

### 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



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

## **State of North Carolina**

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

# Local Government Report Form

# 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 Lgtea         | am@ncdenr.gov by <b>Septemb</b> | er 1, 2018.      |                                  |  |
|-----|---|--|---------------------------------|------------------|----------------------------------|--|
|     | If you have question                                | ns or need assistance completi           | ng this form, please call 9     | 19-707-8136 d    | or 919-707-8133.                 |  |
| Per | rson Completing This Report:                        | David Robinette                          | Tit                             | le: Public Wor   | ks Director                      |  |
| Ma  | iling Address: 67 Main Ave                          |  | City: Taylorsville              |                  | Zip: 28681                       |  |
| Pho | one: (828) 632-2218                                 | Fax: (828) 632-7964                      |                                 | Date: 8/27/1     | 8                                |  |
| Em  | nail: drobinette@taylorsvillenc.                    | com                                      |                                 |                  |                                  |  |
|     |   | Genera                                   | al Instructions                 |                  | <del></del> -                    |  |
|     | ase remember that the time per a specific question. | iod for the report is JULY 1, 2017       | 7 through JUNE 30, 2018. Pl     | ease check "No   | o" if you have nothing to report |  |
| 1.  | Did your local government h                         | nave a Recycling Coordinator or s        | imilar position for FY 17-18    | ? Yes            | ⊠ No                             |  |
|     | Name Recycling Coordinato                           | or (if different from person comple      | eting this report.)             |                  |                                  |  |
|     | Name:   |  | Title:                          |                  |                                  |  |
|     | Address:  |  | City:                           |                  | Zip:                             |  |
|     | Telephone:  | Fax:                                     | Email:                          |                  |                                  |  |
| 2.  | Did your local government h                         | nave a Solid Waste Director or sin       | nilar position for FY 17-18?    | Yes              | No No                            |  |
|     | If Yes, Name:                                       |  | Tit                             | le:              |                                  |  |
|     | Address:  |  | City:                           |                  | Zip:                             |  |
|     | Telephone:  | Fax:                                     | Email:                          |                  |                                  |  |
| 3.  | Did your local government h                         | nave <b>dedicated</b> or part-time Solid | d Waste Enforcement Staff fo    | or FY 17-18?     | Yes No                           |  |
|     | If Yes, Name:                                       |  | Tit                             | le:              |                                  |  |
|     | Address:  |  | City:                           |                  | Zip:                             |  |
|     | Telephone:  | Fax:                                     | Email:                          |                  |                                  |  |
| 4.  | Did your local government hall that apply)          | nave solid waste ordinances in pla       | ce addressing any of the follo  | owing during F   | Y 17-18? (if yes, please check   |  |
|     | Disposal Bans                                       | Illegal Dumping Littering                | g Other, Please Describ         | oe:              |                                  |  |
| 5.  | Did your local government r mulching, composting)?  | nanage, provide or contract for an       | y solid waste services in FY    | 17-18 (e.g., col | lection, disposal, recycling,    |  |
|     | If you answe  | er ''No'' to question 5, the repor       | rt is complete, please email    | to Lgteam@no     | cdenr.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) Republic Services Franchised hauler (please specify) Other (please specify)

| 1/.  | Please provide the following information about your community:  |
|------|---|
|      | a. Total number of households in your jurisdiction? 820   |
|      | b. Number of households eligible to participate in the curbside recycling program: 820  |
|      | c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 495  |
| 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:  |
| 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.                           |
| 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 surficide collection of electronics is it. The appointment or Turnscheduled  |
|      | If you offer curbside collection of electronics is it:  by appointment or  unscheduled  If you operate a drap off electronics program how many collection sites do you provide? Name of Sites.  |
|      | 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        | ase answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by local government. 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.<br>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? $\  \  \  \  \  \  \  \  \  \  \  \  \ $                   |
|            | 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 AM                                    | Cu       | ırbside | Drop-off |      | All "Oth | er" Programs | <b>Total Tons</b>               |  |
|---|----------|---------|----------|------|----------|--------------|---------------------------------|--|
| PROGRAM                                     | ⊠ if Yes | Tons    | ⊠ if Yes | Tons | ⊠ if Yes | Tons         | (totals are calculated by form) |  |
| GLASS:                                      |          |         |          |      |          |              | 101111)                         |  |
| 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 he                   |          |         |          |      |          |              |                                 |  |
| OTHER MATERIALS:                            |          |         |          |      |          |              |                                 |  |
| Textiles (clothes etc)                      |          |         |          |      |          |              |                                 |  |
| Televisions                                 |          |         |          |      |          |              |                                 |  |
| Other Electronics                           |          |         |          |      |          |              |                                 |  |
| C&D Materials Recyclin                      | g        |         |          |      |          |              |                                 |  |
|   |          |         |          |      |          |              |                                 |  |
|   |          |         |          |      |          |              |                                 |  |
|   |          |         |          |      |          |              |                                 |  |
| Commingled tons-check items collected above | all 🗵    | 130.2   |          |      |          |              | 130.2                           |  |
| TOTAL TONS:                                 |          | 130.2   |          |      |          |              | 130.2                           |  |

