

State of North Carolina

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

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

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

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

Instructions

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

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

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

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

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

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

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

Form Year

2020



Local Government Report Form

Required: Select your Local Government Name MARSHALL

State of North Carolina

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

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

Please submit this form to Lgteam@ncdenr.gov by September 1, 2020. If you have questions or need assistance completing this form, please call 919-707-8147 or 919-707-8123. Person Completing This Report: Michelle Massey Title: Deputy Town Clerk Mailing Address: PO Box 548 City: Marshall Zip: 28753 Date: 07/23/20 Phone: 828-649-3031 Email: mmassey@townofmarshall.org **General Instructions** Please remember that the time period for the report is JULY 1, 2019 through JUNE 30, 2020. Please check "No" if you have nothing to report for a specific question. Did your local government have a Recycling Coordinator or similar position for FY 19-20? X No Name Recycling Coordinator (if different from person completing this report.) Name: Title: Address: Citv: Zip: Telephone: Email: 2. Did your local government have a Solid Waste Director or similar position for FY 19-20? 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 19-20? 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 19-20? (if yes, please check all that apply) ☐ Illegal Dumping ∠ Littering Disposal Bans Construction & Demolition Other: Did your local government manage, provide or contract for any solid waste services in FY 19-20 (e.g., collection, disposal, recycling, 5. mulching, composting)?

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

X Yes

No

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

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

| 33. | Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses |
|---------|--|
| 34. | Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses |
| 35. | Annually, DEQ distributes funds to eligible units of local government. If your unit of local government received a distribution from the Electronics Management Fund in February 2020, please provide the following information: |
| | Electronics Management Fund balance as of July 1, 2019: \$ |
| | Electronics Management Funds received from DEQ during FY 19-20 (Feb 2020 distribution): \$ |
| | Electronics Management Funds spent during FY 19-20: \$ |
| | Electronics Management Fund balance as of June 30, 2020: \$ |
| 36. | Explain how Electronics Management Funds were used during FY 19-20 (list items purchased if applicable): |
| | |
| 37 | Name of electronics recycler(s) used during FY 19-20: |
| | Does the electronics recycler(s) used have either the e-Steward or R2 certification? Yes No |
| <u></u> | |
| | 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 ald 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? $\ \ \ \ \ \ \ \ \ \ \ \ \ $ |
| 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. |
| | 1 1081 and to manage opecial in usics are addressed in 1 art 111 on page 0, piedse do not include opecial music programs doove. |

RECYCLING TONNAGES FROM PUBLIC PROGRAMS

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

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

| Material Type | Tons Diverted | Describe t | he mechanism that caused t | hese ma | terials to be recov | ered and da | ata collection | n met |
|--|---|--------------|--|-----------|---------------------|-------------|----------------|---------------|
| | | | | | | | | |
| | | | | | | | | |
| | | Part | III. Special Waste | Colle | ections | | | |
| | | | w considering services pro | | | | | |
| | 1 0 | v | l. Do not include materials oted outside of any Househo | _ | | _ | 1 | , 0 |
| | | | gram or HHW event and w | | | | | |
| rd materials in ques | stion #47 but inst | ead report | with HHW materials in ques | stion #48 | 8. | • | | |
| • • | | | | | 1611 | | | |
| | | | ence centers, transfer station on facilities or household | | | | | |
| | Programs for Co | | Did program collect this | # of | Data on quantit | | | |
| Materials from (| 0 | | material from the public? | sites | Please repo | | _ | ۵. |
| Used Motor Oil | | | Yes | | | | gallons | \neg |
| Used Oil Filters | | | Yes | | barrels | s, or | | lbs |
| Used Antifreeze | | | Yes | | <u>'</u> | <u>'</u> | gal | lons |
| Batteries, Lead Aci | d (Auto) | | Yes | | # bat | teries, or | | lbs |
| Batteries, Dry Cell | (Household) | | Yes | | | | | lbs |
| Fluorescent Bulbs/I | Fluorescent Bulbs/Lights Containing Mercury | | Yes | | lb | s, or | # bu | lbs |
| Propane Tanks | | | Yes | | lb | s, or | # ta | anks |
| Used Cooking Oil / | | | Yes | | lb | s, or | gal | lons |
| Other Special Wast | es - please provid | e waste | Yes | | | | | lbs |
| type here: Pesticide Container | a (NCDA Duo augus | | | | | <u> </u> | | _ |
| pesticides themselv | | n, not | Yes | | lb | s, or | | con- iners |
| NCDA Pesticide D | | | Yes | | <u> </u> | <u>'</u> | | lbs |
| (for management of Latex Paint (do not | * ' | | | | | ıla İ | | |
| HHW event or by a | 1 | | Yes | | | ols, or | | lbs |
| sehold Hazardous | Waste (HHW) | Collection 1 | Program - Fiscal Year 201 | 9-2020 | ' | | | |
| Did your local gove | ernment operate a | permanent | HHW collection facility or | tempora | ary collection eve | nt? Ye | s N | O |
| If Yes, please response | | | | | _ | _ | | |
| | | | on facility or temporary coll | | | inent [] | Гетр. Even | ıt |
| | | • | ogram operate (number of da | • | | | | |
| , | - | er the HHW | program or event with ano | ther loca | al government? [| Yes | ☐ No | |
| Please list partn | | | | | | | | |
| • | | | ed in your HHW collection | | | | _ | |
| | • | | QG (Very Small Quantity C | | , | | No | |
| | | | t of VSQG material collecte | | | - | | |
| | | - | the HHW program for the | tiscal ye | ear | | pound | ds |
| g. List all the HHV | V disposal and HI | HW recycli | ng contractors: | | | | | |
| g. List all the IIII v | r | , | | | | | | |

