## **State of North Carolina**



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

# Solid Waste and Materials Management Annual Report July 1, 2017 -- June 30, 2018

Please submit this form to Lgteam@ncdenr.gov by September 1, 2018.

On the following pages you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2017-2018. Each North Carolina County and Municipality is required to complete this report annually. Completion and submission of this report will fulfill the annual reporting mandate to the state as required by G.S. 130A-309.09A. Failure to complete and submit this report could result in the local government being excluded from distributions of Solid Waste Disposal Tax Proceeds and other Department of Environmental Quality grants.

Instructions:

Each local government should determine which staff member is responsible for preparing and submitting the annual report and ensure that the report is completed and submitted before the reporting deadline on September 1, 2018.

Options for obtaining a blank copy of this form:

- 1 download a copy of the form from this web site: <u>http://deq.nc.gov/about/divisions/waste-management/solid-waste-section/annual-reporting</u>
- 2 call the Division of Environmental Assistance and Customer Service at 877-623-6748
- 3 request a copy of the form by sending an email to Lgteam@ncdenr.gov.

This form must be completed electronically using Adobe Reader. Adobe Reader can be downloaded for free at the following web site: <u>https://get.adobe.com/reader/</u> - it is suggested that you complete the form using the latest version of Adobe Reader. Please **DO NOT** complete this form using Adobe Acrobat Pro.

Complete the form by entering responses in the appropriate fields using Adobe Reader. Please save a copy of the completed form to your computer for your records by using the "Save As" option and choosing an appropriate file name. When naming the file, please include your community's name as a part of the file name.

After completing the report form, please submit a copy electronically to the Division of Environmental Assistance and Customer Service by attaching the report file to an email to Lgteam@ncdenr.gov

If you need assistance completing or submitting this form, please feel free to contact one of the following Division of Environmental Assistance and Customer Service staff members:

Wendy Worley, phone: 919-707-8136, email: wendy.worley@ncdenr.gov Matt James, phone: 919-707-8133, email: matt.james@ncdenr.gov

Form Year

Environmental Quality

**Required** - Enter Your Local Government Name: MINNESOTT BEACH

### **State of North Carolina**

Local Government Report Form

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

## Solid Waste and Materials Management Annual Report July 1, 2017 -- June 30, 2018

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

Please submit this form to Lgteam@ncdenr.gov by September 1, 2018.

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

Person Completing This Report: CAROLYN BRALY				Title: TOWN MANAGER		
Mailing Address: 11758 NC 306 S			City: Minnesott Beach Zip		Zip: 28510	
Phor	ne: 252-249-1755	Fax: 252-249-0285		Date: 8/6/2018	3	
Ema	il: www.minnesottbeach.gov@gma	il.com				
		General	Instructions			
	e remember that the time period for specific question.	r the report is JULY 1, 2017	through JUNE 30, 2018. P	lease check "No"	if you have nothing to report	
1.	Did your local government have a	Recycling Coordinator or sin	nilar position for FY 17-18	? Yes	No	
	Name Recycling Coordinator (if d	ifferent from person complete	ing this report.)			
	Name:		Ti	tle:		
	Address:		City:		Zip:	
	Telephone:	Fax:	Email:			
2.	Did your local government have a	Solid Waste Director or simi	lar position for FY 17-18?	Yes	No	
	If Yes, Name:		Ti	tle:		
	Address:		City:		Zip:	
	Telephone:	Fax:	Email:			
3.	Did your local government have d	edicated or part-time Solid	Waste Enforcement Staff f	or FY 17-18?	Yes No	
	If Yes, Name:		Ti	tle:		
	Address:		City:		Zip:	
	Telephone:	Fax:	Email:			
4.	Did your local government have s all that apply)	olid waste ordinances in place	e addressing any of the follo	owing during FY	17-18? (if yes, please check	
	Disposal Bans Ille	gal Dumping Littering	Other, Please Descri	be:		
5.	Did your local government manag mulching, composting)?	e, provide or contract for any	solid waste services in FY	17-18 (e.g., colle X Yes	ction, disposal, recycling,	
	If you answer ''N	o'' to question 5, the report	is complete, please email	to Lgteam@ncd	enr.gov.	

