

### 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:

- $1-download\ a\ copy\ of\ the\ form\ from\ this\ web\ site:\ \underline{http://deq.nc.gov/about/divisions/waste-management/solid-waste-section/annual-reporting}$
- 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: <a href="https://get.adobe.com/reader/">https://get.adobe.com/reader/</a> - it is suggested that you complete the form using the latest version of Adobe Reader. Please <a href="DO NOT">DO NOT</a> 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

2018



Local Government Report Form

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

## **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.

	Ple	ease submit this form to Lgtea	am@ncdenr.gov by <b>Septe</b> r	nber 1, 2018.					
	If you have questions o	r need assistance completi	ng this form, please call	919-707-8136	or 919-707-8133.				
Per	rson Completing This Report: CH	RIS WHARTON		Title: DIRECTO	DR .				
Ma	illing Address: PO BOX 32		City: HERTFORD		Zip: 27944				
Pho	one: 252-333-0783	Fax: 252-426-7126		Date: 06/20	0/2018				
Em	nail: PUBLICWORKS@TOWNOF	HERTFORDNC.COM							
		Gener	al Instructions						
	ase remember that the time period a specific question.	for the report is JULY 1, 2017	7 through JUNE 30, 2018.	Please check "N	lo" if you have nothing to report				
1.	Did your local government have	a Recycling Coordinator or s	imilar position for FY 17-	18? Yes	No No				
	Name Recycling Coordinator (if different from person completing this report.)								
	Name:								
	Address:		City:		Zip:				
	Telephone:	Fax:	Email:						
2.	Did your local government have	a Solid Waste Director or sin	nilar position for FY 17-18	3? ⊠ Yes	☐ No				
	If Yes, Name: PAM HURDL		Title: TOWN MANAGER						
	Address: PO BOX 32	Address: PO BOX 32			Zip: 27944				
	Telephone: 252-426-1969	Fax: 252-426-7060	Email: MANAGER@TO		WNOFHERTFORDNC.COM				
3.	Did your local government have	dedicated or part-time Soli	d Waste Enforcement Staf	f for FY 17-18?	Yes No				
	If Yes, Name:								
	Address:		City:		Zip:				
	Telephone:	Fax:	Email:						
4.	Did your local government have all that apply)	solid waste ordinances in pla	ce addressing any of the fo	ollowing during I	FY 17-18? (if yes, please check				
	☐ Disposal Bans ☐ III	egal Dumping     Litterin	g Other, Please Dese	cribe:					
5.	Did your local government mana mulching, composting)?	ge, provide or contract for an	ny solid waste services in F	Y 17-18 (e.g., co	ollection, disposal, recycling,  No				
	If vou answer ''.	No'' to question 5, the repo	rt is complete, please em	ail to Leteam@1	ncdenr.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. Did your local government have a recycling program in place for collecting recyclable materials generated at X ☐ No public buildings in FY 17-18? 7. Did your local government have any program or policy encouraging or requiring local agencies to X No purchase products with recycled content? Did your local government have a program in place to collect and recycle spent fluorescent lights X 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 SOURCE REDUCTION / REUSE Did your local government have a backyard composting program? Yes X No If yes, please check all backyard composting activities that apply: Education Demonstration site(s) Bin distribution/sales Number of Bins distributed? Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes X No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives? Did your local government offer a waste exchange or reuse program? Yes X No 13 If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public: Paint exchange Number of gallons recovered? Swap shop/shed Number of sheds in use? Other (e.g. pallet exchange, etc.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 2017 through June 30, 2018? My local government **DID operate or contract** for a recyclables recovery program. (please continue to question 15) My local government DID NOT operate or contract for recyclables recovery BUT DID participate in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; then go to Part IV on page 7.) With which local government did you participate? My local government **DID NOT operate**, contract or participate in a recycling program. (Go to Part IV on page 7.) If your local government **DID** operate or contract for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s). **CURBSIDE RECYCLING PROGRAM** Did your government operate a Curbside Recycling Program? X Yes No, skip to question # 25 Who collected the recyclable materials for your local government's curbside recycling program? 16. Local government employees Private contractor (please specify) **WASTE INDUSTRIES** Franchised hauler (please specify) Other (please specify)

