



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

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

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

Instructions

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

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

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

After completing and saving the report, please email the report to 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

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



Required: Select your Local Government Name

FALLSTON

State of North Carolina

Department of Environmental Quality

Division of Waste Management &

Division of Environmental Assistance and Customer Service

Local Government Report Form

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

Please submit this form to Lgteam@ncdenr.gov by **September 1, 2020**.

If you have questions or need assistance completing this form, please call 919-707-8147 or 919-707-8123.

Person Completing This Report: Mary M. Boggs Title: Clerk

Mailing Address: PO Box 547 City: Fallston Zip: 28042

Phone: 704-538-7176 Date: 07.13.2020

Email: townoffallstonnc@bellsouth.net

General Instructions

Please remember that the time period for the report is JULY 1, 2019 through JUNE 30, 2020. Please check "No" if you have nothing to report for a specific question.

1. Did your local government have a Recycling Coordinator or similar position for FY 19-20? Yes No

Name Recycling Coordinator (if different from person completing this report.)

Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Email: _____

2. Did your local government have a Solid Waste Director or similar position for FY 19-20? Yes No

If Yes, Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Email: _____

3. Did your local government have **dedicated or part-time** Solid Waste Enforcement Staff for FY 19-20? Yes No

If Yes, Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Email: _____

4. Did your local government have solid waste ordinances in place addressing any of the following during FY 19-20? (if yes, please check all that apply)

Disposal Bans Illegal Dumping Littering Construction & Demolition Other: _____

5. Did your local government manage, provide or contract for any solid waste services in FY 19-20 (e.g., collection, disposal, recycling, mulching, composting)? Yes No

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

Part I. Waste Reduction and Recycling Programs Serving Government Facilities

6. Did your local government have a recycling program in place for collecting recyclable materials generated at public buildings in FY 19-20? 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 19-20? Yes No
8. Did your local government have a program in place to collect and recycle spent fluorescent lights generated from the public buildings and facilities that were operated by your government in FY 19-20? Yes No

Part II. Waste Reduction and Recycling Programs Serving the Public

SOURCE 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? Yes No
If yes, please check all source reduction programs that apply:
 Junk Mail Reduction Single Use Plastics Reduction Food Waste Reduction
 Promoting Reuse and Donation Other _____
12. Did your local government offer a waste exchange or reuse program? Yes No
13. If yes, please check all waste exchange and/or reuse programs that apply:
 Swap shop/shed Number of sheds in use? _____ Paint exchange Number of gallons recovered? _____
 Other (e.g. pallet exchange, etc.) _____

PUBLIC RECYCLING SERVICES

14. Which of the following responses best describes your recyclables recovery activities for the period July 1, 2019 through June 30, 2020? Choose **ONE** option that best applies.
- My local government **DID operate or contract** for a recyclables recovery program. (please continue to question 15)
- My local government **DID NOT operate or contract** for recyclables recovery **BUT DID participate** in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; **then go to Part IV on page 7.**)
- With which local government did you participate? _____
- My local government **DID NOT operate, contract or participate** in a recycling program. (Go to Part IV on page 7.)

CURBSIDE RECYCLING PROGRAM

15. Did your government operate a Curbside Recycling Program? Yes No, skip to question # 25
16. Who collected the recyclable materials for your local government's curbside recycling program?
- Local government employees
- Private contractor (please specify) _____
- Franchised hauler (please specify) _____
- Other (please specify) _____

17. Please provide the following information about your community:
- Total number of households in your jurisdiction? _____
 - Number of households eligible to participate in the curbside recycling program: _____
 - Provide the **number of households** that participate in the curbside recycling program (estimate if necessary): _____
18. If your curbside recycling program is operated through a public franchise granted to a private company then please answer the following:
 Is public participation in the franchise: Voluntary or Mandatory
 Does your franchise consist of: One service district or Multiple service districts
19. What sector(s) of your community was served by the curbside recycling program?
 Residential Commercial Industrial
20. If you checked commercial or industrial in question 19, please indicate the number of accounts served: _____
21. How frequently were the curbside recyclables collected?
 Once a week Every other week / biweekly
 Other _____
22. Please describe the collection containers used:
 Bins Blue bags
 Multi-bin system Roll-out carts
23. Please describe the method of recycling collection:
 curb-sort (collector separates material as collected) single stream / commingled
 dual / two stream don't know / other
24. Do residents sign up for curbside recycling service or are they automatically included?
 Sign up
 Automatically included

