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, 2016 -- June 30, 2017

Please submit this form to Lgteam@ncdenr.gov by September 1, 2017.

On the following pages you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2016-2017. 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, 2017.

Options for obtaining a blank copy of this form:

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

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

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

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

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

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

Form Year



Local Government Report Form

Required - Enter Your Local Government Name: Colerain

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, 2016 -- June 30, 2017

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 Lg	gteam@ncdenr.gov	by September 1, 2017.
-------------------------------	------------------	-----------------------

If you have questions or need assistance completing this form, please call 919-707-8121 or 919-707-8139.

Person Completing This Report: Shirlie Davenport		Titl	Title: Town Clerk		
Mailing Add	dress: PO Box 176		City: Colerain		Zip: 27924
Phone: 252-	356-2124	Fax: 252-356-2124		Date: 8/17/2	017
Email: town	ofcolerain@embarq	mail.com			
		Gener	al Instructions		
Please rement		eriod for the report is JULY 1, 201	6 through JUNE 30, 2017. Ple	ease check "No	" if you have nothing to report
1. Did yo	ur local government	have a Recycling Coordinator or s	similar position for FY 16-17?	Yes	🔀 No
Name	Recycling Coordina	tor (if different from person compl	eting this report.)		
Name			Titl	e:	
Addre	ss:		City:		Zip:
Teleph	ione:	Fax:	Email:		
2. Did yo	ur local government	have a Solid Waste Director or sin	nilar position for FY 16-17?	Yes	🔀 No
If Yes	, Name:		Titl	e:	
Addre	ss:		City:		Zip:
Teleph	ione:	Fax:	Email:		
3. Did yo	ur local government	have dedicated or part-time Soli	d Waste Enforcement Staff for	r FY 16-17?	Yes No
If Yes	, Name:		Titl	e:	
Addre	ss:		City:		Zip:
Teleph	ione:	Fax:	Email:		
•	ur local government apply)	have solid waste ordinances in pla	ace addressing any of the follow	wing during F	Y 16-17? (if yes, please check
	Disposal Bans	Illegal Dumping	g Other, Please Describ	e:	
	ur local government ng, composting)?	manage, provide or contract for an	ny solid waste services in FY 1	6-17 (e.g., col	lection, disposal, recycling,
		ver "No" to question 5, the repo	rt is complete, please email t		

	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.
6.	Did your local government have a recycling program in place for collecting recyclable materials generated at Yes No public buildings in FY 16-17?
7.	Did your local government have any program or policy encouraging or requiring local agencies to Yes No purchase products with recycled content?
8.	Did your local government have a program in place to collect and recycle spent fluorescent lights generated from the public buildings and facilities that were operated by your government in FY 16-17?
	Part II. Waste Reduction and Recycling Programs Serving the Public
SO	URCE REDUCTION / REUSE
9.	Did your local government have a backyard composting program?
10.	If yes, please check all backyard composting activities that apply:
	Education Demonstration site(s) Bin distribution/sales Number of Bins distributed?
11.	Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives?
12.	Did your local government offer a waste exchange or reuse program? Yes No
13	If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public:
	Swap shop/shed Number of sheds in use? Paint exchange Number of gallons recovered?
	Other (e.g. pallet exchange, etc.)
PU	BLIC RECYCLING SERVICES
14.	Which of the following responses best describes your recyclables recovery activities for the period July 1, 2016 through June 30, 2017?
	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.)
•	our local government DID operate or contract for a recyclables recovery program, please indicate in the owing sections the type of program in operation and provide specifics about your program(s).
CU	RBSIDE RECYCLING PROGRAM
15.	Did your government operate a Curbside Recycling Program? Yes No, skip to question # 25
16.	Who collected the recyclable materials for your local government's curbside recycling program?
	Local government employees
	Private contractor (please specify)
	Franchised hauler (please specify)