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)

| 47.  | Special Waste Programs for Collecting<br>Materials <u>from Citizens</u> by Material Type   | Did program collect this material from the public? |                                 | # of sites | _                                | ntities collected / managed. |                   |            |  |
|------|--|--|---------------------------------|------------|----------------------------------|------------------------------|-------------------|------------|--|
|      | Used Motor Oil   | Yes  | ⊠ No                            |            |                                  |                              | gallons           |            |  |
|      | Used Oil Filters   | Yes  | ⊠ No                            |            | barre                            | ls, or                       | lbs               |            |  |
|      | Used Antifreeze  | Yes  | ⊠ No                            |            |                                  | '                            | gallons           |            |  |
|      | Batteries, Lead Acid   | Yes  | ⊠ No                            |            | # ba                             | tteries, or                  | lbs               |            |  |
|      | Batteries, Dry Cell  | Yes  | ⊠ No                            |            |                                  |                              | lbs               |            |  |
|      | Fluorescent Bulbs/Lights Containing Mercury  | Yes  | ⊠ No                            |            | 11                               | bs, or                       | # bulbs           |            |  |
|      | Propane Tanks  | Yes  | ⊠ No                            |            | 11                               | bs, or                       | # tanks           |            |  |
|      | Used Cooking Oil / Waste Vegetable Oil   | Yes  | ⊠ No                            |            | 11                               | bs, or                       | gallons           |            |  |
|      | Other Special Wastes - please provide waste type here:   | Yes  | ⊠ No                            |            |                                  | ·                            | lbs               |            |  |
|      | Pesticide Containers (NCDA Program, not pesticides themselves)   | Yes  | ⊠ No                            |            | 11                               | bs, or                       | # containers      |            |  |
|      | 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                            |            | ا ا                              | gals,<br>or                  | lbs               |            |  |
|      | Did your local government operate a household If Yes, please respond to the following question a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program of c. Did you partner or co-sponsor your HHW program of the collected at a permitted Tempora of the collected | s:<br>ary Event or a<br>pen to accept i            | t a Permanent<br>materials duri | HHW (      | Collection Facility Fiscal Year? |                              | Yes No            | mp. Event  |  |
|      | Please list partner(s)  d. Provide number of citizens / households that e. Did your program accept materials from sma If yes, please estimate the amount of busines  | all businesses                                     | (Conditionall                   | y Exem     | pt Small Quantity                |                              |                   | No         |  |
|      | f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If data about individual materials <u>is not</u> available, please simply provide total quantity of 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)   | Use  | ed Oil Filters                  |            | _ # of Barrels, o                | r                            | lbs.              |            |  |
|      | Used Antifreeze (gal)  | Lea  | d Acid Batter                   | ies (lbs)  | 0                                | ther Batteries               | s (lbs)           |            |  |
|      | Fluorescent Bulbs / Lights Containing  |  |                                 |            |                                  |                              |                   |            |  |
|      | <ul><li>g. Provide Total Quantity of materials collected reported in 48f, please net the weight of thos</li><li>h. Please list HHW Collection Contractor</li></ul>   | e materials or                                     | ut of the total                 | listed he  | ere.                             |                              |                   | pound      |  |
|      | _  |  |                                 |            |                                  |                              |                   |            |  |
|      | <ul> <li>i. Estimated cost of HHW / CESQG program of should have only been complete</li> </ul>   |  |                                 |            |                                  | at they DO n                 | provide recycline | g sprvices |  |
| · ug | os s misougii o snoum nuve oniy ocen complet   | on by govern                                       | month circuit                   | ving in t  | juosiivii # 17 III               | u may DO p                   | normo recyclili)  | Source     |  |

