

State of North Carolina

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

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

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

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

Instructions

This form must be completed electronically using Adobe Reader. It is suggested that you complete the form using the latest version of Adobe Reader which can be downloaded for free at: <u>https://get.adobe.com/reader/</u>. Please <u>DO NOT</u> 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: <u>https://deq.nc.gov/conservation/recycling/local-government-recycling-assistance/LGAR</u>

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

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

Sandy Skolochenko, phone: 919-707-8147, email: <u>sandy.skolochenko@ncdenr.gov</u> Tara Nattress, phone: 919-707-8123, email: <u>tara.nattress@ncdenr.gov</u>

Form Year



Required: Select your Local Government Name TRENTON

State of North Carolina

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

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

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

If you have questions or need assistance completing this form, please call 919-707-8147 or 919-707-8123.

| Person Completing This Report: Glenn Spivey | | Titl | Title: Clerk Manager | | | | | | | |
|---|--|--|----------------------|---------------------------------|--|--|--|--|--|--|
| Ma | ailing Address: PO Box 399 | City: Trenton | City: Trenton | | | | | | | |
| Ph | one: (252) 671-4443 | | Date: 9/15/2 | 20 | | | | | | |
| En | nail: glennpost154@hotmail.com | | | | | | | | | |
| | | General Instructions | | | | | | | | |
| | ase remember that the time period for the rep- a specific question. | ort is JULY 1, 2019 through JUNE 30, 2020. Ple | ease check "N | o" if you have nothing to repor | | | | | | |
| 1. | Did your local government have a Recyclin | ng Coordinator or similar position for FY 19-20? | X Yes | No | | | | | | |
| | Name Recycling Coordinator (if different f | rom person completing this report.) | | | | | | | | |
| | Name: Glenn Spivey | Titl | e: Clerk Man | ager | | | | | | |
| | Address: PO Box 399 | City: Trenton | | Zip: 28585 | | | | | | |
| | Telephone: 2526714443 | Email: glennpost154@hotmail.com | | | | | | | | |
| 2. | Did your local government have a Solid W | aste Director or similar position for FY 19-20? | Yes | No | | | | | | |
| | If Yes, Name: | Titl | Title: | | | | | | | |
| | Address: | City: | | Zip: | | | | | | |
| | Telephone: | Email: | | | | | | | | |
| 3. | Did your local government have dedicated | or part-time Solid Waste Enforcement Staff for | r FY 19-20? | Yes No | | | | | | |
| | If Yes, Name: | Titl | e: | | | | | | | |
| | Address: | City: | | Zip: | | | | | | |
| | Telephone: | Email: | | | | | | | | |
| 4. | Did your local government have solid wast all that apply) | e ordinances in place addressing any of the follow | wing during F | Y 19-20? (if yes, please check | | | | | | |
| | Disposal Bans Illegal Dumping | Littering Construction & Demolitio | n Othe | r: | | | | | | |
| 5. | Did your local government manage, provid mulching, composting)? | e or contract for any solid waste services in FY 1 | 9-20 (e.g., co | llection, disposal, recycling, | | | | | | |
| | If you answer "No" to quest | ion 5, the report is complete, please ema | uil to Lgteau | m@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? \Box Yes \bigotimes No |
| 8. | Did your local government have a program in place to collect and recycle spent fluorescent lights generated from <u>the public buildings</u> and facilities that were operated by your government in FY 19-20? \Box Yes \boxtimes No |
| | Part II. Waste Reduction and Recycling Programs Serving the Public |
| SO | URCE REDUCTION / REUSE |
| 9. | Did your local government have a backyard composting program? |
| 10. | If yes, please check all backyard composting activities that apply: |
| | Education Demonstration site(s) Bin distribution/sales Number of Bins distributed? |
| 11. | Did your local government operate a program to promote source reduction efforts? If yes, please check all source reduction programs that apply: Junk Mail Reduction Single Use Plastics Reduction Food Waste Reduction |
| | Promoting Reuse and Donation Other |
| 12. | Did your local government offer a waste exchange or reuse program? Yes No |
| 13. | If yes, please check all waste exchange and/or reuse programs that apply: |
| | Swap shop/shed Number of sheds in use? Paint exchange Number of gallons recovered? |
| | Other (e.g. pallet exchange, etc.) |
| PU | BLIC RECYCLING SERVICES |
| 14. | Which of the following responses best describes your recyclables recovery activities for the period July 1, 2019 through June 30, 2020? Choose ONE option that best applies. |
| | My local government DID operate or contract for a recyclables recovery program. (please continue to question 15) |
| | My local government DID NOT operate or contract for recyclables recovery BUT DID participate in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; then go to Part IV on page 7 .) |
| | With which local government did you participate? Jones County |
| | My local government DID NOT operate, contract or participate in a recycling program. (Go to Part IV on page 7 .) |
| CU | RBSIDE RECYCLING PROGRAM |
| 15. | Did your government operate a Curbside Recycling Program? Yes No, skip to question # 25 |
| 16. | Who collected the recyclable materials for your local government's curbside recycling program? |
| | Local government employees |
| | Private contractor (please specify) |
| | Franchised hauler (please specify) |
| | Other (please specify) |