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction?			
	b. Number of households eligible to participate in the curbside recycling program:			
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary):			
18.	If your curbside recycling program is operated through a <u>public franchise granted to a private company</u> then please answer the following: Is public participation in the franchise: Voluntary or Mandatory Does your franchise consist of: One service district or Multiple service districts			
19.	What sector(s) of your community was served by the curbside recycling program?			
20.	If you checked commercial or industrial in question 19, please indicate the number of accounts served:			
21.	How frequently were the curbside recyclables collected?			
	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: Iss than 50 gallon cart 65 gallon cart 95 gallon cart multiple sizes of cart available			
DR	OP-OFF RECYCLING PROGRAM			
25.	Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 32			
26.	Who collected the recyclable materials for your local government's drop-off recycling program? Local government employees Private contractor 			
	Other (please specify)			
27.	Please describe the method / style of recyclable materials handling for your drop-off recycling program: source-separated (citizens separate materials by type) single stream / commingled dual / two stream (paper separated from cans/bottles) don't know / other			
28.	Please estimate the number of households served by your drop-off recycling program.			
29.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial			
30.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:			
31.	How many of these locations were staffed with attendants? All None Some please list # of staffed sites:			
EL	ECTRONICS RECYCLING PROGRAM			
	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.	Did your community operate an electronics recycling program in FY 16-17? Yes No, skip to question # 38			
	If you did operate an electronics recycling program, please indicate style of program:			
	Permanent - Curbside Collection Permanent - Drop-off Scheduled Collection Day or Event Part of HHW Program			
	If you offer curbside collection of electronics is it: by appointment or unscheduled			
	If you operate a drop-off electronics program, how many collection sites do you provide? Number of Sites:			

33.	Did your electronics	recycling program coll	ect or accept televisions f	rom (check all that a	apply): 🗌 F	Residences	Businesses
						cobioonoob	2 401100000

- 34. Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses
- DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was 35. eligible to receive proceeds from the State Electronics Management Fund in February of 2017, please provide the following information:

Electronics Management Fund balance as of July 1, 2016: \$

Electronics Management Funds received from DEQ during FY 16-17 (Feb 2017 distribution): \$

Electronics Management Funds spent during FY 16-17: \$

Electronics Management Fund balance as of June 30, 2017: \$

Briefly explain how Electronics Management Funds were spent during FY 2016-17 (please list items purchased if applicable): 36.

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 16-17:

Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications? No

OTHER PUBLIC RECYCLING PROGRAMS

20

Please answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by
the local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the
Recycling Tonnages Chart on pg 5.
28. Did your local accomment ensure a multifemily recycling collection measurem that may idea on measurem recycling corrier for recidents

50.	Did your local government operate a mutifannity recycling conection 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
	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 📄 No
	On-site collection services provided If on-site collection provided, please estimate # of ABC accounts served:

Public drop-off recycling sites available for ABC On Premises Permit holders to use	

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.		overnment have an ordinand	0 0			am 🗌 Yes	No
	with the intention	of encouraging or requiring	g waste reduction	or recycling of these	materials?		

Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 16-17. 43. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)

Public Parks Recycling Program	Athletic Field /Venue Recycling Program

- Recycling Service for Special Events / Festivals Pedestrian Recycling Program
- Please identify all "Other" programs or services operated by your government during FY 16-17. (check all that apply and if possible 44 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, 2016 through JUNE 30, 2017. DO NOT include materials that were not collected or managed by your local government either directly or under contract to a private service provider.
 - b. Do NOT report YARD WASTE, TIRES, HHW, USED OIL, OIL FILTERS, ANTI-FREEZE, BATTERIES or other SPECIAL WASTE tonnages on this page - these items should be reported in other sections of report form. See page 6 for SPECIAL WASTES.
 - c. Please report materials collected in tons only. Please only extend numbers to two decimal places (x.xx).
 - d. If you collected single stream or other commingled materials, record Tons in the "Commingled tons" row and then check the box for each individual material type that was commingled.

DDOCDAN	Curbside			Drop-off	All "C	Other'' Programs	Total Tons
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	🛛 if Yes	Tons	(totals are calculated by form)
GLASS:							
Clear							
Brown							
Green							
Mixed							
PLASTIC:							
PET #1							
HDPE #2							
All Plastic Bottles							
Other Plastic Containers							
Bulky Rigid Plastics							
METAL:							
Aluminum Cans							
Steel Cans							
White Goods							
Other Metal							
PAPER:							
Newsprint (ONP)							
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 to a short 1							
Commingled tons-check all items collected above							
TOTAL TONS:							

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.