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.

| TEL: | Part IV. Yard Wa   |   |                                     |                       |                                       |   |  |  |
|------|--|---|-------------------------------------|-----------------------|---------------------------------------|---|--|--|
|      | s section concerns management of vegetative<br>ermitted sites and it is illegal to burn. Compe   |   |                                     |                       |                                       |   |  |  |
|      | ut your management of vegetative materials. L  |   |                                     |                       |                                       |   |  |  |
| 49.  |  |   |                                     |                       |                                       | ow yard waste is managed by   |  |  |
|      | checking all that apply:  Collected curbsic  | de Collect  | ted at convenier                    | nce center R          | eceived at yard w                     | aste, compost, or LCID facil  |  |  |
| 50.  | Did a storm event significantly impact the am  | -   |                                     | _                     | _                                     |   |  |  |
| 51.  | What quantities of materials were managed b organic material (yard waste, brush, limbs   |   |                                     |                       |                                       |   |  |  |
|      | Destination  | Check if used   | Tons                                | Cubic Yards           | Please Provide                        | Name and Location of Facility  12 Vegetative Materials                                |  |  |
|      | End user (to farmer or home-owner)   |   |                                     |                       | 10001111                              | g regetative iviaterials  |  |  |
|      | Your local government's mulch or compost fa  | acility   |                                     |                       |                                       |   |  |  |
|      | 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 box   |   |                                     | truck x 3 days/v      | $vk \ x \ 16 \ wks = 480$             |   |  |  |
|      | X  | 1 (11)  | X                                   |                       | =                                     | $yd^3$  |  |  |
|      |  |   |                                     | s truck is used durin |                                       | TOTAL   |  |  |
| This |  |   |                                     | ection Servi          |                                       |   |  |  |
| 52.  | section concerns your local government's provision of solid waste (garbage) collection services.  Please complete the following table about your government's solid waste collection system. |   |                                     |                       |                                       |   |  |  |
|      | Who Collects Solid Waste   | _ <u> </u>  |                                     | ootod2                | llects Solid Waste?                   | How is Solid Waste Collected?   |  |  |
|      | Sector Insert Letter - see codes at rig  |   | - see codes at r                    | ight a. Local         | government employed                   | es 1. Once a week at household  |  |  |
|      | Residential Primary b Secondary  |   | 1 Secondary                         | b. By Co              | ontract<br>hise haulers               | <ul><li>2. Twice a week at household</li><li>3. Convenience center/greenbox</li></ul> |  |  |
|      | Commercial Primary d Secondary   | Primary   | Secondary                           |                       | government not<br>red in provision of | <ul><li>4. As needed or by request</li><li>5. Daily</li></ul>                         |  |  |
|      | Industrial Primary d Secondary   | Primary   | Secondary                           | servic                | 1                                     | 6. Other  |  |  |
| 53.  | If you provide <u>residential</u> waste collection at  | single-family   | households in y                     | our jurisdiction      | , please answer th                    | e following questions:  |  |  |
|      | What type of collection method is used?    Fully Automated    Semi-Automated    Manual    Don't know   |   |                                     |                       |                                       |   |  |  |
|      | What is the standard collection frequency? Weekly Two times per week Other   |   |                                     |                       |                                       |   |  |  |
|      | What is the typical service point for single family household waste?   Curbside Back yard / Back door  |   |                                     |                       |                                       |   |  |  |
|      | What type of collection container is used?  Government-provided carts  Resident-provided container  Bags   |   |                                     |                       |                                       |   |  |  |
|      | Do you offer bulky waste collection services?  | ? X Yes   | □No                                 | _                     | -                                     | _ ,   |  |  |
| 54.  | For municipalities - did your government coll  |   | ds at the curb?                     | ⊠ Yes □               | No                                    |   |  |  |
|      | If so, were white goods delivered to the count   |   |                                     | ⊠ No                  |                                       |   |  |  |
|      | Part VI. Solid V   | Waste and   | l Recycling                         | g Education           | nal Activitie                         | S   |  |  |
| 55.  | Did <b>your local government</b> have an education issues / activities? Yes No   |   | inform citizens<br>o Part VII, page | -                     | out solid waste ma                    | nagement and / or recycling   |  |  |
| 56.  | Please estimate your annual budget for solid   |   |                                     |                       | s: \$                                 |   |  |  |
| 57.  | Does your community produce recycling edu-   | cation and out  | treach materials                    | in languages be       | sides English?                        | Yes No  |  |  |
|      | If YES, please list other languages used:  |   |                                     |                       |                                       |   |  |  |
| 58.  | Please provide your recycling website addres   | s and public in   | nformation pho                      | ne number if app      | olicable.                             |   |  |  |
|      | Website:   |   |                                     |                       | Phone #:                              |   |  |  |