| 17. | 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 <u>public franchise granted to a private company</u> then please answer the following: Is public participation in the franchise: 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? |
| 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 |
| DR | OP-OFF RECYCLING PROGRAM |
| 25. | Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 32 |
| 26. | Who collected the recyclable materials for your local government's drop-off recycling program? Local government employees Private contractor Other (please specify) |
| | |
| 27. | Please describe the method / style of recyclable materials handling for your drop-off recycling program: source-separated (citizens separate materials by type) dual / two stream (paper separated from cans/bottles) don't know / other |
| 28. | Please estimate the number of households served by your drop-off recycling program. |
| 29. | What sector(s) of your community are served by the drop-off recycling program? 🗌 Residential 🗌 Commercial 🔲 Industrial |
| 30. | How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites: |
| 31. | How many of these locations were staffed with attendants? All None Some please list # of staffed sites: |
| EL | ECTRONICS RECYCLING PROGRAM |
| 32. | Did your community operate an electronics recycling program in FY 19-20? Yes No, skip to question # 38 |
| | If you did operate an electronics recycling program, please indicate style of program: |
| | Permanent - Curbside Collection Permanent - Drop-off Scheduled Collection Day or Event Part of HHW Program |
| | If you offer curbside collection of electronics is it: Dy 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? | | | | | | | | | | | |
| ОТ | HER PUBLIC RECYCLING PROGRAMS | | | | | | | | | | | |
| | only programs operated or contracted for <u>by the local government</u> . The tonnage of any materials collected by the following programs Ild 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.