19. 20. 21. 22.	a. Total number of households in your jurisdiction? 975  b. Number of households eligible to participate in the curbside recycling program: 415  c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 415  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:								
19. 20. 21. 22.	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 415  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:  Usoluntary or Mandatory								
19. 20. 21. 22.	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								
19. 20. 21. 22.	Is public participation in the franchise:   Voluntary or   Mandatory								
<ul><li>20.</li><li>21.</li><li>22.</li><li>23.</li></ul>									
<ul><li>21.</li><li>22.</li><li>23.</li></ul>	What sector(s) of your community was served by the curbside recycling program?  Residential Commercial Industrial								
<ul><li>22.</li><li>23.</li></ul>	If you checked commercial or industrial in question 19, please indicate the number of accounts served:								
23.	How frequently were the curbside recyclables collected?  ☑ Once a week ☐ Every other week / biweekly ☐ Other								
	Please describe the collection containers used:  Bins Blue bags Multi-bin system Roll-out carts								
24.	Please describe the method / style of recyclable materials handling:  curb-sort (collector separates material as collected)								
	If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used:  ☐ less than 50 gallon cart ☐ 95 gallon cart ☐ multiple sizes of cart available								
DR	OP-OFF RECYCLING PROGRAM								
25.	Did your government operate a Drop-off Recycling Program?  Yes No, skip to question # 32								
26.	Who collected the recyclable materials for your local government's drop-off recycling program?  Local government employees Private contractor								
	Other (please specify)								
27.	Please describe the method / style of recyclable materials handling for your drop-off recycling program:  source-separated (citizens separate materials by type) single stream / commingled dual / two stream (paper separated from cans/bottles) don't know / other								
28.	Please estimate the number of households served by your drop-off recycling program.								
29.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial								
30.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:								
31.	How many of these locations were staffed with attendants?								
ELI	ECTRONICS RECYCLING PROGRAM								
	se answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any								
	rials 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:  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 program collect or accept 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								
35.	DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was eligible to receive proceeds from the State Electronics Management Fund in February of 2018, please provide the following information								
	Electronics Management Fund balance as of July 1, 2017: \$								
	Electronics Management Funds received from DEQ during FY 17-18 (Feb 2018 distribution): \$								
	Electronics Management Funds spent during FY 17-18: \$								
	Electronics Management Fund balance as of June 30, 2018: \$								
36.	Briefly explain how Electronics Management Funds were spent during FY 2017-18 (please list items purchased if applicable):								
37.	If you did operate an electronics recycling program, please provide the following information about your vendor / contractor:  Name of electronics recycling vendor(s) during FY 17-18:								
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?								
OT	THER PUBLIC RECYCLING PROGRAMS								
the	ase answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the ycling Tonnages Chart on pg 5.								
38. 39.	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? $\  \  \  \  \  \  \  \  \  \  \  \  \ $								
	other than through your curbside or dropoff recycling programs?   Yes   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.	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?								
43.	Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 17-18. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)								
	☐ Public Parks Recycling Program ☐ Athletic Field /Venue Recycling Program								
	☐ Pedestrian Recycling Program ☐ Recycling Service for Special Events / Festivals								
44.	Please identify all "Other" programs or services operated by your government during FY 17-18. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)								
	□ Public School Recycling Program								
	Scheduled Collection Drives (e.g. confidential document shredding event held quarterly, once a year, etc.)								
	Lend-a-Bin Program where local government provides recycling containers to community organizations for use at events								
	Organics / Food Waste Recycling other than yard waste program								
	Oyster Shell Recycling Program								
	Other Programs (please specify)								
	Programs to manage Special Wastes are addressed in Part III on page 6, please do not include Special Waste programs above.								

#### RECYCLING TONNAGES FROM PUBLIC PROGRAMS

- 45. a. Enter data in the table below for ALL recycling programs operated or contracted for by your local government. Provide TONNAGES (or estimates) for each material collected for the period JULY 1, 2017 through JUNE 30, 2018. DO NOT include materials that were not collected or managed by your local government either directly or under contract to a private service provider.
  - b. Do NOT report YARD WASTE, TIRES, HHW, USED OIL, OIL FILTERS, ANTI-FREEZE, BATTERIES or other SPECIAL WASTE tonnages on this page - these items should be reported in other sections of report form. See page 6 for SPECIAL WASTES.
  - c. Please report materials collected in tons only. Please only extend numbers to two decimal places (x.xx).
  - d. If you collected single stream or other commingled materials, record Tons in the "Commingled tons" row and then check the box for each individual material type that was commingled.

