Environmental Quality

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, 2015 -- June 30, 2016

Please submit this form to Lgteam@ncdenr.gov by September 1, 2016.

On the following pages you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2015-2016. 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, 2016.

Options for obtaining a blank copy of this form:

- 1 download a copy of the form from this web site: http://deq.nc.gov/about/divisions/waste-management/solid-waste-section/annual-reporting-local-government-solid-waste-facility-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: https://get.adobe.com/reader/ - 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 it to an email and sending the 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:

Joseph Fitzpatrick, phone: 919-707-8121, email: joseph.fitzpatrick@ncdenr.gov Rob Taylor, phone: 919-707-8139, email: rob.taylor@ncdenr.gov

Form Year

2016



Local Government

Required - Enter Your Local Government Name: Rhodhiss

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, 2015 -- June 30, 2016

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, 2016. If you have questions about completing this form, please call 919-707-8121 or 919-707-8139. If you have questions about the reporting requirement, please call 919-707-8200 or contact your Regional Environmental Senior Specialist. Person Completing This Report: Barbara Harmon Title: Interim Town Manager Mailing Address: PO Box 40 City: Rhodhiss Zip: 28667 Date: 09-28-16 Phone: 828-396-8400 Fax: 828-396-8405 Email: townofrhodhissnc@gmail.com **General Instructions** Please remember that the time period for the report is JULY 1, 2015 through JUNE 30, 2016. Please check "No" if you have nothing to report for a specific question. Did your local government have a Recycling Coordinator or similar position for FY 15-16? X No Name Recycling Coordinator (if different from person completing this report.) Name: Address: Telephone: Fax: Email: Did your local government have a Solid Waste Director or similar position for FY 15-16? 2. X Yes Will Dennis Title: Public Works Supervisor If Yes. Name: Address: PO Box 40 City: Rhodhiss Zip: 28667 Telephone: 828-312-0082 Fax: 828-396-8405 Email: rchief361@yahoo.com Did your local government have **dedicated or part-time** Solid Waste Enforcement Staff for FY 15-16? 3. If Yes, Name: Address: Telephone: Fax: Email: Did your local government have solid waste ordinances in place addressing any of the following during FY 15-16? (if yes, please check all that apply) Disposal Bans ✓ Illegal Dumping X Littering Other, Please Describe: Did your local government manage, provide or contract for any solid waste services in FY 15-16 (e.g., collection, disposal, recycling, mulching, composting)?

If you answer "No" to question 5, the report is complete, please email to Lgteam@ncdenr.gov.

Part I. Waste Reduction and Recycling Programs Serving Government Facilities The following questions pertain to waste reduction and recycling activities / programs that serve local government facilities. An example of source reduction at government facilities is duplex or two-sided copying. Did your local government have an in-house / government building recycling program in place for FY 15-16? ☐ Yes X No Did your local government have any program or policy encouraging or requiring local agencies to 7. X No purchase products with recycled content? Did your local government have a program in place to collect and recycle spent fluorescent lights X Yes | No generated from public buildings? 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 yes, 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.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 2015 through June 30, 2016? 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 what 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 you **DID** operate or contract for a recyclables recovery program, please indicate the type of program in operation and provide specifics about your program(s). CURBSIDE RECYCLING PROGRAM Did your government operate a Curbside Recycling Program? Yes No, skip to question # 26 Who collected the recyclable materials for your local government's curbside recycling program? 16. Local government employees

Other (please specify)

Private contractor (please specify) Franchised hauler (please specify)

17.	Please answer the following questions about your community. a. Total number of households?						
	b. Number of households served by curbside recycling?						
	c. Please estimate the number of households that regularly participate in the program?						
18.	3. If your curbside recycling program is operated through a <u>public franchise 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 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						
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						
25.	If you use roll-out carts for curbside recycling, please indicate the calendar year you implemented service with carts:						
DR	OP-OFF RECYCLING PROGRAM						
26.	Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 33						
27.	Who collected the recyclable materials for your local government's drop-off recycling program? Local government employees Private contractor						
• •	Other (please specify)						
28.	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						
29.	Please estimate the number of households served by your drop-off recycling program.						
30.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial						
31.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:						
32.	How many of these locations were staffed with attendants?						
EL	ECTRONICS RECYCLING PROGRAM						
	use answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any erials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.						
33.	Did your community operate an electronics recycling program in FY 15-16? Yes No, skip to question # 39						
	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						

