

### 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, 2018 - June 30, 2019

## Submit this form to Lgteam@ncdenr.gov by September 1, 2019.

On the following pages, you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2018-2019. 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**

You can download a blank copy of this form from this web site: <a href="http://deq.nc.gov/about/divisions/waste-management/solidwaste-section/annual-reporting">http://deq.nc.gov/about/divisions/waste-management/solidwaste-section/annual-reporting</a>

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: <a href="https://get.adobe.com/reader/">https://get.adobe.com/reader/</a>. Please <a href="https://get.adobe.com/reader/">DO NOT complete this form using Adobe Acrobat Pro.</a>

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 2018-19. For example, Aberdeen LGAR 2018-19.

After completing the report form, please submit a copy electronically to the Division of Environmental Assistance and Customer Service by attaching the report file to an email 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:

Sandy Skolochenko, phone: 919-707-8147, email: sandy.skolochenko@ncdenr.gov Matt James, phone: 919-707-8133, email: matt.james@ncdenr.gov

Form Year

2019



Local Government Report Form

**Required:** Select your Local Government Name WEDDINGTON

## 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, 2019. If you have questions or need assistance completing this form, please call 919-707-8147 or 919-707-8133. Person Completing This Report: Karen Dewey Title: Town Clerk Mailing Address: 1924 Weddington Road City: Weddington Zip: 28104 Date: 9/4/2019 Phone: 704-846-2709 Email: kdewey@townofweddington.com **General Instructions** Please remember that the time period for the report is JULY 1, 2018 through JUNE 30, 2019. 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 18-19? X No Name Recycling Coordinator (if different from person completing this report.) Name: Title: Address: City: Zip: Email: Telephone: 2. Did your local government have a Solid Waste Director or similar position for FY 18-19? X No If Yes, Name: Address: City: Zip: Email: Telephone: Did your local government have **dedicated or part-time** Solid Waste Enforcement Staff for FY 18-19? If Yes, Name: Address: City: Zip: Telephone: Email: Did your local government have solid waste ordinances in place addressing any of the following during FY 18-19? (if yes, please check all that apply) Littering Disposal Bans Illegal Dumping Construction & Demolition Other: Did your local government manage, provide or contract for any solid waste services in FY 18-19 (e.g., collection, disposal, recycling, 5.

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

Yes

mulching, composting)?

X No

|     | Tart 1. Waste Reduction and Recycling 1 rograms Serving Government Facilities   |  |  |  |  |  |  |  |  |  |
|-----|---|--|--|--|--|--|--|--|--|--|
| 6.  | Did your local government have a recycling program in place for collecting recyclable materials generated at public buildings in FY 18-19? Yes No   |  |  |  |  |  |  |  |  |  |
| 7.  | Did your local government have any program or policy encouraging or requiring local agencies to purchase products with recycled content? $\square$ Yes $\square$ 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 18-19? 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 such as junk mail reduction, reduction of single use plastics, food waste reduction, or promoting reuse and donation?   Yes No  |  |  |  |  |  |  |  |  |  |
| 12. | Did your local government offer a waste exchange or reuse program? Yes No   |  |  |  |  |  |  |  |  |  |
| 13. | If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public:  |  |  |  |  |  |  |  |  |  |
|     | 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, 2018 through June 30, 2019? Choose <b>ONE</b> option that best applies.   |  |  |  |  |  |  |  |  |  |
|     | My local government DID operate or contract for a recyclables recovery program. (please continue to question 15)  |  |  |  |  |  |  |  |  |  |
|     | My local government <b>DID NOT operate or contract</b> for recyclables recovery <b>BUT DID participate</b> in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; <b>then go to Part IV on page 7</b> .) |  |  |  |  |  |  |  |  |  |
|     | With which local government did you participate?  |  |  |  |  |  |  |  |  |  |
|     | ☐ My local government <b>DID NOT operate, contract or participate</b> in a recycling program. ( <b>Go to Part IV on page 7</b> .)   |  |  |  |  |  |  |  |  |  |
| 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. | a. Total number of households in your jurisdiction?  |  |  |  |  |  |  |  |  |  |
|-----|--|--|--|--|--|--|--|--|--|--|
|     | b. Number of households eligible to participate in the curbside recycling program:   |  |  |  |  |  |  |  |  |  |
|     | c. Provide the <b>number of households</b> 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:  |  |  |  |  |  |  |  |  |  |
| 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 / style of recyclable materials handling:  curb-sort (collector separates material as collected) single stream / commingled dual / two stream don't know / other  |  |  |  |  |  |  |  |  |  |
| DR  | OP-OFF RECYCLING PROGRAM   |  |  |  |  |  |  |  |  |  |
| 24. | Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 31  |  |  |  |  |  |  |  |  |  |
| 25. | Who collected the recyclable materials for your local government's drop-off recycling program?  Local government employees  Private contractor   |  |  |  |  |  |  |  |  |  |
|     | Other (please specify)   |  |  |  |  |  |  |  |  |  |
| 26. | 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 |  |  |  |  |  |  |  |  |  |
| 27. | Please estimate the number of households served by your drop-off recycling program.  |  |  |  |  |  |  |  |  |  |
| 28. | What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial   |  |  |  |  |  |  |  |  |  |
| 29. | How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:  |  |  |  |  |  |  |  |  |  |
| 30. | How many of these locations were staffed with attendants? All None Some please list # of staffed sites:  |  |  |  |  |  |  |  |  |  |
| EL  | ECTRONICS RECYCLING PROGRAM  |  |  |  |  |  |  |  |  |  |
| 31. | Did your community operate an electronics recycling program in FY 18-19? Yes No, skip to question # 37   |  |  |  |  |  |  |  |  |  |
|     | 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:  |  |  |  |  |  |  |  |  |  |
|     |  |  |  |  |  |  |  |  |  |  |