	Part I. Waste Reduction and Recycling Programs Serving Government Facilities				
The <sub>.</sub>	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 generated from the public buildings and facilities that were operated by your government in FY 17-18?				
	Part II. Waste Reduction and Recycling Programs Serving the Public				
SO	URCE REDUCTION / REUSE				
9.	Did your local government have a backyard composting program?  Yes  No				
10.	If yes, please check all backyard composting activities that apply:				
	Education Demonstration site(s) Bin distribution/sales Number of Bins distributed?				
11.	Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives?				
12.	Did your local government offer a waste exchange or reuse program?  Yes  No				
13	If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public:				
	Swap shop/shed Number of sheds in use? Paint exchange Number of gallons recovered?				
	Other (e.g. pallet exchange, etc.)				
PU	BLIC RECYCLING SERVICES				
14.	Which of the following responses best describes your recyclables recovery activities for the period July 1, 2017 through June 30, 2018?				
	My local government <b>DID operate or contract</b> for a recyclables recovery program. (please continue to question 15)				
	My local government <b>DID NOT operate or contract</b> for recyclables recovery <b>BUT DID participate</b> in a recyclables 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> .)				
If your local government <b>DID operate or contract</b> for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s).					
CU	CURBSIDE 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) WASTE INDUSTRIES, INC.				
	Franchised hauler (please specify)				
	Other (please specify)				

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 375			
	b. Number of households eligible to participate in the curbside recycling program: 375			
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 350			
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 Collected Collected			
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?  Local government employees  Private contractor			
	Other (please specify)			
27.	Please describe the method / style of recyclable materials handling for your drop-off recycling program:         source-separated (citizens separate materials by type)       single stream / commingled         dual / two stream (paper separated from cans/bottles)       don't know / other			
28.	Please estimate the number of households served by your drop-off recycling program.			
29.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial			
30.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:			
31.	How many of these locations were staffed with attendants? All None Some please list # of staffed sites:			
EL	ECTRONICS RECYCLING PROGRAM			
	se answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any 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 colle	et or accept televisions from	(check all that apply):	X 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?

#### **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.

	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? $\Box$ Yes $\boxtimes$ No
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? $\Box$ Yes $\boxtimes$ No

40.	Does your local government	t provide recycling	services to Alcoholic Beve	erage Commission p	ermit holders?	Yes	🛛 No
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On-site collection services provided If o	on-site collection provided, please estimate # of ABC accounts served:
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Public drop-off recycling sites available for ABC On Premises Permit holders to use

41.	Does your local government operate a program to recycle Construction and Demolition materials?	Yes	🔀 No	
	If yes, please check all materials that were recycled and report tonnages in tonnage table on page 5:			

	Clean Wood	Brick, concrete, etc.	Sheetrock	Vinyl siding	Shingles	Metals	Other
42.	• 0	overnment have an ordinand of encouraging or requiring	0 0			eam Yes	No No

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.

DDOCDAM	Curbside			Drop-off	All "C	Other'' Programs	Total Tons
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							
Clear							
Brown							
Green							
Mixed							
PLASTIC:							
PET #1							
HDPE #2							
All Plastic Bottles							
Other Plastic Containers							
Bulky Rigid Plastics							
METAL:							
Aluminum Cans							
Steel Cans							
White Goods							
Other Metal							
PAPER:							
Newsprint (ONP)	$\square$						
Cardboard (OCC)							
Magazines (OMG)	$\square$						
Office Paper							
Mixed / Other Paper							
Cartons / Aseptic Containers							
WOOD:							
Pallets							
Other Wood - DO NOT							
report yard waste tons here <b>OTHER MATERIALS</b> :							
Textiles (clothes etc)							
Televisions							
Other Electronics							
C&D Materials Recycling							
Commingled tons-check all							
items collected above		165.6					165.6
TOTAL TONS:		165.6					165.6

46. **RECYCLING TONNAGE AS A RESULT OF POLICY OR ORDINANCE:** complete this section for materials that were recycled as a result of local government ordinances or policies but that were NOT collected or managed directly by your local government recycling program. E.g. a corrugated cardboard disposal ban supported by a reporting mechanism for collecting data on private recycling tonnages.

