# **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

**Required** - Enter Your Local Government Name: FOUNTAIN

**State of North Carolina** 

Local Government Report Form

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.

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

| Person Completing This Report: LETHA H HINES |  |                                   | Title: TOWN CLERK              |                            |                               |  |
|--|--|-----------------------------------|--------------------------------|----------------------------|-------------------------------|--|
| Mailing Address: PO BOX 134                  |  |                                   | City: FOUNTAIN                 |                            | Zip: 27829                    |  |
| Pho  | ne: 252-749-2881                                     | Fax: 252-749-1305                 |                                | Date:                      |                               |  |
| Em   | ail: TOFCLERK2001@AOL.CO                             | M                                 |                                |                            |                               |  |
|  |  | General                           | Instructions                   |                            |                               |  |
|  | se remember that the time period                     | 1 for the report is JULY 1, 2017  | through JUNE 30, 2018. Ple     | ase check "No'             | if you have nothing to report |  |
| 1.   | Did your local government hav                        | e a Recycling Coordinator or sin  | nilar position for FY 17-18?   | Yes                        | 🔀 No                          |  |
|  | Name Recycling Coordinator (                         | if different from person complet  | ing this report.)              |                            |                               |  |
|  | Name:  |                                   | Title                          | e:                         |                               |  |
|  | Address:   |                                   | City:                          |                            | Zip:                          |  |
|  | Telephone:   | Fax:                              | Email:                         |                            |                               |  |
| 2.   | Did your local government hav                        | e a Solid Waste Director or simi  | lar position for FY 17-18?     | Yes                        | No                            |  |
|  | If Yes, Name:  |                                   | Title:                         |                            |                               |  |
|  | Address:   |                                   | City:                          |                            | Zip:                          |  |
|  | Telephone:   | Fax:                              | Email:                         |                            |                               |  |
| 3.   | Did your local government hav                        | e dedicated or part-time Solid    | Waste Enforcement Staff for    | FY 17-18?                  | Yes No                        |  |
|  | If Yes, Name:  |                                   | Title                          | e:                         |                               |  |
|  | Address:   |                                   | City:                          |                            | Zip:                          |  |
|  | Telephone:   | Fax:                              | Email:                         |                            |                               |  |
| 4.   | Did your local government hav all that apply)        | e solid waste ordinances in plac  | e addressing any of the follow | wing during FY             | 17-18? (if yes, please check  |  |
|  | Disposal Bans  | Illegal Dumping Littering         | Other, Please Describe         | e:                         |                               |  |
| 5.   | Did your local government man mulching, composting)? | nage, provide or contract for any | solid waste services in FY 1   | 7-18 (e.g., colle<br>X Yes | ection, disposal, recycling,  |  |
|  | If you answer  | "No" to question 5, the report    | is complete, please email t    | o Lgteam@nco               | denr.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 Yes No 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. (please continue to question 15)   |  |  |  |  |
|      | My local government <b>DID NOT operate or contract</b> for recyclables recovery <b>BUT DID participate</b> in a recyclables<br>recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its<br>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 y | our local government <b>DID operate or contract</b> for a recyclables recovery program, please indicate in the  |  |  |  |  |
| foll | 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? X 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) PAK-R WHO WAS BOUGHT OUT BY WASTE INDUSTRIES JULY 2018  |  |  |  |  |
|      | Franchised hauler (please specify)  |  |  |  |  |
|      | Other (please specify)  |  |  |  |  |

| 17. | Please provide the following information about your community:<br>a. Total number of households in your jurisdiction?  |  |  |  |
|-----|--|--|--|--|
|     | b. Number of households eligible to participate in the curbside recycling program:   |  |  |  |
|     | c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 143   |  |  |  |
| 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         Does your franchise consist of:       One service district       One service district |  |  |  |
| 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: 8   |  |  |  |
| 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 / style of recyclable materials handling:<br>Curb-sort (collector separates material as collected) single stream / commingled<br>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  |  |  |  |
|     | se 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 🛛 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 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 contract    | ted for <u>by</u> |
|--|-------------------|
| the local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the | he                |
| Recycling Tonnages Chart on pg 5.  |                   |

| 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? $\Box$ Yes $\boxtimes$ 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. | • 0        | overnment have an ordinan<br>of encouraging or requiring | 0 0       |              |          | am Yes | No 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.

