

State of North Carolina

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

Solid Waste and Materials Management Annual Report July 1, 2018 - June 30, 2019

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

On the following pages, you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2018-2019. Each North Carolina county and municipality is required to complete this report annually. Completion and submission of this report will fulfill the annual reporting mandate to the state as required by G.S. 130A-309.09A. Failure to complete and submit this report could result in the local government being excluded from distributions of Solid Waste Disposal Tax Proceeds and other Department of Environmental Quality grants.

Instructions

You can download a blank copy of this form from this web site: 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/. 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

Form Year

2019



Local Government Report Form

Required: Select your Local Government Name MISENHEIMER

State of North Carolina

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

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

Please submit this form to Lgteam@ncdenr.gov by September 1, 2019. If you have questions or need assistance completing this form, please call 919-707-8147 or 919-707-8133. Person Completing This Report: Anita Blair Title: Administrator Mailing Address: PO Box 100 City: Misenheimer Zip: 28109 Phone: 704-463-1234 Date: Email: clerk@villageofmisenheimernc.gov **General Instructions** Please remember that the time period for the report is JULY 1, 2018 through JUNE 30, 2019. Please check "No" if you have nothing to report for a specific question. Did your local government have a Recycling Coordinator or similar position for FY 18-19? X No Name Recycling Coordinator (if different from person completing this report.) Name: Title: Zip: Address: Citv: Telephone: Email: Did your local government have a Solid Waste Director or similar position for FY 18-19? 2. X No If Yes, Name: Address: City: Zip: Email: Telephone: Did your local government have **dedicated or part-time** Solid Waste Enforcement Staff for FY 18-19? If Yes, Name: Address: City: Zip: Telephone: Email: Did your local government have solid waste ordinances in place addressing any of the following during FY 18-19? (if yes, please check all that apply) Littering Disposal Bans Illegal Dumping Construction & Demolition Other: Did your local government manage, provide or contract for any solid waste services in FY 18-19 (e.g., collection, disposal, recycling, 5.

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

mulching, composting)?

☐ No

X Yes

| | 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 18-19? Yes No | | | | | | | |
| 7. | Did your local government have any program or policy encouraging or requiring local agencies to purchase products with recycled content? \square Yes \square No | | | | | | | |
| 8. | Did your local government have a program in place to collect and recycle spent fluorescent lights generated from the public buildings and facilities that were operated by your government in FY 18-19? Yes No | | | | | | | |
| | Part II. Waste Reduction and Recycling Programs Serving the Public | | | | | | | |
| SO | URCE REDUCTION / REUSE | | | | | | | |
| 9. | Did your local government have a backyard composting program? 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.) | | | | | | | |
| PU | BLIC RECYCLING SERVICES | | | | | | | |
| 14. | Which of the following responses best describes your recyclables recovery activities for the period July 1, 2018 through June 30, 2019? Choose 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.) | | | | | | | |
| CU | RBSIDE RECYCLING PROGRAM | | | | | | | |
| 15. | Did your government operate a Curbside Recycling Program? X 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) Waste Management | | | | | | | |
| | Franchised hauler (please specify) | | | | | | | |
| | Other (please specify) | | | | | | | |
| | | | | | | | | |

