## **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



Local Government Report Form

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

### **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

		DATE TO THE STATE AS						
		Please submit this form to Lgtea	am@ncdenr.gov by Septeml	oer 1, 2018.				
	If you have question	ns or need assistance completin	ng this form, please call 9	19-707-8136	or 919-707-8133.			
Per	rson Completing This Report:	Edna Green	Ti	tle: Town Cler	k			
Ma	iling Address: P O Box 256		City: Lawndale		Zip: 28090			
Ph	one: 704 538-3146	Fax: 704 538-3145		Date: 08/16	5/2018			
En	nail: townoflawndale@aol.com							
		Genera	al Instructions					
	ase remember that the time per a specific question.	iod for the report is JULY 1, 2017	7 through JUNE 30, 2018. P	lease check "N	o" if you have nothing to report			
1.	Did your local government h	nave a Recycling Coordinator or si	imilar position for FY 17-18	? Yes	🔀 No			
	Name Recycling Coordinator (if different from person completing this report.)							
	Name:		Title:					
	Address:		City:		Zip:			
	Telephone:	Fax:	Email:					
2.	Did your local government h	have a Solid Waste Director or sim	nilar position for FY 17-18?	Yes	🔀 No			
	If Yes, Name:		Ti	tle:				
	Address:		City:		Zip:			
	Telephone:	Fax:	Email:					
3.	Did your local government have <b>dedicated or part-time</b> Solid Waste Enforcement Staff for FY 17-18? Yes No							
	If Yes, Name:		tle:					
	Address:		City:		Zip:			
	Telephone:	Fax:	Email:					

Did your local government have solid waste ordinances in place addressing any of the following during FY 17-18? (if yes, please check 4. all that apply)

	Disposal Bans		Illegal	Dumping
--	---------------	--	---------	---------

Other, Please Describe: Littering

Did your local government manage, provide or contract for any solid waste services in FY 17-18 (e.g., collection, disposal, recycling, 5. mulching, composting)? Yes No No

If you answer "No" to question 5, the report is complete, please email to Lgteam@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.					
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?					
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					
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 recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; <b>then go to Part IV on page 7</b> .)					
	With which local government did you participate?					
	My local government <b>DID NOT operate, contract or participate</b> in a recycling program. ( <b>Go to Part IV on page 7</b> .)					
	our local government <b>DID operate or contract</b> for a recyclables recovery program, please indicate in the owing sections the type of program in operation and provide specifics about your program(s).					
CU	RBSIDE RECYCLING PROGRAM					
15.	Did your government operate a Curbside Recycling Program? Yes No, skip to question # 25					
16.	Who collected the recyclable materials for your local government's curbside recycling program?					
	Local government employees					
	Private contractor (please specify)					
	Franchised hauler (please specify)					
	Other (please specify)					

17.	Please provide the following information about your community: 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):						
18.	<ul> <li>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:</li> <li>Does your franchise consist of:</li> <li>One service district</li> <li>Multiple service districts</li> </ul>						
19.	<ul> <li>What sector(s) of your community was served by the curbside recycling program?</li> <li>Residential Commercial Industrial</li> </ul>						
20.	If you checked commercial or industrial in question 19, please indicate the number of accounts served:						
21.	How frequently were the curbside recyclables collected?						
	Other						
22.	Please describe the collection containers used:         Bins       Blue bags         Multi-bin system       Roll-out carts						
23.	Please describe the method / style of recyclable materials handling:         curb-sort (collector separates material as collected)       single stream / commingled         dual / two stream       don't know / other						
24.	If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used:          Iss than 50 gallon cart       65 gallon cart         95 gallon cart       multiple sizes of cart available						
DR	OP-OFF RECYCLING PROGRAM						
25.	Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 32						
26.	Who collected the recyclable materials for your local government's drop-off recycling program? <ul> <li>Local government employees</li> <li>Private contractor</li> </ul>						
	Other (please specify)						
27.	Please describe the method / style of recyclable materials handling for your drop-off recycling program:         source-separated (citizens separate materials by type)       single stream / commingled         dual / two stream (paper separated from cans/bottles)       don't know / other						
28.	Please estimate the number of households served by your drop-off recycling program.						
29.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial						
30.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:						
31.	How many of these locations were staffed with attendants? All None Some please list # of staffed sites:						
EL	ECTRONICS RECYCLING PROGRAM						
	use answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any erials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.						
32.	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 recycl	ling program collect or ac	ccept televisions from (che	eck all that apply):	Residences	Businesses
		01 0				

- 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? Yes No

#### OTHER PUBLIC RECYCLING PROGRAMS

Please answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by
the local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the
Recycling Tonnages Chart on pg 5.
28 Did your load accomment ensure a multifamily acculing collection program that provides on property possible comics for residents

	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?
39.	Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner other than through your curbside or dropoff recycling programs? Yes No
40.	Does your local government provide recycling services to Alcoholic Beverage 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 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. 1	Does your local go	overnment have an ordinand of encouraging or requiring	ce regulating the o	construction and dem	olition waste stre	am 🗌 Yes	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.