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

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, $\overline{plastic}$, 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. motorfleet services). Question 47 is about materials accepted outside of any Household Hazardous Waste (HHW) Program or event. If special wastes were <u>only</u> 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 <u>from Citizens</u> by Material Type | Did program collect this material from the public? | # of sites | Data on quantities co Please report in i | ged. | |
|-----|---|--|---------------|---|---------|--------------------|
| | Used Motor Oil | Yes Yes | | | gallor | ns |
| | Used Oil Filters | Yes | | barrels, or | | lbs |
| | Used Antifreeze | Yes | | | g | allons |
| | Batteries, Lead Acid (Auto) | Yes | | # batteries, | or | lbs |
| | Batteries, Dry Cell (Household) | Yes | | · · · · · · · · · · · · · · · · · · · | | lbs |
| | Fluorescent Bulbs/Lights Containing Mercury | Yes | | lbs, or | # | bulbs |
| | Propane Tanks | Yes | | lbs, or | # | [#] tanks |
| | Used Cooking Oil / Waste Vegetable Oil | Yes Yes | | lbs, or | g | allons |
| | Other Special Wastes - please provide waste type here: | Yes | | | | lbs |
| | Pesticide Containers (NCDA Program, not pesticides themselves) | Yes | | lbs, or | | # con- tainers |
| | NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers) | Yes | | | | lbs |
| | Latex Paint (do not include paint collected at HHW event or by a paint exchange program) | Yes | | gals, or | | lbs |
| Ног | sehold Hazardous Waste (HHW) Collection l | Program - Fiscal Year 201 | 9-2020 | | | |
| 18. | Did your local government operate a permanent If Yes, please respond to the following question a. Was HHW collected at a permanent collection b. How many days did the HHW collection pro- | s: on facility or temporary col | lection e | event? Permanent | Yes | No vent |
| | c. Did your local government partner the HHW Please list partner(s) | ⁷ program or event with and | other loc | al government? Ye | es 🗌 No | _ |
| | d. How many households/residences participate | ed in your HHW collection | progran | ı? | | |
| | e. Did your program accept materials from VS If yes, please provide or estimate the amount | | | rs) businesses? 🗌 Ye | | |
| | f. Provide the amount of materials collected by | - | | | - | mda |
| | g. List all the HHW disposal and HHW recycli | | iiseai y | | pot | inds |
| | | | | | | |
| | h. What is the fiscal year cost to operate the HI | HW 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** <u>OR</u> **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) | | | or | | |
| Your local government's mulch or compost facility | | | or | | |
| Other public mulch or compost facility | | | or | | |
| Private mulch or compost facility | | | or | | |
| Land clearing and inert debris landfill (LCID) | | | or | | |
| Energy / Fuel Use (e.g. boiler fuel market) | | | or | | |
| Total | | | or | | |

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

| | X | У | Χ | = | | cubic yards |
|--------------------------|-------------------|-----------------------|--------------------------------------|---|-------|-------------|
| Size of Truck (in yards) | Avg. no. of times | truck fills each week | # of weeks truck is used during year | | TOTAL | |
| | Part V | . Solid Wast | e Collection Services | | | |

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

| | Sector | | | ts Solid V | | How is Solid Waste Collected? Insert # - see codes at right | | | | Who Collects Solid Waste? | How is Solid Waste Collected? |
|-----|--|-----------|-----------|-------------|-----------|--|--------|--------------|-------------------------------|------------------------------|--|
| | | | see codes | 0 | | rt # - se | | right | a. Local government employees | | |
| | Residential | Primary | d | Secondary | | Primary | | Secondary | | 5 | Twice a week at household Convenience center/greenbox |
| | Commercial | Primary | d | Secondary | | Primary | | Secondary | | d. Local government not | 4. As needed or by request 5. Daily |
| | Industrial | Primary | d | Secondary | | Primary | | Secondary | | 1 | 6. Other |
| 53. | • • | | | | | - | • | | | isdiction, please answer the | • • |
| | What type of c | ollection | metho | od 1s used | ? | Fully A | Automa | ated | Semi-A | utomated Manual | Don't know |
| | What is the star | ndard co | ollectio | n frequen | cy? | Weekl | у [| Two tir | nes per v | week Other | |
| | What is the typ | ical serv | vice po | int for sin | gle famil | y house | hold w | vaste? | Curb | oside 🗌 Back yard / Back | s door |
| | What type of c | ollection | conta | iner is use | ed? | Gover | nment- | provided ca | irts | Resident-provided contai | ner Bags |
| | Do you offer b | ulky was | ste coll | ection set | vices? | Y | es | 🗌 No | | | |
| 54. | For municipali If so, were whi | | - | - | | | | | | Yes No No | |
| | | | | | | | | · · | 0 | icational 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 | e your an | inual b | udget for | solid wa | ste relat | ed edu | cation and c | outreach | activities: \$ | |
| 57. | Does your com | munity | produc | e recyclir | ng educat | ion and | outrea | ch materials | s in lang | uages besides English? | Yes 🗌 No |
| | If YES, please | list othe | r langu | ages used | l: | | | | | | |
| | | | | | | | | | | | |