| 1/. | Please provide the following information about your community: | | | | | | | | |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| | a. Total number of households in your jurisdiction? 130 | | | | | | | | |
| | b. Number of households eligible to participate in the curbside recycling program: 130 | | | | | | | | |
| | c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 130 | | | | | | | | |
| 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: Usoluntary 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 | | | | | | | | |
| 22. | Please describe the collection containers used: ☐ Bins ☐ Blue bags ☐ Multi-bin system ☐ Roll-out carts | | | | | | | | |
| 23. | Please describe the method / style of recyclable materials handling: curb-sort (collector separates material as collected) | | | | | | | | |
| DR | OP-OFF RECYCLING PROGRAM | | | | | | | | |
| 24. | Did your government operate a Drop-off Recycling Program? Yes No, skip to question #31 | | | | | | | | |
| 25. | Who collected the recyclable materials for your local government's drop-off recycling program? Local government employees Private contractor | | | | | | | | |
| | Other (please specify) | | | | | | | | |
| 26. | Please describe the method / style of recyclable materials handling for your drop-off recycling program: source-separated (citizens separate materials by type) single stream / commingled dual / two stream (paper separated from cans/bottles) don't know / other | | | | | | | | |
| 27. | Please estimate the number of households served by your drop-off recycling program. | | | | | | | | |
| 28. | What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial | | | | | | | | |
| 29. | How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites: | | | | | | | | |
| 30. | How many of these locations were staffed with attendants? | | | | | | | | |
| EL | ECTRONICS RECYCLING PROGRAM | | | | | | | | |
| | | | | | | | | | |
| 31. | Did your community operate an electronics recycling program in FY 18-19? Yes No, skip to question # 37 | | | | | | | | |
| | If you did operate an electronics recycling program, please indicate style of program: | | | | | | | | |
| | Permanent - Curbside Collection Permanent - Drop-off Scheduled Collection Day or Event Part of HHW Program If you offer surficide collection of electronics is it. The composite control of the curbs of the control of the curbs | | | | | | | | |
| | If you offer curbside collection of electronics is it: by appointment or unscheduled | | | | | | | | |
| | If you operate a drop-off electronics program, how many collection sites do you provide? Number of Sites: | | | | | | | | |

| 32. | Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses | | | | | | |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| 33. | Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses | | | | | | |
| 34. | DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was eligible to receive proceeds from the State Electronics Management Fund in February of 2018, please provide the following information: | | | | | | |
| | Electronics Management Fund balance as of July 1, 2018: \$ | | | | | | |
| | Electronics Management Funds received from DEQ during FY 18-19 (Feb 2019 distribution): \$ | | | | | | |
| | Electronics Management Funds spent during FY 18-19: \$ | | | | | | |
| | Electronics Management Fund balance as of June 30, 2019: \$ | | | | | | |
| 35. | Briefly explain how Electronics Management Funds were spent during FY 2018-19 (please list items purchased if applicable): | | | | | | |
| | | | | | | | |
| 36. | If you did operate an electronics recycling program, please provide the following information about your vendor / contractor: Name of electronics recycling vendor(s) during FY 18-19: | | | | | | |
| | Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications? Yes | | | | | | |
| OT | HER PUBLIC RECYCLING PROGRAMS | | | | | | |
| List | only programs operated or contracted for <u>by the local government</u> . The tonnage of any materials collected by the following programs uld be listed in the "Other" column in the Recycling Tonnages Chart on pg 5. | | | | | | |
| 37.38. | 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 dropoff recycling programs? Yes No 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.

| DDOCD AM | Curbside | | | Drop-off | All "(| Other" Programs | Total Tons |
|-------------------------------------------------|-------------|-----------------|------------|----------|----------|-----------------|---------------------------------|
| PROGRAM | ⊠ if Yes | Tons | ⊠ if Yes | Tons | ⊠ if Yes | Tons | (totals are calculated by form) |
| GLASS: | | | | | | | |
| Clear | | | | | | | |
| Brown | \boxtimes | | | | | | |
| Green | | | | | | | |
| Mixed | | | | | | | |
| PLASTIC: | | | | | | | |
| PET #1 | \boxtimes | | | | | | |
| HDPE #2 | | | | | | | |
| All Plastic Bottles | | | | | | | |
| Other Plastic Containers | | | | | | | |
| Bulky Rigid Plastics | | | | | | | |
| METAL: | | | | | | | |
| Aluminum Cans | | | | | | | |
| Steel Cans | | | | | | | |
| PAPER: | | | | | | | |
| Newsprint (ONP) | \boxtimes | | | | | | |
| Cardboard (OCC) | | | | | | | |
| Magazines (OMG) | | | | | | | |
| Office Paper | \boxtimes | | | | | | |
| Mixed / Other Paper | | | | | | | |
| Cartons / Aseptic Containers | | | | | | | |
| WOOD: | | | | | | | |
| Pallets | | | | | | | |
| Other Wood - DO NOT | | Report all tons | in Other c | olumn | | | |
| report yard waste tons here | | | | | | | |
| OTHER MATERIALS: | | | | | | | |
| Textiles (clothes etc) | | | | | | | |
| Televisions | | | | | | | |
| Other Electronics | | | | | | | |
| C&D Materials Recycling | | Report all tons | in Other c | olumn | | | |
| White Goods | _ | | | | | | |
| Other Metal | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Commingled tons-check al items collected above* | | 11.33 | | | | | 11.33 |
| TOTAL TONS: | _ | 11.33 | | | | | 11.33 |
| TOTAL TONS. | | 11.55 | | | | | 11.33 |

