# **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, 2017 -- June 30, 2018

Please submit this form to Lgteam@ncdenr.gov by September 1, 2018.

On the following pages you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2017-2018. 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:

Each local government should determine which staff member is responsible for preparing and submitting the annual report and ensure that the report is completed and submitted before the reporting deadline on September 1, 2018.

Options for obtaining a blank copy of this form:

- 1 download a copy of the form from this web site: <u>http://deq.nc.gov/about/divisions/waste-management/solid-waste-section/annual-reporting</u>
- 2 call the Division of Environmental Assistance and Customer Service at 877-623-6748
- 3 request a copy of the form by sending an email to Lgteam@ncdenr.gov.

This form must be completed electronically using Adobe Reader. Adobe Reader can be downloaded for free at the following web site: <u>https://get.adobe.com/reader/</u> - it is suggested that you complete the form using the latest version of Adobe 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 and choosing an appropriate file name. When naming the file, please include your community's name as a part of the file name.

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:

Wendy Worley, phone: 919-707-8136, email: wendy.worley@ncdenr.gov Matt James, phone: 919-707-8133, email: matt.james@ncdenr.gov

Form Year

Environmental Quality

Local Government Report Form

**Required** - Enter Your Local Government Name: Blowing Rock

## **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, 2017 -- June 30, 2018

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, 2018.

If you have questions or need assistance completing this form, please call 919-707-8136 or 919-707-8133.

Pers	son Completing This Report: Ma	tt Blackburn	Title	e: Public Wo	rks and Utilities Superintendent
Mai	ling Address: PO Box 47		City: Blowing Rock		Zip: 28605
Pho	ne: 828-295-5228	Fax: 828-414-9659		Date: 10-3-	18
Ema	ail: pwsuperintendent@townofblo	owingrocknc.gov			
		Genera	al Instructions		
	se remember that the time period specific question.	for the report is JULY 1, 2017	through JUNE 30, 2018. Ple	ase check "N	o" if you have nothing to report
1.	Did your local government have	e a Recycling Coordinator or si	milar position for FY 17-18?	Yes	🔀 No
	Name Recycling Coordinator (i	f different from person comple	ting this report.)		
	Name:		Title	2:	
	Address:		City:		Zip:
	Telephone:	Fax:	Email:		
2.	Did your local government have	e a Solid Waste Director or sim	ilar position for FY 17-18?	X Yes	No
	If Yes, Name: Mike Wilcox		Title	e: Public Worl	ks Director
	Address: PO Box 47		City: Blowing Rock		Zip: 28605
	Telephone: 828-295-5228	Fax: 828-414-9659	Email: pwdirec	tor@townofb	lowingrocknc.gov
3.	Did your local government have	e dedicated or part-time Solid	Waste Enforcement Staff for	FY 17-18?	Yes No
	If Yes, Name:		Title	2:	
	Address:		City:		Zip:
	Telephone:	Fax:	Email:		
4.	Did your local government have all that apply)	e solid waste ordinances in plac	ce addressing any of the follow	ving during F	Y 17-18? (if yes, please check
	🛛 Disposal Bans 🛛 🕅 Il	llegal Dumping 🛛 🗌 Littering	g Other, Please Describe	2:	
5.	Did your local government man mulching, composting)?	age, provide or contract for an	y solid waste services in FY 1	7-18 (e.g., co X Yes	llection, disposal, recycling,
	If you answer "	'No'' to question 5, the repor	t is complete, please email t	<u> </u>	

	Part I. Waste Reduction and Recycling Programs Serving Government Facilities			
The	following questions pertain to waste reduction and recycling activities / programs that serve local government facilities.			
6.	Did your local government have a recycling program in place for collecting recyclable materials generated at Yes INO public buildings in FY 17-18?			
7.	Did your local government have any program or policy encouraging or requiring local agencies to Yes No purchase products with recycled content?			
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 17-18?			
	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, Yes No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives?			
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, 2017 through June 30, 2018?			
	My local government <b>DID operate or contract</b> for a recyclables recovery program. ( <b>please continue to question 15</b> )			
	My local government <b>DID NOT operate or contract</b> for recyclables recovery <b>BUT DID participate</b> in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; <b>then go to Part IV on page 7</b> .)			
	With which local government did you participate?			
	My local government <b>DID NOT operate, contract or participate</b> in a recycling program. ( <b>Go to Part IV on page 7</b> .)			
If your local government <b>DID operate or contract</b> for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s).				
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) <u>Republic</u>			
	Franchised hauler (please specify)			
	Other (please specify)			

