



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

Submit this form to [Lgteam@ncdenr.gov](mailto: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](mailto: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](mailto:sandy.skolochenko@ncdenr.gov)

Tara Nattress, phone: 919-707-8123, email: [tara.nattress@ncdenr.gov](mailto:tara.nattress@ncdenr.gov)



Required: Select your Local Government Name

NORWOOD

# State of North Carolina

Department of Environmental Quality

Division of Waste Management &

Division of Environmental Assistance and Customer Service

## Local Government Report Form

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

Please submit this form to [Lgteam@ncdenr.gov](mailto: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: Kelly Caudle Title: Town Clerk

Mailing Address: PO Box 697 City: Norwood Zip: 28128

Phone: 704-474-3416 Date: 09-01-2020

Email: townofnorwood@norwoodgov.com

### 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](mailto:Lgteam@ncdenr.gov).

## Part I. Waste Reduction and Recycling Programs Serving Government Facilities

6. Did your local government have a recycling program in place for collecting recyclable materials generated at public buildings in FY 19-20?  Yes  No
7. Did your local government have any program or policy encouraging or requiring local agencies to purchase products with recycled content in FY 19-20?  Yes  No
8. Did your local government have a program in place to collect and recycle spent fluorescent lights generated from the public buildings and facilities that were operated by your government in FY 19-20?  Yes  No

## Part II. Waste Reduction and Recycling Programs Serving the Public

### SOURCE REDUCTION / REUSE

9. Did your local government have a backyard composting program?  Yes  No
10. If yes, please check all backyard composting activities that apply:  
 Education  Demonstration site(s)  Bin distribution/sales Number of Bins distributed? \_\_\_\_\_
11. Did your local government operate a program to promote source reduction efforts?  Yes  No  
If yes, please check all source reduction programs that apply:  
 Junk Mail Reduction  Single Use Plastics Reduction  Food Waste Reduction  
 Promoting Reuse and Donation  Other \_\_\_\_\_
12. Did your local government offer a waste exchange or reuse program?  Yes  No
13. If yes, please check all waste exchange and/or reuse programs that apply:  
 Swap shop/shed Number of sheds in use? \_\_\_\_\_  Paint exchange Number of gallons recovered? \_\_\_\_\_  
 Other (e.g. pallet exchange, etc.) \_\_\_\_\_

### PUBLIC RECYCLING SERVICES

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

### CURBSIDE RECYCLING PROGRAM

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

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

**DROP-OFF RECYCLING PROGRAM**

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

**ELECTRONICS RECYCLING PROGRAM**

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

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

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

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

**OTHER PUBLIC RECYCLING PROGRAMS**

List only programs operated or contracted for by the local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.

38. Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or drop-off recycling programs?  Yes  No
39. Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner other than through your curbside or drop-off recycling programs?  Yes  No
40. Does your local government provide recycling services to Alcoholic Beverage Commission permit holders?  Yes  No
- On-site collection services provided If on-site collection provided, please estimate # of ABC accounts served: \_\_\_\_\_
- Public drop-off recycling sites available for ABC On Premises Permit holders to use
41. Does your local government operate a program to recycle Construction and Demolition materials?  Yes  No
- If yes, please check all materials that were recycled and report tonnages in tonnage table on page 5:
- Clean Wood  Brick, concrete, etc.  Sheetrock  Vinyl siding  Shingles  Metals  Other
42. Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 19-20. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)
- Public Parks Recycling Program  Athletic Field /Venue Recycling Program
- Pedestrian Recycling Program  Recycling Service for Special Events / Festivals
43. Please identify all "Other" programs or services operated by your government during FY 19-20. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)
- Public School Recycling Program
- Scheduled Collection Drives (e.g. confidential document shredding event held quarterly, once a year, etc.)
- Lend-a-Bin Program where local government provides recycling containers to community organizations for use at events
- Organics / Food Waste Recycling other than yard waste program
- Oyster Shell Recycling Program
- Other Programs (please specify) \_\_\_\_\_