DROP-OFF RECYCLING PROGRAM

25. Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 32
26. Who collected the recyclable materials for your local government's drop-off recycling program?
 Local government employees
 Private contractor _____
 Other (please specify) _____
27. Please describe the method / style of recyclable materials handling for your drop-off recycling program:
 source-separated (citizens separate materials by type) single stream / commingled
 dual / two stream (paper separated from cans/bottles) don't know / other
28. Please estimate the number of households served by your drop-off recycling program. _____
29. What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial
30. How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites: _____
31. How many of these locations were staffed with attendants? All None Some please list # of staffed sites: _____

ELECTRONICS RECYCLING PROGRAM

32. Did your community operate an electronics recycling program in FY 19-20? Yes No, skip to question # 38
- If you did operate an electronics recycling program, please indicate style of program:
 Permanent - Curbside Collection Permanent - Drop-off Scheduled Collection Day or Event Part of HHW Program
- If you offer curbside collection of electronics is it: by appointment or unscheduled
- If you operate a drop-off electronics program, how many collection sites do you provide? Number of Sites: _____

33. Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses
34. Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses
35. Annually, DEQ distributes funds to eligible units of local government. If your unit of local government received a distribution from the Electronics Management Fund in February 2020, please provide the following information:
- Electronics Management Fund balance as of July 1, 2019: \$ _____
- Electronics Management Funds received from DEQ during FY 19-20 (Feb 2020 distribution): \$ _____
- Electronics Management Funds spent during FY 19-20: \$ _____
- Electronics Management Fund balance as of June 30, 2020: \$ _____

36. Explain how Electronics Management Funds were used during FY 19-20 (list items purchased if applicable):

37. Name of electronics recycler(s) used during FY 19-20: _____
- Does the electronics recycler(s) used have either the e-Steward or R2 certification? Yes No

OTHER PUBLIC RECYCLING PROGRAMS

List only programs operated or contracted for by the local government. The tonnage of any materials collected by the following programs should 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 No
- If yes, please check all materials that were recycled and report tonnages in tonnage table on page 5:
- Clean Wood Brick, concrete, etc. Sheetrock Vinyl siding Shingles Metals Other
42. Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 19-20. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)
- Public Parks Recycling Program Athletic Field /Venue Recycling Program
- Pedestrian Recycling Program Recycling Service for Special Events / Festivals
43. Please identify all "Other" programs or services operated by your government during FY 19-20. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)
- Public School Recycling Program
- Scheduled Collection Drives (e.g. confidential document shredding event held quarterly, once a year, etc.)
- Lend-a-Bin Program where local government provides recycling containers to community organizations for use at events
- Organics / Food Waste Recycling other than yard waste program
- Oyster Shell Recycling Program
- Other Programs (please specify) _____

Programs to manage Special Wastes are addressed in Part III on page 6, please do not include Special Waste programs above.

RECYCLING TONNAGES FROM PUBLIC PROGRAMS

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

| PROGRAM | Curbside | | Drop-off | | All "Other" Programs | | Total Tons (totals are calculated by form) | |
|---|--|------|---------------------------------|------|---------------------------------|--------------------------|---|--|
| | <input type="checkbox"/> if Yes | Tons | <input type="checkbox"/> if Yes | Tons | <input type="checkbox"/> if Yes | Tons | | |
| GLASS: | | | | | | | | |
| Clear | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| Brown | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| Green | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| Mixed | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| PLASTIC: | | | | | | | | |
| PET #1 | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| HDPE #2 | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| All Plastic Bottles | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| Other Plastic Containers | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| Bulky Rigid Plastics | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| METAL: | | | | | | | | |
| Aluminum Cans | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| Steel Cans | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| PAPER: | | | | | | | | |
| Newsprint (ONP) | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| Cardboard (OCC) | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| Magazines (OMG) | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| Office Paper | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| Mixed / Other Paper | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| Cartons / Aseptic Containers | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| WOOD: | | | | | | | | |
| Pallets | <i>Report all tons in Other column</i> | | | | | <input type="checkbox"/> | | |
| Other Wood - DO NOT report yard waste tons here | | | | | | <input type="checkbox"/> | | |
| ELECTRONICS: | | | | | | | | |
| Televisions | <i>Report all tons in Other column</i> | | | | | <input type="checkbox"/> | | |
| Computer Equipment | | | | | | <input type="checkbox"/> | | |
| Other Electronics | | | | | | <input type="checkbox"/> | | |
| OTHER MATERIALS: | | | | | | | | |
| Textiles (clothes etc...) | <i>Report all tons in Other column</i> | | | | | <input type="checkbox"/> | | |
| C&D Materials Recycling | | | | | | <input type="checkbox"/> | | |
| White Goods | | | | | | <input type="checkbox"/> | | |
| Other Scrap Metal | | | | | | <input type="checkbox"/> | | |
| | | | | | | <input type="checkbox"/> | | |
| Commingled tons* (x boxes above for all items included) | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | | |
| TOTAL TONS: | | | | | | | | |