| 32. | Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses   |
|-----|---|
| 33. | Did your electronics recycling program collect or accept computer equipment from (check all that apply):   Residences Businesses  |
| 34. | DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was eligible to receive proceeds from the State Electronics Management Fund in February of 2018, please provide the following information:                 |
|     | Electronics Management Fund balance as of July 1, 2018: \$  |
|     | Electronics Management Funds received from DEQ during FY 18-19 (Feb 2019 distribution): \$  |
|     | Electronics Management Funds spent during FY 18-19: \$  |
|     | Electronics Management Fund balance as of June 30, 2019: \$   |
| 35. | Briefly explain how Electronics Management Funds were spent during FY 2018-19 (please list items purchased if applicable):  |
|     |   |
| 36. | If you did operate an electronics recycling program, please provide the following information about your vendor / contractor:   |
|     | Name of electronics recycling vendor(s) during FY 18-19:  |
|     | Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications? Yes   |
| 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 eld be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.   |
|     | 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 dropoff recycling programs? $\  \  \  \  \  \  \  \  \  \  \  \  \ $ |
| 38. | 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 dropoff recycling programs? Yes No   |
| 39. | 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   |
| 40. | 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   |
| 41. | Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 18-19. (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   |
| 42. | Please identify all "Other" programs or services operated by your government during FY 18-19. (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

- 43. 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, 2018 through JUNE 30, 2019. DO NOT include materials that were not collected or managed by your local government either directly or under contract to a private service provider.
  - b. Do NOT report YARD WASTE, TIRES, HHW, USED OIL, OIL FILTERS, ANTI-FREEZE, BATTERIES or other SPECIAL WASTE tonnages on this page - these items should be reported on page 6 in the SPECIAL WASTE section of this report.
  - c. If you collected single stream or other commingled materials, record tons in the "Commingled tons" row and then check the box for