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 2,060
	b. Number of households eligible to participate in the curbside recycling program: 1,588
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 1,588
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: 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?
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)       □ single stream / commingled         □ dual / two stream       □ don't know / other
24.	If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used:          Iss than 50 gallon cart       65 gallon cart         95 gallon cart       multiple sizes of cart available
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)       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:
EL	ECTRONICS RECYCLING PROGRAM
	use answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any erials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.
32.	
	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 progra	m collect or acce	pt televisions from	n (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. 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, 2017: \$

Electronics Management Funds received from DEQ during FY 17-18 (Feb 2018 distribution): \$

Electronics Management Funds spent during FY 17-18: \$

Electronics Management Fund balance as of June 30, 2018: \$

36. Briefly explain how Electronics Management Funds were spent during FY 2017-18 (please list items purchased if applicable):

37. 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 17-18:

Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?

#### OTHER PUBLIC RECYCLING PROGRAMS

Please answer the following questions about local government sponsored recycling efforts. List on	nly programs operated or contracted for <u>by</u>
the local government. The tonnage of any materials collected by the following programs should be	e 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 dropoff recycling programs? $\Box$ Yes $\boxtimes$ 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? $\Box$ Yes $\boxtimes$ No

40.	Does your local governmen	t provide recycling services to	o Alcoholic Beverage Commission permit holder	s? Yes	🖂 No

On-site collection services provided	If on-site collection provided, please estimate # of ABC accounts served:
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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.	• 0	overnment have an ordinance of encouraging or requiring	0 0			eam Xes	No

43. Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 17-18. (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
- 44. Please identify all "Other" programs or services operated by your government during FY 17-18. (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**

- 45. 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, 2017 through JUNE 30, 2018. 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 in other sections of report form. See page 6 for SPECIAL WASTES.
  - c. Please report materials collected in tons only. Please only extend numbers to two decimal places (x.xx).
  - d. 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.

DDOCDAM	Curbside			Drop-off	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	$\square$							
PLASTIC:								
PET #1								
HDPE #2								
All Plastic Bottles	$\boxtimes$							
Other Plastic Containers								
Bulky Rigid Plastics								
METAL:								
Aluminum Cans	$\square$							
Steel Cans	$\boxtimes$							
White Goods								
Other Metal								
PAPER:								
Newsprint (ONP)	$\square$							
Cardboard (OCC)	$\square$				$\boxtimes$	63.1	63.1	
Magazines (OMG)								
Office Paper	$\boxtimes$							
Mixed / Other Paper								
Cartons / Aseptic Containers								
WOOD:								
Pallets								
Other Wood - DO NOT								
report yard waste tons here								
OTHER MATERIALS: Textiles (clothes etc)								
Televisions								
Other Electronics								
C&D Materials Recycling								
C&D Materials Recycling								
Commingled tons-check all								
items collected above	$\boxtimes$	138.34					138.34	
TOTAL TONS:		138.34				63.1	201.44	

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 corrugated cardboard disposal ban supported by a reporting mechanism for collecting data on private recycling tonnages.