| 58. | Did your local governm | | | | id waste services in | | | | 8 | | | | |
|-----|--|-----------------------|------------|------------------------|------------------------|---------------|------------------|--------------------------------|-------------------------|--|--|--|--|
| | NC Solid Waste Dispos | sal Tax proceeds are | e distribu | ited to elig | ible local governme | ents on a | quarterly bas | is by the Depart | ment 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. | | | | | | | | | | | | |
| | If yes, how are disposa | | | - | distributions? | | X Y | es 🔄 N | 0 | | | | |
| 60 | What other funding sou | | - | | | | | | | | | | |
| 00. | Tipping fees | • | - | | eight-based fees (e.g | g. PAYT |) Tir | e tax | | | | | |
| | | es / general fund | | Sale of rec | yclables | | Wł | nite Goods tax | | | | | |
| (1 | Per househo | - | | Grants | | | | | | | | | |
| 61. | If applicable, please provenses for the second seco | • | | | 1 0 | for solid was | te | | | | | | |
| | | | | | per | | | | | | | | |
| | a. \$ | per | | | per | | | _ for solid was | te | | | | |
| | b. \$ | per | | | per | | | _ for recycling | | | | | |
| | c. \$ | per | | | per | | | for yard wast | e | | | | |
| | d. \$ | per | | | per | | | for bulky was | ste | | | | |
| | e. \$ | per | | | per | | | availability fe | ee | | | | |
| | f. \$ | per | | | per | | | total charge | | | | | |
| 62. | Did your local governm are charged a fee by we | | | | | | | 9-20? (a system | where residents | | | | |
| Acc | cording to GS 130A-309 | - | | | | _ | | v and inform us | sers of such costs. | | | | |
| | If your local governmen | | | • | | | 0. | , | | | | | |
| | | | | Anı | nual Contract Amou | int | Month/Year | of Contract Exp | oiration | | | | |
| | Solid Waste Services C | ontract | | \$ | | 1 | | | | | | | |
| | Recycling Contract | | | \$ | | | | | | | | | |
| | OR: Combined Contrac | et (solid waste & ree | cycling) | eling) \$ | | | | | | | | | |
| 64 | Collection Programs: P | lesse complete the | following | g table to t | he best of your abili | ity to dis | nlow the full of | posts of your los | | | | | |
| 04. | <u>collection programs</u> for | | | | | | | | | | | | |
| | not available, please r | eport program bu | 0 | | column. | 1 | | Tatal Cast | | | | | |
| | | # of Households | | Collected ISW tons; | Collection Cost | | osal Cost | <u>Total Cost</u> including | Cost Per Ton Managed | | | | |
| | | served | others a | utofilled) | | (tipping | g fees paid) | overhead | (calculated by form) | | | | |
| M | unicipal Solid Waste* | | | | | | | | 0 | | | | |
| | Recycling Program** | | | | | | | | 0 | | | | |
| | Yard Waste Program | 298 | | 0 | | . | | | 0 | | | | |
| | | (calculated by form): | | 0 | | | | | 0 | | | | |
| | *for materials collected and **for materials collected by | | | | | | | s. Do not include sp | ecial waste services. | | | | |
| 65. | If your government ope | | | | | | | | | | | | |
| | facility operations (rour proportionately. Land | nd to nearest dollar) | | | fferent facilities are | | | | | | | | |
| | | sfer Station Budget | | \$ \$ | | | | | - | | | | |
| | Yard Waste / Compost Facility Budget: \$ | | | | | | | | | | | | |
| | | cling Facility Budg | | \$ | | | | | - | | | | |
| 66. | What was your governm | nent's total combine | ed annua | l budget fo | or all solid waste and | d recycli | ng services in | 19-20? \$ | - | | | | |
| | 19-2020 Local Governm | | | | | • | - | n@ncdenr.gov | Page 8 of 11 | | | | |
| | | | 1 | | 1 | | 8 | 0 | 6 1 | | | | |

r Salid Wasta Managamant ar

d Full Cost Accounting

WII D

. **.** .