34.	Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses							
35.	Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses							
36.	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 2016, please provide the following information:							
	Electronics Management Fund balance as of July 1, 2015: \$							
	Electronics Management Funds received from DENR during FY 15-16: \$							
	Electronics Management Funds spent during FY 15-16: \$							
	Electronics Management Fund balance as of June 30, 2016: \$							
37.	Please explain how Electronics Management Funds were spent during FY 2015-16 (please list items purchased if applicable):							
38.	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 15-16:							
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?							
OT	THER PUBLIC RECYCLING PROGRAMS							
the	ase answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for <u>by</u> <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.							
39. 40.	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? \square Yes \square No							
41.	Does your local government provide recycling services to Alcoholic Beverage Commission permit holders?							
	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							
42.	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							
43.	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?							
44.	Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 15-16. (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							
45.	Please identify all "Other" programs or services operated by your government during FY 15-16. (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

- 46. 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, 2015 through JUNE 30, 2016. 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 mat					411.00		Т-4-1 Т	
PROGRAM	Curbside		Dr	op-off	All "Othe	er'' Programs	Total Tons (totals are calculated by	
	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	form)	
GLASS:								
Clear								
Brown								
Green								
Mixed								
PLASTIC:								
PET #1								
HDPE #2								
All Plastic Bottles								
Other Plastic Containers								
Bulky Rigid Plastics								
METAL:								
Aluminum Cans								
Steel Cans								
White Goods								
Other Metal								
PAPER:								
Newsprint (ONP)								
Cardboard (OCC)								
Magazines (OMG)								
Office Paper								
Mixed / Other Paper								
Cartons / Aseptic Containers								
WOOD:								
Pallets								
Other Wood - DO NOT								
report yard waste tons here								
OTHER MATERIALS:								
Textiles (clothes etc)								
Televisions								
Other Electronics								
C&D Recovery								
Commingled tons-check all								
items collected above TOTAL TONS:								
	AGEAGAI			DDINANCE	1 (1)		ls that were recycled as	

47. 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 answer the questions and provide data as indicated below considering services provided to the public for recycling. Please do not include materials that were accepted and then disposed of in a landfill. Do not include materials generated exclusively by government operations (e.g. motor-fleet services). If special wastes were only accepted as a part of an Household Hazardous Waste (HHW) Program or HHW event and were not collected by separate recycling efforts then do not record materials in question # 48 but instead report with HHW materials in question #49.

