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: [http://deq.nc.gov/about/divisions/waste-management/solidwaste-section/annual-reporting](http://deq.nc.gov/about/divisions/waste-management/solidwaste-section/annual-reporting)

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/](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 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
Person Completing This Report: Cathy Payne
Title: Town Clerk/Finance Officer
Mailing Address: PO Box 429
City: Cleveland
Zip: 27013
Phone: 704-278-4777
Email: clevelandclerk@clevelandnc.org
Date: 7-15-19

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.

1. Did your local government have a Recycling Coordinator or similar position for FY 18-19? [ ] Yes [x] 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 18-19? [ ] Yes [x] 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 18-19? [x] 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 18-19? (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 18-19 (e.g., collection, disposal, recycling, mulching, composting)? [x] 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 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?  ☐ 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 18-19?  ☒ 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 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.) ______________

**PUBLIC 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 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)  Benfield Sanitation Services
   - ☐ Franchised hauler (please specify)
   - ☐ Other (please specify)
17. Please provide the following information about your community:
   a. Total number of households in your jurisdiction? 328
   b. Number of households eligible to participate in the curbside recycling program: 328
   c. Provide the **number of households** that participate in the curbside recycling program (estimate if necessary): 209

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  [ ] Mandatory
   Does your franchise consist of:  
   [ ] One service district  [ ] Multiple service districts

19. What sector(s) of your community was served by the curbside recycling program?
   [x] 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  [x] Every other week / biweekly
   [ ] Other ______________________________________________________________________

22. Please describe the collection containers used:
   [ ] Bins  [ ] Blue bags  [x] Roll-out carts
   [ ] Multi-bin system __________________________________________________________________

23. Please describe the method / style of recyclable materials handling:
   [ ] curb-sort (collector separates material as collected)  [x] single stream / commingled
   [ ] dual / two stream  [ ] don't know / other

24. Did your government operate a Drop-off Recycling Program?  
   [ ] Yes  [x] 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: __________________________

31. Did your community operate an electronics recycling program in FY 18-19?  
   [ ] Yes  [x] 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  [ ] 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  □ 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.

37. 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? □ Yes  □ No

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  □ 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

40. 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

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 each individual material type that was commingled.

<table>
<thead>
<tr>
<th>PROGRAM</th>
<th>Curbside</th>
<th>Drop-off</th>
<th>All &quot;Other&quot; Programs</th>
<th>Total Tons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☑ if Yes</td>
<td>☑ if Yes</td>
<td>☑ if Yes</td>
<td></td>
</tr>
<tr>
<td>GLASS:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clear</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brown</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Green</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLASTIC:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PET #1</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HDPE #2</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All Plastic Bottles</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Plastic Containers</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bulky Rigid Plastics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>METAL:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aluminum Cans</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steel Cans</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PAPER:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Newsprint (ONP)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardboard (OCC)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magazines (OMG)</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Paper</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mixed / Other Paper</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cartons / Aseptic Containers</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WOOD:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pallets</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Wood - DO NOT report</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>yard waste tons here</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OTHER MATERIALS:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Textiles (clothes etc...)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Televisions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Electronics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C&amp;D Materials Recycling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White Goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Metal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commingled tons-check all</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>items collected above*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL TONS:</td>
<td>34</td>
<td>34</td>
<td></td>
<td>34</td>
</tr>
</tbody>
</table>

44. *If you checked commingled, which material recovery facility does your community use: ________________________________

45. 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)

<table>
<thead>
<tr>
<th>Material Type</th>
<th>Tons Diverted</th>
<th>Describe the mechanism that caused these materials to be recovered and data collection method</th>
</tr>
</thead>
</table>
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 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)

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

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? □ Yes □ 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 local government? □ Yes □ No

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)? □ Yes □ No

If yes, please estimate the amount of business material managed __________ pounds

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 reported in 47f, please net the weight of those materials out of the total listed here. __________ pounds

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, 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.

48. 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.

49. Did a storm event significantly impact the amount of yard waste your government managed during FY 18-19?  Yes  No

50. 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.

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

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

\[
\text{Size of Truck (in yards)} \times \text{Avg. no. of times truck fills each week} \times \text{# of weeks truck is used during year} = \text{TOTAL cubic yards}
\]

Part V. Solid Waste Collection Services

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

<table>
<thead>
<tr>
<th>Sector</th>
<th>Who Collects Solid Waste?</th>
<th>How is Solid Waste Collected?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Insert Letter - see codes at right</td>
<td>Insert # - see codes at right</td>
</tr>
<tr>
<td>Residential</td>
<td>Primary b  Secondary</td>
<td>Primary 1  Secondary</td>
</tr>
<tr>
<td>Commercial</td>
<td>Primary d  Secondary</td>
<td>Primary 1  Secondary</td>
</tr>
<tr>
<td>Industrial</td>
<td>Primary d  Secondary</td>
<td>Primary 1  Secondary</td>
</tr>
</tbody>
</table>

52. 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

53. 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

54. 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)

55. Please estimate your annual budget for solid waste related education and outreach activities:  $100

56. 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

57. Did your local government operate an Enterprise Fund for solid waste services in FY 18-19?  
   Yes  No

58. 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

59. What other funding sources does your local government use?
   - Tipping fees
   - Property taxes / general fund
   - Volume/weight-based fees (e.g. PAYT)
   - Sale of recyclables
   - Per household charges
   - Tire tax
   - White Goods tax
   - Grants
   - Per household charges

60. If applicable, please provide your FY 18-19 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

61. Did your local government operate a Pay-As-You-Throw program for residential garbage during FY 18-19? (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 to develop a system to inform users of such costs.