| DROCRAM  | 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  |                     |       |              |          |          |                  |                                 |  |
| 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)                                      | $\square$           |       |              |          |          |                  |                                 |  |
| Cardboard (OCC)                                      |                     |       |              |          |          |                  |                                 |  |
| Magazines (OMG)                                      |                     |       |              |          |          |                  |                                 |  |
| Office Paper   |                     |       |              |          |          |                  |                                 |  |
| Mixed / Other Paper                                  |                     |       |              |          |          |                  |                                 |  |
| Cartons / Aseptic Containers                         |                     |       |              |          |          |                  |                                 |  |
| WOOD:  |                     |       |              |          |          |                  |                                 |  |
| Pallets  |                     |       |              |          |          |                  |                                 |  |
| Other Wood - DO NOT                                  |                     |       |              |          |          |                  |                                 |  |
| report yard waste tons here <b>OTHER MATERIALS</b> : |                     |       |              |          |          |                  |                                 |  |
| Textiles (clothes etc)                               |                     |       |              |          |          |                  |                                 |  |
| Televisions  |                     |       |              |          |          |                  |                                 |  |
| Other Electronics                                    |                     |       |              |          |          |                  |                                 |  |
| C&D Materials Recycling                              |                     |       |              |          |          |                  |                                 |  |
|  |                     |       |              |          |          |                  |                                 |  |
|  | $  \vdash \vdash  $ |       |              |          |          |                  |                                 |  |
|  |                     |       |              |          |          |                  |                                 |  |
| Commingled tons-check all                            |                     |       |              |          |          |                  |                                 |  |
| items collected above                                |                     | 24.97 | $  \sqcup  $ |          |          |                  | 24.97                           |  |
| TOTAL TONS:  |                     | 24.97 |              |          |          |                  | 24.97                           |  |