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

### Part III. Special Waste Collections

This section concerns local government programs for managing materials that require special handling or that are banned from landfilling. Please provide responses and data as indicated below considering services provided to the public. Please do not include data on materials that were accepted and then disposed of in a landfill. Do not include materials generated exclusively by government operations (e.g. motorfleet services). Question 47 is about materials accepted outside of any Household Hazardous Waste (HHW) Program or event. If special wastes were <u>only</u> accepted as a part of an HHW Program or HHW event and were not collected by separate recycling efforts then do not record materials in question # 47 but instead report with HHW materials in question # 48.

a		**7 4	<b>A H U</b>			36 / 13				<b>A H H</b>	D	
S	pecial	Waste	Collections	(Do No	t Include	Materials	Collected	as part of	t an HHW	Collection	<b>Program</b>	or Event)

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Used Motor Oil       Yes       No       gallons         Used Oil Filters       Yes       No       burrels, or       bbs         Batteries, Lead Acid       Yes       No       gallons       bbs         Batteries, Lead Acid       Yes       No       gallons       bbs         Batteries, Dry Cell       Yes       No       bbs       bbs         Propane Tanks       Yes       No       bbs, or       # bulbs         Propane Tanks       Yes       No       bbs, or       gallons         Other Special Wastes - please provide waste       Yes       No       bbs, or       gallons         Other Special Wastes - please provide waste       Yes       No       bbs, or       gallons         Other Special Wastes - please provide waste       Yes       No       bbs, or       gallons         Other Special Wastes - please provide waste       Yes       No       bbs, or       gallons         NCDA Pesticide Disposal Assistance Program       Yes       No       bbs, or       gallons         MCDA Pesticide Disposal Assistance Program       Yes       No       gallons       bbs         Houschold Hazardous Waste Chellwain docalizations       Yes       No       gallos       bbs	47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		n collect this m the public?	# of sites	Data on quan Please re	tities collect port in indic		
Used Antifreeze               Vestore              No              galons          Batteries, Lead Acid              Yestore              No              # batteries, or               Ibs          Batteries, Dry Cell              Yes               No               # batteries, or               Ibs          Fropane Tanks              Yes               No               Ibs, or               # tanks          Used Coxing Oil / Waste Vegetable Oil               Yes               No               Ibs, or               # tanks          Used Coxing Oil / Waste Vegetable Oil               Yes               No               Ibs, or               gallons          Other Special Wastes - please provide waste               Yes               No               Ibs          Pesticide Containers (NCDA Program, not             pesticides, not containers               Yes               No               gals               Ibs          Household Hazardoss Maste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event               Sol your local govermment oreparta in bous		Used Motor Oil	Yes	🛛 No				gallons	
Batteries, Lead Acid       □       Yes       No       # batteries, or       Its         Batteries, Dry Cell       □       Yes       No       □       Its         Fluorescent Bulbs/Lights Containing Mercury       Yes       No       □       bs, or       # bulbs         Propane Tanks       □       Yes       No       □       bs, or       # tanks         Used Cooking Oil / Waste Vegetable Oil       □       Yes       No       □       bs, or       # tanks         Other Special Wastes - please provide waste       □       Yes       No       □       bs, or       # tanks         Other Special Wastes - please provide waste       □       Yes       No       □       bs, or       # con-         Pesticide Containers (NCDA Program, not       □       Yes       No       □       bs, or       □       tanes         NCDA Pesticide Disposal Assistance Program       Yes       No       □       gals       □       □       bs         HCDA Pesticide Disposal Assistance Program       Yes       No       □       gals       □       □       bs         Hueschold Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48. Did your local government operate a houschold hazardous w		Used Oil Filters	Yes	🛛 No		barr	els, or	lbs	
