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



Required - Enter Your Local Government Name: Denton

State of North Carolina

Local Government Report Form

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

Solid Waste and Materials Management Annual Report July 1, 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 thi	s form to Lgtea	m@ncdenr.gov by	September	1, 2017.
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If you have questions or need assistance completing this form, please call 919-707-8121 or 919-707-8139.

Person	Completing This Report	: John L. Gray	Title	e: Interim To	wn Manager		
Mailin	g Address: P.O. Box 306		City: Denton		Zip: 27239		
Phone:	336-859-4231	Fax: 336-859-33	81	Date: 8-31-	17		
Email:	dentontm@triad.rr.comx						
		(General Instructions				
	remember that the time p pecific question.	eriod for the report is JULY 1	, 2016 through JUNE 30, 2017. Ple	ase check "N	o" if you have nothing to report		
1. D	id your local governmen	t have a Recycling Coordinate	or or similar position for FY 16-17?	Yes	🔀 No		
N	ame Recycling Coordina	tor (if different from person c	ompleting this report.)				
N	Jame:		Title	2:			
A	Address:		City:		Zip:		
Т	elephone:	Fax:	Email:				
2. D	id your local governmen	t have a Solid Waste Director	or similar position for FY 16-17?	Yes	No		
I	f Yes, Name:		Title:				
A	Address:		City:		Zip:		
Т	elephone:	Fax:	Email:				
3. D	vid your local governmen	t have dedicated or part-time	e Solid Waste Enforcement Staff for	FY 16-17?	Yes No		
I	f Yes, Name:		Title				
A	Address:		City:		Zip:		
Т	elephone:	Fax:	Email:				
	id your local governmen l that apply)	t have solid waste ordinances	in place addressing any of the follow	wing during F	Y 16-17? (if yes, please check		
	Disposal Bans	\square Illegal Dumping \square Li	ttering Other, Please Describe	e:			
	id your local governmen ulching, composting)?	t manage, provide or contract	for any solid waste services in FY 1	6-17 (e.g., co X Yes	llection, disposal, recycling,		
	If you ans	wer "No" to question 5, the	report 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 \bigotimes Yes Dublic 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? Yes No
10.	If yes, please check all backyard composting activities that apply:
	Education Demonstration site(s) Bin distribution/sales Number of Bins distributed?
11.	Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives?
12.	Did your local government offer a waste exchange or reuse program? Yes No
13	If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public:
	Swap shop/shed Number of sheds in use? Paint exchange Number of gallons recovered?
	Other (e.g. pallet exchange, etc.)
PU	BLIC RECYCLING SERVICES
14.	Which of the following responses best describes your recyclables recovery activities for the period July 1, 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) Waste Pro-Concord 185 Manor Ave., Concord, NC 28025
	Franchised hauler (please specify)
	Other (please specify)

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 753
	b. Number of households eligible to participate in the curbside recycling program: 753
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 450
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: 48
21.	How frequently were the curbside recyclables collected? Once a week Curber Curber Description Description
22.	Please describe the collection containers used: Bins Blue bags Multi-bin system Roll-out carts
23.	Please describe the method / style of recyclable materials handling: Curb-sort (collector separates material as collected) Single stream / commingled dual / two stream Collected Collected
24.	If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used: Iss than 50 gallon cart 65 gallon cart 95 gallon cart multiple sizes of cart available
DR	OP-OFF RECYCLING PROGRAM
25.	Did your government operate a Drop-off Recycling Program? Yes Xo, 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) isingle stream / commingled dual / two stream (paper separated from cans/bottles) don't know / other
28.	Please estimate the number of households served by your drop-off recycling program.
29.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial
30.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:
31.	How many of these locations were staffed with attendants? All None Some please list # of staffed sites:
EL	ECTRONICS RECYCLING PROGRAM
	se answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any 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: \Box by appointment or \boxtimes unscheduled
	If you operate a drop-off electronics program, how many collection sites do you provide? Number of Sites:

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

Electronics Management Fund balance as of July 1, 2016: \$0

Electronics Management Funds received from DEQ during FY 16-17 (Feb 2017 distribution): \$ 0

Electronics Management Funds spent during FY 16-17: \$0

Electronics Management Fund balance as of June 30, 2017: \$0

36. Briefly explain how Electronics Management Funds were spent during FY 2016-17 (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 16-17:Davidson County Landfill

Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?

