## **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: Cedar 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.

Person Completing This Report	: John Nelson Brookshire	Titl	le: Councilman	
Mailing Address: 1509 Mountain	n Circle Drive	City: Lenoir		Zip: 28645
Phone: 828-754-1239	Fax:		Date: 7/31/201	8
Email: bobfloydjr@floydgroup.	com			
		General Instructions		
Please remember that the time perfor a specific question.	eriod for the report is JULY 1	, 2017 through JUNE 30, 2018. Ple	ease check "No" i	f you have nothing to report
1. Did your local government	t have a Recycling Coordinate	or or similar position for FY 17-18?	Yes	🔀 No
Name Recycling Coordina	tor (if different from person c	completing this report.)		
Name:		Titl	le:	
Address:		City:		Zip:
Telephone:	Fax:	Email:		
2. Did your local government	t have a Solid Waste Director	or similar position for FY 17-18?	Yes	No
If Yes, Name:		Titl	le:	
Address:		City:		Zip:
Telephone:	Fax:	Email:		
3. Did your local government	t have <b>dedicated or part-tim</b>	e Solid Waste Enforcement Staff fo	r FY 17-18?	] Yes 🛛 No
If Yes, Name:		Titl	le:	
Address:		City:		Zip:
Telephone:	Fax:	Email:		
4. Did your local government all that apply)	t have solid waste ordinances	in place addressing any of the follo	wing during FY 1	7-18? (if yes, please check
Disposal Bans	Illegal Dumping	ittering Other, Please Describ	e:	
5. Did your local government mulching, composting)?	t manage, provide or contract	for any solid waste services in FY 1	17-18 (e.g., collec X Yes	tion, disposal, recycling,
If you answ	wer ''No'' to question 5, the	report is complete, please email	to Lgteam@ncde	enr.gov.

	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 No 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 $\Box$ Yes 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> .)								
	our local government <b>DID operate or contract</b> for a recyclables recovery program, please indicate in the owing 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) Republic Services								
	Franchised hauler (please specify)								
	Other (please specify)								

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 135						
	b. Number of households eligible to participate in the curbside recycling program: 135						
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 135						
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						
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?						
22							
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 Xo, 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						
	the 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.	Did your community operate an electronics recycling program in FY 17-18? Yes Xo, 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 progra	am collect or acce	pt 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
- DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was 35. 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: \$

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

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? No

#### OTHER PUBLIC RECYCLING PROGRAMS

Please answer the following questions about local government sponsored recycling efforts. 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 dropoff recycling programs? Yes
	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? Yes No

40. Does your local government provide recycling services to Alcoholic Beverage Co	Commission permit holders? 📋 Yes 🛛 🔀	No
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	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.	Does your local government have an ordinance regulating the construction and demolition waste stream with the intention of encouraging or requiring waste reduction or recycling of these materials?						🔀 No

Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 17-18. 43. (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
- Please identify all "Other" programs or services operated by your government during FY 17-18. (check all that apply and if possible 44 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 "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								
White Goods								
Other Metal								
PAPER:								
Newsprint (ONP)								
Cardboard (OCC)								
Magazines (OMG)								
Office Paper								
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								
Comminaled to re-the-1								
Commingled tons-check all items collected above		33					33	
TOTAL TONS:		33					33	

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>		<b>T</b> 1 1	36 / 13	<b><i>A</i> H A H</b>			<b>A H H</b>	D	
S	pecial	Waste	Collections	(Do No)	t Include	Materials	Collected	as part ol	t an HHW	Collection	Program	or Event)
~				(								

4

47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		n collect this m the public?	# of sites	· ·	Data on quantities collected / managed. Please report in indicated units.		
U	sed Motor Oil	Yes	🛛 No				gallons	
U	sed Oil Filters	Yes	🛛 No		barre	els, or	lbs	
U	sed Antifreeze	Yes	No No			•	gallons	
В	atteries, Lead Acid	Yes	🛛 No		# b	atteries, or	lbs	
В	atteries, Dry Cell	Yes	🖂 No		ł		lbs	
F	luorescent Bulbs/Lights Containing Mercury	Yes	🖂 No			lbs, or	# bulbs	
P	ropane Tanks	Yes	No No			lbs, or	# tanks	
U	sed Cooking Oil / Waste Vegetable Oil	Yes	No No			lbs, or	gallons	
0	ther Special Wastes - please provide waste type here:	Yes	No No		·		lbs	
	esticide Containers (NCDA Program, not esticides themselves)	Yes	No No			lbs, or	# con- tainers	
	CDA Pesticide Disposal Assistance Program for management of pesticides, not containers)	Yes	No No				lbs	
	atex Paint (do not include paint collected at HW event or by a paint exchange program)	Yes	No No			gals, or	lbs	
c. d. e.	<ul> <li>How many days was your HHW Program op Did you partner or co-sponsor your HHW propresses list partner(s)</li> <li>Provide number of citizens / households that Did your program accept materials from smars If yes, please estimate the amount of business Amounts of individual materials collected by about individual materials is not available, p Note, materials listed here should only be the Used Motor Oil (gal)</li> <li>Used Antifreeze (gal)</li> <li>Fluorescent Bulbs / Lights Containing</li> </ul>	ogram with a participated all businesses as material ma y HHW Progr lease simply ose collected Use Lea	in your HHW (Conditionall anaged ram: if totals f provide total c at an HHW P ed Oil Filters d Acid Batter	collecti y Exemp for indivi- quantity rogram a	ent? Yes on program this pt Small Quantit idual materials a of materials coll and should not in _ # of Barrels, o	ty Generato pounds ire known p lected by H nclude mate or	rs)? Yes No lease itemize below. If HW program in 48g be erials listed in question of lbs.	data low. 47.
σ	<ul> <li>Provide Total Quantity of materials collected</li> </ul>							
	reported in 48f, please net the weight of those Please list HHW Collection Contractor		ut of the total	listed he				ounds
i.	Estimated cost of HHW / CESQG program	or event(s) \$						
Pages	3 through 6 should have only been complet vernments answering "Yes" to question # 5	ed by govern	ments indica	ting in q	uestion # 14 th			