Batteries, Dry Cell       □       Yes       No       □ <td></td> <td>Used Antifreeze</td> <td>Yes</td> <td>No No</td> <td></td> <td></td> <td></td> <td>gallons</td> <td></td>		Used Antifreeze	Yes	No No				gallons	
Fluorescent Bulbs/Lights Containing Mercury       Yes       No       bs. or       # bulbs         Propane Tanks       Yes       No       bs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       bs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       bs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       bs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       bs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       bs. or       # con-         Pesticide Containers (NCDA Program, not       Yes       No       bs. or       # con-         Pesticide Disposal Assistance Program       Yes       No       gals.       bs         Id our include paint collected at       Yes       No       gals.       bs         Huwehold Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48       bd       So or       No       If Yes, please respond to the following questions:         a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection program or Event       bd your partner or co-sponsor your HHW program with another local government?       Yes		Batteries, Lead Acid	Yes	🛛 No		# b	atteries, or	lbs	
Propane Tanks       □       Yes       No       □       bbs, or       # tanks         Used Cooking Oil / Waste Vegetable Oil       □       Yes       No       □       bbs, or       gallons         Other Special Wastes - please provide waste       □       Yes       No       □       bbs, or       gallons         Other Special Wastes - please provide waste       □       Yes       No       □       bbs, or       # con-         Ipsticide Stemsselves)       □       Yes       No       □       bbs, or       # con-         NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       □       gals, or       □       bbs         HIW event or by a paint exchange program       □       Yes       No       □       gals, or       □       bbs         HOUsehold Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       1       Bos       Ibs         How event or by a paint exchange program)       □       Yes       No       □       □       □       □       □       Ibs		Batteries, Dry Cell	Yes	🖂 No				lbs	
Used Cooking Oil / Waste Vegetable Oil       Yes       No       Ibs. or       gallons         Other Special Wastes - please provide waste type here:       Yes       No       Ibs. or       gallons         Pesticide Containers (NCDA Program, not pesticides themselves)       Yes       No       Ibs. or       # con- tainers         NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       Ibs.       # bbs         NUCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       Ibs.       # bbs         HHW event or by a paint exchange program)       Yes       No       gals.       Ibs.       # bbs         HUSehold Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       148. Did your local government operate a household hazardous waste collection program or event in FY 17-182       Yes       No         If Yes, please respond to the following questions:       a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility?       Permanent       Temp. Event         b. How many days was your HHW program open to accept materials during this Fiscal Year?		Fluorescent Bulbs/Lights Containing Mercury	Yes	🖂 No			lbs, or	# bulbs	