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

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)

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

Part III. Special Waste Collections

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

Special Waste Collections (Do Not Include Materials Collected as part of an HHW Collection Program or Event) Did program collect this **Special Waste Programs for Collecting** # of Data on quantities collected / managed. material from the public? Materials from Citizens by Material Type Please report in indicated units. sites Used Motor Oil Yes gallons Used Oil Filters barrels, or lbs Yes Used Antifreeze Yes gallons # batteries, or Batteries, Lead Acid Yes lbs Batteries, Dry Cell Yes lbs Fluorescent Bulbs/Lights Containing Mercury Yes lbs, or # bulbs **Propane Tanks** Yes lbs, or # tanks Used Cooking Oil / Waste Vegetable Oil Yes lbs, or gallons Other Special Wastes - please provide waste Yes llbs type here: Pesticide Containers (NCDA Program, not # con-Yes lbs, or pesticides themselves) tainers NCDA Pesticide Disposal Assistance Program Yes lbs (for management of pesticides, not containers) Latex Paint (do not include paint collected at gals, Yes lbs HHW event or by a paint exchange program) Household Hazardous Waste (HHW) and Very Small Quantity Generator (VSQG) Program or Event 47. Did your local government operate a household hazardous waste collection program or event in FY 18-19? No No If Yes, please respond to the following questions: a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Temp. Event b. How many days was your HHW Program open to accept materials during this Fiscal Year? c. Did you partner or co-sponsor your HHW program with another <u>local government?</u> Yes Please list partner(s) d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year? e. Did your program accept materials from small businesses (Very Exempt Small Quantity Generators)? If yes, please estimate the amount of business material managed f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If data about individual materials is not available, please simply provide total quantity of materials collected by HHW program in 47g below. Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in question 46. Used Motor Oil (gal) _____ Used Oil Filters ____ # of Barrels, or ____ lbs. Used Antifreeze (gal) Lead Acid Batteries (lbs) Other Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) g. Provide Total Quantity of materials collected by HHW Program. If individual materials were pounds reported in 47f, please net the weight of those materials out of the total listed here. h. Please list HHW Collection Contractor i. Estimated cost of HHW / VSQG program or event(s) \$ Pages 3 through 6 should have only been completed by governments indicating in question # 14 that they DO provide recycling services. All governments answering "Yes" to question #5 on page 1 should complete the rest of the report with the exception of Questions #66 - #88

2018-2019 Local Government Annual Report *Report Due Date: September 1, 2019* Submit to: Lgteam@ncdenr.gov

which are for Counties only.