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       gallons         Used Oil Filters       Yes       No       burrels, or       bbs         Batteries, Lead Acid       Yes       No       gallons       bbs         Batteries, Lead Acid       Yes       No       gallons       bbs         Batteries, Dry Cell       Yes       No       bbs       bbs         Propane Tanks       Yes       No       bbs, or       # bulbs         Propane Tanks       Yes       No       bbs, or       gallons         Other Special Wastes - please provide waste       Yes       No       bbs, or       gallons         Other Special Wastes - please provide waste       Yes       No       bbs, or       gallons         Other Special Wastes - please provide waste       Yes       No       bbs, or       gallons         Other Special Wastes - please provide waste       Yes       No       bbs, or       gallons         NCDA Pesticide Disposal Assistance Program       Yes       No       bbs       gallons         MCDA Pesticide Disposal Assistance Program       Yes       No       gallons       bbs         Houschold Hazardous Waste Chellwain do Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48. Did your local government op  | 47. | Special Waste Programs for Collecting<br>Materials <u>from Citizens</u> by Material Type  |  | n collect this m the public?  | # of<br>sites  | -   | tities collect<br>port in indic  | ted / managed.<br>eated units.  |                                    |
|--|-----|---|--|---|--|---|--|---|------------------------------------|
| Used Antifreeze               Vestore              No              galons          Batteries, Lead Acid              Yestore              No              # batteries, or               Ibs          Batteries, Dry Cell              Yes               No               # batteries, or               Ibs          Fropane Tanks              Yes               No               Ibs, or               # tanks          Used Coxing Oil / Waste Vegetable Oil               Yes               No               Ibs, or               # tanks          Used Coxing Oil / Waste Vegetable Oil               Yes               No               Ibs, or               gallons          Other Special Wastes - please provide waste               Yes               No               Ibs          Pesticide Containers (NCDA Program, not             pesticides, not containers               Yes               No               gals               Ibs          Household Hazardoss Maste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event               Sol your local govermment oreparta in bous   |     | Used Motor Oil  | Yes  | 🛛 No  |  |   |  | gallons   |                                    |
| Batteries, Lead Acid       □       Yes       No       # batteries, or       Its         Batteries, Dry Cell       □       Yes       No       □       Its         Fluorescent Bulbs/Lights Containing Mercury       Yes       No       □       bs, or       # bulbs         Propane Tanks       □       Yes       No       □       bs, or       # tanks         Used Cooking Oil / Waste Vegetable Oil       □       Yes       No       □       bs, or       # tanks         Other Special Wastes - please provide waste       □       Yes       No       □       bs, or       # tanks         Other Special Wastes - please provide waste       □       Yes       No       □       bs, or       # con-         Pesticide Containers (NCDA Program, not       □       Yes       No       □       bs, or       □       tanes         NCDA Pesticide Disposal Assistance Program       Yes       No       □       gals       □       □       bs         HCDA Pesticide Disposal Assistance Program       Yes       No       □       gals       □       □       bs         Hueschold Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48. Did your local government operate a houschold hazardous w  |     | Used Oil Filters  | Yes  | 🛛 No  |  | barr  | els, or  | lbs   |                                    |
| Batteries, Dry Cell       □       Yes       No       □ <td></td> <td>Used Antifreeze</td> <td>Yes</td> <td>No No</td> <td></td> <td></td> <td></td> <td>gallons</td> <td></td>   |     | Used Antifreeze   | Yes  | No No   |  |   |  | gallons   |                                    |
| Fluorescent Bulbs/Lights Containing Mercury       Yes       No       bs. or       # bulbs         Propane Tanks       Yes       No       bs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       bs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       bs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       bs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       bs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       bs. or       # con-         Pesticide Containers (NCDA Program, not       Yes       No       bs. or       # con-         Idor of include paint collected at       Yes       No       gals.       bs         Huwehold Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48       Store or local government operate a houschold 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 program or Event       b. How many days was your HHW program with another local government?       Yes       No         Ploate ist part  |     | Batteries, Lead Acid  | Yes  | 🛛 No  |  | # b   | atteries, or   | lbs   |                                    |
| Propane Tanks       □       Yes       No       □       bbs, or       # tanks         Used Cooking Oil / Waste Vegetable Oil       □       Yes       No       □       bbs, or       gallons         Other Special Wastes - please provide waste       □       Yes       No       □       bbs, or       gallons         Other Special Wastes - please provide waste       □       Yes       No       □       bbs, or       # con-         Ipsticide Stemsselves)       □       Yes       No       □       bbs, or       # con-         NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       □       gals, or       □       bbs         HIW event or by a paint exchange program       □       Yes       No       □       gals, or       □       bbs         HOUsehold Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       1       Bos       Ibs         How event or by a paint exchange program)       □       Yes       No       □       □       □       □       □       Ibs  |     | Batteries, Dry Cell   | Yes  | 🖂 No  |  |   |  | lbs   |                                    |