	Cı	ırbside	Ι	Orop-off	All "Ot	her" Programs	<b>Total Tons</b>
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							24342)
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	e						
OTHER MATERIALS:							
Textiles (clothes etc)							
Televisions							
Other Electronics	1 4						
C&D Materials Recycling	1 4						
	1 4 4				1 4		
					$\perp$		
Commingled tons-check a items collected above		93.16					93.16
TOTAL TONS:		93.16					93.16

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 only 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.

Special Waste Collections (Do Not Include Materials Collected as part of an HHW Collection Program or Event)

						es collected / managed. t in indicated units.		
	Used Motor Oil	Yes	⊠ No		gallons			
	Used Oil Filters	Yes	⊠ No		bar	rels, or		lbs
	Used Antifreeze	Yes	⊠ No			<u>'</u>	gal	llons
	Batteries, Lead Acid	Yes	⊠ No		# t	oatteries, o	r	lbs
	Batteries, Dry Cell	Yes	⊠ No					lbs
	Fluorescent Bulbs/Lights Containing Mercury	Yes	⊠ No			lbs, or	# bı	ılbs
	Propane Tanks	Yes	⊠ No			lbs, or	# t	anks
	Used Cooking Oil / Waste Vegetable Oil	Yes	⊠ No			lbs, or	gal	llons
	Other Special Wastes - please provide waste type here:	Yes	⊠ No				'	lbs
	Pesticide Containers (NCDA Program, not pesticides themselves)	☐ Yes	⊠ No			lbs, or		con- iners
	NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	☐ Yes	⊠ No					lbs
	Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	Yes	⊠ No			gals, or		lbs
	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?  c. Did you partner or co-sponsor your HHW program with another local government? Yes No Please list partner(s)  d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year?  e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? Yes No If yes, please estimate the amount of business material managed pounds							
	f. Amounts of individual materials collected by about individual materials <u>is not</u> available, p Note, materials listed here should only be the	lease simply	provide total o	quantity	of materials co	llected by l	HHW program	in 48g below.
	Used Motor Oil (gal)							
	Used Antifreeze (gal)					Other Batte	eries (lbs)	
	Fluorescent Bulbs / Lights Containir		'					
	<ul><li>g. Provide Total Quantity of materials collected reported in 48f, please net the weight of those</li><li>h. Please list HHW Collection Contractor</li></ul>	se materials or	ut of the total	listed he	ere.			pound
	i. Estimated cost of HHW / CESQG program of							
	es 3 through 6 should have only been complete					hat thev D	O provide rec	vcling services
~	ough o siroura rare only been complet	THE OF AUTUIN	viewelu		TO DO DO IN A T U	y D	- promore	, BUI FULL

All governments answering "Yes" to question # 5 on page 1 should complete the rest of the report with the exception of PART VIII which is only to be completed by Counties.

	Part IV. Yard Waste	e, Mule	ching and (	Compostin	g Managem	ent
	section concerns management of vegetative ma					
-	ermitted sites and it is illegal to burn. Composting at your management of vegetative materials. Do no	~			•	-
49.	Does your local government operate a yard waste				_	w yard waste is managed by
	checking all that apply:   Collected curbside	_		_	•	-
50.	Did a storm event significantly impact the amount					
51.	What quantities of materials were managed by you organic material (yard waste, brush, limbs, lear					
	Destination	Check if used	1	Cubic Yards	Please Provide N	Name and Location of Facility g Vegetative Materials
	End user (to farmer or home-owner)				Receiving	g vegetative materials
	Your local government's mulch or compost facility	y 🗵	3.25		Hertford WWTP	
	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		3.25			
	YARD WASTE MANAGEMENT FORMULA: I					
	estimate yard waste volume. Calculate for each tr volume managed by program in the appropriate be			_		•
	X	ones abov	X X	iruck x 5 days/v	= =	$vd^3$
	Size of Truck (in yards)  Avg. no. of times truc	k fills each	week # of weeks	truck is used during	g year	TOTAL
			Vaste Colle			
This	section concerns your local government's provision					
52.	Please complete the following table about your go				1.	
	Sector Who Collects Solid Waste? Insert Letter - see codes at right		olid Waste Colle - see codes at ri	ght Willo Co	ollects Solid Waste?	How is Solid Waste Collected?
			Secondary	a. Local b. By Co		es 1. Once a week at household 2. Twice a week at household
		rimary	6 Secondary		nise haulers government not	<ul><li>3. Convenience center/greenbox</li><li>4. As needed or by request</li></ul>
		i ma a ma a	6 Secondary	involv servic	red in provision of e	<ul><li>5. Daily</li><li>6. Other</li></ul>
53.	If you provide <u>residential</u> waste collection at singl	e-family	households in y	our jurisdiction,	, please answer the	e following questions:
	What type of collection method is used?	Fully Aut	omated S	Semi-Automated	d Manual	Don't know
		Weekly		es per week	Other	
	What is the typical service point for single family	•		Curbside	Back yard / Ba	ck door
	What type of collection container is used?	Governm	ent-provided car	rts Reside	ent-provided conta	ainer Bags
	Do you offer bulky waste collection services?	Yes	☐ No			
54.	For municipalities - did your government collect v If so, were white goods delivered to the county for	_		Yes No	No	
	Part VI. Solid Was	ste and	d Recycling	Education	nal Activitie	S
55.	Did <b>your local government</b> have an education prissues / activities? Yes No (If No	_	inform citizens o Part VII, page	•	ut solid waste ma	nagement and / or recycling
56.	Please estimate your annual budget for solid waste	-			s: \$0	
57.	Does your community produce recycling education	n and out	treach materials	in languages be	sides English?	Yes No
	If YES, please list other languages used:					
58.	Please provide your recycling website address and	l public ii	nformation phon	ne number if app	olicable.	
	Website: www.co.perquimans.nc.us/departments/	solid-was	ste-a-recycling.h	ıtml	Phone #: 252-42	26-1969

