | | | 0.00 | |
| Mixed | | | | | | | 0.00 | |
| PLASTIC: | | | | | | | | |
| PET #1 | | | | | | | 0.00 | |
| HDPE #2 | | | | | | | 0.00 | |
| All Plastic Bottles | | | | | | | 0.00 | |
| Other Plastic Containers | | | | | | | 0.00 | |
| Bulky Rigid Plastics | | | | | | | 0.00 | |
| METAL: | | | | | | | | |
| Aluminum Cans | | | | | | | 0.00 | |
| Steel Cans | | | | | | | 0.00 | |
| PAPER: | | | | | | | | |
| Newsprint (ONP) | | | | | | | 0.00 | |
| Cardboard (OCC) | | | | | | | 0.00 | |
| Magazines (OMG) | | | | | | | 0.00 | |
| Office Paper | | | | | | | 0.00 | |
| Mixed / Other Paper | | | | | | | 0.00 | |
| Cartons / Aseptic Containers | | | | | | | 0.00 | |
| WOOD: | | | | | _ | | | |
| Pallets | | | | | | | 0.00 | |
| Other Wood - DO NOT | | Report all tons | in Other c | olumn | \square | | 0.00 | |
| report yard waste tons here ELECTRONICS: | | | | | | | | |
| Televisions | | | | | | | 0.00 | |
| | - | Donaut all tons | in Othon o | aluuu | ⊢∺ | | 0.00 | |
| Computer Equipment Other Electronics | | Report all tons | ın Other c | OIUMM | ┝╫╴ | | 0.00 | |
| OTHER MATERIALS: | | | | | | | 0.00 | |
| | | | | | | | 0.00 | |
| Textiles (clothes etc) | - | | | | ⊢∺ | | 0.00 | |
| C&D Materials Recycling | - | | | | ┝╫╴ | | 0.00 | |
| White Goods | - | Report all tons | in Other c | olumn | ┝╫╴ | | 0.00 | |
| Other Scrap Metal | - | | | | ┝╫╴ | | 0.00 | |
| Food Waste | - | | | | ┝╫╴ | | 0.00 | |
| Commingled tons* (x boxes | | | | | $\vdash \vdash$ | | 0.00 | |
| above for all items included) | | | | | | | 0.00 | |
| TOTAL TONS: | | 0.00 | | 0.00 | | 0.00 | 0.00 | |
| *If you checked commingled, which material recovery facility (MRF) does your community use? A MRF is the plant that separates commingled recyclables into marketable commodities (paper, plastic, metals, glass) a. Do you have a formal contract with the MRF? Yes No If yes, what month/year does it expire? 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? | | | | | | | | |
| <i>j</i> , | | | | | | | | |

| Material Type To | ons Diverted | Describe t | he mechanism that caused t | hese ma | aterials to be recov | ered and dat | a collectio | on me |
|--|--|--|--|---|--|--|--|---------------|
| | | | | | | | | |
| | | Part | III. Special Waste | Coll | ections | | | |
| ill. Do not include mat rials accepted outside o HW Program/ <i>Event</i> an ial wastes are materia | erials genera of any Housel d were not co ls collected a | ted exclusion ted Hazard Hazar | he public. Please do not inc vely by government operation dous Waste (HHW) Program separate recycling efforts th nce centers, transfer station | ons (e.g. n or eve en <i>repo</i> ons, lan | . motor-fleet servicent. If special wast rt in #48, <u>not</u> in #4 dfills, etc. Do not | ces). Questictes were <u>only</u> 47. include ma | on 47 is at y accepted terials col | out as a |
| ousehold hazardous wa Special Waste Prog | | | on facilities or household Did program collect this | hazardo # of | Data on quantit | | | d |
| Materials <u>from</u> Citiz | | | material from the public? | sites | | rt in indicate | | |
| Used Motor Oil | | | Yes | | | gallons | | |
| Used Oil Filters | | | ☐ Yes | | barrels | s, or | | lbs |
| Used Antifreeze | | | Yes | | | ' | gal | lons |
| Batteries, Lead Acid (A | uto) | | Yes | | # batt | teries, or | | lbs |
| Batteries, Dry Cell (Ho | usehold) | | Yes | | | | | lbs |
| Fluorescent Bulbs/Ligh | ts Containing | Mercury | Yes | | lbs | s, or | # bu | lbs |
| Propane Tanks | | | Yes | | lbs | s, or | # ta | nks |
| Used Cooking Oil / Wa | ste Vegetable | Oil | Yes | | lbs | s, or | gal | lons |
| Other Special Wastes - type here: | please provid | e waste | Yes | | | - | | lbs |
| Pesticide Containers (N pesticides themselves) | CDA Progra | n, not | ☐ Yes | | lbs | s, or | | con- iners |
| NCDA Pesticide Dispos (for management of pes | ticides, not c | ontainers) | ☐ Yes | | | | | lbs |
| Latex Paint (do not incl HHW event or by a pai | | | ☐ Yes | | ga | ls, or | | lbs |