Special Waste Collected Separately From HHW Collection Program or Event

· —										
·8.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		m collect this m the public?	# of sites	Data on quant Please rep		llected / manandicated units	_		businesses rticipate?
U	sed Motor Oil	Yes	☐ No				gal	lons		Yes
U	sed Oil Filters	Yes	☐ No		Bar	rrels, or		lbs		Yes
U	sed Antifreeze	Yes	☐ No				ga	llons		Yes
Ва	atteries, Lead Acid	Yes	☐ No		# b	atteries,	or	lbs		Yes
Ва	atteries, Dry Cell	Yes	☐ No				'	lbs		Yes
Fl	uorescent Bulbs/Lights Containing Mercury	Yes	☐ No			lbs, or	#	bulbs		Yes
Pr	opane Tanks	Yes	☐ No			lbs, or	#	tanks		Yes
U	sed Cooking Oil / Waste Vegetable Oil	Yes	☐ No			lbs, or	ga	llons		Yes
- 1	ther Special Wastes - please provide waste type here:	Yes	☐ No					lbs		Yes
- 1	esticide Containers (NCDA Program, not esticides themselves)	Yes	☐ No			lbs, or		con-		n/a
	CDA Pesticide Disposal Assistance Program or management of pesticides, not containers)	☐ Yes	☐ No					lbs		n/a
	atex Paint (do not include paint collected at HW event or by a paint exchange program)	Yes	☐ No			gals, or		lbs		Yes
If a. b. c.	id your local government operate a household Yes, please respond to the following question Was HHW collected at a permitted Tempora How many days was your HHW Program op Did you partner or co-sponsor your HHW program of Please list partner(s) How many citizens / households participated	ns: The ent or a control of a	t a Permanent materials duri unother <u>local</u> g	HHW (Collection Facilifical Year?ent?Yes	lity? [5? Yes Permanent		Ter	np. Event
	e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? Yes No If yes, please estimate the amount of business material managed pounds f. Materials collected by HHW Program: if totals for individual materials are known please indicate below. If individual material totals are not known, please simply provide total quantity of materials collected by HHW program in Total Quantity row below.									
	Used Motor Oil (Gal)									
	Used Antifreeze (gal)	Lea	d Acid Batter	ies (lbs)		Other E	Batteries (lbs)			
	Fluorescent Bulbs / Lights Containing	ng Mercury (l	bs)		_					
	Provide Total Quantity of materials collected in 49f, please net materials reported separate	•	_							pounds
g.	Contractor(s) involved									
h.	Estimated cost of HHW / CESQG program of	or event(s) \$								
	3 through 6 should have only been complet					that the	v DO provide	recv	clins	services.

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 Wast	te, Mulo	ching and (Compostin	g Managem	ent
ипре	section concerns management of vegetative marmitted sites and it is illegal to burn. Compostive management of vegetative materials. Do not be a section of the control of t	ing and mu	llching are popi	ular manageme	nt options. Please	e answer the questions below
50. 51. 52.	Does your local government operate a yard waste checking all that apply: Collected curbside Did a storm event significantly impact the amount What quantities of materials were managed by yorganic material (yard waste, brush, limbs, le	Collect nt of yard v our yard w	red at convenien waste your gove aste program?	ce center Remarks Rema	eceived at yard w d during FY 15-10 ation in TONS <u>C</u>	6? Yes No CUBIC YARDS of
	Destination	Check if used	Tons	Cubic Yards	Please Provide N	Name and Location of Facility g Vegetative Materials
	End user (to farmer or home-owner)					8
	Your local government's mulch or compost facil-	ity 🗵		480	Rhodhiss yard waste sit	e
	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			480		
	YARD WASTE MANAGEMENT FORMULA: estimate yard waste volume. Calculate for each volume managed by program in the appropriate	truck used	in your yard wa	aste managemen	t program, and the	en enter the grand total
	<u>6</u> X <u>2</u>		X 40		= 480	yd^3
	Size of Truck (in yards) Avg. no. of times true					TOTAL
	se answer the following questions regarding your Please complete the following table regarding you	· local gove	ernment's provis	•	te collection and	•
	Sector Who Collects Solid Waste? Insert Letter - see codes at right	How is So Insert No	lid Waste Colle o see codes at	right Who Co	bllects Solid Waste? government employee	How is Solid Waste Collected? es 1. Once a week at household
	Commercial Primary a Secondary	D .	Secondary Secondary Secondary	d. Local	nise haulers government not red in provision of	 Twice a week at household Convenience center/greenbox As needed or by request Daily Other
54.	If you provide <u>residential</u> waste collection at sing What type of collection method is used? What is the standard collection frequency? What is the typical service point for single family What type of collection container is used? Do you offer bulky waste collection services?	Fully Aut Weekly y househol	omated S	Semi-Automated nes per week Curbside	_	☐ Don't know
55.	For municipalities - did your government collect If so, were white goods delivered to the county f	t white goo	ds at the curb?	Yes No	∑ No	
	Part VI. Solid Wa	aste and	l Recycling	g Education	nal Activitie	S
56.	Did your local government have an education prissues / activities? Yes No (If	_	inform citizens o Part VII, page		out solid waste ma	nagement and / or recycling
57.	Please estimate your annual budget for solid was	ste related e	education and or	utreach activitie	s: \$	
58.	Does your community produce recycling education	ion and out	reach materials	in languages be	sides English?	Yes No
	If YES, please list other languages used:					
59.	Please provide your recycling website address ar	nd public ir	nformation phor	ne number if app	olicable.	
	Website:				Hotline:	

