

# **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, 2018 - June 30, 2019

## Submit this form to Lgteam@ncdenr.gov by September 1, 2019.

On the following pages, you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2018-2019. 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

You can download a blank copy of this form from this web site: <u>http://deq.nc.gov/about/divisions/waste-management/</u>solidwaste-section/annual-reporting

This form must be completed electronically using Adobe Reader. It is suggested that you complete the form using the latest version of Adobe Reader which can be downloaded for free at: <u>https://get.adobe.com/reader/</u>. Please <u>DO NOT</u> 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. Name the file Community Name LGAR 2018-19. For example, Aberdeen LGAR 2018-19.

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:

Sandy Skolochenko, phone: 919-707-8147, email: sandy.skolochenko@ncdenr.gov Matt James, phone: 919-707-8133, email: matt.james@ncdenr.gov

Form Year



**Required:** Select your Local Government Name LUMBERTON

# State of North Carolina

Department of Environmental Quality Division of Waste Management & Division of Environmental Assistance and Customer Service

## COMPLETION AND SUBMISSION OF THIS REPORT WILL FULFILL THE ANNUAL REPORTING MANDATE TO THE STATE AS REQUIRED BY G.S. 130A-309.09A.

## Please submit this form to Lgteam@ncdenr.gov by September 1, 2019.

If you have questions or need assistance completing this form, please call 919-707-8147 or 919-707-8133.

Per	son Completing This Report: Robert	Armstrong, Jr. (Deborah Seaman)	Title: Director/Business Manager						
Ma	iling Address: P. O. Box 1388	City: Lumberto	on, NC	Zip: 28359-1388					
Pho	one: (910) 671-3851	_	Date: Sept	tember 18, 2019					
Em	ail: rarmstrong@ci.lumberton,.nc.us								
		General Instructions							
	ase remember that the time period for t a specific question.	he report is JULY 1, 2018 through JUNE 30,	2019. Please check "I	No" if you have nothing to report					
1.	Did your local government have a R	ecycling Coordinator or similar position for F	FY 18-19? Yes	No					
	Name Recycling Coordinator (if diff	Ferent from person completing this report.)							
	Name:		Title:						
	Address:	City:		Zip:					
	Telephone:	Email:							
2.	Did your local government have a So	blid Waste Director or similar position for FY	/ 18-19? Yes	No					
	If Yes, Name:		Title:						
	Address:	City:		Zip:					
	Telephone:	Email:							
3.	Did your local government have ded	Did your local government have <b>dedicated or part-time</b> Solid Waste Enforcement Staff for FY 18-19? Yes No							
	If Yes, Name:		Title:						
	Address:	City:		Zip:					
	Telephone:	Email:							
4.	Did your local government have soli all that apply)	d waste ordinances in place addressing any o	f the following during	FY 18-19? (if yes, please check					
	🔀 Disposal Bans 🛛 🖾 Illegal Dum	nping Littering Construction &	Demolition Oth	er:					
5.	Did your local government manage, mulching, composting)?	provide or contract for any solid waste servic es INO	ces in FY 18-19 (e.g., c	ollection, disposal, recycling,					

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
6.	Did your local government have a recycling program in place for collecting recyclable materials generated at public buildings in FY 18-19? Yes No
7.	Did your local government have any program or policy encouraging or requiring local agencies to purchase products with recycled content? $\Box$ Yes $\bigotimes$ No
8.	Did your local government have a program in place to collect and recycle spent fluorescent lights generated from <u>the public buildings</u> and facilities that were operated by your government in FY 18-19? $\bigvee$ Yes $\square$ No
	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, reduction of single use plastics, food waste reduction, or promoting reuse and donation? $\Box$ Yes $\boxtimes$ No
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, 2018 through June 30, 2019? Choose <b>ONE</b> option that best applies.
	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. (Go to Part IV on page 7.)
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) Waste Management
	Other (please specify)