| DD O CD AM                                     | Curbside  ☑ if Yes Tons |                 | Dr                 | op-off        | All "Oth   | Total Tons               |   |
|--|-------------------------|-----------------|--------------------|---------------|------------|--------------------------|---|
| PROGRAM  |                         |                 | ⊠ if Yes           | Tons          | ⊠ if Yes   | (totals are calculated b |   |
| LASS:  |                         |                 |                    |               |            |                          | , |
| lear   |                         |                 |                    |               |            |                          |   |
| rown   |                         |                 |                    |               |            |                          |   |
| reen   |                         |                 |                    |               |            |                          |   |
| lixed  |                         |                 |                    |               |            |                          |   |
| LASTIC:  |                         |                 |                    |               |            |                          |   |
| ET #1  |                         |                 |                    |               |            |                          |   |
| DPE #2   |                         |                 |                    |               |            |                          |   |
| ll Plastic Bottles                             |                         |                 |                    |               |            |                          |   |
| ther Plastic Containers                        |                         |                 |                    |               |            |                          |   |
| ulky Rigid Plastics                            |                         |                 |                    |               |            |                          |   |
| ETAL:  |                         |                 |                    |               |            |                          |   |
| luminum Cans                                   |                         |                 |                    |               |            |                          |   |
| teel Cans                                      |                         |                 |                    |               |            |                          |   |
| APER:  |                         |                 |                    |               |            |                          |   |
| lewsprint (ONP)                                |                         |                 |                    |               |            |                          |   |
| ardboard (OCC)                                 |                         |                 |                    |               |            |                          |   |
| fagazines (OMG)                                |                         |                 |                    |               |            |                          |   |
| ffice Paper                                    |                         |                 |                    |               |            |                          |   |
| lixed / Other Paper                            |                         |                 |                    |               |            |                          |   |
| artons / Aseptic Containers                    |                         |                 |                    |               |            |                          |   |
| OOD:   |                         |                 |                    |               |            |                          |   |
| allets   |                         |                 |                    |               |            |                          |   |
| other Wood - DO NOT                            |                         | Report all to   | ns in Other colun  | ın            |            |                          |   |
| eport yard waste tons her                      | е                       |                 |                    |               |            |                          |   |
| THER MATERIALS:                                |                         |                 |                    |               |            |                          |   |
| extiles (clothes etc)                          |                         |                 |                    |               |            |                          |   |
| elevisions                                     |                         |                 |                    |               |            |                          |   |
| ther Electronics                               |                         |                 |                    |               |            |                          |   |
| &D Materials Recycling                         | 5                       | Report all to   | ons in Other colun | ın            |            |                          |   |
| hite Goods                                     |                         |                 |                    |               |            |                          |   |
| ther Metal                                     |                         |                 |                    |               |            |                          |   |
|  |                         |                 |                    |               |            |                          |   |
|  | 11                      |                 |                    |               |            |                          |   |
| ommingled tons-check a<br>ems collected above* |                         |                 |                    |               |            |                          |   |
| TOTAL TONS:                                    |                         |                 |                    |               |            |                          |   |
|  |                         |                 |                    |               |            |                          |   |
| *If you checked com                            | mingled, whic           | h material reco | very facility do   | es your commi | unity use: |                          |   |

Material Type

Tons Diverted Describe the mechanism that caused these materials to be recovered and data collection method

## **Part III. Special Waste Collections**

Please provide responses and data as indicated below considering services provided to the public. Please do not include data on materials that were accepted and then disposed of in a landfill. Do not include materials generated exclusively by government operations (e.g. motorfleet services). Question 46 is about materials accepted outside of any Household Hazardous Waste (HHW) Program or event. If special wastes were only accepted as a part of an HHW Program or HHW event and were not collected by separate recycling efforts then do not record materials in question #46 but instead report with HHW materials in question #47.