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

| Sufficient resources availab<br>questions deal with funding   |   |  |   |   | these programs. T                          | The following                             |
|---|---|--|---|---|--|---|
| <ul><li>59. Did your local government</li><li>60. With regards to funding</li><li>Tipping fee</li></ul> | nent operate an Ente<br>g sources, check all<br>s<br>ses / general fund | erprise Fund for sol<br>that apply to your I<br>Volume/we  | lid waste services in<br>local government:<br>eight-based fees (e.g         | FY 17-18?   | Yes No ire tax 'hite Goods tax isposal Tax |   |
| 61. NC Solid Waste Dispo<br>According to GS 105-1   | sal Tax proceeds are 87.63 these funds n                                | e distributed to elignust be used by a ci  |   | ents on a quarterly ba  | sis by the Departm                         |   |
| How are disposal tax d  | _   |  | (a.g. g. \$45.00 per  | year per household t  | for solid wasta)                           |   |
|   |   |  |   | <u>year</u> per <u>nousenoia</u> j  |  |   |
|   |   |  |   |   |  | ,   |
|   | _   |  | -   |   |  |   |
| 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                               |   |
| 63. Did your local governmare charged a fee by we   |   |  | •   |   | 17-18? (a system v<br>No                   | where residents                           |
| According to GS 130A-30 inform users of such costs  |   | ments are required   | to conduct full cos   | st accounting annual  | ly and to develop                          | a system to                               |
| 64. If your local governme \$85,829   | nt contracts for soli   | d waste or recycling<br>For solid waste s  | -   | port the annual contr   | ract amount.                               |   |
| \$30,786  |   | For recycling per  |   |   |  |   |
| ·   |   | OR   | - y - 5.2   |   |  |   |
| \$ <u>116,615</u>   |   | _ Combined Contr   | act (solid waste, and   | d recycling)  |  |   |
| 65. Collection Programs: F<br>collection programs for<br>not available, please r                        | waste, recyclables  | and yard waste inc   | luding materials col  |   |  |   |
|   | # of Households<br>served   | Tons Collected   | Collection Cost   | Disposal Cost (tipping fees paid)   | Total Cost<br>including<br>overhead        | Cost Per Ton Managed (calculated by form) |
| Municipal Solid Waste*  | 825   | 663.5  |   |   | 85,829                                     | 129                                       |
| Recycling Program**   | 825   | 130.2  |   |   | 30,786                                     | 236                                       |
| Yard Waste Program  |   |  |   |   |  |   |
|   | (calculated by form):   | 793.7  |   |   | 116,615                                    | 146                                       |
|   | y public recycling progra<br>erates a landfill, trar                    | ams including those serves ansfer station, yard we have a serve of the station of the serves and the serves are serves as a serve of the serves are serves as a serves as a serves are serves as a serves as a serves are serves as a serv | vices offered to commercy<br>vaste /compost facil<br>fferent facilities are | cial and industrial generate<br>ity or recycling facili<br>combined, please att | ity, please provide<br>empt to allocate co | total budget for                          |
|   | _   | · ·  |   |   |  |   |
|   | cling Facility Budg   |  |   |   |  |   |
| 67. What was your govern  |   | ·  |   | d recycling services i  | in 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, phor                                    | ne number, and e  | -mail of persor | respons   | •                      | program.                |                     |
|     | Name:   |                   |                 |           | Title: _               |                         |                     |
|     | Address:  |                   | (               | City:     |                        | Zip:                    |                     |
|     | Telephone:  |                   |                 |           |                        |                         |                     |
| 69. | Please provide the physical address                                   | of the primary of | county white go | ods coll  | ection site.           |                         |                     |
|     | Street 1:   |                   |                 |           |                        |                         |                     |
|     | Street 2:   |                   |                 |           |                        |                         |                     |
|     | City:   |                   |                 |           |                        |                         |                     |
| 70. | Please provide the name of the bus Name:                              | -                 |                 |           |                        | om white goods.         |                     |
|     | Street:   |                   |                 |           |                        |                         |                     |
|     | City:   |                   |                 | State:    | North Carolina         | Zip:                    |                     |
|     | Phone:  | Fax:              |                 | _ Email   | :                      |                         |                     |
| 71. | Give amounts / types of CFCs reme                                     |                   | ords of CFC rea | moval, aı | nd copy of certificati |                         | rming extraction.   |
|     | Type of CF(   | Removed           |                 |           |                        | Amount                  |                     |
|     |   |                   |                 | -         |                        |                         |                     |
|     |   |                   |                 | -         |                        |                         |                     |
|     |   |                   |                 |           |                        |                         |                     |
|     |   |                   |                 |           |                        |                         |                     |
| 72  | CECs man be married an east for a                                     | lastmatica Cias   |                 | 4:1       |                        | and for CE              | C diamana1          |
| 72. | CFCs may be recycled or sent for o                                    | lestruction. Give |                 |           | f Disposal             | Amount Earned           |                     |
|     |   |                   |                 |           | •                      |                         |                     |
|     |   |                   |                 |           |                        |                         |                     |
|     |   |                   |                 |           |                        |                         |                     |
| 73. | Please report the tonnage of white white goods tonnage reported on pa |                   | _               |           | e Recycling Tonnag     | ges table on page 5 (qu | nestion # 45). Was  |
| 74. | List the amount of revenue for the                                    | white goods prog  | gram by source  |           |                        |                         |                     |
|     | Revenue collected from sale of scr                                    | ap:               | \$              |           |                        |                         |                     |
|     | Revenue collected from White Goo                                      | ods Tax Distribut | tions: \$       |           |                        |                         |                     |
|     | Revenue from other source (e.g. gr                                    | ants):            | \$              |           |                        |                         |                     |
|     | Total Revenue:  |                   | \$              |           |                        |                         |                     |
| 75. | According to the White Goods Law<br>expenditures White Good Tax Dist  |                   |                 |           |                        |                         | mounts and types of |
|     | Operational Expenses:   | \$                |                 |           |                        |                         |                     |
|     | Capital Improvements:   |                   |                 |           |                        |                         |                     |
|     | Clean-up of Illegal White Goods D                                     |                   |                 |           |                        |                         |                     |
|     | Total Expenditures:   | \$                |                 |           |                        |                         |                     |

