

### State of North Carolina

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

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

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

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

#### **Instructions:**

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

Options for obtaining a blank copy of this form:

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

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

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

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

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

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

Form Year

2018



Local Government Report Form

**Required** - Enter Your Local Government Name: Oak Ridge

## State of North Carolina

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

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

COMPLETION AND SUBMISSION OF THIS REPORT WILL FULFILL THE ANNUAL REPORTING MANDATE TO THE STATE AS DECLIDED BY C.S. 120A\_200.00A

1721.2	Please submit this form to	o Lgteam@ncdenr.gov by <b>Se</b>		
If you have quest	ions or need assistance con	npleting this form, please	call 919-707-8	136 or 919-707-8133.
Person Completing This Report	t: Sandra Smith		Title: Town	Clerk
Mailing Address: P.O. Box 374		City: Oak Ridge		Zip: 27310
Phone: 336-644-7009	Fax: 336-644-70	012	Date: 7	7/23/18
Email: ssmith@oakridgenc.com	1		_	
		General Instructions		
Please remember that the time p for a specific question.	period for the report is JULY	1, 2017 through JUNE 30, 20	018. Please chec	k "No" if you have nothing to report
1. Did your local governmen	at have a Recycling Coordinat	or or similar position for FY	17-18? Ye	es No
Name Recycling Coordina	ator (if different from person of	completing this report.)		
Name:			Title:	
Address:		City:		Zip:
Telephone:	Fax:	Email:		
2. Did your local governmen	nt have a Solid Waste Director	or similar position for FY 1	7-18? Ye	es 🔀 No
If Yes, Name:			Title:	
Address:		City:		Zip:
Telephone:	Fax:	Email:		
3. Did your local governmen	t have <b>dedicated or part-tim</b>	e Solid Waste Enforcement	Staff for FY 17-	18? Yes No
If Yes, Name:			Title:	
Address:		City:		Zip:
Telephone:	Fax:	Email:		
4. Did your local governmen all that apply)	t have solid waste ordinances	in place addressing any of the	he following duri	ing FY 17-18? (if yes, please check
Disposal Bans	☐ Illegal Dumping	ittering Other, Please	Describe:	
<ol><li>Did your local governmen mulching, composting)?</li></ol>	t manage, provide or contract	for any solid waste services	s in FY 17-18 (e.g	g., collection, disposal, recycling, es  No
If you ans	wer "No" to question 5 the	renort is complete please	email to Latear	n@ncdenr gov

### Part I. Waste Reduction and Recycling Programs Serving Government Facilities The following questions pertain to waste reduction and recycling activities / programs that serve local government facilities. Did your local government have a recycling program in place for collecting recyclable materials generated at Yes X No public buildings in FY 17-18? 7. Did your local government have any program or policy encouraging or requiring local agencies to X No purchase products with recycled content? Did your local government have a program in place to collect and recycle spent fluorescent lights X No Yes generated from the public buildings and facilities that were operated by your government in FY 17-18? Part II. Waste Reduction and Recycling Programs Serving the Public SOURCE REDUCTION / REUSE Did your local government have a backyard composting program? Yes X No If yes, please check all backyard composting activities that apply: Education Demonstration site(s) Bin distribution/sales Number of Bins distributed? Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes X No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives? Did your local government offer a waste exchange or reuse program? Yes X No 13 If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public: Paint exchange Number of gallons recovered? Swap shop/shed Number of sheds in use? Other (e.g. pallet exchange, etc.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 2017 through June 30, 2018? My local government **DID operate or contract** for a recyclables recovery program. (please continue to question 15) My local government DID NOT operate or contract for recyclables recovery BUT DID participate in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; then go to Part IV on page 7.) With which local government did you participate? My local government **DID NOT operate**, contract or participate in a recycling program. (Go to Part IV on page 7.) If your local government **DID** operate or contract for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s). **CURBSIDE RECYCLING PROGRAM** Did your government operate a Curbside Recycling Program? X Yes No, skip to question # 25 Who collected the recyclable materials for your local government's curbside recycling program? 16. Local government employees Private contractor (please specify) Waste Industries Franchised hauler (please specify) Other (please specify)