45. *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? _____

46. **RECYCLING TONNAGE AS A RESULT OF POLICY OR ORDINANCE:** complete this section for materials that were recycled as a result of local government ordinances or policies but that were NOT collected or managed directly by your local government recycling program. E.g. a cardboard disposal ban results in private cardboard recycling (and you have a way to track the tons collected)

| 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. motor-fleet services). Question 47 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 #47 but instead report with HHW materials in question #48.

Special wastes are materials collected at convenience centers, transfer stations, landfills, etc. Do not include materials collected at household hazardous waste permanent collection facilities or household hazardous waste temporary collection events.

| 47. Special Waste Programs for Collecting Materials from Citizens by Material Type | Did program collect this material from the public? | # of sites | Data on quantities collected / managed. Please report in indicated units. | |
|---|--|------------|---|--------------|
| Used Motor Oil | <input type="checkbox"/> Yes | _____ | _____ | gallons |
| Used Oil Filters | <input type="checkbox"/> Yes | _____ | _____ barrels, or _____ | lbs |
| Used Antifreeze | <input type="checkbox"/> Yes | _____ | _____ | gallons |
| Batteries, Lead Acid (Auto) | <input type="checkbox"/> Yes | _____ | _____ # batteries, or _____ | lbs |
| Batteries, Dry Cell (Household) | <input type="checkbox"/> Yes | _____ | _____ | lbs |
| Fluorescent Bulbs/Lights Containing Mercury | <input type="checkbox"/> Yes | _____ | _____ lbs, or _____ | # bulbs |
| Propane Tanks | <input type="checkbox"/> Yes | _____ | _____ lbs, or _____ | # tanks |
| Used Cooking Oil / Waste Vegetable Oil | <input type="checkbox"/> Yes | _____ | _____ lbs, or _____ | gallons |
| Other Special Wastes - please provide waste type here: _____ | <input type="checkbox"/> Yes | _____ | _____ | lbs |
| Pesticide Containers (NCDA Program, not pesticides themselves) | <input type="checkbox"/> Yes | _____ | _____ lbs, or _____ | # containers |
| NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers) | <input type="checkbox"/> Yes | _____ | _____ | lbs |
| Latex Paint (do not include paint collected at HHW event or by a paint exchange program) | <input type="checkbox"/> Yes | _____ | _____ gals, or _____ | lbs |

Household Hazardous Waste (HHW) Collection Program - Fiscal Year 2019-2020

48. Did your local government operate a permanent HHW collection facility or temporary collection event? Yes No
- If Yes, please respond to the following questions:
- Was HHW collected at a permanent collection facility or temporary collection event? Permanent Temp. Event
 - How many days did the HHW collection program operate (number of days operated out of 365)? _____
 - Did your local government partner the HHW program or event with another local government? Yes No
Please list partner(s) _____
 - How many households/residences participated in your HHW collection program? _____
 - Did your program accept materials from VSQG (Very Small Quantity Generators) businesses? Yes No
If yes, please provide or estimate the amount of VSQG material collected: _____ pounds
 - Provide the amount of materials collected by the HHW program for the fiscal year _____ pounds
 - List all the HHW disposal and HHW recycling contractors: _____
 - What is the fiscal year cost to operate the HHW collection program? _____

Part IV. Yard Waste, Mulching and Composting Management

Yard waste may not be disposed in sanitary landfills, incinerators, or in unpermitted sites and it is illegal to burn. Do not include information on food waste or non-vegetative materials in this section.