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

### **Part III. Special Waste Collections**

This section concerns local government programs for managing materials that require special handling or that are banned from landfilling. 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.

a		**7 4	<b>A H U</b>			36 / 13				<b>A H H</b>	D	
S	pecial	Waste	Collections	(Do No	t Include	Materials	Collected	as part of	t an HHW	Collection	<b>Program</b>	or Event)

4

Used Motor Oil       □       Yes       No	47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		n collect this m the public?	# of sites				
Used Antifreeze       □       yes       No      gallons         Batteries, Lead Acid       □       Yes       No		Used Motor Oil	Yes	🛛 No				gallons	5
Batteries, Lead Acid       Yes       No       # batteries, or       bbs         Batteries, Dry Cell       Yes       No       Ibs       ibs         Fluorescent Bulbs/Lights Containing Mercury       Yes       No       Ibs, or       # bulbs         Propane Tanks       Yes       No       Ibs, or       # bulbs         Other Special Wastes - please provide waste       Yes       No       Ibs, or       # anks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       Ibs, or       # anks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       Ibs, or       # anks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       Ibs, or       # anks         Use hore:       Yes       No       Ibs, or       # con- tainers         NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       Ibs         Huwerhold Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48.       Did your local government operate a household hazardous waste collection program or event in FY 17-18?       Yes       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?       Permane		Used Oil Filters	Yes	🛛 No		barı	rels, or		lbs
Batteries, Dry Cell       Yes       No		Used Antifreeze	Yes	🛛 No				ga	llons
Pluorescent Bulbs/Lights Containing Mercury       Yes       No       ibs. or       # bulbs         Propane Tanks       Yes       No       ibs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       ibs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       ibs. or       # tanks         Other Special Wastes - please provide waste       Yes       No       ibs. or       # tanks         Pesticide Containers (NCDA Program, not       Yes       No       ibs. or       # compesticides themselves)         NDDA Pesticide Disposal Assistance Program       Yes       No       ibs       # compesticides.not containers)         Itares Paint (do not include paint collected at HHW event or by a paint exchange program)       Yes       No       gals. or       ibs         Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48. Did your local government operate a household hazardous waste collection program or event in FY 17-18?       Yes       No         If Yes, please respond to the following questions:       a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Focility?       Permanent       Temp. Eve         b. Ho your program accept materials and using this Fiscal Year?       .       Did your program accept materials and any and bu		Batteries, Lead Acid	Yes	🛛 No		#t	patteries, or	r	lbs
Propane Tanks		Batteries, Dry Cell	Yes	🛛 No					lbs
Used Cooking Oil / Waste Vegetable Oil       Yes       No       Ibs, or       gallons         Other Special Wastes - please provide waste type here:       Yes       No       Ibs, or       gallons         Pesticide Containers (NCDA Program, not pesticides themselves)       Yes       No       Ibs, or       galos, or       galos, or         NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       gals, or       ibs         HHW event or by a paint exchange program       Yes       No       gals, or       ibs         HUW event or by a paint exchange program       Yes       No       gals, or       ibs         HUW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility?       Permanent       Temp. Eve         b. How many days was your HHW program open to accept materials during this Fiscal Year?       No       Pesse ist partner(s)         d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year?       No       Pesse itemp opum as         f. Amounts of individual materials form small businesses (Conditionally Exempt Small Quantity of materials are known please itemize below. If da about individual materials iscollected by HHW Program: if totals for individual materials instel were may       Yes       No         e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity of		Fluorescent Bulbs/Lights Containing Mercury	Yes	🛛 No			lbs, or	# b	ulbs