Part VIII. Mandated Programs

| | <u>y Counties</u> need to complete questions 6 viscarded White Goods" and Part 2B, "So | | | | | 2D, "Management |
|-----|---|--|------------------|-------------------|-----------------------|-----------------|
| | ITE GOODS | | | | | |
| 67. | Please provide contact information for Name: | | - | TD'-1 | | |
| | | | | | 7: | |
| | Mailing Address: | | | | | |
| | Phone: | | | | | |
| 68. | Please provide the physical address of Physical Address: | the primary County wl | C | | | |
| | GPS Coordinates (decimal degree syst | `````````````````````````````````````` | | | | |
| 69. | Please provide contact information and Name: | | | • | nts from white goods. | |
| | Refrigerant Extraction License #: | | | | License #: | |
| | | | | g Address: | | |
| | Phone: Email: | | | | Email: | |
| - | | | | • | Linan | |
| 70. | Provide the types and amounts of refrig Type of Refrigerants Remov | | Amount | | | |
| | | | | | | |
| 71. | Refrigerants may be recycled or sent for | or destruction. Provide | the business, me | ethod of disposal | and amount earned / p | aid. |
| | Business Name and Phon | e Number | Method | of Disposal | Amount Earned | Amount Paid |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 72. | Tons of white goods received: | | | | | |
| | Tons of white goods from cleanup acti | vities: | | | | |
| | Total Tons (also list in #44 on page 5) | | | Reported in #44 | on page 5? Yes | 🗌 No |
| 73. | NCDOR White Goods Disposal Tax P Total (Aug, Nov, Feb and May) | | \$ | | | |
| | Monies earned from the sale of white g | | | | | |
| | Monies earned from the sale of extract | ed refrigerants | | | | |
| | Monies from other sources | | | | | |
| | Total Revenue: | | \$ | | | |
| 74. | The NCGS Management of Discarded of discarded white goods. Provide the | | | | | |
| | Capital Improvements: | \$ | | | | |
| | Operating Costs: | \$ | | | | |
| | Cleanup of Illegal Disposal Sites: | \$ | | | | |
| | Other: | \$ | | describe | | |

\$

Total Expenditures:

| | RAP TIRES | | | | | |
|-----|---|----------------|------------------|--|--|--|
| 75. | Please provide contact information for the person responsible for the scrap tire programme: | | | | | |
| | Name: City: | | Zip: | | | |
| | Phone: Email: | | T. | | | |
| 76. | Please provide the physical address of the primary scrap tire collection site. | | | | | |
| | Physical Address: GPS Coordinates (decimal degree system): | | | | | |
| 77. | <u>Scrap Tire Management Program - Tons Collected July 1, 2019 - June 30, 2020</u> Tons of scrap tires certified as originated in NC in the normal course of business | | | | | |
| | Tons of scrap tires from cleanup activities - costs reimbursed by DEQ | | Tons 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: | | 10115 | | | |
| 70. | 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, Ma 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: Total Expenditures: | describe: | | | | |
| 81. | Scrap Tire Disposal/Processing Company | | | | | |
| | Company Name: Phone: Mailing Address: | Email: | | | | |
| 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: | | | | | |
| MA | NAGEMENT OF ABANDONED MANUFACTURED HOMES BY | Y 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 | | | | | |

Page 10 of 11

| 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. | | ou indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic uirements for public assistance reimbursement in a declared disaster event? | | | | | |
| 88. | your local government: | | | e disaster debris management program for | | | |
| | 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. <i>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.</i> | | | | | | |
| | Disaster Site # | Site Name | Disaster Site # | Site Name | | | |
| | | | | | | | |
| | | | _ | | | | |
| | | | | | | | |
| | | | | | | | |
| 90. | 00. Does your plan address the management of: Household hazardous waste Mass animal mortality | | | | | | |
| | | Abandoned vessel | s White go | oods | | | |
| 91. | 1. Does your plan include coordination with NC DOT on clearing roads and waste in the right of way? Yes No | | | | | | |
| | Part X. Comments | | | | | | |
| | | | | ajor changes to your recycling or solid waste dated ordinances that affect your programs? | | | |

You may submit additional sheets if needed.

Editor notes: Trenton answered #5 No but after checking with the Town, they still collect yard waste. Updated report accordingly. Approx 120 cubic yards were taken to a farmer (data received late and not included in FY2019-20 LGAR totals).

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