| | | Part l | IV. Yard Was | te, Mulc | hing and | l C | omposting | g Managemo | ent |
|-----|---|----------------|--|---------------|------------------------------|--------|----------------------|-------------------------------|---|
| | | | in sanitary landfills, naterials in this sect | | s, or in unpe | rmii | tted sites and it | t is illegal to burn | . Do not include informatio |
| 9. | - | - | t operate a yard was Collected curbside | | | | - | | w yard waste is managed by aste, compost, or LCID faci |
| 0. | Did a storm ev | ent significar | ntly impact the amou | ınt of yard w | aste your go | veri | nment managed | d during FY 19-20 | ? Yes No |
| 1. | | | s were managed by y ste, brush, limbs, le | | | | | | R CUBIC YARDS of /cubic yd. |
| | | Destina | tion | Check if used | Tons | | Cubic Yards | Facility | Name and Location |
| | End user (to fa | rmer or hom | e-owner) | | | or | | | |
| | Your local gov | ernment's m | ulch or compost faci | lity 🔲 | | or | | | |
| | Other public m | ulch or comp | post facility | | | or | | | |
| | Private mulch | or compost fa | acility | | | or | | | |
| | Land clearing a | and inert deb | ris landfill (LCID) | | | or | | | |
| | Energy / Fuel U | Jse (e.g. boil | er fuel market) | | | or | | | |
| | | Tota | l | | | or | | | |
| | volume manag | ed by progra | m in the appropriate X | boxes above | e. Ex. 10 cı X | ıbic | yard truck x 3 | days/wk x 16 wks = | cubic yards |
| | Size of Truc | ck (in yards) | Avg. no. of times to | | | | | - | TOTAL |
| | | | Part V. | Solid W | aste Col | lec | tion Servi | ces | |
| 52. | Please complet | e the followi | ng table about your | government' | s solid waste | ga (ga | arbage) collection | on system. | |
| | Sector | | ects Solid Waste? - see codes at right | | id Waste Co - see codes at | | lot WIII COI | lects Solid Waste? | How is Solid Waste Collected? |
| | Residential | Primary A | Secondary Secondary | Primary 1 | Secondary | l rig | a. Local g b. By Cor | | s 1. Once a week at household 2. Twice a week at household |
| | Commercial | Primary A | Secondary | Primary 1 | Secondary | | | ise haulers government not | 3. Convenience center/greenbox4. As needed or by request |
| | Industrial | Primary A | | Primary 1 | Secondary | | | ed in provision of | 5. Daily 6. Other |
| 3. | | | aste collection at sin | ale-family h | ouseholds ir | 1 1/0 | ur inriediction | nlesse snower the | e following questions: |
| ٦. | What type of c | | | Fully Auto | | • | emi-Automated | • | Don't know |
| | * * | | ion frequency? | | | | s per week | Other | ☐ Doll t know |
| | | | | | | | | | 1- 1 |
| | • • | - | point for single fami | | | | Curbside | Back yard / Ba | |
| | What type of c | | <u> </u> | | nt-provided | caru | s 🔀 Reside | nt-provided conta | iner 🔀 Bags |
| | • | • | ollection services? | ∐ Yes | ⊠ No | 0 | | 73.7 | |
| 54. | | • | r government collect vered to the county | _ | | | ☐ Yes ☐ No | No | |
| | | | t VI. Solid W | | • | \sim | | | |
| 55. | Did your local issues / activiti | _ | | | nform citize Part VII, pa | - | | ut solid waste ma | nagement and / or recycling |
| 6. | Please estimate | your annual | budget for solid wa | ste related e | ducation and | out | reach activities | s: \$ | |
| 57. | Does your com | munity prod | uce recycling educat | tion and outr | each materia | ıls iı | n languages bes | sides English? | Yes No |
| | If YES, please | list other lan | guages used: | | | | | | |
| | | | | | | | | | |