Other Special Wastes - please provide waste type here:       Yes       No       Ibs         Other Special Wastes - please provide waste type here:       Yes       No       Ibs         Pesticide Containers (NCDA Program, not pesticides themselves)       Yes       No       Ibs, or       Its         NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       Ibs       Ibs         Latex Paint (do not include paint collected at HHW event or by a paint exchange program)       Yes       No       gals,       Ibs         Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48       Did your local government operate a household hazardous waste collection program or event in FY 17-18?       Yes       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. Eve         b. How many days was your HHW program open to accept materials during this Fiscal Year?       Eoid you partner or co-sponsor your HHW program with another local government?       Yes       No         Please list partner(s)		Propane Tanks	Yes	No No			lbs, or	#	tanks
type here:       Image: Second S		Used Cooking Oil / Waste Vegetable Oil	Yes	No No			lbs, or	ga	llons
pesticides themselves)       Image restricted Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       Its         Latex Paint (do not include paint collected at HHW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program       Yes       No       Permanent FY 17-18?       Yes       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?			Yes	No No					lbs
(for management of pesticides, not containers)       Yes       No       Its         Latex Paint (do not include paint collected at HHW event or by a paint exchange program)       Yes       No       gals, or       Its         Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       10s       No       Its         48. Did your local government operate a household hazardous waste collection program or event in FY 17-18?       Yes       No       Its         a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility?       Permanent       Temp. Eve         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 local government?       Yes       No         Please list partner(s)			Yes	No No			lbs, or		
HHW event or by a paint exchange program)       Yes       Image: No       or       Image: 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?       Image: No       Please list partner(s)       Image: No       Please list Hest isto in usinesses (Conditionally Exempt Small Qua			Yes	No No					lbs
<ul> <li>48. Did your local government operate a household hazardous waste collection program or event in FY 17-18? Yes No If Yes, please respond to the following questions: <ul> <li>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?</li> <li>c. Did you partner or co-sponsor your HHW program with another local government? Yes No</li> <li>Please list partner(s)</li> <li>d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year?</li> <li>e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? Yes No</li> <li>If yes, please estimate the amount of business material managed pounds</li> <li>f. Amounts of individual materials collected by HHW Program: if totals for individual materials collected by HHW Program. If total quantity of materials listed in question 47 Used Motor Oil (gal)</li> <li>Used Motor Oil (gal)</li> <li>Used Oil Filters # of Barrels, or bls.</li> <li>Used Antifreeze (gal)</li> <li>Event Lead Acid Batteries (lbs)</li> <li>Fluorescent Bulbs / Lights Containing Mercury (lbs)</li> <li>g. Provide Total Quantity of materials collected by HHW Program. If individual materials were reported in 48f, please net the weight of those materials out of the total listed here.</li> <li>h. Please list HHW Collection Contractor</li> <li>i. Estimated cost of HHW / CESQG program or event(s) \$</li> </ul></li></ul>		· · · · · ·	Yes	No No					lbs
Fluorescent Bulbs / Lights Containing Mercury (lbs)		<ul> <li>Please list partner(s)</li> <li>d. Provide number of citizens / households that</li> <li>e. Did your program accept materials from sma If yes, please estimate the amount of busines</li> <li>f. Amounts of individual materials collected by about individual materials is not available, p Note, materials listed here should only be th Used Motor Oil (gal)</li> </ul>	all businesses all businesses s material ma y HHW Progr lease simply ose collected Use	in your HHW (Conditionall anaged ram: if totals f provide total c at an HHW P ed Oil Filters	or indivi quantity	on program this of Small Quanti dual materials of materials col and should not i _ # of Barrels,	s Fiscal Yea ity Generate pounds are known llected by H include mate or	ors)? Y please itemize HW program terials listed in lbs.	e below. If data n in 48g below. n question 47.
<ul> <li>g. Provide Total Quantity of materials collected by HHW Program. If individual materials were reported in 48f, please net the weight of those materials out of the total listed here.</li> <li>h. Please list HHW Collection Contractor</li> <li>i. Estimated cost of HHW / CESQG program or event(s) \$</li> </ul>							Other Batte	eries (lbs)	
<ul> <li>h. Please list HHW Collection Contractor</li> <li>i. Estimated cost of HHW / CESQG program or event(s) \$</li> </ul>		g. Provide Total Quantity of materials collected	d by HHW Pr	ogram. If ind	ividual 1				pound
i. Estimated cost of HHW / CESQG program or event(s) \$									
		i. Estimated cost of HHW / CESQG program	or event(s) \$						
rages 5 intough 6 should have only been completed by governments indicating in question # 14 that they DO provide recycling servic	Pag						hat they D	O provide red	cycling services