Special Waste Collections (Do Not Include Materials Collected as part of an HHW Collection Program or Event) Did program collect this **Special Waste Programs for Collecting** # of Data on quantities collected / managed. material from the public? Materials from Citizens by Material Type Please report in indicated units. sites Used Motor Oil Yes gallons Used Oil Filters barrels, or lbs Yes Used Antifreeze Yes gallons # batteries, or Batteries, Lead Acid Yes lbs Batteries, Dry Cell Yes lbs Fluorescent Bulbs/Lights Containing Mercury Yes lbs, or # bulbs **Propane Tanks** Yes lbs, or # tanks Used Cooking Oil / Waste Vegetable Oil Yes lbs, or gallons Other Special Wastes - please provide waste Yes llbs type here: Pesticide Containers (NCDA Program, not # con-Yes lbs, or pesticides themselves) tainers NCDA Pesticide Disposal Assistance Program Yes lbs (for management of pesticides, not containers) Latex Paint (do not include paint collected at gals, Yes lbs HHW event or by a paint exchange program) Household Hazardous Waste (HHW) and Very Small Quantity Generator (VSQG) Program or Event 47. Did your local government operate a household hazardous waste collection program or event in FY 18-19? No If Yes, please respond to the following questions: a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Temp. Event b. How many days was your HHW Program open to accept materials during this Fiscal Year? c. Did you partner or co-sponsor your HHW program with another <u>local government?</u> Yes Please list partner(s) d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year? e. Did your program accept materials from small businesses (Very Exempt Small Quantity Generators)? If yes, please estimate the amount of business material managed f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If data about individual materials is not available, please simply provide total quantity of materials collected by HHW program in 47g below. Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in question 46. Used Motor Oil (gal) \_\_\_\_\_ Used Oil Filters \_\_\_\_ # of Barrels, or \_\_\_\_ lbs. Used Antifreeze (gal) Lead Acid Batteries (lbs) Other Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) g. Provide Total Quantity of materials collected by HHW Program. If individual materials were pounds reported in 47f, please net the weight of those materials out of the total listed here. h. Please list HHW Collection Contractor i. Estimated cost of HHW / VSQG program or event(s) \$ Pages 3 through 6 should have only been completed by governments indicating in question # 14 that they DO provide recycling services.

All governments answering "Yes" to question #5 on page 1 should complete the rest of the report with the exception of Questions #66 - #88 which are for Counties only.

|             |   | Part           | IV. Yard Waste                                     | , Mul                | ching and                        | $\mathbf{C}$ | omposting                      | g Manageme                           | ent  |
|-------------|---|----------------|--|----------------------|----------------------------------|--------------|--------------------------------|--------------------------------------|--|
|             |   | be disposed    |  | cinerato             |                                  |              |                                |                                      | . Do not include informatio  |
| <b>1</b> 8. | -                                       | _              | nt operate a yard waste p Collected curbside       | _                    |                                  |              |                                | •                                    | w yard waste is managed by<br>aste, compost, or LCID facil                     |
| 19.         | Did a storm ev                          | ent significa  | antly impact the amount                            | of yard              | waste your go                    | veri         | nment managed                  | d during FY 18-19                    | ? Yes No   |
| 50.         |   |                | ls were managed by you<br>aste, brush, limbs, leav |                      |                                  |              |                                |                                      |  |
|             |   | Destina        | ation  | Check if used        | Tons                             |              | Cubic Yards                    | Facility                             | Name and Location  |
|             | End user (to fa                         | rmer or hon    | ne-owner)  |                      |                                  | or           |                                |                                      |  |
|             | Your local gov                          | ernment's m    | ulch or compost facility                           | ,                    |                                  | or           |                                |                                      |  |
|             | Other public m                          | ulch or com    | post facility                                      |                      |                                  | or           |                                |                                      |  |
|             | Private mulch                           | or compost f   | facility   |                      |                                  | or           |                                |                                      |  |
|             | Land clearing a                         | and inert deb  | oris landfill (LCID)                               |                      |                                  | or           |                                |                                      |  |
|             | Energy / Fuel U                         | Jse (e.g. boi  | ler fuel market)                                   |                      |                                  | or           |                                |                                      |  |