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

4

47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		n collect this n the public?	# of sites	Data on quantities collected / managed. Please report in indicated units.			
	Used Motor Oil	Yes	🗌 No			_	gallons	
	Used Oil Filters	Yes	No No		barr	els, or	lbs	
	Used Antifreeze	Yes	D No		I		gallons	
	Batteries, Lead Acid	Yes	No No		# b	atteries, or	lbs	
	Batteries, Dry Cell	Yes	No No			4	lbs	
	Fluorescent Bulbs/Lights Containing Mercury	Yes	No No			lbs, or	# bulbs	
	Propane Tanks	Yes	🗌 No			lbs, or	# tanks	
	Used Cooking Oil / Waste Vegetable Oil	Yes	No No			lbs, or	gallons	
	Other Special Wastes - please provide waste type here:	Yes	🗌 No				lbs	
	Pesticide Containers (NCDA Program, not pesticides themselves)	Yes	🗌 No			lbs, or	# con- tainers	
	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	
	 b. How many days was your HHW Program of c. Did you partner or co-sponsor your HHW program all please list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from small fyes, please estimate the amount of business f. Amounts of individual materials collected by about individual materials is not available, p Note, materials listed here should only be the Used Motor Oil (gal) Used Antifreeze (gal) Fluorescent Bulbs / Lights Containing 	ogram with a participated i all businesses ss material ma y HHW Progr lease simply p ose collected Use Leang Mercury (Il	nother <u>local</u> g in your HHW (Conditionall inaged am: if totals f provide total c at an HHW Pr d Oil Filters d Acid Batter os)	overnm collecti y Exem or indiv uantity rogram ies (lbs)	ent? Yes on program this pt Small Quantir idual materials col and should not in _ # of Barrels,	ty Generator pounds are known pl lected by HH nclude mater or	rs)? Yes lease itemize below IW program in 48 rials listed in ques _ lbs.	g below. tion 47.
	g. Provide Total Quantity of materials collected reported in 48f, please net the weight of thosh. Please list HHW Collection Contractor		at of the total	listed he				pounds
	i. Estimated cost of HHW / CESQG program of	or event(s) \$						_
	es 3 through 6 should have only been complet governments answering ''Yes'' to question # 5	ed by govern	ments indica	ting in e	question # 14 th			

2016-2017 Local Government Annual Report *Report Due Date: September 1, 2017* Submit to: Lgteam@ncdenr.gov

is only to be completed by Counties.

Part IV. Yard Waste, Mulching and Composting Management

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

- 49. Does your local government operate a yard waste program? ⊠ Yes □ No If yes please indicate how yard waste is managed by checking all that apply: ⊠ Collected curbside □ Collected at convenience center □ Received at yard waste, compost, or LCID facil.
- 50. Did a storm event significantly impact the amount of yard waste your government managed during FY 16-17? 🗌 Yes 🛛 No
- 51. What quantities of materials were managed by your yard waste program? **Provide information in TONS OR CUBIC YARDS of**
 - organic material (yard waste, brush, limbs, leaves, etc.) managed. For conversion purposes, use 400 lbs./cubic yd.

Destination	Check if used	Tons	Cubic Yards	Please Provide Name and Location of Facility Receiving Vegetative Materials			
End user (to farmer or home-owner)							
Your local government's mulch or compost facility	\boxtimes		520	Colerain Yard Waste Facility #1			
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			520				
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							

estimate yard waste volume. Calculate for each truck used in your yard waste management program, and then enter the grand total volume managed by program in the appropriate boxes above. *Ex.* 10 yd³ truck x 3 days/wk x 16 wks = 480 yd³

5		X 2	2X	ζ :	52	=	520		yd^3
	Size of Truck (in yards)	A	vg. no. of times truck fills each week	#	of weeks truck is used during year			TOTAL	

Part V. Solid Waste Collection Services

This section concerns your local government's provision of solid waste (garbage) collection services.