Other Special Wastes - please provide waste       Yes       No       Ibs         ivpe here:       Pesticide Containers (NCDA Program, not       Yes       No       Ibs, or       #con-tuiners         NCDA Pesticide Disposal Assistance Program       Yes       No       Ibs, or       #con-tuiners         NCDA Pesticide Disposal Assistance Program       Yes       No       Ibs, or       #toon-tuiners         NCDA Pesticide Disposal Assistance Program       Yes       No       Ibs       Ibs         Lates Paint (do not include paint collected at HWW event or by a paint exchange program)       Yes       No       Ipaint       Ibs         Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48       Did your local government operate a household hazardous waste collection program or event in FY 17-18?       Yes       No         If Yes, please respond to the following questions:       a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Program or Event       b. How many days was your HHW Program open to accept materials during this Fiscal Year?       Permanent Collegian       Temp. Event         b. How goargam accept materials from small businesses (Conditionally Exempt Small Quantity Generators)?       Yes       No         ff yes, please estimate the amount of business material managed       pounds       f. Amoounts of individual materials collected by HHW		Propane Tanks	Yes	No No			lbs, or	# tanks	
type here:       Image: Second S		Used Cooking Oil / Waste Vegetable Oil	Yes	No No			lbs, or	gallons	
pesticides themselves)       Image: Im			Yes	No No				lbs	
(for management of pesticides, not containers)       Yes       No			Yes	No No			lbs, or		
HHW event or by a paint exchange program)       Image: Yes       Image: No       Image: Or       Image:		· · · ·	Yes	No No				lbs	
<ul> <li>48. Did your local government operate a household hazardous waste collection program or event in FY 17-18? Yes No If Yes, please respond to the following questions: <ul> <li>a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Temp. Event</li> <li>b. How many days was your HHW Program open to accept materials during this Fiscal Year?</li> <li>c. Did you partner or co-sponsor your HHW program with another local government? Yes No</li> <li>Provide number of citizens / households that participated in your HHW collection program this Fiscal Year?</li> <li>e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? Yes No</li> <li>If yes, please estimate the amount of business material managed pounds</li> </ul> </li> <li>f. Amounts of individual materials collected by HHW Program: if totals for individual materials collected by HHW Program in 48g below. Note, materials listed here should only be those collected at an HHW Program. and should not include materials listed in question 47. Used Motor Oil (gal) Lead Acid Batteries (lbs) Other Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs)</li> <li>g. Provide Total Quantity of materials collected by HHW Program. If individual materials were reported in 48f, please net the weight of those materials out of the total listed here.</li> <li>h. Please list HHW Collection Contractor</li> <li>i. Estimated cost of HHW / CESQG program or event(s) \$</li> </ul>			Yes	No No			-	lbs	
<ul> <li>g. Provide Total Quantity of materials collected by HHW Program. If individual materials were reported in 48f, please net the weight of those materials out of the total listed here.</li> <li>h. Please list HHW Collection Contractor</li> <li>i. Estimated cost of HHW / CESQG program or event(s) \$</li> </ul>		<ul> <li>c. Did you partner or co-sponsor your HHW pr Please list partner(s)</li> <li>d. Provide number of citizens / households that</li> <li>e. Did your program accept materials from sma If yes, please estimate the amount of business</li> <li>f. Amounts of individual materials collected by about individual materials is not available, p Note, materials listed here should only be the Used Motor Oil (gal)</li> <li>Used Antifreeze (gal)</li> </ul>	ogram with a participated all businesses as material ma y HHW Progr lease simply ose collected Use Lea	in your HHW (Conditionall anaged ram: if totals f provide total c at an HHW P ed Oil Filters d Acid Batter	overnma collecti y Exemp or indivi juantity rogram a ies (lbs)	ent? Yes on program this pt Small Quantit idual materials a of materials coll and should not in # of Barrels,	Fiscal Year ty Generator pounds are known pl lected by HI nclude mate or	rs)? Yes hease itemize below HW program in 48 rials listed in quest lbs.	v. If data g below. tion 47.
reported in 48f, please net the weight of those materials out of the total listed here.		_							
i. Estimated cost of HHW / CESQG program or event(s) \$		reported in 48f, please net the weight of those		ut of the total	listed he	ere.			pounds
		i. Estimated cost of HHW / CESOG program of	or event(s) \$						
	Pag						at thev DO	provide recvcling	services.