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.

- 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 17-18? 🗌 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	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				
Private mulch or compost facility				
Land clearing and inert debris landfill (LCID)				
Energy / Fuel Use (e.g. boiler fuel market)				
Total				

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	K =	=	$yd^3$
Size of Truck (in yards)	Avg. no. of times truck fills each week	# of weeks truck is used during year	TOTAL	
	Part V. Solid Wast	e Collection Services		
This section concerns your local g	government's provision of solid waste	e (garbage) collection services.		

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

	Sector			ts Solid V see codes				Waste Col		Who Collects Solid Waste?         How is Solid Waste C           a. Local government employees 1. Once a week at house	
	Residential	Primary	В	Secondary		Primary		Secondary		b. By Contract	<ol> <li>Twice a week at household</li> <li>Convenience center/greenbox</li> </ol>
	Commercial	Primary	D	Secondary		Primary		Secondary		d. Local government not	<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 collect	ion at sin	gle-fami	ly hou	seholds in	your juri	isdiction, please answer the	following questions:
	What type of c	ollection	n metho	od is used	?	Fully A	utoma	ated	Semi-A	utomated 🗌 Manual	Don't know
	What is the star	ndard co	ollectio	n frequen	cy? 🔀	Weekly	y [	Two tin	nes per v	week Other	
	What is the typ	ical serv	vice po	int for sin	gle famil	y housel	hold w	vaste?	🛛 Curt	oside 🗌 Back yard / Bac	k door
	What type of c	ollection	n conta	iner is use	ed?	Govern	nment-	provided ca	arts	Resident-provided contai	iner Bags
	Do you offer b	ulky was	ste coll	ection ser	vices?	Ye	es	🔀 No			
54.	For municipalities If so, were white			-		0				Yes ⊠No No	
		]	Part	VI. So	lid Wa	aste a	nd F	Recyclin	g Edu	icational Activities	
55.	Did <b>your local</b> issues / activiti	-	_		-			orm citizen: art VII, pag	-	cally about solid waste man	agement and / or recycling
56.	Please estimate	e your an	nnual b	udget for	solid was	ste relate	ed edu	cation and o	outreach	activities: \$	
57.	Does your com	munity j	produc	e recyclir	ng educat	ion and	outrea	ch material	s in lang	uages besides English?	Yes No
	If YES, please	list othe	r langu	ages used	l:						
58.	Please provide	your rec	cycling	website a	address a	nd publie	c infor	mation pho	ne numl	ber if applicable.	
	Website:									Phone #:	

Page 7 of 11

	Part VII	. Resources f	or Solid Was	te Manageme	nt and Full C	Cost Accounti	ng
	ficient resources availab					f these programs.	The following
•	stions deal with funding Did your local governn	0 0 0		0	1 0		
	With regards to funding		*		F1 1/-18?	Yes No	)
	Tipping fees			eight-based fees (e.g	. PAYT)	Tire tax	
	Property tax	es / general fund	Sale of rec	yclables		White Goods tax	
	Per househo	U	Grants			Disposal Tax	
61.	NC Solid Waste Dispos According to GS 105-1	87.63 these funds n	nust be used by a ci				
	How are disposal tax d	•					
62.	If applicable, please pr				_		
	a. \$	per		per		for solid waste	2
	b. \$	per		per		for recycling	
	c. \$	per		per		for yard waste	
	d. \$	per		per		for bulky wast	e
	e. \$	per		per		availability fee	2
	f. \$	per		per		total charge	
63.	Did your local governm are charged a fee by we					17-18? (a system v No	where residents
	cording to GS 130A-309	•	nents are required	to conduct full cos	t accounting annua	lly and to develop	a system to
info	orm users of such costs.						
64.	If your local government	nt contracts for solie	d waste or recycling	g services, please re	port the annual cont	tract amount.	
	\$		_ For solid waste s	ervices per year			
	\$		For recycling per	r year			
			OR				
	\$29,213		_ Combined Contr	act (solid waste, and	l recycling)		
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	and yard waste inc	luding materials col	• • •	•	-
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)
N	Iunicipal Solid Waste*	135	100.9	29,213	0	29,213	(calculated by 10111) 289
	<b>Recycling Program</b> **	135	33				0
	Yard Waste Program						
	Totals	(calculated by form):	133.9	29,213	0	29,213	218
	* for materials collected and	-	-				•••
66.	**for materials collected by If your government oper facility operations (rour proportionately. Lan	erates a landfill, trar	nsfer station, yard w	vaste /compost facili ferent facilities are o	ty or recycling faci	lity, please provide	total budget for
		sfer Station Budget		·			-
	Yard	Waste / Compost F	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? \$29,213