| | | Part IV. Yard Wast | e, Mulc | ching and | d C | omposting | g Managem | ent |
|-------------|-----------------------------------------|--------------------------------------------------------------------------------|---------------|---------------|-------------|----------------------|-------------------------------|-------------------------------------------------------------------------------------|
| | | be disposed in sanitary landfills, i n-vegetative materials in this section | ncinerator | | | | | |
| 1 8. | - | l government operate a yard waste at apply: Collected curbside [| | | | | | w yard waste is managed by aste, compost, or LCID facil |
| 19. | Did a storm ev | ent significantly impact the amoun | t of yard w | vaste your go | over | nment managed | during FY 18-19 | 9? Yes No |
| 50. | | s of materials were managed by yo ial (yard waste, brush, limbs, lea | | | | | | |
| | | Destination | Check if used | Tons | | Cubic Yards | Facility | Name and Location |
| | End user (to fa | rmer or home-owner) | | | or | | | |
| | Your local gov | ernment's mulch or compost facili | ty 🗌 | | or | | | |
| | Other public m | ulch or compost facility | | | or | | | |
| | Private mulch | or compost facility | | | or | | | |
| | Land clearing a | and inert debris landfill (LCID) | | | or | | | |
| | Energy / Fuel U | Jse (e.g. boiler fuel market) | | | or | | | |
| | | Total | | | or | | | |
| | volume manag | vaste volume. Calculate for each ted by program in the appropriate by X | oxes abov | e. Ex. 10 c | ubic | yard truck x 3 | days/wk x 16 wks | |
| | Size of Truc | | | | | | | TOTAL |
| | | Part V.S | Sona vv | aste Col | пес | tion Servi | ces | |
| 51. | Please complet | e the following table about your g | | | | | on system. | |
| | Sector | Who Collects Solid Waste? Insert Letter - see codes at right | | lid Waste Co | | .l. + | lects Solid Waste? | How is Solid Waste Collected? |
| | Residential | | Primary 1 | Secondary | it IIg | a. Local g b. By Cor | | s 1. Once a week at household 2. Twice a week at household |
| | Commercial | | Primary | Secondary | | c. Franch | ise haulers government not | 3. Convenience center/greenbox4. As needed or by request |
| | Industrial | Primary Secondary F | rimary | Secondary | | | ed in provision of | 5. Daily 6. Other |
| 52. | If you provide | residential waste collection at sing | le-family l | households in | n yo | ur jurisdiction, | please answer the | e following questions: |
| | What type of c | ollection method is used? | Fully Auto | omated | Se | emi-Automated | Manual | Don't know |
| | What is the sta | ndard collection frequency? | Weekly | Two | time | s per week | Other | |
| | What is the typ | ical service point for single family | household | d waste? | \boxtimes | Curbside | Back yard / Ba | ck door |
| | What type of c | ollection container is used? | Governme | ent-provided | cart | s Reside | nt-provided conta | ainer Bags |
| | Do you offer b | ulky waste collection services? | X Yes | ☐ No | | | | |
| 53. | - | ties - did your government collect te goods delivered to the county fo | _ | | | Yes No | No | |
| | | Part VI. Solid Wa | ste and | Recycli | ng | Education | al Activitie | S |
| 54. | Did your local issues / activiti | government have an education p | rogram to i | | ns s | pecifically abou | | |
| 55. | Please estimate | your annual budget for solid was | te related e | ducation and | l out | reach activities | s: \$ | |
| 56. | Does your com | munity produce recycling education | on and out | reach materi | als i | n languages bes | sides English? | Yes No |
| | If YES, please | list other languages used: | | | | | | |
| | | | | | | | | |