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

## RECYCLING TONNAGES FROM PUBLIC PROGRAMS

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

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

45. \*If you checked commingled, which material recovery facility (MRF) does your community use? \_\_\_\_\_  
*A MRF is the plant that separates commingled recyclables into marketable commodities (paper, plastic, metals, glass)*
- a. Do you have a formal contract with the MRF?  Yes  No If yes, what month/year does it expire? \_\_\_\_\_
- b. Do you know your inbound contamination level at your MRF?  Yes  No  
*Inbound contamination is the amount of non-recyclable materials in commingled loads delivered to the MRF.*  
 If yes, what is the inbound contamination percentage? \_\_\_\_\_

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

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

### Part III. Special Waste Collections

Please provide responses and data as indicated below considering services provided to the public. Please do not include data on materials that were accepted and then disposed of in a landfill. Do not include materials generated exclusively by government operations (e.g. motor-fleet services). Question 47 is about materials accepted outside of any Household Hazardous Waste (HHW) Program or event. If special wastes were only accepted as a part of an HHW Program or HHW event and were not collected by separate recycling efforts then do not record materials in question #47 but instead report with HHW materials in question #48.

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

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

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

48. Did your local government operate a permanent HHW collection facility or temporary collection event?  Yes  No

If Yes, please respond to the following questions:

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.

Destination	Check if used	Tons		Cubic Yards	Facility Name and Location
End user (to farmer or home-owner)	<input checked="" type="checkbox"/>		or	3,640	
Your local government's mulch or compost facility	<input type="checkbox"/>		or		
Other public mulch or compost facility	<input type="checkbox"/>		or		
Private mulch or compost facility	<input type="checkbox"/>		or		
Land clearing and inert debris landfill (LCID)	<input type="checkbox"/>		or		
Energy / Fuel Use (e.g. boiler fuel market)	<input type="checkbox"/>		or		
<b>Total</b>			or	3640	

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

$$\begin{array}{ccccccc}
 10 & & \times & 7 & & \times & 52 & & = & 3640 & & \text{cubic yards} \\
 \text{Size of Truck (in yards)} & & & \text{Avg. no. of times truck fills each week} & & & \text{\# of weeks truck is used during year} & & & \text{TOTAL} & & 
 \end{array}$$

## Part V. Solid Waste Collection Services

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

Sector	Who Collects Solid Waste?				How is Solid Waste Collected?				Who Collects Solid Waste?	How is Solid Waste Collected?
	Insert Letter - see codes at right				Insert # - see codes at right					
Residential	Primary	b	Secondary	a	Primary	1	Secondary	4	a. Local government employees	1. Once a week at household
Commercial	Primary	b	Secondary	d	Primary	1	Secondary		b. By Contract	2. Twice a week at household
Industrial	Primary	d	Secondary	d	Primary		Secondary		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

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

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

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

## Part VI. Solid Waste and Recycling Educational Activities

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



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

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

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

61. If applicable, please provide your FY 19-20 household fees (follow example format):
- ex: \$ 75.00 per year per household for solid waste
- a. \$ 4 per month per household 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. \$ 4 per month per household total charge

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

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

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

	Annual Contract Amount	Month/Year of Contract Expiration
Solid Waste Services Contract	\$ <u>177,267</u>	<u>June/2021</u>
Recycling Contract	\$ _____	_____
OR: Combined Contract (solid waste & recycling)	\$ _____	_____

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

	# of Households served	Tons Collected <small>(enter MSW tons; others autofilled)</small>	Collection Cost	Disposal Cost <small>(tipping fees paid)</small>	Total Cost including overhead	Cost Per Ton Managed <small>(calculated by form)</small>
<b>Municipal Solid Waste*</b>	<u>1,384</u>	<u>1,137</u>	<u>177,267</u>	_____	<u>177,267</u>	<u>155</u>
<b>Recycling Program**</b>	_____	_____	_____	_____	_____	<u>0</u>
<b>Yard Waste Program</b>	<u>1,384</u>	<u>728</u>	<u>138,861</u>	_____	<u>138,861</u>	<u>190</u>
<b>Totals (calculated by form):</b>	_____	<u>1,865</u>	<u>316,128</u>	_____	<u>316,128</u>	<u>169</u>