\$

2017-2018 Local Government Annual Report *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 num		-			
	Name:					
	Address:				Zip:	
	Telephone: Fa	ıx:		Email:		
69.	Please provide the physical address of the	e primary co	unty white go	ods collection site.		
	Street 1:					
	Street 2:					
	City:			_ State: North Carolina	Zip:	
70.	Please provide the name of the business of Name:	-			) from white goods.	
	Street:					
	City:				Zip:	
	Phone: Fax:					
71.	Give amounts / types of CFCs removed.					
	Type of CFC Ren				Amount	
72.	CFCs may be recycled or sent for destruc	ction Give n	ame of firm	lisposal method and amo	unt earned / spent for CE	C disposal
12.	Firm			ethod of Disposal	Amount Earned	Amount Spent
73.	Please report the tonnage of white goods white goods tonnage reported on page 5?		ring FY 2017	-18 in the Recycling Ton	nages table on page 5 (qu	luestion # 45). Was
74.	List the amount of revenue for the white	goods progra	am by source:			
	Revenue collected from sale of scrap:		\$			
	Revenue collected from White Goods Ta	ax Distributio				
	Revenue from other source (e.g. grants):					
	Total Revenue:					
75.	According to the White Goods Law, Wh expenditures White Good Tax Distribution					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 Di	ue Date: Sept	ember 1, 2018 Submit	to: Lgteam@ncdenr.gov	Page 9 of 11

6.	Please provide name, address, phone number, and e-n Name:	1	1	1 1 0	
				11tte:	
	Address:				
	Telephone: Fax:		Emai	1:	
7.	Please provide the physical address of the primary con		tires collection sit	e.	
	Street 1:				
	Street 2:				
	City:				
3.	Tonnage/Number of scrap tires disposed July 1, 2017 Tons or	-June 30, 2	2018 ( <u>excluding</u> ti	res from cleanup of nu Number of tires	isance sites)
).	Tonnage/Number of scrap tires disposed from cleanup Tons or	o of state o	or county designate	ed nuisance sites Number of tires	
).	Indicate the types of tires collected by the county: Passenger % Heavy True	ck	%	Large Off-Road	%
	List the amount of revenue for the scrap tire program	by source:			
	Revenue from Scrap Tire Tax Distributions:	\$			
	Revenue from Tire Fees:	\$			
	Revenue from Scrap Tire Clean-up Reimbursements:	\$			
	Revenue from Scrap Tire Cost-Overrun Grants:	<i>•</i>			
	Total Revenue:	\$			
2.	County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 17-1	(contract 8.	disposal/hauling c	costs), \$	
3.	County's additional scrap tire program expenditure (i. Labor \$		onvenience center	cost), if any.	
	Site Cost \$				
	Other \$		describe Other:		
ŀ.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire	
	Hauling cost or fuel surcharge, if not included in cont	ract cost	above. \$	/ Ton; \$	/ Tire
<b>5</b> .	Total tipping fees collected for tires not eligible for fr	ee disposa	ıl. \$		
<i>.</i>	Total number of tires collected not eligible for free di	_			
8.	If scrap tires were not hauled off site by contracted se				
).				t and disposed in a loc	
	MPORARY DISASTER DEBRIS STAGIN				
).	Does your local government have a plan in place for r			is? Yes	No
	If yes, indicate if the plan is a stand-alone plan or in c	-			
•	If you indicated having a plan, has the plan been revier requirements for public assistance reimbursement in a				
	Please list the name, contact numbers(s), and e-mail a your local government:			arge of the disaster de	bris management program for
	Name: Name	:		Name:	
	Phone: Phone	•		Phone:	
		•			

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				

94.	Does your plan address the management of household hazardous waste and white goods following a disaster?
95.	Does your plan address mass animal mortality?
MA	NAGEMENT 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 No

#### 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.

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