# Part VII. Resources for Solid Waste Management and Full Cost Accounting

	ficient resources availab estions deal with funding			*	-	these programs. T	The following		
59.	Did your local government With regards to funding	nent operate an Ente	erprise Fund for sol	id waste services in		Yes No			
	☐ Tipping fees ☐ Property tax ☐ Per househo	es / general fund		eight-based fees (e.g yclables	W	re tax hite Goods tax isposal Tax			
61.	NC Solid Waste Dispos According to GS 105-1	sal Tax proceeds are	e distributed to elig		ents on a quarterly ba	sis by the Departm			
62	How are disposal tax d  If applicable, please pr	•				for solid wasta)			
02.					<u>year</u> per <u>nousenota</u> j				
							,		
		-		_					
	c. \$	per		per		for yard waste			
	d. \$	per		per		for bulky wast	e		
	e. \$	per		per		availability fee	<u> </u>		
	f. \$	per		per		total charge			
63.	Did your local governmare charged a fee by we					7-18? (a system v No	where residents		
	cording to GS 130A-309 orm users of such costs.		ments are required	to conduct full cos	st accounting annual	ly and to develop	a system to		
64.	If your local government	nt contracts for soli	d waste or recycling	g services, please re	port the annual contr	act amount.			
	\$		_ For solid waste s	ervices per year					
	\$		_ For recycling per	r year					
	¢116.072		OR		1				
	\$116,072		_	act (solid waste, and					
65.	Collection Programs: Please complete the following table to the best of your ability to display the full costs of your local government's collection programs for waste, recyclables and yard waste including materials collected from convenience centers. <b>If full cost analysis is not available, please report program budget in Total Cost column.</b>								
		# 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*	980	862.69			116,072	134		
	Recycling Program**	415	93.16				(		
	Yard Waste Program	980	3.25			9,800	3,015		
		(calculated by form):	959.1			125,872	131		
66.	*for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill.  **for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services.  If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately.  Landfill Budget:  \$								
Transfer Station Budget: \$									
	Yard	Waste / Compost I	Facility Budget: \$						
		cling Facility Budg							
67.	What was your government	ment's total combine	ed annual budget fo	or all solid waste an	d recycling services i	n 17-18? \$ <u>125,87</u> 2	2		

## **Part VIII. County Mandated Programs**

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

WH	ITE GOODS							
68.	Title							
	Name:							
	Address:		C	ity:		Zip:		
	Telephone:							
69.	Please provide the physical address	of the primary co	ounty white go	ods colle	ection site.			
	Street 1:							
	Street 2:							
	City:							
70.	Please provide the name of the busi Name:					om white goods.		
	Street:							
	City:			State:	North Carolina	Zip:		
	Phone: F	Fax:		- Email	:			
71.	Give amounts / types of CFCs remo		rds of CFC ren	noval, aı	nd copy of certificati		ming extraction.	
	Type of CFC	Removed				Amount		
				+				
				+				
				+				
72	CEC man be accorded as sent for d			1:			C 4:1	
72.	CFCs may be recycled or sent for de	estruction. Give i			f Disposal	Amount Earned	Amount Spent	
					•			
73.	Please report the tonnage of white g white goods tonnage reported on pa		uring FY 2017	-18 in th	e Recycling Tonnag	es table on page 5 (qu	estion # 45). Was	
74.	List the amount of revenue for the v	vhite goods progr	am by source:					
	Revenue collected from sale of scra	ip:	\$					
	Revenue collected from White Goo	ds Tax Distributi						
	Revenue from other source (e.g. gra	ants):	\$					
	Total Revenue:		\$					
75.	According to the White Goods Law expenditures White Good Tax Distr						mounts and types of	
	Operational Expenses:	\$						
	Capital Improvements:							
	Clean-up of Illegal White Goods D							
	Total Expenditures:	\$						