DDOCDAN	Curbside		Drop-off		All "Other" Programs		Total Tons	
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	🛛 if Yes	Tons	(totals are calculated by form)	
GLASS:								
Clear								
Brown								
Green								
Mixed								
PLASTIC:								
PET #1								
HDPE #2								
All Plastic Bottles								
Other Plastic Containers								
Bulky Rigid Plastics								
METAL:								
Aluminum Cans								
Steel Cans								
White Goods								
Other Metal								
PAPER:								
Newsprint (ONP)								
Cardboard (OCC)								
Magazines (OMG)								
Office Paper								
Mixed / Other Paper								
Cartons / Aseptic Containers								
WOOD:								
Pallets								
Other Wood - DO NOT								
report yard waste tons here								
OTHER MATERIALS:								
Textiles (clothes etc)								
Televisions								
Other Electronics								
C&D Materials Recycling								
Commingled to a short 1								
Commingled tons-check all items collected above								
TOTAL TONS:								

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.

a		**7 4	<b>A H U</b>		<b>T</b> 1 1	36 / 13	<b><i>A</i> H A H</b>			<b>A H H</b>	D	
S	pecial	Waste	Collections	(Do Noi	t Include	Materials	Collected	as part ol	t an HHW	Collection	Program	or Event)
~				(								

4

47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		n collect this n the public?	# of sites	-	Data on quantities collected / managed. Please report in indicated units.		
	Used Motor Oil	Yes	🗌 No				gallons	
	Used Oil Filters	Yes	🗌 No		barr	rels, or	lbs	
	Used Antifreeze	Yes	🗌 No		I		gallons	
	Batteries, Lead Acid	Yes	🗌 No		# t	oatteries, or	lbs	
	Batteries, Dry Cell	Yes	🗌 No		I		lbs	
	Fluorescent Bulbs/Lights Containing Mercury	Yes	🗌 No			lbs, or	# bulbs	
	Propane Tanks	Yes	🗌 No			lbs, or	# tanks	
	Used Cooking Oil / Waste Vegetable Oil	Yes	🗌 No			lbs, or	gallons	
	Other Special Wastes - please provide waste type here:	Yes	🗌 No				lbs	
	Pesticide Containers (NCDA Program, not pesticides themselves)	Yes	🗌 No			lbs, or	# con- tainers	
	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	
<ul> <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 Please list partner(s)</li> <li>d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Y</li> <li>e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Genera If yes, please estimate the amount of business material managed pounds</li> <li>f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known about individual materials <u>is not</u> available, please simply provide total quantity of materials collected by Note, materials listed here should only be those collected at an HHW Program and should not include m Used Motor Oil (gal) Used Oil Filters # of Barrels, or Used Antifreeze (gal) Lead Acid Batteries (lbs) Other Bat Fluorescent Bulbs / Lights Containing Mercury (lbs)</li> </ul>							ors)? Yes please itemize belo Please itemize belo IHW program in 48 erials listed in ques bs.	8g below. stion 47.
	<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>		ut of the total	listed he				pounds
	i. Estimated cost of HHW / CESQG program							
	es 3 through 6 should have only been complet governments answering ''Yes'' to question # 5							

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

is only to be completed by Counties.

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

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

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

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

YARD WASTE MANAGEMENT FORMULA: If yard waste quantities are not tracked, you may use this formula below to help you estimate yard waste volume. Calculate for each truck used in your yard waste management program, and then enter the grand total volume managed by program in the appropriate boxes above. *Ex. 10 yd<sup>3</sup> truck x 3 days/wk x 16 wks = 480 yd<sup>3</sup>* 

	X	X	=	$yd^3$
Size of Truck (in yards)	Avg. no. of times truck fills ea	hch week # of weeks truck is use	d during year	ΓΟΤΑL
	Part V. Solid	Waste Collection S	Services	

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		lects Solid Waste? r - see codes at rigl		olid Waste Colle # - see codes at ri		Who Collects Solid Waste?	How is Solid Waste Collected?				
	Residential	Primary	Secondary	Primary	Secondary	1,5111	<ul><li>a. Local government employee</li><li>b. By Contract</li><li>c. Franchise haulers</li></ul>	<ol> <li>Once a week at household</li> <li>Twice a week at household</li> <li>Convenience center/greenbox</li> </ol>				
	Commercial	Primary	Secondary	Primary	Secondary		d. Local government not involved in provision of	<ol> <li>Convenience center/greenbox</li> <li>As needed or by request</li> <li>Daily</li> </ol>				
	Industrial	Primary	Secondary	Primary	Secondary		service	6. Other				
53.	If you provide	residential w	vaste collection at s	ingle-family	households in y	our juri	isdiction, please answer the	e following questions:				
	What type of co	What type of collection method is used? 🗌 Fully Automated 🗌 Semi-Automated 🗌 Manual 🗌 Don't know										
	What is the star	ndard collec	tion frequency? [	Weekly	Two tim	nes per v	week Other					
	What is the typ	ical service	point for single far	nily househo	ld waste?	Curt	oside 🗌 Back yard / Back	ck door				
	What type of co	ollection cor	ntainer is used? [	Governm	ent-provided car	rts	Resident-provided conta	ainer 🗌 Bags				
	Do you offer b	ulky waste c	ollection services?	Yes	No							
54.	For municipalities - did your government collect white goods at the curb? $\Box$ Yes $\Box$ No If so, were white goods delivered to the county for marketing? $\Box$ Yes $\Box$ No											
		Pa	rt VI. Solid V	Vaste an	d Recycling	g Edu	cational Activities	S				
55.	Did <b>your local</b> issues / activitie	•			o inform citizens to Part VII, page	-	cally about solid waste man	nagement and / or recycling				
56.	Please estimate	your annua	l budget for solid v	vaste related	education and or	utreach	activities: \$					
57.	Does your com	munity proc	luce recycling educ	ation and ou	treach materials	in lang	uages besides English?	Yes No				
	If YES, please	list other lar	nguages used:									
58.	Please provide	your recycli	ng website address	and public i	information phor	ne numl	ber if applicable.					
	Website:						Phone #:					