| Did your local governm If Yes, please respond t a. Was HHW collected | ent operate a o the following l at a perman | permanent ng question ent collection | on facility or temporary coll | tempor | event? Perma | nent T | emp. Even | ıt |
| | | | ites) do you operate? | | _ | | s? | |
| | | - ' | grams operate (number of d | - | | | | |
| c. Did your local gover Please list partner(s) | - | er the HHW | program or event with ano | ther loc | al government or t | business? [| Yes | |
| d. How many househol | ds/residence: | s participate | ed in your HHW collection | progran | n? | | | |
| | - | | QG (Very Small Quantity G | | rs) businesses? | Yes | No | |
| f. Provide the amount | of materials | collected by | t of VSQG material collecter the HHW program for the actuded elsewhere in this repor | fiscal y | | | poun | |
| 11 1 1. | 1 177 | 13.17 | | | | | | |
| g. List all the HHW dis | sposal and Hi | ivv recycii | ng contractors: | | | | | |

| | l waste may not ood waste or nor | be dispo | sed ir | n sanitary l | andfills, i | nciner | | | | | | is illegal to burn | | lude informatio |
|-------------|--|-----------------|---------------|----------------------------|----------------------|----------|--------|---------------------------|-------|--|------------|---|--------------------------|---------------------------------------|
| 49. | Does your local government operate a yard waste program? 🗵 Yes 🗌 No If yes please indicate how yard waste is managed by checking all that apply: 🗵 Collected curbside 🔲 Collected at convenience center 🔲 Received at yard waste, compost, or LCID facilities. | | | | | | | | | | | | | |
| 50 . | Did a storm event significantly impact the amount of yard waste your government managed during FY 20-21? Yes No | | | | | | | | | | | | | |
| 51. | What quantities of materials were managed by your yard waste program? Provide information in TONS <u>OR</u> CUBIC YARDS of organic material (yard waste, brush, limbs, leaves, etc.) managed. For conversion purposes, use 400 lbs./cubic yd. | | | | | | | | | YARDS of | | | | |
| | | Des | tinati | on | | Chec | | Tons | | Cubic ' | Yards | Facility | y Name and Lo | ocation |
| | End user (to fa | rmer or | home | -owner) | | | | | or | | | | | |
| | Your local gov | ernment | 's mul | lch or com | ost facili | ty 🗆 |] [| | or | | | | | |
| | Other public m | ulch or | compo | ost facility | | |] | | or | | | | | |
| | Private mulch | or comp | ost fac | cility | | |] | | or | | | | | |
| | Land clearing a | and inert | debri | is landfill (| LCID) | × | | 31.66 | or | | | Greer | ne County L | andfill |
| | Energy / Fuel U | Use (e.g. | boile | r fuel mark | et) | | | | or | | | | | |
| | | , | Total | | | | | 31.66 | or | 0.0 | 0 | | | |
| | estimate yard v | vaste vo | lume. | Calculate | for each t | ruck u | sed i | ı your yard | was | te mana | gement | ou may use this for program, and the days/wk x 16 wks | en enter the g | grand total |
| | Size of Truc | k (in vard | s) | | of times tru | ck fills | each w | eek # of w | eks t | ruck is use | ed during | | TOTAL | |
| | Side of True | ar (iii yara | | | | | | aste Col | | | | | | |
| 70 | DI I | .1 6.1 | ıı • | | | | | | | | | | | |
| 52. | Please complet | | | | _ <u> </u> | | | s solid wast d Waste C | | 4.42 | | v | | |
| | Sector Who Collects Solid Waste? Insert Letter - see codes at right | | | | sert # - see codes a | | | cht - | | <u>lects Solid Waste?</u> government employee | | l Waste Collected? ek at household | | |
| | Residential | Primary | В | Secondary | В | Primary | 1 | Secondary | 1 | 1 | o. By Co | | 2. Twice a we | ek at household ce center/greenbox |
| | Commercial | Primary | В | Secondary | В | Primary | 1 | Secondary | 1 | | d. Local g | government not ed in provision of | 4. As needed of 5. Daily | |
| | Industrial | Primary | В | Secondary | В | Primary | 1 | Secondary | 1 | | service | • | 6. Other | |
| 53. | If you provide | <u>resident</u> | <u>ial</u> wa | ste collecti | on at sing | le-fam | ily h | ouseholds i | n yo | ur jurisd | liction, | please answer th | e following o | questions: |