62. If your local government uses landfill transfer, yard waste / compost facility or recycling facility, please provide the total budget for these services (round to nearest dollar).

   Landfill Budget: $________
   Transfer Station Budget: $________
   Yard Waste / Compost Facility Budget: $________
   Recycling Facility Budget: $________

63. 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.

<table>
<thead>
<tr>
<th># of Households served</th>
<th>Tons Collected</th>
<th>Collection Cost</th>
<th>Disposal Cost (tip fees paid)</th>
<th>Total Cost including overhead</th>
<th>Cost Per Ton Managed (calculated by form)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal Solid Waste*</td>
<td>328</td>
<td>257</td>
<td>34,360</td>
<td>9,268</td>
<td>43,628</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>169</td>
</tr>
<tr>
<td>Recycling Program**</td>
<td>209</td>
<td>34</td>
<td>12,295</td>
<td></td>
<td>12,295</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>361</td>
</tr>
<tr>
<td>Yard Waste Program</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Totals (calculated by form):</td>
<td>291</td>
<td>46,655</td>
<td>9,268</td>
<td>55,923</td>
<td>192</td>
</tr>
</tbody>
</table>

   *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.

64. 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: $________

65. What was your government's total combined annual budget for all solid waste and recycling services in 18-19? $60,830
Part VIII. Mandated Programs

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

WHITE GOODS

66. Please provide name, address, phone number, and e-mail of person responsible for white goods program.

Name: __________________________ Title: __________________________
Address: ______________________ City: ______________________ Zip: __________
Telephone: ______________ Fax: ______________ Email: ______________

67. Please provide the physical address of the primary county white goods collection site.

Street 1: __________________________
Street 2: __________________________
City: __________________________ State: North Carolina Zip: __________

68. Please provide the name of the business or person that removes the refrigerant gases (CFCs) from white goods.

Name: __________________________
Street: __________________________
City: __________________________ State: North Carolina Zip: __________
Phone: ______________ Fax: ______________ Email: ______________

69. Give amounts / types of CFCs removed. Attach records of CFC removal, and copy of certification of person(s) performing extraction.

<table>
<thead>
<tr>
<th>Type of CFC Removed</th>
<th>Amount</th>
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<tbody>
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</table>

70. CFCs may be recycled or sent for destruction. Give name of firm, disposal method and amount earned / spent for CFC disposal.

<table>
<thead>
<tr>
<th>Firm</th>
<th>Method of Disposal</th>
<th>Amount Earned</th>
<th>Amount Spent</th>
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71. Please report the tonnage of white goods collected during FY 2018-19 in the Recycling Tonnages table on page 5 (question # 43). Was white goods tonnage reported on page 5?  □ Yes  □ No

72. List the amount of revenue for the white goods program by source:

Revenue collected from sale of scrap: $ __________________________
Revenue collected from White Goods Tax Distributions: $ __________________________
Revenue from other source (e.g. grants): $ __________________________
Total Revenue: $ __________________________

73. According to the White Goods Law, White Good Tax Distributions must be spent on white goods activities. Give amounts and types of expenditures White Good Tax Distributions were used for (do not include funds received from grants).

Operational Expenses: $ __________________________
Capital Improvements: $ __________________________
Clean-up of Illegal White Goods Dumps: $ __________________________
Total Expenditures: $ __________________________
SCRAP TIRES

74. Please provide name, address, phone number, and e-mail of person responsible for scrap tires program.

Name: ____________________________ Title: ____________________________

Address: ____________________________ City: ____________________________ Zip: ____________________________

Telephone: ____________________________ Fax: ____________________________ Email: ____________________________

75. Please provide the physical address of the primary county scrap tires collection site.

Street 1: ____________________________

Street 2: ____________________________

City: ____________________________ State: North Carolina Zip: ____________________________

76. Tonnage/Number of scrap tires disposed July 1, 2018-June 30, 2019 (excluding tires from cleanup of nuisance sites)

Tons or Number of tires

77. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites

Tons or Number of tires

78. Indicate the types of tires collected by the county:

- Passenger %
- Heavy Truck %
- Large Off-Road %
- Agricultural %

79. List the amount of revenue for the scrap tire program by source:

- 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 (contract disposal/hauling costs), excluding costs of nuisance tire cleanups, for FY 18-19.

$ ____________________________

81. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any.

- Labor $ ____________________________
- Site Cost $ ____________________________
- Other $ ____________________________ describe Other: ____________________________

82. County's contract cost for scrap tire disposal. $ ____________________________ / Ton; $ ____________________________ / Tire

83. Hauling cost or fuel surcharge, if not included in contract cost above. $ ____________________________ / Ton; $ ____________________________ / Tire

84. Total tipping fees collected for tires not eligible for free disposal. $ ____________________________

85. Total number of tires collected not eligible for free disposal: ____________________________

86. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? ☐ Yes ☐ No

87. Name of tire disposal/recycling firm(s):

MANAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES

88. 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

TEMPORARY DISASTER DEBRIS STAGING SITES - Counties and Municipalities

89. 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

90. 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
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: __________________________

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.*

<table>
<thead>
<tr>
<th>Disaster Site #</th>
<th>Site Name</th>
<th>Disaster Site #</th>
<th>Site Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Does your plan address the management of:

- [ ] Household hazardous waste
- [ ] Mass animal mortality
- [ ] Abandoned vessels
- [ ] White goods

Does your plan include coordination with NC DOT on clearing roads and waste in the right of way?  [ ] Yes  [ ] No

**Part IX. Comments**

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.

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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 https://deq.nc.gov/conservation/recycling/local-government-recycling-assistance or e-mail us at Lgteam@ncdenr.gov