|             |   | Tota           |  |                      |                                  | or           |                                |                                      |  |
|             | estimate yard v                         | vaste volum    | e. Calculate for each trum in the appropriate bo   | ick used<br>xes abov | in your yard ve. Ex. 10 cu       | vas<br>bic   | te managemen<br>yard truck x 3 | t program, and the days/wk x 16 wks  | = 480 cubic yards  cubic yards   |
|             | Size of Truc                            | k (in yards)   | Avg. no. of times truck                            |                      |                                  |              |                                |                                      | TOTAL  |
|             |   |                | Part V. S  | olid V               | Vaste Coll                       | ec           | tion Servi                     | ces                                  |  |
| 51.         | Please complet                          | e the follow   | ing table about your go                            | vernmen              | t's solid waste                  | (ga          | arbage) collecti               | on system.                           |  |
|             | Sector                                  |                |  | lid Waste Co         |                                  | VV IIU CU    | llects Solid Waste?            | How is Solid Waste Collected?        |  |
|             |   | Insert Lette   | er - see codes at right   Secondary   Pri          | Insert #             | - see codes at                   | rig          | a. Local g                     |                                      | s 1. Once a week at household<br>2. Twice a week at household                  |
|             | Residential                             | Primary        |  | mary                 | Secondary                        | -            | c. Franch                      | ise haulers                          | 3. Convenience center/greenbox   |
|             | Commercial Industrial                   | Primary        |  | mary                 | Secondary                        |              |                                | government not<br>ed in provision of | <ul><li>4. As needed or by request</li><li>5. Daily</li><li>6. Other</li></ul> |
| 52.         | If you provide                          | residential v  | vaste collection at single                         | e-family             | households in                    | yo           | ur jurisdiction,               | please answer the                    | following questions:   |
|             | What type of c                          | ollection me   | ethod is used?                                     | ully Aut             | omated                           | Se           | emi-Automated                  | Manual                               | Don't know   |
|             | • 1                                     |                |  | Veekly               |                                  |              | s per week                     | Other                                |  |
|             |   |                | point for single family l                          | •                    |                                  |              | Curbside                       | Back yard / Bac                      | ek door  |
|             | • •                                     |                |  |                      | ent-provided o                   | arts         |                                | ent-provided conta                   |  |
|             | **                                      |                | collection services?                               | Yes                  | □ No                             |              |                                | in provided coma                     |  |
| 53.         | •                                       | •              | ur government collect w                            | _                    |                                  | )            | Yes                            | No                                   |  |
| ,,,         |   | •              | livered to the county for                          | _                    |                                  |              | □ No                           | ]140                                 |  |
|             |   | Pa             | rt VI. Solid Was                                   | te and               | d Recyclir                       | ıg           | Education                      | nal Activities                       | 8  |
| 54.         | Did <b>your local</b> issues / activiti |                |  | _                    | inform citizer<br>o Part VII, pa |              | •                              | ut solid waste mar                   | nagement and / or recycling  |
| 55.         | Please estimate                         | your annua     | al budget for solid waste                          | related              | education and                    | out          | reach activities               | s: \$                                |  |
| 56.         | Does your com                           | munity prod    | duce recycling education                           | and ou               | treach materia                   | ls ii        | n languages be                 | sides English?                       | Yes No   |
|             | If YES, please                          | list other lar | nguages used:                                      |                      |                                  |              |                                |                                      |  |
|             |   |                |  |                      |                                  |              |                                |                                      |  |