| 57. Did your local government operate an Enterprise Fund for solid waste services in FY 18-19? | ACCOUNT | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-------------------------------------------|--|--|--|--|--|--|--|
| 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? | |) | | | | | | | |
| If yes, how are disposal tax distributions being used? Waste Management/Recycle Services | | | | | | | | | |
| 59. 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 C Per household charges Grants | Goods tax | | | | | | | | |
| 60. If applicable, please provide your FY 18-19 household fees (follow example format): | | | | | | | | | |
| ex: \$ \$75.00 per year per household fo | for solid waste | | | | | | | | |
| a. \$ per fo | or solid wast | e | | | | | | | |
| b. \$ per fo | or recycling | | | | | | | | |
| c. \$ per fo | or yard waste | ; | | | | | | | |
| d. \$ per per fo | or bulky was | te | | | | | | | |
| e. \$ per av | vailability fe | <u>e</u> | | | | | | | |
| f. \$ per to | total charge | | | | | | | | |
| 61. Did your local government operate a Pay-As-You-Throw program for residential garbage during FY 18-195 | ? (a system | where residents | | | | | | | |
| are charged a fee by weight or volume for the amount of trash they discard) Yes No | | | | | | | | | |
| According to GS 130A-309.08, local governments are required to conduct full cost accounting annually and inform users of such costs. | d to develop | a system to | | | | | | | |
| | , | | | | | | | | |
| 62. If your local government contracts for solid waste or recycling services, please report the annual contract an \$ For solid waste services per year | mount. | | | | | | | | |
| | | | | | | | | | |
| \$ For recycling per year OR | | | | | | | | | |
| \$22,183.2 Combined Contract (solid waste, and recycling) | | | | | | | | | |
| | | | | | | | | | |
| Collection Programs: Please complete the following table to the best of your ability to display the full costs of your local government's collection programs for waste, recyclables and yard waste including materials collected from convenience centers. If full cost analysis is | | | | | | | | | |
| not available, please report program budget in Total Cost column. | | | | | | | | | |
| # of Households Tons Collected Collection Cost Disposal Cost in | otal Cost neluding verhead | Cost Per Ton Managed (calculated by form) | | | | | | | |
| Municipal Solid Waste* 130 132.99 16,637.4 | 16,637.4 | 125 | | | | | | | |
| Recycling Program** 130 11.33 5,545.8 | 5,545.8 | 489 | | | | | | | |
| Yard Waste Program | | | | | | | | | |
| Totals (calculated by form): 144.32 22,183.2 | 22,183.2 | 153 | | | | | | | |
| *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 | _ | | | | | | | | |
| 64. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, ple facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to the properties of the composition of the compo | to allocate co | | | | | | | | |
| proportionately. Landfill Budget: \$ Transfer Station Budget: \$ \$ | | | | | | | | | |
| Yard Waste / Compost Facility Budget: \$ | _ | | | | | | | | |
| | | | | | | | | | |
| Recycling Facility Budget: \$ | | | | | | | | | |

Part VIII. Mandated Programs

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

| WH | ITE GOODS | | | | | | | |
|-----|---------------------------------------------------------------------------------------|------------|----------------|---------------|-----------------------|-------------------------|---------------------|--|
| 66. | Please provide name, address, phone number | | • | Tida | | | | |
| | Name: | | | | | Zip: | | |
| | Telephone: Fax: | | | | | | | |
| 67. | Please provide the physical address of the pri | | | | | | | |
| | Street 1: | - | - | | | | | |
| | Street 2: | | | | | | | |
| | City: | | | State: | North Carolina | Zip: | | |
| 68. | Please provide the name of the business or pe | | | _ | • • • | • | | |
| | Street: | | | | | | | |
| | City: | | | | | Zip: | | |
| | Phone: Fax: | | | Email | : | | | |
| 69. | Give amounts / types of CFCs removed. Atta | | ds of CFC remo | oval, ar | nd copy of certificat | . ,,,, | rming extraction. | |
| | Type of CFC Remove | d | | | | Amount | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 70. | CFCs may be recycled or sent for destruction | Give n | ame of firm di | l snosal : | method and amount | earned / spent for CF0 | ⊂ disnosal | |
| 70. | Firm | a. Give in | | | f Disposal | Amount Earned | Amount Spent | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 71. | Please report the tonnage of white goods collewhite goods tonnage reported on page 5? | ected du | ring FY 2018-1 | 9 in th | e Recycling Tonnaş | ges table on page 5 (qu | estion # 43). Was | |
| 72. | List the amount of revenue for the white good | ds progra | nm by source: | | | | | |
| | Revenue collected from sale of scrap: | | \$ | | | | | |
| | Revenue collected from White Goods Tax Di | istributio | ons: \$ | | | | | |
| | Revenue from other source (e.g. grants): | | \$ | | | | | |
| | Total Revenue: | | \$ | | | | | |
| 73. | According to the White Goods Law, White C expenditures White Good Tax Distributions v | | | | | | mounts and types of | |
| | | | | | | | | |
| | | | | | | | | |
| | Clean-up of Illegal White Goods Dumps: \$ | | | | | | | |
| | Total Expenditures: \$ | | | | | | | |