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

	Sector			ts Solid V see codes				Waste Col		Who Collects Solid Waste?	How is Solid Waste Collected?
	Residential	Primary	b	Secondary	0	Primary	1	Secondary	ingin	 a. Local government employee b. By Contract c. Franchise haulers 	s 1. Once a week at household2. Twice a week at household3. Convenience center/greenbox
	Commercial	Primary	b	Secondary		Primary	4	Secondary		d. Local government not involved in provision of	4. As needed or by request5. Daily
	Industrial	Primary	d	Secondary		Primary		Secondary	service		6. Other
53.	53. If you provide <u>residential</u> waste collection at single-family households in your jurisdiction, please answer the following questions:								e following questions:		
	What type of co	ollection	metho	od is used	?	Fully A	Autom	ated 🔀	Semi-A	utomated 🗌 Manual	Don't know
	What is the star	ndard co	ollectio	n frequen	cy? 🖂	Weekl	у [Two ti	nes per	week Other	
What is the typical service point for single family household waste? 🛛 🔀 Curbside 🗌 Back yard / Back door								ck door			
What type of collection container is used? 🗌 Government-provided carts 🛛 Resident-provided container 🔀 Bags									uiner 🔀 Bags		
	Do you offer b	ulky was	ste coll	ection set	rvices?	Y	es	🔀 No			
54.	For municipalit If so, were whi		•				-			Yes 🖾 No No	
]	Part	VI. So	lid W	aste a	nd F	Recyclin	g Edu	icational Activities	5
55.	Did your local issues / activitie	-						orm citizen: art VII, pag	-	cally about solid waste man	nagement and / or recycling
56.	Please estimate	your an	inual b	udget for	solid wa	ste relat	ed edu	cation and o	outreach	activities: \$	
57.	Does your com	munity [produc	e recyclir	ng educat	ion and	outrea	ch material	s in lang	guages besides English?	Yes No
	If YES, please	list other	r langu	lages used	1:						
58.	Please provide	your rec	cycling	website a	address a	nd publi	ic info	rmation pho	ne numl	ber if applicable.	
	Website:									Phone #:	

	Part VII	I. Resources f	or Solid Was	te Managem	ent and Full (Cost Accounti	ng
	fficient resources availab					f these programs.	The following
-	estions deal with funding . Did your local governr					Yes 🕅 No)
	. With regards to fundin	-	-				,
	Tipping fee			eight-based fees (e.	g. PAYT)	Fire tax	
		xes / general fund		yclables		White Goods tax	
61	. NC Solid Waste Dispo	0	Grants	rible local governm		Disposal Tax	pent of Revenue
01	According to GS 105-1						
	How are disposal tax d	listributions being u	ised?				
62	. If applicable, please pr	rovide your FY 16-1	7 household fees.	(e.g., a. <u>\$45.00</u> pe	r <u>year</u> per <u>household</u>	for solid waste)	
	a. \$ 105	per		per house	old	for solid waste	e
	c. \$ 78	per year		per house	old	for yard waste	
							<u> </u>
		_		-	nold	-	
63	. Did your local governr are charged a fee by w		-	•		16-17? (a system √ √ No	where residents
Ac	ccording to GS 130A-30	-					a system to
	form users of such costs						
64	. If your local governme	ent contracts for soli	d waste or recyclin	g services, please 1	eport the annual con	tract amount.	
	\$12,370.53		For solid waste	services per year			
	\$		For recycling pe	er year			
			OR				
	\$12,370.53		_ Combined Contr	ract (solid waste, a	nd recycling)		
65	. Collection Programs: H	Please complete the	following table to t	the best of your abi	lity to display the fu	ll costs of your loca	l government's
	<u>collection programs</u> for				ollected from conven	ience centers. If fu	ll cost analysis is
	not available, please i		dget in Total Cost	column.		Total Cost	Cost Per Ton
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	including	Managed
	Anniainal C - 19-1 XX7- 4 4		104	10 270 5		overnead	(calculated by form)
	Municipal Solid Waste*		104	12,370.5	<u> </u>	12,370.53	118
	Recycling Program**						
	Yard Waste Program	122	75	11,159.8	/]	11,159.87	148

*for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill.

179

** for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services. 66. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately. Landfill Budget: \$

Transfer Station Budget:

Totals (calculated by form):

Yard Waste Program

\$

23,530.4

Yard Waste / Compost Facility Budget: \$10,751

Recycling Facility Budget:

67. What was your government's total combined annual budget for all solid waste and recycling services in 16-17? \$12,300

\$

2016-2017 Local Government Annual Report *Report Due Date: September 1, 2017* Submit to: Lgteam@ncdenr.gov