|      | Part VII  | . Resources 1                                | or Sona was                                    | te Manageme                                    | ent and Full Co                   | ost Account                            | ing                                       |  |  |  |  |
|------|---|--|--|--|-----------------------------------|--|---|--|--|--|--|
|      | Did your local governm<br>NC Solid Waste Dispos<br>According to GS 105-1  | sal Tax proceeds ar                          | e distributed to elig                          | ible local governme                            | ents on a quarterly ba            |  | ment of Revenue.                          |  |  |  |  |
|      | Did your local governm  |  | •  |  |                                   | Yes N                                  |   |  |  |  |  |
|      | If yes, how are disposa   | l tax distributions b                        | eing used?                                     |  |                                   |  |   |  |  |  |  |
| 59.  | . What other funding sources does your local government use?  Tipping fees  |  |  |  |                                   |  |   |  |  |  |  |
| 60.  |   | •  |  |  | · ·                               |  |   |  |  |  |  |
|      | ex: \$ \$75.00  | per  | year   | per  | household                         | for solid wasi                         | te  |  |  |  |  |
|      | a. \$   | per  |  | per  |                                   | for solid was                          | ie.                                       |  |  |  |  |
|      | b. \$   | per  |  | per  |                                   | for recycling                          |   |  |  |  |  |
|      | c. \$   | per  |  | per  |                                   | for yard wast                          | e   |  |  |  |  |
|      | d. \$   | per  |  | per  |                                   | for bulky was                          | ste                                       |  |  |  |  |
|      | e. \$   | per  |  | per  |                                   | availability fo                        | <u>e</u>                                  |  |  |  |  |
|      | f. \$   | per  |  | per  |                                   | total charge                           |   |  |  |  |  |
| 61.  | Did your local government   |  |  |  |                                   | 8-19? (a system                        | where residents                           |  |  |  |  |
| A co | are charged a fee by we cording to <i>GS 130A-309</i>   |  |  |  |                                   | ly and to develo                       | n a system to                             |  |  |  |  |
|      | orm users of such costs.  | _  | nents are required                             | to conduct full cos                            | st accounting annual              | ry and to develo                       | p a system to                             |  |  |  |  |
| 62.  | If your local governmen   | nt contracts for soli                        | d waste or recycling                           | g services, please re                          | eport the annual contr            | act amount.                            |   |  |  |  |  |
|      |   |  |  | -  | 1                                 |  |   |  |  |  |  |
|      | \$  |  | For recycling pe                               | r year   |                                   |  |   |  |  |  |  |
|      |   |  | OR   | ,  |                                   |  |   |  |  |  |  |
|      | \$  |  | _ Combined Contr                               | ract (solid waste, an                          | d recycling)                      |  |   |  |  |  |  |
| 63.  | Collection Programs: P collection programs for not available, please r  | waste, recyclables                           | and yard waste inc                             | luding materials col                           |                                   |  |   |  |  |  |  |
|      |   | # of Households<br>served                    | Tons Collected                                 | Collection Cost                                | Disposal Cost (tipping fees paid) | Total Cost<br>including<br>overhead    | Cost Per Ton Managed (calculated by form) |  |  |  |  |
| N    | Iunicipal Solid Waste*  |  |  |  |                                   |  |   |  |  |  |  |
|      | Recycling Program**   |  |  |  |                                   |  | _   |  |  |  |  |
|      | Yard Waste Program  |  |  |  |                                   |  |   |  |  |  |  |
|      | Totals  | (calculated by form):                        |  |  |                                   |  |   |  |  |  |  |
|      | *for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill. |  |  |  |                                   |  |   |  |  |  |  |
| 64.  | **for materials collected by<br>If your government operacility operations (roun<br>proportionately. Land                    | erates a landfill, trained to nearest dollar | nsfer station, yard v<br>). If budgets for dif | vaste /compost facil<br>fferent facilities are | ity or recycling facili           | ty, please provide empt to allocate of | e total budget for                        |  |  |  |  |
|      |   | sfer Station Budget                          | : \$   |  |                                   |  | -   |  |  |  |  |
|      | Yard  | Waste / Compost I                            | Facility Budget: \$                            |  |                                   |  | _   |  |  |  |  |
|      |   | cling Facility Budg                          |  |  |                                   |  | -   |  |  |  |  |
| 65.  | What was your governr   | ment's total combin                          | ed annual budget fo                            | or all solid waste an                          | d recycling services i            | n 18-19? \$                            |   |  |  |  |  |