17.	Please provide the following information about your community:  a. Total number of households in your jurisdiction? 2,330
	b. Number of households eligible to participate in the curbside recycling program: 2,330
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 1,981
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?  ☐ Residential ☐ Commercial ☐ Industrial
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  Description:  Every other week / biweekly
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)
24.	If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used:    less than 50 gallon cart
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?
EL	ECTRONICS RECYCLING PROGRAM
mate	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.  Did your community operate an electronics recycling program in FY 17-18? Yes No, skip to question # 38
32.	If you did operate an electronics recycling program, please indicate style of program:
	Permanent - Curbside Collection Permanent - Drop-off Scheduled Collection Day or Event Part of HHW Program
	If you offer curbside collection of electronics is it:  by appointment or unscheduled
	If you operate a drop-off electronics program, how many collection sites do you provide? Number of Sites:

33.	Did your electronics recycling program collect or accept televisions from (check all that apply):   Residences   Businesses
34.	Did your electronics recycling program collect or accept computer equipment from (check all that apply):   Residences  Businesses
35.	DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was eligible to receive proceeds from the State Electronics Management Fund in February of 2018, please provide the following information:
	Electronics Management Fund balance as of July 1, 2017: \$
	Electronics Management Funds received from DEQ during FY 17-18 (Feb 2018 distribution): \$
	Electronics Management Funds spent during FY 17-18: \$
	Electronics Management Fund balance as of June 30, 2018: \$
36.	Briefly explain how Electronics Management Funds were spent during FY 2017-18 (please list items purchased if applicable):
37.	If you did operate an electronics recycling program, please provide the following information about your vendor / contractor:  Name of electronics recycling vendor(s) during FY 17-18:
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?
OT	THER PUBLIC RECYCLING PROGRAMS
the i	ase answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by <u>local government</u> . The tonnage of any materials collected by the following programs should be listed in the "Other" column in the ycling Tonnages Chart on pg 5.
38. 39.	Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or dropoff recycling programs? Yes No 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 On-site collection services provided If on-site collection provided, please estimate # of ABC accounts served:
	Public drop-off recycling sites available for ABC On Premises Permit holders to use
41.	Does your local government operate a program to recycle Construction and Demolition materials? Yes No If yes, please check all materials that were recycled and report tonnages in tonnage table on page 5:
	☐ Clean Wood ☐ Brick, concrete, etc. ☐ Sheetrock ☐ Vinyl siding ☐ Shingles ☐ Metals ☐ Other
42.	Does your local government have an ordinance regulating the construction and demolition waste stream with the intention of encouraging or requiring waste reduction or recycling of these materials? $\square$ Yes
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

DDOCD AND	Cu	ırbside		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:	<u> </u>						
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 tons-check al items collected above		1,121.39					1,121.39
TOTAL TONS:		1,121.39					1,121.39