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 facil.
50. Did a storm event significantly impact the amount of yard waste your government managed during FY 19-20? Yes No
51. What quantities of materials were managed by your yard waste program? **Provide information in TONS OR CUBIC YARDS of organic material (yard waste, brush, limbs, leaves, etc.) managed.** For conversion purposes, use 400 lbs./cubic yd.

| Destination | Check if used | Tons | | Cubic Yards | Facility Name and Location |
|---|--------------------------|------|----|-------------|----------------------------|
| End user (to farmer or home-owner) | <input type="checkbox"/> | | or | | |
| Your local government's mulch or compost facility | <input type="checkbox"/> | | or | | |
| Other public mulch or compost facility | <input type="checkbox"/> | | or | | |
| Private mulch or compost facility | <input type="checkbox"/> | | or | | |
| Land clearing and inert debris landfill (LCID) | <input type="checkbox"/> | | or | | |
| Energy / Fuel Use (e.g. boiler fuel market) | <input type="checkbox"/> | | or | | |
| Total | | | or | | |

YARD WASTE MANAGEMENT FORMULA: If yard waste quantities are not tracked, you may use this formula below to help you estimate yard waste volume. Calculate for each truck used in your yard waste management program, and then enter the grand total volume managed by program in the appropriate boxes above. *Ex. 10 cubic yard truck x 3 days/wk x 16 wks = 480 cubic yards*

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \text{ cubic yards} \\
 \text{Size of Truck (in yards)} & & \text{Avg. no. of times truck fills each week} & & \text{\# of weeks truck is used during year} & & \text{TOTAL}
 \end{array}$$

Part V. Solid Waste Collection Services

52. Please complete the following table about your government's solid waste (garbage) collection system.

| Sector | Who Collects Solid Waste? Insert Letter - see codes at right | | | | How is Solid Waste Collected? Insert # - see codes at right | | | | Who Collects Solid Waste? | How is Solid Waste Collected? |
|-------------|---|--|-----------|--|--|--|-----------|--|--|--------------------------------|
| | Primary | | Secondary | | Primary | | Secondary | | a. Local government employees | 1. Once a week at household |
| Residential | | | | | | | | | b. By Contract | 2. Twice a week at household |
| Commercial | | | | | | | | | c. Franchise haulers | 3. Convenience center/greenbox |
| Industrial | | | | | | | | | d. Local government not involved in provision of service | 4. As needed or by request |
| | | | | | | | | | | 5. Daily |
| | | | | | | | | | | 6. Other |

53. If you provide residential waste collection at single-family households in your jurisdiction, please answer the following questions:

- What type of collection method is used? Fully Automated Semi-Automated Manual Don't know
- What is the standard collection frequency? Weekly Two times per week Other
- What is the typical service point for single family household waste? Curbside Back yard / Back door
- What type of collection container is used? Government-provided carts Resident-provided container Bags
- Do you offer bulky waste collection services? Yes No

54. For municipalities - did your government collect white goods at the curb? Yes No
If so, were white goods delivered to the county for marketing? Yes No

Part VI. Solid Waste and Recycling Educational Activities

55. Did **your local government** have an education program to inform citizens specifically about solid waste management and / or recycling issues / activities? Yes No (If No, skip to Part VII, page 8)
56. Please estimate your annual budget for solid waste related education and outreach activities: \$ _____
57. Does your community produce recycling education and outreach materials in languages besides English? Yes No
If YES, please list other languages used: _____

Part VII. Resources for Solid Waste Management and Full Cost Accounting

58. Did your local government operate an Enterprise Fund for solid waste services in FY 19-20? Yes No
59. NC Solid Waste Disposal Tax proceeds are distributed to eligible local governments on a quarterly basis by the Department of Revenue. According to GS 105-187.63 these funds must be used by a city or county solely for solid waste management programs and services. Did your local government receive Solid Waste Disposal Tax distributions? Yes No
- If yes, how are disposal tax distributions being used? _____