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 6,587
	b. Number of households eligible to participate in the curbside recycling program: 6,587
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 6,587
18.	If your curbside recycling program is operated through a <u>public franchise granted to a private company</u> then please answer the following: Is public participation in the franchise: Voluntary or Mandatory Does your franchise consist of: One service district or Multiple service districts
19.	What sector(s) of your community was served by the curbside recycling program?
20.	If you checked commercial or industrial in question 19, please indicate the number of accounts served:
21.	How frequently were the curbside recyclables collected? Once a week 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:         □ curb-sort (collector separates material as collected)       □ single stream / commingled         □ dual / two stream       □ don't know / other
DR	OP-OFF RECYCLING PROGRAM
24.	Did your government operate a Drop-off Recycling Program? 🗌 Yes 🛛 No, skip to question # 31
25.	Who collected the recyclable materials for your local government's drop-off recycling program?  Local government employees  Private contractor
	Other (please specify)
26.	Please describe the method / style of recyclable materials handling for your drop-off recycling program:         source-separated (citizens separate materials by type)         dual / two stream (paper separated from cans/bottles)         don't know / other
27.	Please estimate the number of households served by your drop-off recycling program.
28.	What sector(s) of your community are served by the drop-off recycling program? 🗌 Residential 📄 Commercial 📄 Industrial
29.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:
30.	How many of these locations were staffed with attendants? All None Some please list # of staffed sites:
EL	ECTRONICS RECYCLING PROGRAM
31.	Did your community operate an electronics recycling program in FY 18-19? Yes Xo, skip to question # 37
	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:

32.	Did your electronics	s recycling program co	ollect or accept television	s from (check all t	hat apply): Residences	Businesses
	2	5 01 0	1			

- 33. Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses
- 34. 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, 2018: \$

Electronics Management Funds received from DEQ during FY 18-19 (Feb 2019 distribution): \$

Electronics Management Funds spent during FY 18-19: \$

Electronics Management Fund balance as of June 30, 2019: \$

35. Briefly explain how Electronics Management Funds were spent during FY 2018-19 (please list items purchased if applicable):

36. 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 18-19:

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

#### **OTHER PUBLIC RECYCLING PROGRAMS**

*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.

37.	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?
38.	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
39.	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
40.	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
41.	Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 18-19. (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
42.	Please identify all "Other" programs or services operated by your government during FY 18-19. (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**

- 43. 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, 2018 through JUNE 30, 2019. 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 on page 6 in the SPECIAL WASTE section of this report.
  - c. If you collected single stream or other commingled materials, record tons in the "Commingled tons" row and then check the box for each individual material type that was commingled.

DDOCDAM		Curbside		Drop-off	All "C	Other" Programs	<b>Total Tons</b>
PROGRAM	🛛 if Yes	Tons	🛛 if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							
Clear							
Brown							
Green							
Mixed	$\square$						
PLASTIC:							
PET #1							
HDPE #2							
All Plastic Bottles	$\square$						
Other Plastic Containers							
Bulky Rigid Plastics							
METAL:							
Aluminum Cans	$\square$						
Steel Cans	$\square$						
PAPER:							
Newsprint (ONP)	$\square$						
Cardboard (OCC)	$\square$						
Magazines (OMG)							
Office Paper	$\square$						
Mixed / Other Paper							
Cartons / Aseptic Containers							
WOOD:							
Pallets							
Other Wood - DO NOT		Report all tons	in Other c	olumn			
report yard waste tons here							
OTHER MATERIALS:							
Textiles (clothes etc)							
Televisions							
Other Electronics							
C&D Materials Recycling		Report all tons	in Other c	olumn			
White Goods	-				$\square$		
Other Metal					$\vdash \sqsubseteq$		
					$\square$		
Commingled tons-check all items collected above*		711.95	$\bowtie$	78	$\square$		789.95
TOTAL TONS:		711.95		78			789.95

44. \*If you checked commingled, which material recovery facility does your community use:

45. **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 cardboard disposal ban results in private cardboard recycling (and you have a way to track the tons collected)

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

## Part III. Special Waste Collections

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 46 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 # 46 but instead report with HHW materials in question # 47.

