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

Form Year 2020
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: Rhonda Bobbitt
Title: Assistant Clerk
Mailing Address: PO Box 87
City: Littleton
Zip: 27850
Phone: 252-586-2709
Date: 8/20/2020
Email: asstclerk@townoflittleton-nc.us

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:
   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 **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?  
   ☐ 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  ☐ Multi-bin system  
   ☐ Blue bags  ☐ Roll-out carts

23. Please describe the method of recycling collection:  
   ☐ curb-sort (collector separates material as collected)  
   ☐ dual / two stream (paper separated from cans/bottles)  
   ☐ single stream / commingled  
   ☐ 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)  
   ☐ dual / two stream (paper separated from cans/bottles)  
   ☐ single stream / commingled  
   ☐ 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  ☐ 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.

<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></td>
<td>Tons</td>
<td>Tons</td>
<td>Tons</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 yard waste tons here</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>REPORT all tons in Other column</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELECTRONICS:</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>Computer Equipment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Report all tons in Other column</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>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 Scrap Metal</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Report all tons in Other column</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commingled tons* (x boxes above for all items included)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>TOTAL TONS:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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? _______________
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

<table>
<thead>
<tr>
<th>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</td>
</tr>
<tr>
<td>Used Antifreeze</td>
<td>☐ Yes</td>
<td></td>
<td>lbs</td>
</tr>
<tr>
<td>Batteries, Lead Acid (Auto)</td>
<td>☐ Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Batteries, Dry Cell (Household)</td>
<td>☐ Yes</td>
<td></td>
<td># batteries, or</td>
</tr>
<tr>
<td>Fluorescent Bulbs/Lights Containing Mercury</td>
<td>☐ Yes</td>
<td></td>
<td>lbs</td>
</tr>
<tr>
<td>Propane Tanks</td>
<td>☐ Yes</td>
<td></td>
<td># tanks</td>
</tr>
<tr>
<td>Used Cooking Oil / Waste Vegetable Oil</td>
<td>☐ Yes</td>
<td></td>
<td>lbs, or</td>
</tr>
<tr>
<td>Other Special Wastes - please provide waste type here:</td>
<td>☐ Yes</td>
<td></td>
<td></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</td>
</tr>
</tbody>
</table>

**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:

a. Was HHW collected at a permanent collection facility or temporary collection event? ☐ Permanent ☐ Temp. Event

b. How many days did the HHW collection program operate (number of days operated out of 365)?

c. Did your local government partner the HHW program or event with another local government? ☐ Yes ☐ No

Please list partner(s) ___________________________

d. How many households/residences participated in your HHW collection program? ____________

e. 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

f. Provide the amount of materials collected by the HHW program for the fiscal year ____________ pounds

g. List all the HHW disposal and HHW recycling contractors: ________________________________

h. 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.

<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>
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<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

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

Part V. Solid Waste Collection Services

52. 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>Primary</td>
<td>Secondary</td>
</tr>
</tbody>
</table>

Who Collects Solid Waste?

a. Local government employees 1. Once a week at household
b. By Contract 2. Twice a week at household
c. Franchise haulers 3. Convenience center/greenbox
d. Local government not involved in provision of service 4. As needed or by request
5. Daily
6. Other

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:
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?
☐ Tipping fees  ☐ Volume/weight-based fees (e.g. PAYT)  ☐ Tire tax
☐ Property taxes / general fund  ☐ Sale of recyclables  ☐ White Goods tax
☐ Per household charges  ☐ 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?  
☐ 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:

<table>
<thead>
<tr>
<th></th>
<th>Annual Contract Amount</th>
<th>Month/Year of Contract Expiration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solid Waste Services Contract</td>
<td>$________</td>
<td>________________________________</td>
</tr>
<tr>
<td>Recycling Contract</td>
<td>$________</td>
<td>________________________________</td>
</tr>
<tr>
<td>OR: Combined Contract (solid waste &amp; recycling)</td>
<td>$________</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

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.**

<table>
<thead>
<tr>
<th></th>
<th># of Households served</th>
<th>Tons Collected (enter MSW tons; others autofilled)</th>
<th>Collection Cost</th>
<th>Disposal Cost (tipping 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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recycling Program**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yard Waste Program</td>
<td></td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></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.

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: ___________________________ Refrigerant Extraction License #: ___________________________
   Mailing Address: ___________________________ Mailing Address: __________________________
   Phone: ___________________________ Phone: ___________________________ Email: __________________________

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

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

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

<table>
<thead>
<tr>
<th>Business Name and Phone Number</th>
<th>Method of Disposal</th>
<th>Amount Earned</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

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]
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.

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

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.

CA: Corrected to No for SWS provision.

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