60. What other funding sources does your local government use?
- | | | |
|--|---|--|
| <input type="checkbox"/> Tipping fees | <input type="checkbox"/> Volume/weight-based fees (e.g. PAYT) | <input type="checkbox"/> Tire tax |
| <input type="checkbox"/> Property taxes / general fund | <input type="checkbox"/> Sale of recyclables | <input type="checkbox"/> White Goods tax |
| <input type="checkbox"/> Per household charges | <input type="checkbox"/> Grants | |

61. If applicable, please provide your FY 19-20 household fees (follow example format):
- ex: \$ \$75.00 per year per household for solid waste
- a. \$ _____ per _____ per _____ for solid waste
- b. \$ _____ per _____ per _____ for recycling
- c. \$ _____ per _____ per _____ for yard waste
- d. \$ _____ per _____ per _____ for bulky waste
- e. \$ _____ per _____ per _____ availability fee
- f. \$ _____ per _____ per _____ total charge

62. Did your local government operate a Pay-As-You-Throw program for residential garbage during FY 19-20? (a system where residents are charged a fee by weight or volume for the amount of trash they discard) Yes No

According to *GS 130A-309.08*, local governments are required to conduct full cost accounting annually and inform users of such costs.

63. If your local government contracts for solid waste or recycling services:

| | Annual Contract Amount | Month/Year of Contract Expiration |
|---|------------------------|-----------------------------------|
| Solid Waste Services Contract | \$ _____ | _____ |
| Recycling Contract | \$ _____ | _____ |
| OR: Combined Contract (solid waste & recycling) | \$ _____ | _____ |

64. Collection Programs: Please complete the following table to the best of your ability to display the full costs of your local government's collection programs for waste, recyclables and yard waste including materials collected from convenience centers. **If full cost analysis is not available, please report program budget in Total Cost column.**

| | # of Households served | Tons Collected <small>(enter MSW tons; others autofilled)</small> | Collection Cost | Disposal Cost <small>(tipping fees paid)</small> | Total Cost including overhead | Cost Per Ton Managed <small>(calculated by form)</small> |
|-------------------------------------|------------------------|--|-----------------|---|-------------------------------|---|
| Municipal Solid Waste* | _____ | _____ | _____ | _____ | _____ | 0 |
| Recycling Program** | _____ | _____ | _____ | _____ | _____ | 0 |
| Yard Waste Program | _____ | 0 | _____ | _____ | _____ | 0 |
| Totals (calculated by form): | _____ | 0 | _____ | _____ | _____ | 0 |

*for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill.

**for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services.

65. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately.
- Landfill Budget: \$ _____
- Transfer Station Budget: \$ _____
- Yard Waste / Compost Facility Budget: \$ _____
- Recycling Facility Budget: \$ _____

66. What was your government's total combined annual budget for all solid waste and recycling services in 19-20? \$ _____

Part VIII. Mandated Programs

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

WHITE GOODS

67. Please provide contact information for the person responsible for the white goods program.

Name: _____ Title: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

68. Please provide the physical address of the primary County white goods collection site.

Physical Address: _____

GPS Coordinates (decimal degree system): _____

69. Please provide contact information and license number of the person(s) that removes refrigerants from white goods.

Name: _____ Name: _____

Refrigerant Extraction License #: _____ Refrigerant Extraction License #: _____

Mailing Address: _____ Mailing Address: _____

Phone: _____ Email: _____ Phone: _____ Email: _____

70. Provide the types and amounts of refrigerants removed from white goods.

| Type of Refrigerants Removed | Amount |
|------------------------------|--------|
| | |
| | |
| | |
| | |

71. Refrigerants may be recycled or sent for destruction. Provide the business, method of disposal and amount earned / paid.

| Business Name and Phone Number | Method of Disposal | Amount Earned | Amount Paid |
|--------------------------------|--------------------|---------------|-------------|
| | | | |
| | | | |
| | | | |

72. Tons of white goods received: _____

Tons of white goods from cleanup activities: _____

Total Tons (also list in #44 on page 5): _____ Reported in #44 on page 5? Yes No

73. NCDOR White Goods Disposal Tax Proceeds Distribution

| | | |
|---|----|-------|
| Total (Aug, Nov, Feb and May) | \$ | _____ |
| Monies earned from the sale of white goods | \$ | _____ |
| Monies earned from the sale of extracted refrigerants | \$ | _____ |
| Monies from other sources | \$ | _____ |
| Total Revenue: | \$ | _____ |