46.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type	Did program collect this material from the public?	# of sites	Data on quar	ntities col	llected / manag ndicated units.	ed.				
	Used Motor Oil	🗌 Yes				gallon	s				
	Used Oil Filters	Yes		barı	rels, or		lbs				
	Used Antifreeze	Yes			•	ga	llons				
	Batteries, Lead Acid	Yes		# ł	patteries,	or	lbs				
	Batteries, Dry Cell	Yes					lbs				
	Fluorescent Bulbs/Lights Containing Mercury	Yes			lbs, or	# b	ulbs				
	Propane Tanks	Yes			lbs, or	#	tanks				
	Used Cooking Oil / Waste Vegetable Oil	Yes			lbs, or	ga	llons				
	Other Special Wastes - please provide waste type here:	Yes					lbs				
	Pesticide Containers (NCDA Program, not pesticides themselves)	Yes			lbs, or		con- ainers				
	NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	Yes					lbs				
	Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	Yes			gals, or		lbs				
	<ul> <li>a. Was HHW collected at a permitted Tempora</li> <li>b. How many days was your HHW Program of</li> <li>c. Did you partner or co-sponsor your HHW program of</li> </ul>	pen to accept materials duri	ng this F	Fiscal Year?	ity?	Permanent [	Temp. Ever				
	<ul> <li>Please list partner(s)</li> <li>d. Provide number of citizens / households that</li> <li>e. Did your program accept materials from smallent fyes, please estimate the amount of busines</li> <li>f. Amounts of individual materials collected by about individual materials is not available, p</li> <li>Note, materials listed here should only be th</li> </ul>	all businesses (Very Exemp ss material managed y HHW Program: if totals f lease simply provide total c	ot Small for indivi	Quantity Gener idual materials of materials col	ators)? pounds are know llected by	yn please itemiz y HHW program	e below. If dat n in 47g below				
	Used Motor Oil (gal)	Used Oil Filters		# of Barrels,	or	lbs.					
	Used Motor Oil (gal)       Used Oil Filters       # of Barrels, or       lbs.         Used Antifreeze (gal)       Lead Acid Batteries (lbs)       Other Batteries (lbs)										
	Fluorescent Bulbs / Lights Containing Mercury (lbs)										
	g. Provide Total Quantity of materials collected reported in 47f, please net the weight of those section of the	d by HHW Program. If ind	ividual 1	materials were			poun				
	h. Please list HHW Collection Contractor										
	i. Estimated cost of HHW / VSQG program or	event(s) \$									
All	es 3 through 6 should have only been complet governments answering "Yes" to question #5 o ch are for Counties only.										

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

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

Yard waste may not be disposed in sanitary landfills, incinerators, or in unpermitted sites and it is illegal to burn. Do not include information on food waste or non-vegetative materials in this section.

- 48. 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.
- 49. Did a storm event significantly impact the amount of yard waste your government managed during FY 18-19? 🗌 Yes 🛛 No
- 50. What quantities of materials were managed by your yard waste program? **Provide information in TONS** <u>OR</u> **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	Facility Name and Location				
End user (to farmer or home-owner)			or						
Your local government's mulch or compost facility	$\square$	275	or		City of Lumberton LCID				
Other public mulch or compost facility			or						
Private mulch or compost facility			or						
Land clearing and inert debris landfill (LCID)			or						
Energy / Fuel Use (e.g. boiler fuel market)			or						
Total		275	or						
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. <i>Ex. 10 cubic yard truck x 3 days/wk x 16 wks = 480</i> cubic yards									
25 X 61		X 52			= 79,300 <i>cubic yards</i>				

Size of Truck (in yards)	Avg. no. of times truck fills each week	# of weeks truck is used during year	TOTAL