| | What type of c | ollectior | n meth | od is used? | ? | Fully A | Auto | mated 🔀 | Se | emi-Aut | omated | Manual | Don't l | know |
| | What is the sta | ndard co | ollectio | on frequenc | cy? 🛛 | Weekl | ly | ☐ Two | time | s per we | eek | Other | | |
| | What is the typ | ical serv | vice po | oint for sing | gle family | house | ehold | waste? | X | Curbsi | de 🗀 | Back yard / Ba | ck door | |
| | What type of c | ollectior | ı conta | ainer is use | d? ⊠ | Gover | nmer | ıt-provided | cart | s \square | Reside | nt-provided cont | ainer 🔲 | Bags |
| | Do you offer b | ulky wa | ste col | llection ser | vices? | □ Y | es | ⊠ No | | | | | | |
| 54. | For municipali If so, were whi | | | | | | | | | ☐ Yes | |]No | | |
| | | | Part | t VI. So | lid Wa | ste a | and | | | | | al Activitie | S | |
| 55. | Does your loca | | | | | | | | | | | program/activitie | | ⊠ No |
| | If yes, do you u | | • | | - | - | | | _ | | _ | □ No | | |
| | Available at <u>http.</u> | _ | _ | | | | | | ation | <u>n/customi</u> | zed-outi | reach-materials | | |
| | Do you use any Cart tagging | • | ng edi | ucational en Collection | | _ | _ | ? ier (please o | lesci | ribe): | | | | |
| 56. | Please estimate | | nnual l | _ | | | | _ | | | activit | | | |
| 57. | Do you offer e | - | | _ | | | - | _ | | □ N | | ther language(s): | | |
| | | | | | | | | | | | | | | |

| 58 | Did vo | | nent operate an Ent | | | | | | | Yes X | | |
|------|---|-------------------------------|--|-------------|------------------------|-------------------------|------------|-------------|--------------------|--------------------------|--|--|
| | | _ | sal Tax proceeds ar | | | | | | _ | | | |
| | | | 87.63 these funds i | | | | | | | | | |
| | • | • | nent receive Solid V | | - | | | | _ | Yes | | |
| | | - | l tax distributions l | _ | | | t cost to | keep ga | arbage rat | es as low as po | ssible | |
| 60. | What | | irces does your loca | _ | | | food (o. d | DAVT) | . 🗆 | Cina tar | | |
| | | ☐ Tipping fees ☐ Property tax | es / general fund | | Sale of rec | eight-based velables | iees (e.g | g. PA 1 1) | | Fire tax White Goods tax | | |
| | | Per househo | - | _ | Grants | <i>J</i> | | | | | | |
| 61. | | | ovide your FY 20-2 | | | | | | | | | |
| | ex: \$ | | pci | | | | | | hold | | te | |
| | a. \$ | 17.00 | per mont | h | | per | housel | nold cart | | for solid was | te | |
| | 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. \$ | 17.00 | per mont | th | | per | house | hold car | t | total charge | | |
| 62. | | | nent operate a Pay- | | | | | | _ | 20-21? (a system | where residents | |
| A a. | | | eight or volume for | | | | | - | ☐ No | | sers of such costs. | |
| | | | nt contracts for soli | | • | | l lull cos | st accour | iung amua | illy and illioilli u | sels of such costs. | |
| 05. | II you | r locar governmen | nt contracts for son | ia wasie c | | | at Amai | ınt. | Month/Va | ar of Contract Ex | nivation | |
| | G 1: 1.7 | W . C | | | Annual Contract Amount | | | | piration | | | |
| | | Waste Services C | ontract | | \$ 29,258.04 | | | | August 2 | | | |
| | <u> </u> | ling Contract | . (111 | 1. \ | \$ | | | | - | | | |
| | OR: C | Combined Contrac | et (solid waste & re | ecycling) | \$ | | | | | | | |
| 64. | collect | tion programs for | lease complete the waste, recyclables eport program bu | and yard | l waste inc | cluding mate | | | | | cal government's full cost analysis is | |
| | not uv | unusie, preuse i | # of Households | | | | | Disno | osal Cost | <u>Total Cost</u> | Cost Per Ton | |
| | | | served | Tons C | ollected | Collection | n Cost | | fees paid) | including overhead | Managed (calculated by form) | |
| V | Iunicin | al Solid Waste* | 160 | 223.57 | | | | | | 30,861.73 | 138.04 | |
| | | ling Program** | | | | | | | | | 0.00 | |
| | Yard ' | Waste Program | 160 | 31.66 | | | | | | 1,456.30 | 46.00 | |
| | | Totals | (calculated by form): | 255.23 | | 0.00 | | 0.00 | | 32,318.03 | 126.62 | |
| | | | l sent for eventual dispo | | | | | | | | | |
| | **for | materials collected by | y public recycling progr | ams, report | ed in the Ta | ble on page 5. | Do not inc | lude specia | l waste servic | es. | | |
