

South Carolina County, Large Municipality, and Solid Waste Authority Opt-In Form for Electronics Recycling Program

Note: One application per county. To be submitted by County, or by Solid Waste Authority or Municipalities of 17,000¹ or more residents in all other counties
Program/Calendar Year 2023 (Due August 1, 2022)

County, Large Municipality, or Solid Waste Authority (SWA) Information

Name of County,
Large Municipality or SWA: _____
Street Address (line 1): _____
Address (line 2): _____
City: _____ Zip Code: _____ County: _____

Contact Information

First Name: _____ Last Name: _____
Title: _____
Direct Phone: _____ Email: _____

Proposed Collection Sites and/or Events

Pursuant to the Section 48-60-141(B)(2) of the South Carolina Manufacturer Responsibility and Consumer Convenience Information Technology Equipment Collection and Recovery Act counties – or municipalities of at least 17,000 residents or Solid Waste Authorities (SWAs) – that elect to participate are allotted a certain number of collection sites dependent upon the population within their county. Please list all the recommended locations for permanent sites or one-day events in program year 2023. (Should additional locations be needed, please add additional pages.)

Note: Sites and events must be located within the participating county, municipal, or SWA territory. These sites are recommendations and not guaranteed to be included in the manufacturer e-waste program plan.

Site Event

Operator of Site or Event: _____
Street Address of Location: _____
City: _____ Zip Code: _____ County: _____

Collection site limitations (e.g. residency requirements, operational limitations relating to bulk pickup, etc.), if any:

Has this site or event operated in a previous program year? Yes No

If so, please enter the following information.

Collection Site Contact Name: _____

Collection Site Contact Phone: _____ Contact Email: _____

Description of Current/Past Services (e.g. semi-trailer pick-ups, box truck pick-ups, need forklift or pallet jack for loading):

¹ Municipalities with a population of 17,000 residents located within a county or solid waste authority serving one or more counties that elects not to participate in a manufacturer electronic waste program may coordinate with any participating county or solid waste authority serving one or more counties for inclusion in the participating county or solid waste authority's written notice of election to participate in a manufacturer electronic waste program and must utilize collection sites located in the participating county or solid waste authority. Any municipality included in a participating county or solid waste authority's written notice of election must utilize the proposed collections sites enumerated in the plan and those sites must be located within in the participating county or solid waste authority.

Estimated Annual Computer Monitor and TV Collection (pounds): _____

Site Event

Operator of Site or Event: _____

Street Address of Location: _____

City: _____ Zip Code: _____ County: _____

Collection site limitations (e.g. residency requirements, operational limitations relating to bulk pickup, etc.), if any:

Has this site or event operated in a previous program year? Yes No

If so, please enter the following information.

Collection Site Contact Name: _____

Collection Site Contact Phone: _____ Contact Email: _____

Description of Current/Past Services (e.g. semi-trailer pick-ups, box truck pick-ups, need forklift or pallet jack for loading):

Estimated Annual CED Collection (pounds): _____

Site Event

Operator of Site or Event: _____

Street Address of Location: _____

City: _____ Zip Code: _____ County: _____

Collection site limitations (e.g. residency requirements, operational limitations relating to bulk pickup, etc.), if any:

Has this site or event operated in a previous program year? Yes No

If so, please enter the following information.

Collection Site Contact Name: _____

Collection Site Contact Phone: _____ Contact Email: _____

Description of Current/Past Services (e.g. semi-trailer pick-ups, box truck pick-ups, need forklift or pallet jack for loading):

Estimated Annual CED Collection (pounds): _____

Recommended Recycler

Please identify the **recommended** recycler to be used for program year 2023. (Should additional recyclers be needed, click on the button provided to add more fields.)

Note: These recyclers are recommendations and not guaranteed to be included in the manufacturer e-waste program plan.

Name of Recycler: _____

Street Address: _____

City: _____ Zip Code: _____ County: _____

Direct Phone: _____ Email: _____

Certification of Authorized Government Official

By signing this form, you are certifying that the information on this form is accurate to the best of your knowledge.

Name: _____

Title: _____

Phone: _____ Email: _____

Signature

Date

When complete, please print, sign, scan, and email this form to:
e-register@dhec.sc.gov and *jlinnell@electronicsrecycling.org*

All collectors and their vendors are subject to audits by manufacturer programs authorized under Act 234

For more information on the South Carolina Manufacturer's E-Waste Program,
 please visit: www.ecyclingro.org/sc or
<https://scdhec.gov/environment/recycling-waste-reduction/electronics-recycling/electronics-recoverers>