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

	icient resources availab stions deal with resource				continued success o	f these programs. T	The following	
-	Did your local govern		_		n FY 15-16?	Yes No	1	
61.	With regards to funding	ng sources, check al		•				
	Tipping fees		_	eight-based fees (e.g	. —	Tire tax		
		es / general fund		yclables		White Goods tax		
62	Per househo NC Solid Waste Dispo	-	Grants	gible local governm		Disposal Tax	ment of Revenue	
02.	According to GS 105-							
	How are disposal tax	distributions being	used?Used for fuel	and parts needed.				
63.	If applicable, please p	rovide your FY 15-	16 household fees.	(e.g., a. \$45.00 per	<u>year per household</u>	d for solid waste)		
	a. \$	per		per		for solid waste	;	
	b.\$	per		per		for recycling		
	c. \$	per		per		for yard waste		
	d. \$	per		per		for bulky wast	e	
	e. \$	per		per		availability fee	<u> </u>	
	f. \$	per		per		total charge		
64.	Did your local government	•	s-You-Throw progr	ram for residential g	arbage? (Residents	are charged by wei	ight or volume for	
	the amount of trash dis	sposed.)	es No					
	ording to GS 130A-309 rm users of such costs.	-	ments are required	to conduct full cos	t accounting annua	ally and to develop	a system to	
65.	If your local governme	ent contracts for sol	lid waste or recyclin	ng services, please r	eport the annual co	ntract amount.		
			_ For solid waste s	•				
	\$		For recycling pe					
	·		OR	- 7 - 3.1				
	\$			act (solid waste, and	l recycling)			
66	Collection Programs: 1	Dlassa complete the	_		•	all costs of your los	al government's	
00.	programs for collectin							
	available, please repo	ort program budge	et in Total Cost co	lumn.	Γ	m . 1 G .	<u> </u>	
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Calculated Cost Per Ton Managed	
M	unicipal Solid Waste*	434	308	22,113	2,392	24,505	79	
-	Recycling Program**				<u> </u>			
	Yard Waste Program	434	96	19,435	1,392	20,827	216	
	(Calculated Totals:	404	41,548	3,784	45,332	112	
	*for materials collected and	l sent for eventual dispos	sal in a Municipal Solid	Waste or Construction as	nd Demolition Landfill,	or through incineration		
	**for materials collected by		_			_		
67.	If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations. If budgets are combined, please attempt to allocate costs proportionately.							
	Landfill Budget:	budgets are combin	•	to anocate costs pro	-			
	Transfer Station I	Budget:						
	Yard Waste / Cor	npost Facility Budg						
	Recycling Facility	y Budget:	\$					
68.	What is your governm	ent's total combine	d annual budget for	all solid waste and	recycling related se	ervices? \$		

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 69 through 97). 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					
69.	Give name, address, phone number, and Name:	•	•	Title		
	Address:		City:		Zip:	
	Telephone: Fa	nx:		Email:		
70.	Please provide the physical address of the Street 1:		_			
	Street 2:					
	City:				Zip:	
71.	Please provide the name of the business Name:	or person that remo	ves the refriger	ant gases (CFCs) fr	om white goods.	
	Street:					
	City:			North Carolina		
	Phone: Fax:		Email	:		
72.	Give amounts / types of CFCs removed.				tion of person(s) perfor	
	Type of CFC Ren	noved			Amount	
73.	CFCs may be recycled or sent for destruc	ction. Give name of				
	Firm		Method o	f Disposal	Amount Earned	Amount Spent
74	Tonnage of White Goods Collected (inc.	luda caran matal):				
74.		· -				
75.	List the amount of revenue for the white					
	Revenue collected from sale of scrap:	\$ Distributions (
	Revenue collected from White Goods Ta					
	Revenue from other source (e.g. grants):					
	Total Revenue:	\$				
76.	According to the White Goods Law, Wheexpenditures White Good Tax Distribution					mounts and types of
	Operational Expenses:	\$				
	Capital Improvements:	\$				
	Clean-up of Illegal White Goods Dumps	s: \$				
	Total Expenditures:					