| Used Cooking Oil / Waste Vegetable Oil       Yes       No       Ibs. or       gallons         Other Special Wastes - please provide waste<br>type here:       Yes       No       Ibs. or       gallons         Pesticide Containers (NCDA Program, not<br>pesticides themselves)       Yes       No       Ibs. or       # con-<br>tainers         NCDA Pesticide Disposal Assistance Program<br>(for management of pesticides, not containers)       Yes       No       Ibs.       # bbs         NUCDA Pesticide Disposal Assistance Program<br>(for management of pesticides, not containers)       Yes       No       Ibs.       # bbs         HHW event or by a paint exchange program)       Yes       No       gals.       Ibs.       # bbs         HUSehold Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       148. Did your local government operate a household hazardous waste collection program or event in FY 17-182       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?  |     | Fluorescent Bulbs/Lights Containing Mercury   | Yes  | 🖂 No  |  |   | lbs, or  | # bulbs   |                                    |
| Other Special Wastes - please provide waste       Yes       No       Ibs         ivpe here:       Pesticide Containers (NCDA Program, not       Yes       No       Ibs, or       #con-tuiners         NCDA Pesticide Disposal Assistance Program       Yes       No       Ibs, or       #con-tuiners         NCDA Pesticide Disposal Assistance Program       Yes       No       Ibs, or       #toon-tuiners         NCDA Pesticide Disposal Assistance Program       Yes       No       Ibs       Ibs         Lates Paint (do not include paint collected at HWW event or by a paint exchange program)       Yes       No       Ipaint       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 Program or Event       b. How many days was your HHW Program open to accept materials during this Fiscal Year?       Permanent Collegian       Temp. Event         b. How goargam accept materials from small businesses (Conditionally Exempt Small Quantity Generators)?       Yes       No         ff yes, please estimate the amount of business material managed       pounds       f. Amoounts of individual materials collected by HHW  |     | Propane Tanks   | Yes  | No No   |  |   | lbs, or  | # tanks   |                                    |
| type here:       Image: Second S |     | Used Cooking Oil / Waste Vegetable Oil  | Yes  | No No   |  |   | lbs, or  | gallons   |                                    |
| pesticides themselves)       Image: Im  |     |   | Yes  | No No   |  |   |  | lbs   |                                    |
| (for management of pesticides, not containers)       Yes       No  |     |   | Yes  | No No   |  |   | lbs, or  |   |                                    |
| HHW event or by a paint exchange program)       Image: Yes       Image: No       Image: Or       Image:  |     | · · · ·   | 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</li> <li>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>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> </ul> </li> <li>f. Amounts of individual materials collected by HHW Program: if totals for individual materials collected by HHW Program in 48g below. Note, materials listed here should only be those collected at an HHW Program. and should not include materials listed in question 47. Used Motor Oil (gal) Lead Acid Batteries (lbs) Other Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) 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>   |     |   | Yes  | No No   |  |   | -  | lbs   |                                    |
| <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>   |     | <ul> <li>c. Did you partner or co-sponsor your HHW pr<br/>Please list partner(s)</li> <li>d. Provide number of citizens / households that</li> <li>e. Did your program accept materials from sma<br/>If yes, please estimate the amount of business</li> <li>f. Amounts of individual materials collected by<br/>about individual materials is not available, p<br/>Note, materials listed here should only be the<br/>Used Motor Oil (gal)</li> <li>Used Antifreeze (gal)</li> </ul> | ogram with a<br>participated<br>all businesses<br>as material ma<br>y HHW Progr<br>lease simply<br>ose collected<br>Use<br>Lea | in your HHW<br>(Conditionall<br>anaged<br>ram: if totals f<br>provide total c<br>at an HHW P<br>ed Oil Filters<br>d Acid Batter | overnma<br>collecti<br>y Exemp<br>or indivi<br>juantity<br>rogram a<br>ies (lbs) | ent? Yes<br>on program this<br>pt Small Quantit<br>idual materials a<br>of materials coll<br>and should not in<br>_ # of Barrels, | Fiscal Year<br>ty Generator<br>pounds<br>are known pl<br>lected by HI<br>nclude mate<br>or | rs)? Yes hease itemize below<br>HW program in 48<br>rials listed in quest<br>lbs. | v. If data<br>g below.<br>tion 47. |
| reported in 48f, please net the weight of those materials out of the total listed here.  |     | _   |  |   |  |   |  |   |                                    |
| i. Estimated cost of HHW / CESQG program or event(s) \$  |     | reported in 48f, please net the weight of those   |  | ut of the total   | listed he  | ere.  |  |   | pounds                             |
|  |     | i. Estimated cost of HHW / CESOG program of   | or event(s) \$   |   |  |   |  |   |                                    |
|  | Pag |   |  |   |  |   | at thev DO   | provide recvcling   | services.                          |