| SC. | RAP TIRES  |  |                |   |                                |  |  |
|-----|--|--|----------------|---|--------------------------------|--|--|
| 76. | Please provide name, address, phone number, and e-Name:  | nd e-mail of person responsible for scrap tires program.  Title: |                |   |                                |  |  |
|     | 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<br>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 (N<br>Please note that the vetting of a site | (HP) and the State Historic Preserva<br>prior to a disaster is advantageous to local   | ation Office (SHPO) thro governments because a staging   | ough coordination with the Solid Waste Section. g site which is found to have impacted federal or state |
|---|--|--|---|
|   | Site Name  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| •   |  |  | following a disaster? Yes No  |
| • •   | ammar mortanty:  | <b>_</b>   |   |
|   |  |  |   |
| Has your county considered v  | whether to implement a program for   | r the management of aba  | ndoned manufactured homes?   Yes   No   |
| If yes, has your county development                                   | oped a written plan for the manager  | ment of abandoned manu   | factured homes? Yes No  |
|   | Part IX.   | Comments   |   |
|   |  |  |   |
| 1   | Natural Heritage Program (N Please note that the vetting of a site resources after a disaster may cause Disaster Site #  Does your plan address the m Does your plan address mass NAGEMENT OF ABA Has your county considered w If yes, has your county developments this section to elaborate on any | Natural Heritage Program (NHP) and the State Historic Preserve Please note that the vetting of a site prior to a disaster is advantageous to local resources after a disaster may cause difficulty for local governments when atten Disaster Site # Site Name  Does your plan address the management of household hazardour Does your plan address mass animal mortality? Yes  NAGEMENT 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 Part IX.  this section to elaborate on any info provided in your report as ne | Does your plan address the management of household hazardous waste and white goods                      |

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-local-government-recycling-assistance</a> or e-mail us at Lgteam@ncdenr.gov