is only to be completed by Counties.

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

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

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

Destination	Check if 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 each we	ek # of weeks truck is used during year	r TOTAL					
	Part V. Solid Waste Collection Services							
This section concerns your local	government's provision of solid wa	ste (garbage) collection services	5.					

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

	Sector Who Collect Insert Letter -			11	How is Solid Waste Collected? Insert # - see codes at right			Who Collects Solid Waste?	How is Solid Waste Collected? 1. Once a week at household				
	Residential	Primary	b	Secondary		Primary		Secondary	0		2. Twice a week at household 3. Convenience center/greenbox		
	Commercial	Primary		Secondary		Primary		Secondary		<ul> <li>d. Local government not involved in provision of</li> </ul>	<ol> <li>As needed or by request</li> <li>Daily</li> <li>Other</li> </ol>		
	Industrial	Primary		Secondary		Primary		Secondary		service			
53.	If you provide	residenti	i <u>al</u> was	te collecti	ion at sin	gle-fam	ily hou	seholds in	your juri	isdiction, please answer the	following questions:		
	What type of c	ollection	metho	d is used	?	Fully A	Autom	ated	Semi-A	utomated 🔀 Manual	Don't know		
	What is the star	ndard co	llection	n frequen	cy? 🔀	Weekl	у [	Two tir	nes per	week Other			
	What is the typical service point for single family household waste?       Image: Curbside image: Back yard / Back door         What type of collection container is used?       Image: Government-provided carts image: Back yard / Back door												
										iner Bags			
	Do you offer b	ulky was	ste coll	ection ser	vices?	Ye	es	No No					
54.	For municipalit If so, were whi			-		<u> </u>	-			ζes ⊠No No			
		]	Part	VI. So	lid W	aste a	nd F	Recyclin	g Edu	icational Activities			
55.	Did <b>your local</b> issues / activitie	-			-			orm citizens art VII, pag	-	cally about solid waste man	agement and / or recycling		
56.	Please estimate	your an	inual b	udget for	solid wa	ste relate	ed edu	cation and c	outreach	activities: \$			
57.	Does your com	munity j	produc	e recyclir	ng educat	ion and	outrea	ch materials	s in lang	uages besides English?	Yes 🛛 No		
	If YES, please	list othe	r langu	ages used	l:								
58.	Please provide	your rec	cycling	website a	address a	nd publi	c infor	mation pho	ne numl	ber if applicable.			
	Website:									Phone #:			

	Part VII	. Resources f	or Solid Was	te Manageme	ent and Full C	ost Account	ting
	ficient resources availab stions deal with funding					these programs.	The following
	Did your local governm With regards to funding Tipping fees Property tax Per househo	g sources, check all s ses / general fund	that apply to your Volume/we	local government: eight-based fees (e.g	g. PAYT)	Yes 🛛 N ire tax /hite Goods tax isposal Tax	Ιo
61.	NC Solid Waste Dispos According to GS 105-1						
	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> j	for solid waste)	
	a. \$	per		per		for solid was	te
	e.\$						ee
	f. \$	per		per		total charge	
63.	Did your local governm are charged a fee by we	· ·	-	•	· _ · · _	17-18? (a system ] No	where residents
	cording to GS 130A-309 orm users of such costs.	~	nents are required	to conduct full cos	st accounting annua	lly and to develo	p a system to
64.	If your local governments \$\$\$	nt contracts for soli	•	services per year	eport the annual cont	act amount.	
	\$			act (solid waste, an	d recycling)		
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	and yard waste inc	luding materials co			
	-	# 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*				_		
	<b>Recycling Program**</b>				_		
	Yard Waste Program						
	Totals	(calculated by form):					
	*for materials collected and	-	-				-
66.	**for materials collected by If your government operacility operations (rour proportionately. Lan	erates a landfill, trar	nsfer station, yard v ). If budgets for dif	vaste /compost facil fferent facilities are	ity or recycling facil	ity, please provid empt to allocate o	e total budget for
	Tran	sfer Station Budget	: \$				_
	Yard	Waste / Compost H	Facility Budget: \$				_
	Recy	cling Facility Budg	get: \$				
67.	What was your government	ment's total combine	ed annual budget fo	or all solid waste an	d recycling services	in 17-18? \$	
20	17-2018 Local Governm	ent Annual Report	Report Due Date	e: September 1, 201	8 Submit to: Lgtea	m@ncdenr.gov	Page 8 of 11