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<br>used | Tons | Cubic Yards | Please Provide Name and Location of Facility<br>Receiving Vegetative Materials |
|---|------------------|------|-------------|--|
| End user (to farmer or home-owner)                |                  |      |             |  |
| Your local government's mulch or compost facility | $\boxtimes$      |      | 60          | S. LYNCH ST. LANDFILL  |
| 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   |                  |      | 60          |  |

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 v | week # of weeks truck is used d | luring year TOTA | L      |
|                          | rvices                               |                                 |                  |        |

This section concerns your local government's provision of solid waste (garbage) collection services.

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

|     | Sector   | Sector Who Collects Solid Waste?<br>Insert Letter - see codes at right |          |            |           | How is Solid Waste Collected?<br>Insert # - see codes at right |           |                              |           | Who Collects Solid Waste?  | How is Solid Waste Collected?  |  |  |  |  |  |
|-----|--|--|----------|------------|-----------|--|-----------|------------------------------|-----------|--|--|--|--|--|--|--|
|     |  |  | .etter - |            | 0         |  | rt # - se |                              | right     | a. Local government employees  |  |  |  |  |  |  |
|     | Residential  | Primary  | В        | Secondary  |           | Primary  | 1         | Secondary                    |           | <ul> <li>b. By Contract</li> <li>c. Franchise haulers</li> </ul>   | <ol> <li>Twice a week at household</li> <li>Convenience center/greenbox</li> </ol> |  |  |  |  |  |
|     | Commercial   | Primary  | В        | Secondary  |           | Primary  | 1         | Secondary                    |           | d. Local government not<br>involved in provision of<br>service4. As needed or by request<br>5. Daily<br>6. Other |  |  |  |  |  |  |
|     | Industrial   | Primary  | В        | Secondary  |           | Primary  | 1         | Secondary                    |           |  |  |  |  |  |  |  |
| 53. | 3. If you provide <u>residential</u> waste collection at single-family households in your jurisdiction, please answer the following questions: |  |          |            |           |  |           |                              |           |  |  |  |  |  |  |  |
|     | What type of collection method is used? 🗌 Fully Automated 🔀 Semi-Automated 🗌 Manual 🗌 Don't know   |  |          |            |           |  |           |                              |           |  |  |  |  |  |  |  |
|     | What is the standard collection frequency? $\square$ Weekly $\square$ Two times per week $\square$ Other                                       |  |          |            |           |  |           |                              |           |  |  |  |  |  |  |  |
|     | What is the typical service point for single family household waste? 🛛 🖾 Curbside 🗌 Back yard / Back door                                      |  |          |            |           |  |           |                              |           |  |  |  |  |  |  |  |
|     | What type of collection container is used? 🔀 Government-provided carts 🗌 Resident-provided container 🗌 Bags                                    |  |          |            |           |  |           |                              |           |  |  |  |  |  |  |  |
|     | Do you offer bulky waste collection services?  |  |          |            |           |  |           |                              |           |  |  |  |  |  |  |  |
| 54. | For municipalit<br>If so, were whit  |  |          |            |           |  |           |                              |           |  |  |  |  |  |  |  |
|     | II so, were will   | -  |          |            | •         |  | -         |                              |           | No   |  |  |  |  |  |  |
|     |  |  |          |            |           |  |           |                              | 0         | icational Activities   |  |  |  |  |  |  |
| 55. | Did <b>your local</b><br>issues / activitie  | -  | _        |            |           |  |           | orm citizens<br>art VII, pag | -         | cally about solid waste mar  | nagement and / or recycling  |  |  |  |  |  |
| 56. | Please estimate  | your an  | inual b  | udget for  | solid wa  | ste relate   | ed edu    | cation and o                 | outreach  | activities: \$   |  |  |  |  |  |  |
| 57. | Does your com  | munity j   | produc   | e recyclir | ng educat | ion and  | outrea    | ch materials                 | s in lang | guages besides English?  | Yes No   |  |  |  |  |  |
|     | If YES, please   | list other   | r langu  | lages used | 1:        |  |           |                              |           |  |  |  |  |  |  |  |
| 58. | Please provide   | your rec   | ycling   | website a  | address a | nd publi   | c info    | mation pho                   | ne numl   | ber if applicable.   |  |  |  |  |  |  |
|     | Website:   |  |          |            |           |  |           |                              |           | Phone #:   |  |  |  |  |  |  |