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

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

## **Part III. Special Waste Collections**

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

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

17.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		n collect this m the public?	# of sites			ected / manage licated units.	d.
	Used Motor Oil	Yes	⊠ No				gallons	
	Used Oil Filters	Yes	⊠ No		bar	rels, or		lbs
	Used Antifreeze	Yes	⊠ No			<u>'</u>	gal	llons
	Batteries, Lead Acid	Yes	⊠ No		# t	oatteries, o	r	lbs
	Batteries, Dry Cell	Yes	⊠ No					lbs
	Fluorescent Bulbs/Lights Containing Mercury	Yes	⊠ No			lbs, or	# bı	ılbs
	Propane Tanks	Yes	⊠ No			lbs, or	# t	anks
	Used Cooking Oil / Waste Vegetable Oil	Yes	⊠ No			lbs, or	gal	llons
	Other Special Wastes - please provide waste type here:	Yes	⊠ No				'	lbs
	Pesticide Containers (NCDA Program, not pesticides themselves)	☐ Yes	⊠ No			lbs, or		con- iners
	NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	☐ Yes	⊠ No					lbs
	Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	Yes	⊠ No			gals, or		lbs
	<ul> <li>If Yes, please respond to the following question</li> <li>a. Was HHW collected at a permitted Tempora</li> <li>b. How many days was your HHW Program op</li> <li>c. Did you partner or co-sponsor your HHW program op</li> <li>d. Provide number of citizens / households that</li> <li>e. Did your program accept materials from small figures, please estimate the amount of business</li> <li>f. Amounts of individual materials collected by</li> </ul>	ry Event or a coen to accept rogram with a participated all businesses ss material ma	materials duri nother <u>local</u> g in your HHW (Conditionall	overnme collection y Exemp	ent? Yes  on program this pt Small Quanti	No S Fiscal Ye ity Generat pounds	tors)? Ye	
	about individual materials is not available, p Note, materials listed here should only be th	lease simply	provide total o	quantity	of materials co	llected by l	HHW program	in 48g below.
	Used Motor Oil (gal)							
	Used Antifreeze (gal)					Other Batte	eries (lbs)	
	Fluorescent Bulbs / Lights Containir		'					
	<ul><li>g. Provide Total Quantity of materials collected reported in 48f, please net the weight of those</li><li>h. Please list HHW Collection Contractor</li></ul>	se materials or	ut of the total	listed he	ere.			pound
	i. Estimated cost of HHW / CESQG program of							
	es 3 through 6 should have only been complete					hat thev D	O provide rec	vcling services
~	ough o siroura rare only been complet	THE OF AUTUIN	viewelu		TO DO DO IN A T U	y D	- promore	, BUI FULL

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

		Part IV. Yard Waste,	, Mul	ching and (	Composting	g Management	
ипре	ermitted sites an	ed it is illegal to burn. Composting	and mi	ılching are popi	ılar managemen	sed in sanitary landfills, incinerators, on the options. Please answer the questions be on-vegetative materials in this section.	
49. 50. 51.	checking all the Did a storm ev What quantitie	ent significantly impact the amount	Collectory	ted at convenient waste your gove raste program? I	ce center R rnment managed Provide inform	ation in TONS OR CUBIC YARDS of	-
		Destination	Check if used	Tons	Cubic Yards	Please Provide Name and Location of Facili Receiving Vegetative Materials	ty
	End user (to fa	armer or home-owner)					
	Your local gov	ernment's mulch or compost facility					
	Other public m	ulch or compost facility					
	Private mulch	or compost facility					
	Land clearing a	and inert debris landfill (LCID)	$\boxtimes$	5.03		Greensboro Landfill White Street	
	Energy / Fuel U	Use (e.g. boiler fuel market)					
		Total		5.03			
	estimate yard v	waste volume. Calculate for each trued by program in the appropriate box	ck used	in your yard waye. Ex. $10 \text{ yd}^3$	ste managemen	•	
	Size of Truc	X Avg. no. of times truck	fills each	Week # of weeks	truck is used during	$ =   yd^3 $ TOTAL	
	Size of True			Vaste Colle		5 year	
This	section concern	s your local government's provision					
52.		te the following table about your gov	ernmen	t's solid waste co	ollection system		
	Sector	Who Collects Solid Waste? Insert Letter - see codes at right			aht Will Co.	dlects Solid Waste? How is Solid Waste Collect government employees 1. Once a week at household	ed?
	Residential	, B	mary	1 Secondary	b. By Co		
	Commercial		mary	Secondary	d. Local	government not 4. As needed or by request ed in provision of 5. Daily	
	Industrial	Primary Secondary Prin	mary	Secondary	service	*	
53.	If you provide	residential waste collection at single	-family	households in ye	our jurisdiction,	please answer the following questions:	
	What type of c	ollection method is used?	ully Aut	omated S	Semi-Automated	l Manual Don't know	
	What is the sta	ndard collection frequency? 🛛 W	eekly	Two tim	es per week	Other	
	What is the typ	pical service point for single family h	ousehol	ld waste?	Curbside [	Back yard / Back door	
	What type of c	ollection container is used? 🛛 G	overnm	ent-provided car	ts Reside	ent-provided container Bags	
	Do you offer b	ulky waste collection services?	Yes	☐ No			
54.		ties - did your government collect witte goods delivered to the county for			∑ Yes ☐ No	No	
		Part VI. Solid Was	te and	d Recycling	Education	nal Activities	
55.	Did <b>your local</b> issues / activiti		_	inform citizens o Part VII, page		ut solid waste management and / or recycli	ing
56.	Please estimate	e your annual budget for solid waste	related o	education and ou	atreach activities	s: \$	
57.	Does your com	nmunity produce recycling education	and out	treach materials	in languages be	sides English? Yes No	
	If YES, please	list other languages used:					
58.	Please provide	your recycling website address and	public ii	nformation phon	e number if app	olicable.	
	Website:					Phone #:	