2017-2018 Local Government Annual Report *Report Due Date: September 1, 2018* Submit to: Lgteam@ncdenr.gov

is only to be completed by Counties.

### Part IV. Yard Waste, Mulching and Composting Management

This section concerns management of vegetative materials. Yard waste may not be disposed in sanitary landfills, incinerators, or in unpermitted sites and it is illegal to burn. Composting and mulching are popular management options. Please answer the questions below about your management of vegetative materials. Do not include information on food waste or non-vegetative materials in this section.

- Does your local government operate a yard waste program? Xes No If yes please indicate how yard waste is managed by 49. checking all that apply: 🔀 Collected curbside 🗌 Collected at convenience center 🔲 Received at yard waste, compost, or LCID facil.
- Did a storm event significantly impact the amount of yard waste your government managed during FY 17-18? Yes 50. No No
- What quantities of materials were managed by your yard waste program? Provide information in TONS OR CUBIC YARDS of 51.
  - organic material (yard waste, brush, limbs, leaves, etc.) managed. For conversion purposes, use 400 lbs./cubic yd.

Destination	Check if used	Tons	Cubic Yards	Please Provide Name and Location of Facility Receiving Vegetative Materials
End user (to farmer or home-owner)				
Your local government's mulch or compost facility				
Other public mulch or compost facility	$\boxtimes$	80		Watauga County Landfill
Private mulch or compost facility				
Land clearing and inert debris landfill (LCID)				
Energy / Fuel Use (e.g. boiler fuel market)				
Total		80		

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 yd<sup>3</sup> truck x 3 days/wk x 16 wks = 480 yd<sup>3</sup>

		_X	X	=		$yd^3$					
	Size of Truck (in yards)	Avg. no. of times truck fills each week	# of weeks truck is used during year		TOTAL						
	Part V. Solid Waste Collection Services										
This .	section concerns your local g	government's provision of solid wast	te (garbage) collection services								
52.	Please complete the following	ng table about your government's so	lid waste collection system.								

	Sector					How is Solid waste Collected ?				Who Collects Solid Waste?	How is Solid Waste Collected?		
			etter -	see codes	s at right		rt # - s	ee codes at	right	a. Local government employees	1. Once a week at household		
	Residential	Primary	а	Secondary	b	Primary	1	Secondary	4	b. By Contract c. Franchise haulers	<ol> <li>Twice a week at household</li> <li>Convenience center/greenbox</li> </ol>		
	Commercial	Primary	а	Secondary	b	Primary	1	Secondary	4		<ul><li>4. As needed or by request</li><li>5. Daily</li></ul>		
	Industrial	Primary	d	Secondary		Primary		Secondary		service	6. Other		
53.	If you provide	residenti	i <u>al</u> was	te collecti	ion at sin	gle-fam	ily hou	seholds in	your jur	isdiction, please answer the	following questions:		
	What type of c	ollection	metho	od is used	?	Fully A	Autom	ated	Semi-A	utomated 🔀 Manual	Don't know		
	What is the star	ndard co	ollectio	n frequen	cy?	Weekl	у	Two ti	nes per	week Other			
	What is the typical service point for single family household waste?       Image: Curbside       Back yard / Back door         What type of collection container is used?       Image: Government-provided carts       Image: Resident-provided container       Image: Bags												
	Do you offer bulky waste collection services?												
54.	For municipality			0			-		<u> </u>	Yes No			
	If so, were whi	te goods	delive	ered to the	e county :	for mark	teting?	Xes Yes		No			
		]	Part	VI. So	lid W	aste a	nd I	Recyclin	g Edu	icational Activities			
55.	Did your local	govern	ment l	nave an ec	lucation	program	to inf	orm citizen	s specifi	cally about solid waste man	agement and / or recycling		
	issues / activiti	es?	Y	'es 🖂	No (I	f No, sk	ip to P	art VII, pag	e 8)				
56.	Please estimate	e your an	inual b	udget for	solid wa	ste relat	ed edu	cation and o	outreach	activities: \$			
57.	Does your com	munity j	produc	e recyclir	ng educat	tion and	outrea	ch material	s in lang	guages besides English?	Yes No		
	If YES, please	list other	r langı	ages used	1:								
58.	Please provide	your rec	cycling	website a	address a	nd publi	ic info	rmation pho	ne num	ber if applicable.			
	Website:									Phone #:			