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

|          |           | Part VII           | . Resources               | for Solid Wa                                | ste Man        | ageme      | nt and Full C                                 | ost Accounti                               | ng  |
|----------|-----------|--------------------|---------------------------|---|----------------|------------|---|--|---|
|          |           |                    |                           |   |                |            | continued success of                          | these programs. T                          | The following                                   |
| <u> </u> |           | · · ·              |                           | y's solid waste and<br>terprise Fund for so |                |            |   | Yes 🕅 No                                   |   |
|          | -         | -                  | -                         | ll that apply to your                       |                |            | F1 1/-10?                                     |  | )   |
| 00.      | ** 1011 1 | Tipping fees       |                           | Volume/w                                    | -              |            | . PAYT) 7                                     | ire tax                                    |   |
|          |           |                    |                           | Sale of re                                  | -              |            |   | White Goods tax                            |   |
|          |           | Per househo        | U                         | Grants                                      |                |            |   | Disposal Tax                               |   |
| 61.      |           | 1                  | 1                         |   | 0 0            | ·          | nts on a quarterly ba<br>for solid waste man  | <i>v</i> 1                                 |   |
|          | How a     | are disposal tax d | istributions being        | used?                                       |                |            |   |  |   |
| 62.      | * * *     |                    | •                         | •   |                |            | <u>year</u> per <u>household</u>              | for solid waste)                           |   |
|          | a. \$     | 180                | per YEA                   | R   | per            | CONTA      | AINER   | for solid waste                            | •   |
|          | b. \$     |                    | per                       |   | per            | INCLU      | DED W/SOLIDS                                  | for recycling                              |   |
|          | c. \$     |                    | per                       |   | per            |            |   | for yard waste                             |   |
|          | d. \$     |                    | per                       |   | per            |            |   | for bulky wast                             | e   |
|          | e. \$     |                    | per                       |   | per            |            |   | availability fee                           | <u>e</u>  |
|          | f. \$     |                    | per                       |   | per            |            |   | total charge                               |   |
| 63.      |           |                    |                           |   |                |            | garbage during FY                             | 17-18? (a system v                         | where residents                                 |
|          | are cha   | arged a fee by we  | eight or volume for       | r the amount of tras                        | sh they disca  | rd)        | Yes   | No   |   |
| Acc      | cording   | to GS 130A-309     | 9.08, local govern        | ments are require                           | d to conduc    | t full cos | t accounting annua                            | lly and to develop                         | a system to                                     |
| info     | orm use   | ers of such costs. |                           |   |                |            |   |  |   |
| 64.      | If you    | r local governme   | nt contracts for so       | lid waste or recycli                        | ng services,   | please re  | port the annual cont                          | ract amount.                               |   |
|          | \$        | <u> </u>           |                           | For solid waste                             | e services per | r year     |   |  |   |
|          | \$        |                    |                           | For recycling p                             | er year        |            |   |  |   |
|          |           |                    |                           | OR  | -              |            |   |  |   |
|          | \$        | <u> </u>           |                           | Combined Con                                | tract (solid v | vaste, and | d recycling)                                  |  |   |
| 65       | Collec    | tion Programs. P   | lease complete the        | following table to                          | the best of    | your abili | ty to display the ful                         | l costs of your loca                       | l government's                                  |
| 001      |           |                    |                           |   |                |            | lected from conveni                           |  |   |
|          | not av    | ailable, please r  | eport program b           | udget in Total Cos                          | st column.     |            | 1   | The local                                  |   |
|          |           |                    | # of Households<br>served | Tons Collected                              | Collectio      | on Cost    | Disposal Cost<br>(tipping fees paid)          | <u>Total Cost</u><br>including<br>overhead | Cost Per Ton<br>Managed<br>(calculated by form) |
| M        | [unicip   | al Solid Waste*    | 162                       | 2   |                | 11,178     |   | 11,178                                     | (calculated of form)                            |
|          | -         | ling Program**     |                           | 2   |                | 3,888      |   | 3,888                                      |   |
|          | Yard '    | Waste Program      |                           | _   | _              |            |   |  |   |
|          |           | Totals             | (calculated by form)      | •   | _              | 15,066     |   | 15,066                                     |   |
|          |           |                    |                           |   |                |            | nd Demolition Landfill.                       |  |   |
|          |           |                    |                           | -   |                |            | ial and industrial generat                    | -  |   |
| 66.      |           |                    |                           |   |                |            | ity or recycling facil<br>combined, please at |  |   |
|          |           | -                  | dfill Budget:             | i). If budgets for d                        | ¢              |            | comonieu, piease ai                           | -  | 5815  |
|          | - +       | •                  | sfer Station Budge        | et:   | ¢              |            |   |  | -   |
|          |           | Yard               | Waste / Compost           | Facility Budget:                            | \$             |            |   |  |   |
|          |           | Recy               | cling Facility Bud        | get:  | \$             |            |   |  |   |

67. What was your government's total combined annual budget for all solid waste and recycling services in 17-18? \$25,000