OTHER PUBLIC RECYCLING PROGRAMS

Plea	se answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by
<u>the l</u>	ocal government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the
Recy	cling Tonnages Chart on pg 5.
38.	Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents

	J J J J J J J J J J J J J J J J
	of multifamily properties in a manner other than through your curbside or dropoff recycling programs? Yes
	other than through your curbside or dropoff recycling programs? \square Yes \square 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?	X Yes	No 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 of encouraging or requiring	0 0			am 🗌 Yes	No No

43. Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 16-17. (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 16-17. (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, 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.

PROGRAM	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	\square							
Other Plastic Containers								
Bulky Rigid Plastics								
METAL:			· · · ·					
Aluminum Cans								
Steel Cans	\square							
White Goods								
Other Metal					\square	5.16	5.16	
PAPER:								
Newsprint (ONP)								
Cardboard (OCC)					\square	92.41	92.41	
Magazines (OMG)								
Office Paper								
Mixed / Other Paper								
Cartons / Aseptic Containers								
WOOD:								
Pallets								
Other Wood - DO NOT					\boxtimes	21.33	21.33	
report yard waste tons here								
OTHER MATERIALS:								
Textiles (clothes etc)								
Televisions								
Other Electronics								
C&D Materials Recycling								
Comminal of town - how 1 - 11								
Commingled tons-check all items collected above		109.2					109.2	
TOTAL TONS:		109.2				118.9	228.1	

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

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

Part III. Special Waste Collections

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

a		**7 4	A H U			36 / 13				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 m the public?	# of sites	1				
	Used Motor Oil	Yes	No No			-	gallons		
	Used Oil Filters	Yes	No No		barr	els, or	lt	os	
	Used Antifreeze	Yes	No No				gallo	ons	
	Batteries, Lead Acid	Yes	🛛 No		# b	atteries, or	lt	os	
	Batteries, Dry Cell	Yes	No No			4	lt	os	
	Fluorescent Bulbs/Lights Containing Mercury	Yes	🗌 No			lbs, or	150 # bulb	os	
	Propane Tanks	Yes	No No			lbs, or	# tan	ıks	
	Used Cooking Oil / Waste Vegetable Oil	Yes	No No			lbs, or	gallo	ons	
	Other Special Wastes - please provide waste type here:	Yes	No No				11	08	
	Pesticide Containers (NCDA Program, not pesticides themselves)	Yes	No No			lbs, or	# co taine		
	NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	Yes	No No				11	58	
	Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	Yes	No No			gals, or	11:	08	
	 a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Temp. Events b. How many days was your HHW Program open to accept materials during this Fiscal Year? c. Did you partner or co-sponsor your HHW program with another local government? Yes No Please list partner(s) d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year? e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? Yes No If yes, please estimate the amount of business material managed pounds f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If da about individual materials is not 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) Used Oil Filters # of Barrels, or lbs. Used Antifreeze (gal) Lead Acid Batteries (lbs) Other Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) 							elow. If data n 48g below. Juestion 47.	
	g. Provide Total Quantity of materials collected reported in 48f, please net the weight of thoseh. Please list HHW Collection Contractor	e materials o	ut of the total	listed he				pounds	
	i. Estimated cost of HHW / CESQG program								
	es 3 through 6 should have only been complet governments answering ''Yes'' to question # 5								

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	6.4		Town of Denton Yates Rd.
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		6.4		

YARD WASTE MANAGEMENT FORMULA: If yard waste quantities are not tracked, you may use this formula below to help you estimate yard waste volume. Calculate for each truck used in your yard waste management program, and then enter the grand total volume managed by program in the appropriate boxes above. *Ex.* 10 yd³ truck x 3 days/wk x 16 wks = 480 yd³