| 50 | | . Resources I | | | | | | | | |
|-----|---|-----------------------|-------------------|---------------------------------|-------------------|----------------|----------|--------------------|-----------------------|------------------------------|
| | Did your local governm NC Solid Waste Dispos | - | - | | | | | | Yes No | |
| ٠,٠ | According to GS 105-1 | | | | | | | | | |
| | Did your local governm | nent receive Solid V | Vaste Dis | sposal Tax | distributions? | | | \boxtimes | Yes No | |
| | If yes, how are disposa | l tax distributions b | eing use | d? To bala | nce the budget | | | | | |
| 60. | What other funding sou | • | • | | | | | | | |
| | Tipping fees | | | | eight-based fees | s (e.g. | PAYT) | | ire tax | |
| | Property tax Per househo | es / general fund | | Sale of rec Grants | yclables | | | w | hite Goods tax | |
| 61. | If applicable, please pr | • | | | ollow example | formai | t): | | | |
| | | • | | | | | · | hold | for solid waste | • |
| | | per | | | | | | | | : |
| | b. \$ | per | | | per | | | | for recycling | |
| | c. \$ | per | | | per | | | | for yard waste | |
| | d. \$ | per | | | per | | | | for bulky wast | e |
| | e. \$ | per | | | per | | | | availability fee | <u>:</u> |
| | f. \$ | per | | | per | | | | total charge | |
| 62. | Did your local governm | | | | | | | during FY | 19-20? (a system v | vhere residents |
| | are charged a fee by we | - | | | - | | | ⊠ No | | |
| | cording to GS 130A-30 | | | | | l cost | accoun | iting annua | lly and inform use | rs of such costs. |
| 63. | If your local government | nt contracts for soli | d waste o | | | | | | | |
| | | | | Annual Contract Amount Month/Ye | | | | r of Contract Expi | ration | |
| | Solid Waste Services C | \$ | | | | | | | | |
| | Recycling Contract | | | \$ | | | | | | |
| | OR: Combined Contrac | et (solid waste & re | cycling) | \$ | | | | | | |
| 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 r | | | | | s colle | ected fr | om conveni | ence centers. If fu | ll cost analysis is |
| | not available, prease i | # of Households | | Collected | | | Diene | sal Cost | <u>Total Cost</u> | Cost Per Ton |
| | | served | (enter N | ISW tons; autofilled) | Collection C | ost (| | fees paid) | including overhead | Managed (calculated by form) |
| M | Iunicipal Solid Waste* | 528 | | 218.11 | 29 | ,664 | | | 29,664 | 130 |
| - | Recycling Program** | | | | | - | | | 25,000 | |
| | Yard Waste Program | | | 0 | | | | | | |
| | Totals | (calculated by form): | | 218.11 | 29 | ,664 | | | 29,664 | 130 |
| | | nicipal Solid | Waste or Construc | tion and | d Demoli | tion Landfill. | - | | | |
| | *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: \$ | | | | | | | | | |
| | Tran | sfer Station Budget | : | \$ | | | | | | |
| | Yard | Waste / Compost I | Facility E | Budget: \$ | | | | | | |
| | Recy | cling Facility Budg | get: | \$ | | | | | | |
| 66. | What was your government | ment's total combin | ed annua | l budget fo | or all solid wast | e and | recyclin | ng services | in 19-20? \$29,664 | |

Part VIII. Mandated Programs

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

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

| 75. | | nation for the person responsible | | m: 1 | |
|-----|---|--|--------------------|----------------|-------------------------|
| | | | | | Zip: |
| | Phone: | Email: | | | |
| 76. | Please provide the physical a Physical Address: | ddress of the primary scrap tire | collection site. | | |
| | GPS Coordinates (decimal d | | | | |
| 77. | | gram - Tons Collected July 1, 20 as originated in NC in the normal | 19 - June 30, 2020 | | Tons |
| | Tons of scrap tires from clea | nup activities - costs reimbursed | by DEQ | | Tons |
| | Tons of scrap tires from fees | charged | | | Tons |
| | Tons of scrap tires no fees ch | narged - costs not reimbursed by | DEQ | | Tons |
| | Total Tons: | | | | Tons |
| 78. | Indicate the types of scrap tin | es received: | | | |
| , | ** | | % Agricultural | % C | leanup % Out of State % |
| 79. | Scrap Tire Management Prog | gram - Revenue July 1, 2019 - Ju | ine 30, 2020 | | |
| | Scrap Tire Disposal Account | t Fund Grants (if applicable: Jul | and Jan) | \$ | |
| | Scrap Tire Cleanup Reimbur | sements from DEQ: | | | |
| | Scrap Tire charges: | | | \$ | |
| | Total Revenue: | | | \$ | |
| 80. | Contract cost for disposal/pr | gram - Expenditures July 1, 2019 occssing (not including shipping not including disposal/processing ement program costs: |): | - describe: | |
| | Total Expenditures: | | | _ | |
| 81. | Scrap Tire Disposal/Processi | ng Company | | | |
| | Company Name: | | Phone: | | Email: |
| | | | | | |
| | | | | | |
| 82. | | l off site for treatment or disposa | | were they cut | |
| 83. | Suggestions for scrap tire disproceeds distribution alterna | | | | |
| 84. | Scrap tire management prog limitations, other than mone | | | | |
| MA | NAGEMENT OF ABA | NDONED MANUFACTU | URED HOMES | BY COUN | NTIES |
| | | whether to implement a program | | | |
| | | oped a written plan for the mana | | | |

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

Use this section to elaborate on any info provided in your report as necessary. Have there been major changes to your recycling or solid waste program since last year? 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