### Part VIII. County Mandated Programs

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

WH	IITE GOODS					
68.	Please provide name, address, phone nur		-	-		
	Name:					
	Address:			City:		
	Telephone: Fa	ıx:		Email:		
69.	Please provide the physical address of th	e primary co	ounty white go	ods collection site.		
	Street 1:					
	Street 2:					
	City:			State: North Carolina	Zip:	
70.	Please provide the name of the business	-			from white goods.	
	Name:					
	Street:				7:	
	City:					
	Phone: Fax:					
71.	Give amounts / types of CFCs removed.		rds of CFC rei	noval, and copy of certific	Amount	rming extraction.
	Type of CFC Ren	loveu			Amount	
72.	CFCs may be recycled or sent for destruction <b>Firm</b>	ction. Give n		disposal method and amou [ <b>ethod of Disposal</b>	Amount Earned	C disposal. Amount Spent
			14	letiou of Disposal		
73.	Please report the tonnage of white goods white goods tonnage reported on page 55		uring FY 2017	-18 in the Recycling Tonr	nages table on page 5 (qu	lestion # 45). Was
74.	List the amount of revenue for the white	goods progra	am by source:			
	Revenue collected from sale of scrap:		\$			
	Revenue collected from White Goods Ta	ax Distributio				
	Revenue from other source (e.g. grants):					
	Total Revenue:					
75.	According to the White Goods Law, Whee expenditures White Good Tax Distribution					mounts and types of
	Operational Expenses:	\$				
	Capital Improvements:					
	Clean-up of Illegal White Goods Dumps					
	Total Expenditures:	\$				
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6.	Please provide name, address, phone number, and e-n Name:			1 1 0	
				11tte:	
	Address:				
	Telephone: Fax:		Emai	il:	
7.	Please provide the physical address of the primary co		tires collection sit	te.	
	Street 1:				
	Street 2:			~ ~ ~	
	City:				
3.	Tonnage/Number of scrap tires disposed July 1, 2017 Tons or	-June 30, 1	2018 ( <u>excluding</u> ti	res from cleanup of nu Number of tires	isance sites)
9.	Tonnage/Number of scrap tires disposed from cleanu Tons on	p of state o	or county designate	ed nuisance sites Number of tires	
0.	Indicate the types of tires collected by the county: Passenger % Heavy Tr	ıck	%	Large Off-Road	%
1.	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:	¢			
	Total Revenue:	\$			
2.	County's total scrap tire program contract expenditur excluding costs of nuisance tire cleanups, for FY 17-	e (contract 18.	disposal/hauling c	costs), \$	
3.	County's additional scrap tire program expenditure (i Labor \$		onvenience center	cost), if any.	
	Site Cost \$				
	Other \$		describe Other:		
4.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire	
5.	Hauling cost or fuel surcharge, if not included in con	tract cost	above. \$	/ Ton; \$	/ Tire
6.	Total tipping fees collected for tires not eligible for f	ree dispos	al. \$		
			·		
7.	Total number of tires collected not eligible for free d				
8.	If scrap tires were not hauled off site by contracted se	ervice prov	vider, were they cu	t and disposed in a loc	al landfill?  Yes No
Э.	Name of tire disposal/recycling firm(s):				
Έ	MPORARY DISASTER DEBRIS STAGIN	IG SITE	CS		
).	Does your local government have a plan in place for	manageme	ent of disaster debr	is? Yes	🔀 No
	If yes, indicate if the plan is a stand-alone plan or in a	conjunction	n with local govern	nment agencies:	Stand-alone 🗌 In conjuncti
1.	If you indicated having a plan, has the plan been revi requirements for public assistance reimbursement in			anagement or FEMA t	o ensure it meets the basic
2.	Please list the name, contact numbers(s), and e-mail a your local government:	address of	the person(s) in ch	arge of the disaster de	bris management program for
	Name: Name	2:		Name:	
	Phone: Phone	e:		Phone:	
	E-mail: E-ma				

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.

	<i>y</i>	,		· · · · · · · · · · · · · · · · · · ·
Disaster Site #	Site Name		Disaster Site #	Site Name

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

#### Part IX. Comments

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

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

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

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