	Part VII	. Resources f	or Solid Was	te Manageme	ent and Full Co	ost Account	ing			
	ficient resources availab stions deal with funding					these programs.	The following			
60.	Per househo	g sources, check all s es / general fund ld charges	that apply to your Uolume/we Sale of rec Grants	local government: eight-based fees (e.g yclables	g. PAYT) [] Ti: [] W [] Di	re tax hite Goods tax sposal Tax				
61.	NC Solid Waste Dispos According to GS 105-1	87.63 these funds n	nust be used by a c							
	How are disposal tax d	•								
62.	If applicable, please pr	ovide your FY 17-1	8 household fees.	(e.g., a. <u>\$45.00</u> per	<u>year</u> per <u>household</u> fe	or solid waste)				
	a. \$	per		per		for solid wast	e			
	b. \$	per		per		for recycling				
	c. \$	per		per		for yard waste	2			
	d. \$	per		per		for bulky was	te			
	e. \$	per		per		availability fe	e			
	f. \$	per		per		total charge				
63.	Did your local governm are charged a fee by we	· ·	-	•		7-18? (a system No	where residents			
	cording to GS 130A-309 orm users of such costs.		nents are required	to conduct full cos	st accounting annuall	ly and to develop	p a system to			
	If your local governmen		d waata an naavalin		mont the ennuel contra	at amount				
04.	\$	in contracts for som	-	•	eport the annual contra	act amount.				
			For solid waste							
	\$		_ For recycling pe	er year						
	¢		OR							
	\$		_ Combined Conti	ract (solid waste, an	d recycling)					
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	and yard waste inc	cluding materials co						
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)			
Μ	Iunicipal Solid Waste*				[ ]					
	<b>Recycling Program**</b>									
	Yard Waste Program									
	Totals	(calculated by form):								
	*for materials collected and	-	-							
66.	**for materials collected by If your government oper facility operations (rour proportionately. Lan	erates a landfill, trar	nsfer station, yard v ). If budgets for di	waste /compost facil fferent facilities are	ity or recycling facilit	ty, please provide empt to allocate c	total budget for			
	Transfer Station Budget: \$									
	Yard	Waste / Compost H	Facility Budget: \$							
	Recy	cling Facility Budg	get: \$							
67.	What was your governme	nent's total combine	ed annual budget fo	or all solid waste an	d recycling services in	n 17-18? \$				
	17-2018 Local Governm						Page 8 of 11			

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

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

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

93. Please list the temporary disaster debris staging sites in your county or municipality which have been reviewed for conflicts with the Natural Heritage Program (NHP) and the State Historic Preservation Office (SHPO) through coordination with the Solid Waste Section. *Please note that the vetting of a site prior to a disaster is advantageous to local governments because a staging site which is found to have impacted federal or state resources after a disaster may cause difficulty for local governments when attempting to obtain FEMA reimbursement.* Attach extra sheets, if needed.

	······································								
Disaster Site #	Site Name		Disaster Site #	Site Name					

94.	4. Does your plan address the management of household hazardous waste and white goods following a disaster?						
95.	Does your plan address mass animal mortality?						
MA	NAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES						
96.	Has your county considered whether to implement a program for the management of abandoned manufactured homes? 🗌 Yes 📄 No						
	If yes, has your county developed a written plan for the management of abandoned manufactured homes? Yes No						

#### Part IX. Comments

Use this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this report or other matters regarding solid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed.

This form is to be submitted electronically. If you require assistance, please contact one of these NC DEACS staff members: Matt James, email: matt.james@ncdenr.gov\_phone 919-707-8133

Wendy Worley, email: wendy.worley@ncdenr.gov phone: 919-707-8136

The Division of Environmental Assistance and Customer Service Local Government Assistance Team is ready to assist you in any way we can. Please visit our Web site at <u>https://deq.nc.gov/conservation/</u>recycling/local-government-recycling-assistance or e-mail us at Lgteam@ncdenr.gov