### Part V. Solid Waste Collection Services

51. Please complete the following table about your government's solid waste (garbage) collection system.

	Sector			ts Solid V see codes		How is Solid Waste Collected? Insert # - see codes at right				Who Collects Solid Waste?         How is Solid Waste Coll           a. Local government employees 1. Once a week at household         Amount of the solid waste Coll			
	Residential	Primary	C	Secondary	-	Primary		Secondary	15.110	b. By Contract	<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 4. As		<ul><li>4. As needed or by request</li><li>5. Daily</li></ul>		
	Industrial	Primary		Secondary		Primary		Secondary		service	6. Other		
52.	If you provide	resident	<u>ial</u> was	te collect	ion at sin	gle-fam	ily hou	iseholds in y	our jur	isdiction, please answer the	following questions:		
	What type of c	ollectior	n metho	od is used	?	Fully A	Autom	ated 🖂	Semi-A	utomated 🗌 Manual	Don't know		
	What is the sta	ndard co	ollectio	n frequen	cy?	Weekl	у [	Two tin	nes per	week Other			
	What is the typ	oical serv	vice po	int for sin	gle famil	y house	hold w	vaste?	Curł	oside 🗌 Back yard / Bac	ek door		
	What type of c	ollectior	n conta	iner is use	ed?	Govern	nment-	provided ca	rts	Resident-provided conta	iner 🗌 Bags		
	Do you offer b	ulky wa	ste coll	ection sei	vices?	X Y	es	🗌 No					
53.	For municipali If so, were whi		-	-		-	-			Yes No No			
			Part	VI. So	lid W	aste a	nd F	Recycling	g Edı	icational Activities			
54.	Did <b>your local</b> issues / activiti	-	ment ł		-			orm citizens art VII, pag	-	cally about solid waste mar	nagement and / or recycling		
55.	Please estimate	e your ar	nnual b	udget for	solid wa	ste relate	ed edu	cation and c	outreach	activities: \$			
56.	Does your com	munity	produc	e recyclir	ig educat	ion and	outrea	ch materials	s in lang	guages besides English?	Yes No		
	If YES, please	list othe	r langu	ages used	1:								

	Part VII	. Resources f	for Solid Was	te Manageme	ent and Full C	ost Accounti	ng		
	Did your local governm NC Solid Waste Dispos According to GS 105-1	sal Tax proceeds an	e distributed to elig	ible local governme	ents on a quarterly ba		nent of Revenue.		
	Did your local governm		-			Yes No			
	If yes, how are disposa	l tax distributions l	being used? operation	ons					
59.	What other funding sou Tipping fees Property tax Per househo	s es / general fund	Volume/we	right-based fees (e.g yclables		ire tax /hite Goods tax			
60.	If applicable, please pr	e		ollow example form	at):				
	ex: \$ \$75.00	per	year	per	household	for solid waste	2		
	a. \$ 10.87	per	h	per househo	old	for solid waste	;		
	b. \$	per		per		for recycling			
	c. \$ <u>11.25</u>	per	h	per househo	old	for yard waste			
	d. \$	per		per		for bulky wast	e		
	e. \$	per		per		availability fee	2		
	f. \$	per		per		total charge			
61.	Did your local governm are charged a fee by we					18-19? (a system v	where residents		
	cording to GS 130A-309 form users of such costs.		ments are required	to conduct full cos	st accounting annual	lly and to develop	a system to		
			id weata an naavalin		mont the energy of earts	e at an aunt			
02.	If your local governmen \$1,600,579	nt contracts for sof	For solid waste s		port the annual contr	ract amount.			
	\$ \$			1 2					
	Φ		For recycling per OR	ryear					
	\$			act (solid waste, an	d recycling)				
63.	Collection Programs: P collection programs for not available, please r	waste, recyclables	s and yard waste inc	luding materials col					
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	<u>Total Cost</u> including overhead	Cost Per Ton Managed (calculated by form)		
N	Iunicipal Solid Waste*	7,600		1,600,579	71,354	1,671,933			
	<b>Recycling Program**</b>								
	Yard Waste Program								
	Totals	(calculated by form):		1,600,579	71,354	1,671,933			
64.	*for materials collected and **for materials collected by If your government ope	y public recycling prog erates a landfill, tra	rams including those serven nsfer station, yard w	vices offered to commerce vaste /compost facil	cial and industrial generate ity or recycling facili	ity, please provide	total budget for		
	facility operations (rour proportionately. Land			2,003,750	combined, please att	empt to allocate co	DSLS		
	Transfer Station Budget: \$								
	Yard	Waste / Compost	Facility Budget: \$						
	Recy	cling Facility Bud	get: \$						
65.	What was your governme	ment's total combin	ned annual budget fo	or all solid waste and	d recycling services i	in 18-19? \$ <u>2,003,7</u>	50		
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# Part VIII. Mandated Programs

The following questions pertain to programs mandated by NC statute. **Only Counties** need to complete questions 66 through 88. Failure to complete Part VIII may result in non-eligibility for grant funding. **Municipalities** should skip to question 89 on page 10.