## Part VIII. Mandated Programs

The following questions pertain to programs mandated by NC statute. <u>Only Counties</u> need to complete questions 66 through 88. Failure to complete Part VIII may result in non-eligibility for grant funding. <u>Municipalities</u> should skip to question 89 on page 10.

| WH   | ITE GOODS   |            |                |               |                       |                         |                     |
|------|---|------------|----------------|---------------|-----------------------|-------------------------|---------------------|
| 66.  | Please provide name, address, phone number, Name:                                     |            | •              | •             | Title                 | s program.              |                     |
|      | Address:  |            |                |               |                       | Zip:                    |                     |
|      | Telephone: Fax:   |            |                |               |                       |                         |                     |
| 67.  | Please provide the physical address of the pri  |            |                |               |                       |                         |                     |
|      | Street 1:   | -          | -              |               |                       |                         |                     |
|      | Street 2:   |            |                |               |                       |                         |                     |
|      | City:   |            |                | State:        | North Carolina        | Zip:                    |                     |
| 68.  | Please provide the name of the business or pe   |            |                | _             | • , ,                 | •                       |                     |
|      | Street:   |            |                |               |                       |                         |                     |
|      | City:   |            |                |               |                       | Zip:                    |                     |
|      | Phone: Fax:   |            |                | Email         | :                     |                         |                     |
| 69.  | Give amounts / types of CFCs removed. Attac   |            | ds of CFC remo | oval, ar      | nd copy of certificat | . ,,,,                  | rming extraction.   |
|      | Type of CFC Removed   | d          |                |               |                       | Amount                  |                     |
|      |   |            |                |               |                       |                         |                     |
|      |   |            |                |               |                       |                         |                     |
|      |   |            |                |               |                       |                         |                     |
|      |   |            |                |               |                       |                         |                     |
| 70.  | CFCs may be recycled or sent for destruction  | Give n     | ame of firm di | l<br>snosal : | method and amount     | earned / spent for CFI  | ⊂ disnosal          |
| , 0. | Firm  | . 617011   |                |               | f Disposal            | Amount Earned           | Amount Spent        |
|      |   |            |                |               |                       |                         |                     |
|      |   |            |                |               |                       |                         |                     |
|      |   |            |                |               |                       |                         |                     |
| 71.  | Please report the tonnage of white goods collewhite goods tonnage reported on page 5? | ected du   | ring FY 2018-1 | 9 in th       | e Recycling Tonna     | ges table on page 5 (qu | estion # 43). Was   |
| 72.  | List the amount of revenue for the white good   | ds progra  | m by source:   |               |                       |                         |                     |
|      | Revenue collected from sale of scrap:   |            | \$             |               |                       |                         |                     |
|      | Revenue collected from White Goods Tax Di   | istributio | ons: \$        |               |                       |                         |                     |
|      | Revenue from other source (e.g. grants):  |            | \$             |               |                       |                         |                     |
|      | Total Revenue:  |            | \$             |               |                       |                         |                     |
| 73.  | According to the White Goods Law, White C expenditures White Good Tax Distributions v |            |                |               |                       |                         | mounts and types of |
|      |   |            |                |               |                       |                         |                     |
|      | Capital Improvements: \$ _  |            |                |               |                       |                         |                     |
|      | Clean-up of Illegal White Goods Dumps: \$   |            |                |               |                       |                         |                     |
|      | Total Expenditures: \$  |            |                |               |                       |                         |                     |