| | RAP TIRES | | | | | | | | | |
|-----|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------------------|--------------------------|----------------|--|--|--|--|
| 74. | Please provide name, address, phone number, and e-ma | • | | | | | | | | |
| | Address: | | City: | | Zip: | | | | | |
| | Telephone: Fax: | | Email: | | | | | | | |
| 75. | Please provide the physical address of the primary cour | nty scrap t | ires collection site. | | | | | | | |
| | Street 1: | | | | | | | | | |
| | Street 2: | | | | | | | | | |
| | City: | | State: North C | Carolina | Zip: | | | | | |
| 76 | Tonnage/Number of scrap tires disposed July 1, 2018-3 | Connage/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 Tons or | of state or | | nuisance sites 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 b | | | | | | | | | |
| | Revenue from Scrap Tire Tax Distributions: | | | | | | | | | |
| | Revenue from Scrap Tire Fees: | | | | | | | | | |
| | Revenue from Scrap Tire Clean-up Reimbursements: | \$ | | | _ | | | | | |
| | Revenue from Scrap Tire Cost-Overrun Grants: | \$ | | | _ | | | | | |
| | Total Revenue: | \$ | | | _ | | | | | |
| 80. | County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 18-19 | (contract o | lisposal/hauling cos | ts), \$ | | | | | | |
| 81. | County's additional scrap tire program expenditure (i.e Labor \$ | | nvenience center co | est), if any. | | | | | | |
| | 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 contr | act cost a | bove. \$ | / Ton; \$ | / Tire | | | | | |
| 84. | Total tipping fees collected for tires not eligible for fre | e disposal | . \$ | | | | | | | |
| 85. | Total number of tires collected not eligible for free dis | posal: | | | | | | | | |
| 86. | If scrap tires were not hauled off site by contracted ser | vice provi | | | | | | | | |
| 87. | Name of tire disposal/recycling firm(s): | | | | | | | | | |
| MA | NAGEMENT OF ABANDONED MANUFA | ACTUR | ED HOMES BY | Y COUNTIES | S | | | | | |
| 88. | Has your county considered whether to implement a pr | ogram for | the management of | f abandoned man | nufactured homes? | Yes No | | | | |
| | If yes, has your county developed a written plan for the | e managen | nent of abandoned r | nanufactured ho | omes? Yes |] No | | | | |
| TE | MPORARY DISASTER DEBRIS STAGINO | G SITES | S - Counties and | l Municipalit | ies | | | | | |
| 89. | Does your local government have a plan in place for m | _ | | | ⊠ No | | | | | |
| | If yes, indicate if the plan is a stand-alone plan or in co | | | ١ | | In conjunction | | | | |
| 90. | If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a | | | agement or FEM Yes | A to ensure it meets No | the basic | | | | |
| | | | | | | | | | | |

| 91. | Please list the name, co your local government: | ontact numbers(s), and e-mail address of the | pe | rson(s) in charge of the | e disaster debris management program for | | |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------|---------------------------|------------------------------------------|--|--|
| | Name: | Name: | | | Name: | | |
| | Phone: | Phone: | | | Phone: | | |
| | E-mail: | E-mail: | | | E-mail: | | |
| 92. | 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 | Name Disaster S | | Site Name | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 93. Does your plan address the management of: Household hazardous waste Mass animal mortality | | | | | | | |
| | | Abandoned vesse | ls | White go | ods | | |
| 94. | Does your plan include | coordination with NC DOT on clearing ro | ads | and waste in the right of | of way? Yes No | | |
| | | Part IX. (| Cor | nments | | | |

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

This form is to be submitted electronically. If you require assistance, please contact one of these NC DEACS staff members: Sandy Skolochenko, email: sandy.skolochenko@ncdenr.gov phone: 919-707-8147

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

THIS FORM IS DUE SEPTEMBER 1, 2019

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