Part VII	. Resources f	or Solid Was	te Manageme	nt and Full C	ost Accounti	ng
Sufficient resources availab questions deal with funding					f these programs. T	The following
	• • •				Vac 🗌 Na	
<ul><li>59. Did your local governm</li><li>60. With regards to funding</li></ul>		*		FY 17-18?	Yes No	1
			•		Time tow	
Tipping fees	s es / general fund		hight-based fees (e.g		ire tax Vhite Goods tax	
Property tax	•	Grants	clables		Disposal Tax	
61. NC Solid Waste Dispos According to GS 105-1	sal Tax proceeds are	e distributed to elig	U	nts on a quarterly ba	asis by the Departm	
How are disposal tax d			ty of county solery	for some waste man	agement programs	and services.
62. <i>If applicable, please pr</i>	•		e.g., a. \$45.00 per	vear per household	for solid waste)	
	per					;
b. \$	per		per		for recycling	
	per					
	per				0	
	-		-		-	
	per					
	per					
63. Did your local governm are charged a fee by we	· ·				17-18? (a system v ] No	where residents
According to GS 130A-30	9.08. local governm	nents are required	to conduct full cos	t accounting annua	llv and to develop	a system to
inform users of such costs	~	1		0	J	
64. If your local governme	nt contracts for soli	d waste or recycling	a sarvicas plassa ra	nort the annual cont	ract amount	
	int contracts for some			port the annual cont	ract amount.	
\$		_ For solid waste s	ervices per year			
\$66,173.43		_ For recycling per	r year			
		OR				
\$		_ Combined Contr	act (solid waste, and	l recycling)		
65. Collection Programs: P	lesse complete the	– following table to t	he best of your shili	ty to display the ful	l costs of your local	l government's
<u>collection programs</u> for	1	0	•		•	0
not available, please r						
	# of Households			Disposal Cost	Total Cost	Cost Per Ton
	served	Tons Collected	Collection Cost	(tipping fees paid)	including	Managed
M		2 022 4	53		overhead	(calculated by form)
Municipal Solid Waste* Recycling Program**		2,033.4		86,293.13	479,806.46	235
Yard Waste Program						
	(aslaulated by form)!	2,234.84	53	86,293.13	545,979.89	244
*for materials collected and	(calculated by form):					244
** for materials collected b	-	-			tors. Do not include spec	rial wasta sarvicas
66. If your government ope		-		-	-	
facility operations (rou						
	dfill Budget:	s in congetts for an		e chierane a, preuse a	••••••••••••••••••••••	
	sfer Station Budget:	\$				-
	Waste / Compost F					

Yard Waste / Compost Facility Budget:

Recycling Facility Budget:

67. What was your government's total combined annual budget for all solid waste and recycling services in 17-18? \$550,712

\$

2017-2018 Local Government Annual Report Due Date: September 1, 2018 Submit to: Lgteam@ncdenr.gov

## Part VIII. County Mandated Programs

The following questions pertain to programs mandated by N.C. statute to be provided by each county. <u>Only county governments need to</u> <u>complete this section (questions 68 through 96)</u>. Municipalities should skip to Part IX on page 11. Counties - failure to complete Part VIII may result in non-eligibility for grant requests.