| 74. | Please provide name, address, phone number, and e-ma   | _           | _                    |               |                                   | ram.                          |          |
|-----|--|-------------|----------------------|---------------|-----------------------------------|-------------------------------|----------|
|     | Address:   |             |                      |               |                                   | Zip:                          |          |
|     | Telephone: Fax:  |             |                      |               |                                   |                               |          |
| 75. | Please provide the physical address of the primary cour<br>Street 1:   | nty scrap t | ires collection      | on site.      |                                   |                               |          |
|     | Street 2:  |             |                      |               |                                   |                               |          |
|     | City:  |             | State: 1             | North C       | arolina                           | Zip:                          |          |
| 76  | Tonnage/Number of scrap tires disposed July 1, 2018-J Tons or  | une 30, 20  | 019 ( <u>excludi</u> | ng tires<br>N | from cleanup<br>Jumber of tires   | of nuisance sites)            |          |
| 77. | Tonnage/Number of scrap tires disposed from cleanup  Tons or   | of state or | county design        | gnated i      | nuisance sites<br>Jumber of tires |                               |          |
| 78. | Indicate the types of tires collected by the county:  Passenger % Heavy Truck  |             | Large Off-           | Road          | 9/                                | 6 Agricultural                | _ %      |
| 79. | List the amount of revenue for the scrap tire program b<br>Revenue from Scrap Tire Tax Distributions:  |             |                      |               |                                   |                               |          |
|     | Revenue from Scrap Tire Fees:  |             |                      |               |                                   |                               |          |
|     | Revenue from Scrap Tire Clean-up Reimbursements:   |             |                      |               |                                   |                               |          |
|     | Revenue from Scrap Tire Cost-Overrun Grants:   |             |                      |               |                                   |                               |          |
|     | Total Revenue:   | \$          |                      |               |                                   |                               |          |
| 80. | County's total scrap tire program contract expenditure (excluding costs of nuisance tire cleanups, for FY 18-19  | (contract d | lisposal/haul        | ing cost      | ts), \$                           |                               |          |
| 81. | County's additional scrap tire program expenditure (i.e. Labor \$  |             | nvenience ce         | enter co      | st), if any.                      |                               |          |
|     | Site Cost \$   |             |                      |               |                                   |                               |          |
|     | Other \$   |             | describe Oth         | er:           |                                   |                               |          |
| 82. | County's contract cost for scrap tire disposal. \$   |             | / Ton; \$            |               | / Tire                            |                               |          |
| 83. | Hauling cost or fuel surcharge, if not included in contra  | act cost a  | bove. \$             |               | _ / Ton; \$                       | / Tire                        |          |
| 84. | Total tipping fees collected for tires not eligible for fre  | e disposal  | . \$                 |               |                                   |                               | _        |
| 85. | Total number of tires collected not eligible for free dis  |             |                      |               |                                   |                               |          |
| 86. | If scrap tires were not hauled off site by contracted serv   |             |                      |               |                                   |                               | -<br>∏No |
| 87. | Name of tire disposal/recycling firm(s):   | _           |                      | -             | _                                 |                               | _        |
| MA  | NAGEMENT OF ABANDONED MANUFA   | ACTUR       | ED HOM               | ES BY         | COUNTI                            | ES                            |          |
| 88. | Has your county considered whether to implement a pr   | ogram for   | the manager          | ment of       | abandoned ma                      | anufactured homes? Yes        | ☐ No     |
|     | If yes, has your county developed a written plan for the   | managen     | nent of aband        | doned n       | nanufactured l                    | nomes? Yes No                 |          |
| TE: | MPORARY DISASTER DEBRIS STAGINO  | G SITES     | S - Countie          | es and        | Municipal                         | ities                         |          |
| 89. | Does your local government have a plan in place for m  | -           |                      |               |                                   | ☐ No                          |          |
|     | If yes, indicate if the plan is a stand-alone plan or in co  |             | •                    |               | •                                 | Stand-alone In con            | ,        |
| 90. | If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a continuous |             |                      |               | gement or FEI Yes                 | MA to ensure it meets the bas | ic       |

| 91. | Please list the name, co<br>your local government:   | ontact numbers(s), and e-mail address of the   | pe   | rson(s) in charge of the                           | disaster debris management program for   |  |  |  |  |
|-----|--|--|------|--|--|--|--|--|--|
|     | Name:  | Name:  |      |  | Name:  |  |  |  |  |
|     | Phone:   | Phone:   |      |  | Phone:   |  |  |  |  |
|     | E-mail:  | E-mail:  |      |  | E-mail:  |  |  |  |  |
| 92. | Natural Heritage Progra<br>Please note that the vetting of                                     | ry disaster debris staging sites in your count<br>am (NHP) and the State Historic Preservation of a site prior to a disaster is advantageous to local go<br>by cause difficulty for local governments when attempt | on ( | Office (SHPO) through ments because a staging site | coordination with the Solid Waste Section.  which is found to have impacted federal or state |  |  |  |  |
|     | Disaster Site #  | Site Name  |      | Disaster Site #                                    | Site Name  |  |  |  |  |
|     |  |  |      |  |  |  |  |  |  |
|     |  |  |      |  |  |  |  |  |  |
|     |  |  |      |  |  |  |  |  |  |
|     |  |  |      |  |  |  |  |  |  |
|     |  |  |      |  |  |  |  |  |  |
| 93. | 3. Does your plan address the management of:  Household hazardous waste  Mass animal mortality |  |      |  |  |  |  |  |  |
|     | Abandoned vessels White goods  |  |      |  |  |  |  |  |  |
| 94. | Does your plan include   | coordination with NC DOT on clearing ro  | ads  | and waste in the right of                          | of way? Yes No   |  |  |  |  |
|     |  | Part IX. (   | Cor  | nments   |  |  |  |  |  |

Use this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this report or other matters regarding solid waste management in North Carolina. Thank you for your time. 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

Matt James, email: matt.james@ncdenr.gov phone 919-707-8133

#### THIS FORM IS DUE SEPTEMBER 1, 2019

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