L	IITE GOODS						
66.	Please provide name, address, phone number, and	ls program.					
	Name:						
	Address:		City:				
	Telephone: Fax:		Email:				
67.	Please provide the physical address of the primary county white goods collection site.						
	Street 1:						
	Street 2:						
	City:			Zip:			
68.	Please provide the name of the business or person that removes the refrigerant gases (CFCs) from white goods.						
	Name:			-			
	Street:						
	City:			Zip:			
	Phone: Fax:						
69.							
09.	Type of CFC Removed		emoval, and copy of certification of person(s) performing extraction. Amount				
	v 1						
70							
70.	CFCs may be recycled or sent for destruction. Giv		ethod of Disposal	Amount Earned	Amount Spent		
			iction of Disposal				
				. 11			
71.	Please report the tonnage of white goods collected white goods tonnage reported on page 5? $\Box$ Ye		-19 in the Recycling Tonna	iges table on page 5 (qu	testion # 43). Was		
72.	List the amount of revenue for the white goods pr						
12.	Revenue collected from sale of scrap:						
	Revenue collected from White Goods Tax Distrib	·					
	Revenue from other source (e.g. grants):						
	Total Revenue:	\$					
73.	According to the White Goods Law, White Good Tax Distributions must be spent on white goods activities. Give amounts and types of expenditures White Good Tax Distributions were used for (do not include funds received from grants).						
	Operational Expenses: \$						
	Capital Improvements: \$						
	Clean-up of Illegal White Goods Dumps: \$						
	Total Expenditures: \$						
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SC:	RAP TIRES					
74.	Please provide name, address, phone number, and e-mail of person responsible for scrap tires program.     Name: Title:					
	Address:				Zip:	
	Telephone: Fax:					
75.	Please provide the physical address of the primary cour Street 1:	nty scrap	tires collection site	е.		
	Street 2:					
	City:			Carolina	Zip:	
76	Tonnage/Number of scrap tires disposed July 1, 2018-J	une 30, 2		es from cleanup	of nuisance sites)	
77.						
78.	Indicate the types of tires collected by the county: Passenger% Heavy Truck	%	Large Off-Road	<u>و</u>	6 Agricultural	%
79.	List the amount of revenue for the scrap tire program b	y source:				
	Revenue from Scrap Tire Tax Distributions:					
	Revenue from Scrap Tire Fees:					
	Revenue from Scrap Tire Clean-up Reimbursements:	\$				
	Revenue from Scrap Tire Cost-Overrun Grants:					
	Total Revenue:	\$				
80.	County's total scrap tire program contract expenditure ( excluding costs of nuisance tire cleanups, for FY 18-19	contract	disposal/hauling co	osts), \$		
81.	County's additional scrap tire program expenditure (i.e. Labor \$		onvenience center	cost), if any.		
	Site Cost \$					
	Other \$		describe Other:			
82.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire		
83.	Hauling cost or fuel surcharge, if not included in contra	act cost a	above. \$	/ Ton; \$	/ Tire	
84.	Total tipping fees collected for tires not eligible for free disposal. \$					
85.	Total number of tires collected not eligible for free disposal:					
86.	If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? $\Box$ Yes $\Box$ No					
87.	Name of tire disposal/recycling firm(s):					
MA	NAGEMENT OF ABANDONED MANUFA					
88.	Has your county considered whether to implement a pr					Yes No
	If yes, has your county developed a written plan for the	manager	nent of abandoned	l manufactured 1	nomes? Yes	🗌 No
TE	MPORARY DISASTER DEBRIS STAGINO	- SITE	S - Counties ar	nd Municinal	ities	
89.	Does your local government have a plan in place for management of disaster debris? Yes No					
	If yes, indicate if the plan is a stand-alone plan or in co	njunction	with local govern	ment agencies:	Stand-alone	In conjunction
90.	If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a c			inagement or FEI	MA to ensure it mee	ts the basic

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91. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:

Name:	Name:	Name:
Phone:	Phone:	Phone:
E-mail:	E-mail:	E-mail:

92. 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
Does your plan addres	s the management of: Household hazardo	us	waste Mass anii	mal mortality

White goods

94. Does your plan include coordination with NC DOT on clearing roads and waste in the right of way? Yes No

Abandoned vessels

93.

#### **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:

Sandy Skolochenko, email: sandy.skolochenko@ncdenr.gov phone: 919-707-8147 Matt James, email: matt.james@ncdenr.gov phone 919-707-8133

#### **THIS FORM IS DUE SEPTEMBER 1, 2019**

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