74. The NCGS Management of Discarded White Goods requires that the white goods tax proceeds distributions be used for the management of discarded white goods. Provide the amounts and types of expenditures the white goods tax proceeds distributions were used for:

Capital Improvements: \$ _____

Operating Costs: \$ _____

Cleanup of Illegal Disposal Sites: \$ _____

Other: \$ _____ describe: _____

Total Expenditures: \$ _____

SCRAP TIRES

75. Please provide contact information for the person responsible for the scrap tire program.

Name: _____ Title: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

76. Please provide the physical address of the primary scrap tire collection site.

Physical Address: _____

GPS Coordinates (decimal degree system): _____

77. Scrap Tire Management Program - Tons Collected July 1, 2019 - June 30, 2020

Tons of scrap tires certified as originated in NC in the normal course of business _____ Tons

Tons of scrap tires from cleanup activities - costs reimbursed by DEQ _____ Tons

Tons of scrap tires from fees charged _____ Tons

Tons of scrap tires no fees charged - costs not reimbursed by DEQ _____ Tons

Total Tons: _____ Tons

78. Indicate the types of scrap tires received:

Passenger _____ % Truck _____ % Off-Road _____ % Agricultural _____ % Cleanup _____ % Out of State _____ %

79. Scrap Tire Management Program - Revenue July 1, 2019 - June 30, 2020

NCDOR Scrap Tire Disposal Tax Proceeds Distributions Total (Aug, Nov, Feb, May) \$ _____

Scrap Tire Disposal Account Fund Grants (if applicable: Jul and Jan) \$ _____

Scrap Tire Cleanup Reimbursements from DEQ: \$ _____

Scrap Tire charges: \$ _____

Total Revenue: \$ _____

80. Scrap Tire Management Program - Expenditures July 1, 2019 - June 30, 2020

Contract cost for disposal/processing (not including shipping): _____

Contract cost for shipping (not including disposal/processing): _____

Additional scrap tire management program costs: _____ describe: _____

Total Expenditures: _____

81. Scrap Tire Disposal/Processing Company

Company Name: _____ Phone: _____ Email: _____

Mailing Address: _____

Physical Address: _____

82. If scrap tires were not hauled off site for treatment or disposal in a tire monofill, were they cut and disposed of in a MSW landfill? Yes No If yes, how many tons? _____

83. Suggestions for scrap tire disposal tax proceeds distribution alternatives: _____

84. Scrap tire management program limitations, other than money: _____

MANAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES

85. Has your county considered whether to implement a program for the management of abandoned manufactured homes? Yes No

If yes, has your county developed a written plan for the management of abandoned manufactured homes? Yes No

Part IX. Disaster Preparedness - COUNTIES and MUNICIPALITIES

TEMPORARY DISASTER DEBRIS STAGING SITES

86. Does your local government have a plan in place for management of disaster debris? Yes No
 If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction

87. 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? Yes No

88. 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: _____ | Name: _____ | Name: _____ |
| Phone: _____ | Phone: _____ | Phone: _____ |
| E-mail: _____ | E-mail: _____ | E-mail: _____ |

89. Please list the temporary disaster debris staging sites in your county or municipality which have been reviewed for conflicts with the Natural Heritage Program (NHP) and the State Historic Preservation Office (SHPO) through coordination with the Solid Waste Section. *Please note that the vetting of a site prior to a disaster is advantageous to local governments because a staging site which is found to have impacted federal or state resources after a disaster may cause difficulty for local governments when attempting to obtain FEMA reimbursement. Attach extra sheets, if needed.*

| Disaster Site # | Site Name | Disaster Site # | Site Name |
|-----------------|-----------|-----------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

90. Does your plan address the management of: Household hazardous waste Mass animal mortality
 Abandoned vessels White goods

91. Does your plan include coordination with NC DOT on clearing roads and waste in the right of way? 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? Has your program been affected by COVID-19? Do you have new or updated ordinances that affect your programs? You may submit additional sheets if needed.

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

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

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

THIS FORM IS DUE SEPTEMBER 1, 2020

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