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

00	ficient resources availab estions deal with funding			v	v	these programs.	The following
_	Did your local governm	• •		_		Yes 🖂 N	lo.
	With regards to funding	•	•				
	Tipping fees			ight-based fees (e.g	g. PAYT) 🔲 Ti	re tax	
	Property tax	es / general fund	Sale of recy	yclables	W	hite Goods tax	
	Per househo	0	Grants			isposal Tax	
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> f	or solid waste)	
	a. \$	per		per		for solid was	te
	b. \$	per		per		for recycling	
	c. \$	per		per		for yard was	te
	d. \$	per		per		for bulky wa	ste
	e. \$	per		per		availability f	<u>ee</u>
	f. \$	per		per		total charge	
63.	Did your local governmare 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	t accounting annual	ly and to develo	p a system to
64.	If your local government	nt contracts for soli	d waste or recycling	g services, please re	port the annual contr	act amount.	
	•		· ·	-	1		
	*		OR	year			
	\$			act (solid waste, and	d recycling)		
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	and yard waste inc	luding materials col			
	1,1	# of Households	Tons Collected	Collection Cost	Disposal Cost	Total Cost including	Cost Per Ton Managed
		served			(tipping fees paid)	overhead	(calculated by form)
N	Iunicipal Solid Waste*	2,330	2,078.41				
	Recycling Program**	1,981	1,121.39				(
	Yard Waste Program		5.03				(
	Totals	(calculated by form):	3,204.83				
	*for materials collected and	_	_				
	**for materials collected by						
66.	If your government operations (round facility operations (round facility operations)						
	proportionately. Lan		). If budgets for dif		comonied, piease au	_	COSIS
		sfer Station Budget	: \$				
	Yard	Waste / Compost I	Facility Budget: \$				
	Recy	cling Facility Budg	get: \$				-
67.	What was your government	ment's total combine	ed annual budget fo	or all solid waste and	d recycling services i	n 17-18? \$	

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

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

WH	ITE GOODS					
68.	Please provide name, address, phone number, and	e-mail of person	respons	_	program.	
	Name:			Title:		
	Address:	C	ity:		Zip:	
	Telephone: Fax:			Email:		
69.	Please provide the physical address of the primary	county white goo	ods colle	ection site.		
	Street 1:					
	Street 2:					
	City:				Zip:	
70.	Please provide the name of the business or person Name:				om white goods.	
	Street:					
	City:		State:	North Carolina	Zip:	
	Phone: Fax:					
71.	Give amounts / types of CFCs removed. Attach rec					
	Type of CFC Removed				Amount	_
72.	CFCs may be recycled or sent for destruction. Give	e name of firm, d	isposal	method and amount	earned / spent for CF0	C disposal.
	Firm	M	ethod of	f Disposal	<b>Amount Earned</b>	Amount Spent
73.	Please report the tonnage of white goods collected white goods tonnage reported on page 5? Ye	•	·18 in th	e Recycling Tonnag	es table on page 5 (qu	estion # 45). Was
74.	List the amount of revenue for the white goods pro	ogram by source:				
	Revenue collected from sale of scrap:	\$				
	Revenue collected from White Goods Tax Distribu	utions: \$				
	Revenue from other source (e.g. grants):	\$				
	Total Revenue:	\$				
75.	According to the White Goods Law, White Good expenditures White Good Tax Distributions were used to the Cook of th					mounts and types of
	Operational Expenses: \$					
	~					
	Clean-up of Illegal White Goods Dumps: \$					
	Total Expenditures: \$					