131

23,530.4

Part VIII. County Mandated Programs

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

WH	IITE GOODS					
68.	Please provide name, address, phone num		-			
	Name:					
	Address:				Zip:	
	Telephone: Fax	.:		Email:		
69.	Please provide the physical address of the	primary coun	ty white goo	ods collection site.		
	Street 1:					
	Street 2:					
	City:			State: North Carolina	a Zip:	
70.	Please provide the name of the business of	t person that re	emoves the	refrigerant gases (CFCs	s) from white goods.	
	Name:					
	Street:					
	City:				ı Zip:	
	Phone: Fax:			Email:		
71.	Give amounts / types of CFCs removed. A		of CFC rem	oval, and copy of certif	fication of person(s) perfo	orming extraction.
	Type of CFC Remo	oved			Amount	
72.	CFCs may be recycled or sent for destruct	ion. Give nam		-		-
	Firm		M	ethod of Disposal	Amount Earned	Amount Spent
73.	Please report the tonnage of white goods c white goods tonnage reported on page 5?		-	17 in the Recycling To	nnages table on page 5 (q	uestion # 45). Was
		Yes	No No			
74.	List the amount of revenue for the white g Revenue collected from sale of scrap:					
	Revenue collected from White Goods Tax	Distributions				
	Revenue from other source (e.g. grants):					
	Total Revenue:		\$			
75.	According to the White Goods Law, White expenditures White Good Tax Distribution					amounts and types of
	Operational Expenses:	\$				
	Capital Improvements:	\$				
	Clean-up of Illegal White Goods Dumps:					
		\$				
201	16-2017 Local Government Annual Report	Report Due	Date: Septe	mber 1, 2017 Submit	t to: Lgteam@ncdenr.gov	Page 9 of 11

6.	Please provide name, address, phone number, and e- Name:	-	-		
				11tte:	
	Address:				
	Telephone: Fax:		Ema	il:	
7.	Please provide the physical address of the primary c	•	p tires collection si	te.	
	Street 1:				
	Street 2:				7.
	City:				
3.	Tonnage/Number of scrap tires disposed July 1, 201 Tons o	6-June 30 r	, 2017 (<u>excluding</u> ti	res from cleanup of nu Number of tires	uisance sites)
).	Tonnage/Number of scrap tires disposed from clean Tons o	ip of state r	or county designat	ed nuisance sites Number of tires	
).	Indicate the types of tires collected by the county: Passenger % Heavy Tr	uck	%	Large Off-Road	%
l.	List the amount of revenue for the scrap tire program	n by sourc	e:		
	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:	\$			
2.	County's total scrap tire program contract expenditu excluding costs of nuisance tire cleanups, for FY 16	re (contrac 17.	ct disposal/hauling	costs), \$	
3.	County's additional scrap tire program expenditure (Labor \$		convenience center	cost), if any.	
	Site Cost \$				
	Other \$		describe Other:		
ŀ.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire	
5.	Hauling cost or fuel surcharge, if not included in co	ntract cost	above. \$	/ Ton; \$	/ Tire
).	Total tipping fees collected for tires not eligible for	free dispo	sal. \$		
7.	Total number of tires collected not eligible for free				
		-			
3.	If scrap tires were not hauled off site by contracted s	1		Ĩ	
).					
	MPORARY DISASTER DEBRIS STAGI				
).	Does your local government have a plan in place for	•			No
	If yes, indicate if the plan is a stand-alone plan or in		-		Stand-alone In conjuncti
•	If you indicated having a plan, has the plan been rev requirements for public assistance reimbursement in	a declare	d disaster event?	Yes	No No
2.	Please list the name, contact numbers(s), and e-mail your local government:	address o	t the person(s) in cl	harge of the disaster de	ebris management program for
	Name: Nam	e:		Name:	
	Phone: Phor	e:		Phone:	

93. Please list the temporary disaster debris staging sites in your county or municipality which have been reviewed for conflicts with the Natural Heritage Program (NHP) and the State Historic Preservation Office (SHPO) through coordination with the Solid Waste Section. *Please note that the vetting of a site prior to a disaster is advantageous to local governments because a staging site which is found to have impacted federal or state resources after a disaster may cause difficulty for local governments when attempting to obtain FEMA reimbursement.* Attach extra sheets, if needed.

Disaster Site #	Site Name		Disaster Site #	Site Name						

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

Part IX. Comments

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

This form is to be submitted electronically. If you require assistance, please contact one of these NC DEACS staff members: Joseph Fitzpatrick, email: joseph.fitzpatrick@ncdenr.gov phone 919-707-8121 Rob Taylor, email: rob.taylor@ncdenr.gov phone: 919-707-8139

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