WH	IITE GOODS						
68.	Please provide name, address, phone nur		-	-	• • •	m.	
	Name:			<u> </u>	Title:		
	Address:			City:			
	Telephone: Fa	ıx:		Email:			
69.	Please provide the physical address of th	e primary co	ounty white go	oods collection site.			
	Street 1:						
	Street 2:						
	City:			_ State: North Carol	lina	Zip:	
70.	Please provide the name of the business Name:	-			Cs) from whit	e goods.	
	Street:						
	City:				ina	Zip:	
	Phone: Fax:						
71.	Give amounts / types of CFCs removed.						
, 1.	Type of CFC Removed					ount	
72	CFCs may be recycled or sent for destru-	ction Give r	name of firm	disposal method and a	mount earned	/ spent for CE(	7 disposal
12.	Firm			Iethod of Disposal		ount Earned	Amount Spent
72.							
73.	Please report the tonnage of white goods white goods tonnage reported on page 5		uring FY 2017		Fonnages table	e on page 5 (qu	estion # 45). Was
74.	List the amount of revenue for the white	goods progr	am by source	:			
	Revenue collected from sale of scrap:		\$				
	Revenue collected from White Goods Ta	ax Distributi					
	Revenue from other source (e.g. grants):						
	Total Revenue:						
75.	According to the White Goods Law, Whee expenditures White Good Tax Distribute						mounts and types of
	Operational Expenses:	\$			_		
	Capital Improvements:						
	Clean-up of Illegal White Goods Dumps						
	Total Expenditures:	\$			-		
201	17-2018 Local Government Annual Report	Report D	ue Date: Sep	tember 1, 2018 Subr	- mit to: Lgteam	@ncdenr.gov	Page 9 of 11

6.	Please provide name, address, phone number, and e- Name:	1		1 1 0	
				1 ttle:	
	Address:				
	Telephone: Fax:		Ema	il:	
7.	Please provide the physical address of the primary c	•	p tires collection si	te.	
	Street 1:				
	Street 2:				
	City:				
3.	Tonnage/Number of scrap tires disposed July 1, 201 Tons <b>o</b>	7-June 30, <b>r</b>	2018 (excluding ti	ires from cleanup of nu Number of tires	iisance sites)
).	Tonnage/Number of scrap tires disposed from clean Tons o	up of state	or county designat	ed nuisance sites Number of tires	
).	Indicate the types of tires collected by the county: Passenger % Heavy Tr	uck	%	Large Off-Road	%
	List the amount of revenue for the scrap tire program	n by sourc	e:		
	Revenue from Scrap Tire Tax Distributions:	\$			
	Revenue from Tire Fees:	\$			
	Revenue from Scrap Tire Clean-up Reimbursements	s: \$			
	Revenue from Scrap Tire Cost-Overrun Grants:	\$			
	Total Revenue:	\$			
2.	County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 17-	re (contrac -18.	t disposal/hauling	costs), \$	
3.	County's additional scrap tire program expenditure ( Labor \$		convenience center	cost), if any.	
	Site Cost \$				
	Other \$		describe Other:		
ŀ.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire	
5.	Hauling cost or fuel surcharge, if not included in con-	ntract cost	above. \$	/ Ton; \$	/ Tire
5.	Total tipping fees collected for tires not eligible for	free dispo	sal. \$		
<i>.</i>	Total number of tires collected not eligible for free of	_			
8.	If scrap tires were not hauled off site by contracted s	-			
).	•	1	•		
E	MPORARY DISASTER DEBRIS STAGI				
).	Does your local government have a plan in place for			ris? Yes	No
	If yes, indicate if the plan is a stand-alone plan or in	conjunctio	on with local gover	nment agencies:	Stand-alone In conjuncti
•	If you indicated having a plan, has the plan been rev requirements for public assistance reimbursement in			anagement or FEMA t	to ensure it meets the basic
	Please list the name, contact numbers(s), and e-mail your local government:			narge of the disaster de	bris management program for
	Name: Nam	e:		Name:	
	Phone: Phor	ie:		Phone:	
	E-mail: E-ma	••		E-mail:	

93. 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       Image: Site Im							
Disaster Site #	Site Name		Disaster Site #	Site Name				

95.	Does your plan address mass animal mortality? $\Box$ Ye	es	□ No						
94.	Does your plan address the management of household have	Yes	No No						

#### MANAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES

96. 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

### Part IX. Comments

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.

SS notes: #45 63.1 tons OCC is commercial collected by Town employees and taken to Watauga Co. Removed 63 tons from Watauga County's OCC total to avoid double-counting.

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

Matt James, email: matt.james@ncdenr.gov phone 919-707-8133 Wendy Worley, email: wendy.worley@ncdenr.gov phone: 919-707-8136

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



No No