SC.	RAP TIRES				
76.	Please provide name, address, phone number, and e-Name:	•	•		
	Address:				
	Telephone: Fax:		Emai	il:	
77.	Please provide the physical address of the primary c	ounty scrap tires	collection sit	te.	
	Street 1:				
	Street 2:				
	City:		State: North	n Carolina	Zip:
78.	Tonnage/Number of scrap tires disposed July 1, 201  Tons o	7-June 30, 2018 (	excluding tin	res from cleanup of nu _Number of tires	isance sites)
79.	Tonnage/Number of scrap tires disposed from clean Tons o		nty designate	ed nuisance sites _Number of tires	
80.	Indicate the types of tires collected by the county: Passenger % Heavy To	ruck	%	Large Off-Road	%
81.	List the amount of revenue for the scrap tire program	•			
	Revenue from Scrap Tire Tax Distributions:				
	Revenue from Tire Fees:				
	Revenue from Scrap Tire Clean-up Reimbursement	s: \$			
	Revenue from Scrap Tire Cost-Overrun Grants:				
	Total Revenue:	\$			
82.	County's total scrap tire program contract expenditu excluding costs of nuisance tire cleanups, for FY 17	re (contract dispo	sal/hauling c	costs),	
83.	County's additional scrap tire program expenditure ( Labor \$		ience center	cost), if any.	
	Site Cost \$				
	Other \$	descr	ribe Other: _		
84.	County's contract cost for scrap tire disposal. \$	/ T	on; \$	/ Tire	
85.	Hauling cost or fuel surcharge, if not included in co	ntract cost above	.\$	/ Ton; \$	/ Tire
86.	Total tipping fees collected for tires not eligible for	free disposal. \$ _			
87.	Total number of tires collected not eligible for free				
88.	If scrap tires were not hauled off site by contracted s	service provider,	were they cu	t and disposed in a loca	al landfill?  Yes No
89.	Name of tire disposal/recycling firm(s):				
TE	MPORARY DISASTER DEBRIS STAGI	NG SITES			
90.	Does your local government have a plan in place for	management of	disaster debr	ris? Yes	No
	If yes, indicate if the plan is a stand-alone plan or in	conjunction with	local govern	nment agencies:	Stand-alone
91.	If you indicated having a plan, has the plan been rev requirements for public assistance reimbursement in			anagement or FEMA to	o ensure it meets the basic No
92.	Please list the name, contact numbers(s), and e-mail	address of the pe	rson(s) in ch	arge of the disaster del	bris management program for
	your local government:  Name: Name	ie:		Name:	
		ne:		<del></del>	
	E-mail: E-m				

Natural Heritage Program (Natural Heritage Program (Natura Heritage Progr	NHP) and the State Historic Preservate prior to a disaster is advantageous to local g	overnments because a staging site which is	nation with the Solid Waste Section. found to have impacted federal or state
Disaster Site #	Site Name	Disaster Site #	Site Name
Does your plan address the I		_	a disaster? Yes No
	s annual mortanty:	_	
If yes, has your county deve	loped a written plan for the managem	nent of abandoned manufactured h	omes? Yes No
	Part IX.	Comments	
	Disaster Site #  Does your plan address the r  Does your plan address mass  ANAGEMENT OF ABA  Has your county considered  If yes, has your county devel  this section to elaborate on an	Disaster Site # Site Name  Disaster Site # Site Name  Does your plan address the management of household hazardous poes your plan address mass animal mortality?  ANAGEMENT OF ABANDONED MANUFACTUR. Has your county considered whether to implement a program for If yes, has your county developed a written plan for the management plan for the developed as written plan for the management plan for the developed as written plan for the management plan for the developed as written plan for the management plan for the developed as written plan for the management plan for the management plan for the developed as written plan for the management plan for the	Does your plan address the management of household hazardous waste and white goods following a

This form is to be submitted electronically. If you require assistance, please contact one of these NC DEACS staff members:

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

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