SC	RAP TIRES						
76.	Please provide name, address, phone number, and e-ma Name: CHRIS WHARTON	rson responsible for scrap tires program.  Title: DIRECTOR					
	Address: PO BOX 32		City: HER		)	Zip: 27944	
	Telephone: 252-333-0783 Fax: 252-426-71	26		Email:	publicworks@tow	nofhertfordnc.com	
77.	. Please provide the physical address of the primary county scrap  Street 1: 499 DOBB STREET			on site.			
	Street 2:						
	City: HERTFORD		State:	North (	Carolina	Zip: <u>27944</u>	
78.	Tonnage/Number of scrap tires disposed July 1, 2017-J $\underline{2.5}$ Tons <b>or</b>	une 30, 2	018 (exclud		s from cleanup of r Number of tires	nuisance sites)	
79.	Tonnage/Number of scrap tires disposed from cleanup $\underline{0}$ Tons <b>or</b>	of state o	r county des		nuisance sites Number of tires		
80.	Indicate the types of tires collected by the county: Passenger 100 % Heavy Truck	k		_ %	Large Off-Road		%
81.	List the amount of revenue for the scrap tire program by	,					
	Revenue from Scrap Tire Tax Distributions:						
	Revenue from Tire Fees:	\$ 0					
	Revenue from Scrap Tire Clean-up Reimbursements:	\$ 0					
	Revenue from Scrap Tire Cost-Overrun Grants:	\$ 0					
	Total Revenue:	\$ 0					
82.	County's total scrap tire program contract expenditure (excluding costs of nuisance tire cleanups, for FY 17-18	contract .	disposal/hau	ling co	sts), \$		
83.	County's additional scrap tire program expenditure (i.e. Labor \$		onvenience o	enter co	ost), if any.		
	Site Cost \$						
	Other \$		describe Ot	her:			
84.	County's contract cost for scrap tire disposal. \$		_ / Ton; \$ _		/ Tire		
85.	Hauling cost or fuel surcharge, if not included in contra	act cost a	above. \$		/ Ton; \$	/ Tire	
86.	Total tipping fees collected for tires not eligible for free	e disposa	1. \$				
87.	Total number of tires collected not eligible for free disp	osal:					
88.	If scrap tires were not hauled off site by contracted serv	ice provi					
89.	Name of tire disposal/recycling firm(s):						
TE	MPORARY DISASTER DEBRIS STAGING						
90.	Does your local government have a plan in place for ma			r debris	? Xes	☐ No	
	If yes, indicate if the plan is a stand-alone plan or in con	njunction	with local g	governn	nent agencies:	Stand-alone 🔀 I	n conjunction
91.	If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a contract of the plan been review.				agement or FEMA  Yes	to ensure it meets th	ne basic
92.	Please list the name, contact numbers(s), and e-mail add your local government:		•				
	E-mail: manager@townofhertfordnc.com E-mail:				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 Sec 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.	•	e management of household hazardous		0	ing a disaster? Yes No			
95.	Does your plan address ma	ass animal mortality?	No					
MA	NAGEMENT OF AB	SANDONED MANUFACTUR	ED 1	HOMES BY COUN	TIES			
96.	Has your county considered	ed whether to implement a program for	r the n	nanagement of abandoned	d manufactured homes?  Yes  No			
	If yes, has your county dev	veloped a written plan for the managen	ment o	f abandoned manufacture	ed homes? Yes No			
		Part IX.	Con	nments				
		any info provided in your report as neo	cessar	y. We would appreciate	your comments about this report or other			
matt	ers regarding solid waste m	anagement in North Carolina. Thank	you fo	or your time. You may su	abmit additional sheets if needed.			
Edit	or Comment (TN): #67 pul	ed from #65 (total cost)						

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