| 65. | 65. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allow proportionately. Landfill Budget: | | | | | | | | e attempt to alloc | | | |
| | | Trans | sfer Station Budget | t: | \$ | | | | | | _ | |
| | | Yard | Waste / Compost | Facility E | Budget: \$ | | | | | | _ | |
| | | Recy | cling Facility Budg | get: | \$ | | | | | | _ | |
| 66. | What | was your governi | ment's total combin | ed annua | l budget f | or all solid | waste an | d recyclin | ng services | in 20-21? \$ | | |

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. | Refrigerants may be recycled or sent for destruction. Provide Business Name and Phone Number | Method of I | | nd amount earned / p Amount Earned | |
| | Dusiness Ivaine and Filone Ivainder | Method of 1 | Disposai | Amount Earned | Amount Faiu |
| | | | | | |
| | | | | | |
| 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. | - | rmation for the person responsib | | m•. | le: | | |
|-----|--|---|----------------------------|-----------|--------------|---------------------|----|
| | | | | | | Zip: | |
| | Phone: | | | | | | |
| 76. | Please provide the physical | address of the primary scrap tir | e collection site. | | | | |
| | GPS Coordinates (decimal | • | | | | | |
| 77. | Scrap Tire Management Pro | ogram - Tons Collected July 1, 2 | | | | | |
| | Tons of scrap tires certified | as originated in NC in the norm | nal course of business | | | Tons | |
| | Tons of scrap tires from cle | anup activities - costs reimburs | ed by DEQ | | | Tons | |
| | Tons of scrap tires from fee | s charged | | | | Tons | |
| | Tons of scrap tires no fees | charged - costs not reimbursed b | y DEQ | | | Tons | |
| | Total Tons: | | | 0.00 | | Tons | |
| 78. | Indicate the types of scrap t | ires received: | | | | | |
| | * - | ck % Off-Road | % Agricultural | % | Cleanup | % Out of State | % |
| 79. | Scrap Tire Management Pro | ogram - Revenue July 1, 2020 - al Tax Proceeds Distributions T | June 30, 2021 | | | | |
| | | nt Fund Grants (if applicable: Ju | | _ | | | |
| | Scrap Tire Cleanup Reimbo | | ii and Jan) | \$ | | | |
| | Scrap Tire fees collected: | nsements from DLQ. | | \$ | | | |
| | Total Revenue: | | | | 0.00 | | |
| 80. | Scrap Tire Management Pro FY contract cost for dispose FY contract cost for shipping | | 20 - June 30, 202 1 | | | | |
| | Additional scrap tire manag | | describe: | | | | |
| | Total Expenditures: | 0.00 | | | | | |
| | Contract cost per ton for d | isposal/processing: | | | | | |
| 81. | Scrap Tire Disposal/Process | | | | | | |
| 01. | - | | Phone: | | Email: | | |
| | Physical Address: | | | | Linuii | | |
| 82. | If scrap tires were not hauld in a MSW landfill? Y | | | 9 | | sed of | |
| 83. | Suggestions for scrap tire of proceeds distribution altern | | | | | | |
| 84. | Scrap tire management pro limitations, other than mon | | | | | | |
| MA | NAGEMENT OF ABA | ANDONED MANUFACT | TURED HOMES | BY CO | UNTIES | | |
| | | l whether to implement a progra | | | | ctured homes? Yes [| No |
| | If yes, has your county deve | eloped a written plan for the ma | nagement of abandone | ed manufa | ctured 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? No If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: X 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? 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: Robert E. Taylor Name: Tyler Shirley Name: April H. Vinson Phone: 252-747-3816 Phone: 252-813-0489 Phone: 252-531-3780 E-mail: ahbaker@embarqmail.com E-mail: btaylor747@yahoo.com E-mail: hookertoncar3@gmail.com 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 # Disaster Site # Site Name Site Name DS40-004 Town of Hookerton Temp Site Does your plan address the management of: Household hazardous waste Mass animal mortality Abandoned vessels White goods Does your plan include coordination with NC DOT on clearing roads and waste in the right of way? Yes No 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/local-government-recycling-assistance or e-mail us at Lgteam@ncdenr.gov

