HHW	State of North Carolina Department of Environment and Natural Resources Division of Waste Management	**HOUSEHOLD HAZARDOUS WASTE COLLECTION** Facility Annual Report For the period of **July 1, 2014-June 30, 2015**

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2015 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: _____ Permit: _____

Physical Address	Mailing Address
Street 1:	Street 1:
Street 2:	Street 2:
City: County:	City:
State: North Carolina Zip:	State: North Carolina Zip:

Primary Facility Contact Person	Billing Contact Person
Name:	Name:
Phone: Fax:	Phone: Fax:
Email:	Email:

1. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☐ No
   If so, please report the date this occurred: _____

2. Number of participants who delivered materials to the HHW facility: _____

3. Does your facility accept waste from conditionally exempt small quantity generators (CESQG)? ☐ Yes ☐ No
   If yes, do you charge for CESQG waste? ☐ Yes ☐ No

4. Indicate type and quantity of material accepted for treatment and its destination.

Material	Quantity (pounds or gallons)	Treatment	Destination or Contractor responsible for disposal (company and state)
Fluorescent Lightbulbs	☐ Pounds ☐ Gallons	Select...	
Other Mercury-Containing Material	☐ Pounds ☐ Gallons	Select...	
Electronic Material	☐ Pounds ☐ Gallons	Select...	
Flammable Solids	☐ Pounds ☐ Gallons	Select...	
Oxidizing Material	☐ Pounds ☐ Gallons	Select...	
Poisonous Material	☐ Pounds ☐ Gallons	Select...	
Flammable Liquids	☐ Pounds ☐ Gallons	Select...	
Corrosive Material	☐ Pounds ☐ Gallons	Select...	
Batteries	☐ Pounds ☐ Gallons	Select...	
Compressed Gases	☐ Pounds ☐ Gallons	Select...	
Antifreeze, Used Oil, Filters	☐ Pounds ☐ Gallons	Select...	
Paint, Latex	☐ Pounds ☐ Gallons	Select...	
Paint, Alkyd	☐ Pounds ☐ Gallons	Select...	
Other: _____	☐ Pounds ☐ Gallons	Select...	
Other: _____	☐ Pounds ☐ Gallons	Select...	

5. Total household hazardous waste receive at this facility during the period of July 1, 2014, through June 30, 2015. Indicate in **pounds** amount received by COUNTY of waste origin. Please indicate COUNTY and STATE, if received from another state.

Received from	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total

Grand Total

6. Are there SWANA or other certified operator(s) at this facility? ☐ Yes ☐ No

If yes, indicate the following:

Name: _____ Certification type and expiration date: _____

Name: _____ Certification type and expiration date: _____

Name: _____ Certification type and expiration date: _____

Name: _____ Certification type and expiration date: _____

Name: _____ Certification type and expiration date: _____

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: _____ Date: _____

Name: _____ Title: _____

Phone Number: _____ Email: _____

Print Form