	_X X	=	$=$ yd^3
Size of Truck (in yards)	Avg. no. of times truck fills each week	# of weeks truck is used during year	TOTAL
	Part V. Solid Wast	e 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				Waste Coll ee codes at 1		Who Collects Solid Waste? a. Local government employees	How is Solid Waste Collected?
	Residential	Primary	b	Secondary		Primary	1	Secondary		 b. By Contract c. Franchise haulers 	 Twice a week at household Convenience center/greenbox
	Commercial	Primary	d	Secondary		Primary		Secondary	d. Local government not		4. As needed or by request
	Industrial	Primary	d	Secondary		Primary		Secondary		involved in provision of service	 5. Daily 6. Other
53.	If you provide	residenti	<u>al</u> was	te collect	ion at sin	gle-fam	ily hou	seholds in	your jur	isdiction, please answer the	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	llectio	n frequen	cy? 🔀	Weekl	у [Two tir	nes per	week Other	
	What is the typ	ical serv	ice po	int for sin	gle famil	y house	hold w	vaste?	Curł	oside 🗌 Back yard / Bac	k door
	What type of co	ollection	conta	iner is use	ed?	Govern	nment-	provided ca	irts	Resident-provided conta	iner 🗌 Bags
	Do you offer bulky waste collection services? Xes No										
54.	For municipalities - did your government collect white goods at the curb? \square Yes \square No If so, were white goods delivered to the county for marketing? \square Yes \square No										
]	Part	VI. So	lid Wa	aste a	nd F	Recyclin	g Edu	icational Activities	
55.	Did your local government have an education program to inform citizens specifically about solid waste management and / or recycling issues / activities? Yes No (If No, skip to Part VII, page 8)										
56.	Please estimate	your an	nual b	udget for	solid was	ste relate	ed edu	cation and c	outreach	activities: \$	
57.	Does your community produce recycling education and outreach materials in languages besides English? 🗌 Yes 📄 No										
	If YES, please	list other	r langu	ages used	1:						
58.	Please provide	your rec	ycling	website a	address a	nd publi	c infor	mation pho	ne num	ber if applicable.	
Website:						Phone #:					

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		Part VII. Resources	for Solid Waste Ma	nagement and Full Co	st Accounting
		resources available to solid waste deal with funding of your commun			hese programs. The following
60.	With a	olid Waste Disposal Tax proceeds	all that apply to your local gov Volume/weight-base Sale of recyclables Grants are distributed to eligible local	ernment: ed fees (e.g. PAYT) Wh Dis governments on a quarterly base	
		rding to GS 105-187.63 these func are disposal tax distributions bein			1 0
62.		blicable, please provide your FY 10 60 per per per per per per per per per	r pe pe pe	r customer	for solid waste for recycling for yard waste
	e. \$	per	pe	r	_ availability fee
63.	•	60 per yea rour local government operate a Pa narged a fee by weight or volume f	r pe y-As-You-Throw program for	r <u>customer</u> residential garbage during FY 16	total charge 5-17? (a system where residents
	-	g to <i>GS 130A-309.08</i> , local gove ers of such costs.	rnments are required to condu	et full cost accounting annuall	y and to develop a system to
64.	If you	ir local government contracts for s	olid waste or recycling services	s, please report the annual contra	ct amount.
	9	\$	For solid waste services p	er year	
	9	\$	For recycling per year OR		

\$93,500 Combined Contract (solid waste, and recycling)

65. Collection Programs: Please complete the following table to the best of your ability to display the full costs of your local government's <u>collection programs</u> for waste, recyclables and yard waste including materials collected from convenience centers. **If full cost analysis is not available, please report program budget in Total Cost column.**

	# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)
Municipal Solid Waste*	801	554.84	59,840		59,840	107
Recycling Program**	801	109.2	33,660		33,660	308
Yard Waste Program	753	6.4	32,448		32,448	5,070
Totals (calculated by form):		670.44	125,948		125,948	187

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

**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:

Yard Waste / Compost Facility Budget: \$

Recycling Facility Budget:

67. What was your government's total combined annual budget for all solid waste and recycling services in 16-17? \$126,030