SC	KAP TIKES					
77.	Give name, address, phone number, and e-mail of per Name:	-	-			
	Address:				Zip:	
	Telephone: Fax:					
78.	Please provide the physical address of the primary co Street 1:	unty scrap tire	es collection sit	e.		
	Street 2:					
	City:		State: North	n Carolina	Zip:	
79.	Tonnage/Number of scrap tires disposed July 1, 2015 Tons or	-June 30, 201	6 (excluding ti			
80.	Tonnage/Number of scrap tires disposed from cleanu Tons or		ounty designate	ed nuisance sites Number of tires		
81.	Indicate the types of tires collected by the county: Passenger % Heavy Tru	ıck	%	Large Off-Road	%	
82.	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 Reimbursements:	\$				
	Revenue from Scrap Tire Cost-Overrun Grants:	\$				
	Total Revenue:	\$				
83.	County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 15-	e (contract dis	posal/hauling c	costs), \$		
84.	County's additional scrap tire program expenditure (i. Labor \$		enience center	cost), if any.		
	Site Cost \$					
	Other \$	de	scribe Other: _			
85.	County's contract cost for scrap tire disposal. \$	/	/ Ton; \$	/ Tire		
86.	Hauling cost or fuel surcharge, if not included in con	tract cost abo	ve. \$	/ Ton; \$	/ Tire	
87.	Total tipping fees collected for tires not eligible for f	ree disposal. \$	S			
88.	Total number of tires collected not eligible for free d					
89.	If scrap tires were not hauled off site by contracted se	ervice provide	r, were they cu	t and disposed in a loc	al landfill? Yes	No
90.	Name of tire disposal/recycling firm(s):					
TE	MPORARY DISASTER DEBRIS STAGIN					
91.	Does your local government have a plan in place for	management o	of disaster debr	is? Yes	No	
	If yes, indicate if the plan is a stand-alone plan or in o	conjunction wi	ith local govern	nment agencies:	Stand-alone In conju	nction
92.	If you indicated having a plan, has the plan been revier requirements for public assistance reimbursement in			anagement or FEMA t	o ensure it meets the basic No	
93.	Please list the name, contact numbers(s), and e-mail a	address of the	person(s) in ch	arge of the disaster de	bris management program	for
	your local government: Name: Name	»:		Name:		
		•				
	E-mail: E-ma					
						

94.	Natural Heritage Progra Please note that the vetting of	y disaster debris staging sites in your count am (NHP) and the State Historic Preservation of a site prior to a disaster is advantageous to local go by cause difficulty for local governments when attempt	ion Office (SHPO) through coowernments because a staging site which	rdination with the Solid Waste Section h is found to have impacted federal or state
	Disaster Site #	Site Name	Disaster Site #	Site Name
95.	Does your plan address	the management of household hazardous v	waste and white goods following	g a disaster? Yes No
96.	Does your plan address	mass animal mortality? \square Yes \square	No	
MA	NAGEMENT OF A	ABANDONED MANUFACTURE	ED HOMES	
97.	Has your county consid	ered whether to implement a program for t	the management of abandoned	manufactured homes? Yes No
	If yes, has your county	developed a written plan for the manageme	ent of abandoned manufactured	homes? Yes No
		Part IX. C	Comments	
Use	this section to elaborate of	on any info provided in your report as nece		our comments about this report or other
		management in North Carolina. Thank yo		-
	This form is to be sub	omitted electronically. If you require ass Joseph Fitzpatrick, email: joseph.fitzpat Rob Taylor, email: rob.taylor@n	trick@ncdenr.gov phone 919-7	707-8121
can.		tal Assistance and Customer Service Local e at https://deq.nc.gov/conservation/recycli	Government Assistance Team	is ready to assist you in any way we
		RECYCLEMORE		