\*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? \$441,700

## Part VIII. Mandated Programs

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

### WHITE GOODS

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

GPS Coordinates (decimal degree system): \_\_\_\_\_

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

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Refrigerant Extraction License #: \_\_\_\_\_ Refrigerant Extraction License #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Type of Refrigerants Removed	Amount

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

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

72. Tons of white goods received: \_\_\_\_\_

Tons of white goods from cleanup activities: \_\_\_\_\_

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

73. NCDOR White Goods Disposal Tax Proceeds Distribution

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

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

Capital Improvements: \$ \_\_\_\_\_

Operating Costs: \$ \_\_\_\_\_

Cleanup of Illegal Disposal Sites: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_ describe: \_\_\_\_\_

Total Expenditures: \$ \_\_\_\_\_

## SCRAP TIRES

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_  
GPS Coordinates (decimal degree system): \_\_\_\_\_

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

Tons of scrap tires certified as originated in NC in the normal course of business	_____	Tons
Tons of scrap tires from cleanup activities - costs reimbursed by DEQ	_____	Tons
Tons of scrap tires from fees charged	_____	Tons
Tons of scrap tires no fees charged - costs not reimbursed by DEQ	_____	Tons
Total Tons:	_____	Tons

78. Indicate the types of scrap tires received:

Passenger \_\_\_\_\_ % Truck \_\_\_\_\_ % Off-Road \_\_\_\_\_ % Agricultural \_\_\_\_\_ % Cleanup \_\_\_\_\_ % Out of State \_\_\_\_\_ %

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

NCDOR Scrap Tire Disposal Tax Proceeds Distributions Total (Aug, Nov, Feb, May)	\$ _____
Scrap Tire Disposal Account Fund Grants (if applicable: Jul and Jan)	\$ _____
Scrap Tire Cleanup Reimbursements from DEQ:	\$ _____
Scrap Tire charges:	\$ _____
Total Revenue:	\$ _____

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

Contract cost for disposal/processing (not including shipping): \_\_\_\_\_  
Contract cost for shipping (not including disposal/processing): \_\_\_\_\_  
Additional scrap tire management program costs: \_\_\_\_\_ describe: \_\_\_\_\_  
Total Expenditures: \_\_\_\_\_

81. Scrap Tire Disposal/Processing Company

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_

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

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

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

## MANAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES

85. Has your county considered whether to implement a program for the management of abandoned manufactured homes?  Yes  No  
If yes, has your county developed a written plan for the management of abandoned manufactured homes?  Yes  No

## Part IX. Disaster Preparedness - COUNTIES and MUNICIPALITIES

### TEMPORARY DISASTER DEBRIS STAGING SITES

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

87. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event?  Yes  No

88. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:

Name: _____	Name: _____	Name: _____
Phone: _____	Phone: _____	Phone: _____
E-mail: _____	E-mail: _____	E-mail: _____

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

Disaster Site #	Site Name	Disaster Site #	Site Name

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

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

## Part X. Comments

Use this section to elaborate on any info provided in your report as necessary. Have there been major changes to your recycling or solid waste program since last year? Has your program been affected by COVID-19? Do you have new or updated ordinances that affect your programs? You may submit additional sheets if needed.

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

Sandy Skolochenko, email: [sandy.skolochenko@ncdenr.gov](mailto:sandy.skolochenko@ncdenr.gov) phone: 919-707-8147

Tara Nattress, email: [tara.nattress@ncdenr.gov](mailto: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](mailto:Lgteam@ncdenr.gov)