\$

\$

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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 number, and e-mail of person responsible for white goods program. Name:						
	Address:					
	Telephone: Fax:		Email:			
69.	Please provide the physical address of the p	primary county white	e goods collection site.			
	Street 1:					
	Street 2:					
	City:		State: North Carolina	Zip:		
70.	Please provide the name of the business or Name:	-		om white goods.		
	Street:					
	City:			Zip:		
	Phone: Fax:					
71.	Give amounts / types of CFCs removed. At					
	Type of CFC Remov	ved		Amount		
72.	CFCs may be recycled or sent for destruction	on. Give name of firi	m, disposal method and amount	t earned / spent for CF	C disposal.	
	Firm		Method of Disposal	Amount Earned	Amount Spent	
73.	Please report the tonnage of white goods co white goods tonnage reported on page 5?	Ilected during FY 20 Yes		ges table on page 5 (qu	estion # 45). Was	
74.	List the amount of revenue for the white go	oods program by sour	rce:			
	Revenue collected from sale of scrap:	\$				
	Revenue collected from White Goods Tax					
	Revenue from other source (e.g. grants):	\$				
	Total Revenue:					
75.	According to the White Goods Law, White expenditures White Good Tax Distributions				mounts and types of	
	Operational Expenses: \$	S				
	Capital Improvements: \$					
	Clean-up of Illegal White Goods Dumps: \$					
	Total Expenditures: \$					
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6.	Please provide name, address, phone number, and Name:	-	-		
			11tle:		
	Address:				
	Telephone: Fax:		Ema	ail:	
7.	Please provide the physical address of the primary	•	ap tires collection s	ite.	
	Street 1:				
	Street 2:				
	City:				
3.	Tonnage/Number of scrap tires disposed July 1, 20 Tons	16-June 30	0, 2017 (<u>excluding</u> t	ires from cleanup of n Number of tires	uisance sites)
9.	Tonnage/Number of scrap tires disposed from clea	nup of stat or	e or county designa	ted nuisance sites Number of tires	
).	Indicate the types of tires collected by the county: Passenger% Heavy	Fruck	%	Large Off-Road	%
1.	List the amount of revenue for the scrap tire progra	m by sour	ce:		
	Revenue from Scrap Tire Tax Distributions:	\$			
	Revenue from Tire Fees:	\$			
	Revenue from Scrap Tire Clean-up Reimbursemen	nts: \$			
	Revenue from Scrap Tire Cost-Overrun Grants:	<i>•</i>			
	Total Revenue:	\$			
2.	County's total scrap tire program contract expendit excluding costs of nuisance tire cleanups, for FY 1	ure (contra 6-17.	act disposal/hauling	costs), \$	
3.	County's additional scrap tire program expenditure Labor \$			r cost), if any.	
	Site Cost \$		_		
	Other \$		describe Other:		
1.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire	
5.	Hauling cost or fuel surcharge, if not included in c	ontract cos	st above. \$	/ Ton; \$	/ Tire
5.	Total tipping fees collected for tires not eligible for	r free disp	osal. \$		
<i>'</i> .	Total number of tires collected not eligible for free	-			
3.	If scrap tires were not hauled off site by contracted	service pr	rovider, were they cu	ut and disposed in a lo	cal landfill? Yes No
Э.	Name of tire disposal/recycling firm(s):				
E	MPORARY DISASTER DEBRIS STAG	ING SIT	TES		
).	Does your local government have a plan in place f	or manage	ment of disaster deb	ris? 🗌 Yes	No
	If yes, indicate if the plan is a stand-alone plan or i	n conjunct	ion with local gover	rnment agencies:	Stand-alone In conjuncti
l.	If you indicated having a plan, has the plan been re requirements for public assistance reimbursement			Ianagement or FEMA	to ensure it meets the basic
2.	Please list the name, contact numbers(s), and e-ma your local government:		of the person(s) in c	harge of the disaster de	ebris management program for
		me:			
	Phone: Pho	one:		Phone:	
	E-mail: E-1	nail:		E-mail:	

Please list the temporary disaster debris staging sites in your county or municipality which have been reviewed for conflicts with the 93. 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? 🗌 Yes 🗌 No					
95.	Does your plan address mass animal mortality? Yes No					
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 ves, has your county developed a written plan 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

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.

Drop-Off close in 2017 due to contamination.

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 https://deq.nc.gov/conservation/ recycling/local-government-recycling-assistance or e-mail us at Lgteam@ncdenr.gov