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 nur   |                | -              | -  |                           |                          |
|     | Name:   |                |                |  |                           |                          |
|     | Address:  |                |                | City:  |                           |                          |
|     | Telephone: Fa   | ıx:            |                | Email:   |                           |                          |
| 69. | Please provide the physical address of th   | e primary co   | ounty white go | ods collection site.                                   |                           |                          |
|     | Street 1:   |                |                |  |                           |                          |
|     | Street 2:   |                |                |  |                           |                          |
|     | City:   |                |                | State: North Carolina                                  | Zip:                      |                          |
| 70. | Please provide the name of the business   | -              |                |  | from white goods.         |                          |
|     | Name:   |                |                |  |                           |                          |
|     | Street:   |                |                |  | 7:                        |                          |
|     | City:   |                |                |  |                           |                          |
|     | Phone: Fax:   |                |                |  |                           |                          |
| 71. | Give amounts / types of CFCs removed.   |                | rds of CFC rei | noval, and copy of certific                            | Amount                    | rming extraction.        |
|     | Type of CFC Ren   | loveu          |                |  | Amount                    |                          |
|     |   |                |                |  |                           |                          |
|     |   |                |                |  |                           |                          |
|     |   |                |                |  |                           |                          |
|     |   |                |                |  |                           |                          |
|     |   |                |                |  |                           |                          |
| 72. | CFCs may be recycled or sent for destruction <b>Firm</b>                            | ction. Give n  |                | disposal method and amou<br>[ <b>ethod of Disposal</b> | Amount Earned             | C disposal. Amount Spent |
|     |   |                | 14             | letiou of Disposal                                     |                           |                          |
|     |   |                |                |  |                           |                          |
|     |   |                |                |  |                           |                          |
| 73. | Please report the tonnage of white goods<br>white goods tonnage reported on page 55 |                | uring FY 2017  | -18 in the Recycling Tonr                              | nages table on page 5 (qu | lestion # 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, Whee expenditures White Good Tax Distribution     |                |                |  |                           | mounts and types of      |
|     | Operational Expenses:   | \$             |                |  |                           |                          |
|     | Capital Improvements:   |                |                |  |                           |                          |
|     | Clean-up of Illegal White Goods Dumps   |                |                |  |                           |                          |
|     | Total Expenditures:   | \$             |                |  |                           |                          |
| 201 | 7-2018 Local Government Annual Report   | Report Di      | ue Date: Sept  | ember 1, 2018 Submit t                                 | o: Lgteam@ncdenr.gov      | Page 9 of 11             |

| 6.       | Please provide name, address, phone number, and e-<br>Name:  | 1                      |                       | I I U                                      |                              |
|----------|--|------------------------|-----------------------|--|------------------------------|
|          |  |                        |                       | 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<br>Tons <b>o</b>  | 7-June 30,<br><b>r</b> | 2018 (excluding ti    | ires from cleanup of nu<br>Number of tires | iisance sites)               |
| ).       | Tonnage/Number of scrap tires disposed from clean<br>Tons o  | up of state            | or county designat    | ed nuisance sites<br>Number of tires       |                              |
| ).       | Indicate the types of tires collected by the county:<br>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<br>-18.    | t disposal/hauling    | costs), \$                                 |                              |
| 3.       | County's additional scrap tire program expenditure (<br>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<br>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.* 

| esources afrer a ausaster ma | y cause asystems, for seein governments when all on pring | , | , containt i Bhilli i cuitto ta sciin | in That offers, if herded |
|------------------------------|---|---|---------------------------------------|---------------------------|
| Disaster Site #              | Site Name   |   | Disaster Site #                       | Site Name                 |
|                              |   |   |                                       |                           |
|                              |   |   |                                       |                           |
|                              |   |   |                                       |                           |
|                              |   |   |                                       |                           |
|                              |   |   |                                       |                           |
|                              |   |   |                                       |                           |

| 94. | Does your plan address the management of house | ehold hazard | lous waste and white goods following a disaster? | Yes | No No |  |
|-----|--|--------------|--|-----|-------|--|
| 95. | Does your plan address mass animal mortality?  | 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.

I am filing the information I have the contractor we used was PAK-R who was bought out by Waste Industries. I haven't been able to get in contact with anyone from PAK-R to get our tonage totals and Waste Industries does not have access to the information.

SS notes (post data download) - no curbside tonnage reported. Used tons from last year (24.97).

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