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: CANTON

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 Lgteam@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.

Per	son Completing This Report: Sar	ndy Warren	Title	e: CSR	
Ma	iling Address: PO BOX 987		City: CANTON		Zip: 28716
Pho	one: 828-648-2363	Fax: 828-646-3419		Date: 09-06	i-2017
Em	ail: swarren@cantonnc.com				
		Gener	al Instructions		
	ase remember that the time period a specific question.	for the report is JULY 1, 2010	6 through JUNE 30, 2017. Ple	ase check "N	o" if you have nothing to report
1.	Did your local government have	e a Recycling Coordinator or s	imilar position for FY 16-17?	Xes Yes	No
	Name Recycling Coordinator (it	f different from person comple	eting this report.)		
	Name: JOHNNY GIBSON		Title	e: STREET S	UPERINTENDENT
	Address: 1 SUMMER STREET		City: CANTON		Zip: 28716
	Telephone: 828-646-3409	Fax: 828-646-3419	Email:		
2.	Did your local government have	e a Solid Waste Director or sin	nilar position for FY 16-17?	X Yes	No
	If Yes, Name: SAME ABOV	/E #1	Title	e:	
	Address:		City:		Zip:
	Telephone:	Fax:	Email:		
3.	Did your local government have	e dedicated or part-time Soli	d Waste Enforcement Staff for	FY 16-17?	Yes No
	If Yes, Name:		Title	e:	
	Address:		City:		Zip:
	Telephone:	Fax:	Email:		
4.	Did your local government have all that apply)	e solid waste ordinances in pla	ce addressing any of the follow	wing during F	Y 16-17? (if yes, please check
	🗌 Disposal Bans 🛛 🕅 Il	legal Dumping 🛛 🗌 Litterin	g Other, Please Describe	e:	
5.	Did your local government man mulching, composting)?	age, provide or contract for ar	ny solid waste services in FY 1	6-17 (e.g., co X Yes	llection, disposal, recycling,
	If you answer ''	No" to question 5, the repo	rt is complete, please email t		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.
6.	Did your local government have a recycling program in place for collecting recyclable materials generated at Yes INO 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? 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) HENSON WASTE
	Franchised hauler (please specify)
	Other (please specify)

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 1,824
	b. Number of households eligible to participate in the curbside recycling program: 1,624
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 812
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? Once a week 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) dual / two stream dual / two stream
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 Xo, 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 c	ollect 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: \$

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: \$

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:

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

OTHER PUBLIC RECYCLING PROGRAMS

Please answer the following questions about local government sponsored recycling efforts. List on	nly programs operated or contracted for <u>by</u>
the local government. The tonnage of any materials collected by the following programs should be	e listed in the "Other" column in the
Recycling Tonnages Chart on pg 5.	

38.	Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents
	of multifamily properties in a manner other than through your curbside or dropoff recycling programs? Yes
	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? \Box Yes \boxtimes No

40.	Does your local government	provide recycling se	ervices to Alcoholic Bey	verage Commission pe	ermit holders?	Yes	No 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.	Does your local go	overnment have an ordinand	ce regulating the	construction and dem	olition waste stre	am Ves	🔀 No
	with the intention	of encouraging or requiring	g waste reduction	or recycling of these	materials?	105	

- 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 ProgramAthletic 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.

DDOCDAN	Curbside		Drop-off		All "Other" Programs		Total Tons	
PROGRAM	⊠ if Yes	Tons	🛛 if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)	
GLASS:								
Clear	\square							
Brown	\square							
Green	\square							
Mixed								
PLASTIC:								
PET #1								
HDPE #2								
All Plastic Bottles	\square							
Other Plastic Containers								
Bulky Rigid Plastics								
METAL:								
Aluminum Cans	\square							
Steel Cans	\square							
White Goods								
Other Metal								
PAPER:								
Newsprint (ONP)	\square							
Cardboard (OCC)								
Magazines (OMG)								
Office Paper								
Mixed / Other Paper	\square							
Cartons / Aseptic Containers								
WOOD:								
Pallets								
Other Wood - DO NOT								
report yard waste tons here								
OTHER MATERIALS:								
Textiles (clothes etc)								
Televisions								
Other Electronics								
C&D Materials Recycling								
Commingled tons-check all								
items collected above		107.75					107.75	
TOTAL TONS:		107.75					107.75	

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		T 1 1	36 / 13	<i>A</i> H A H			A H H	D	
S	pecial	Waste	Collections	(Do Noi	t Include	Materials	Collected	as part ol	t an HHW	Collection	Program	or Event)
~				(

4

47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		m collect this m the public?	# of sites	1	Data on quantities collected / managed. Please report in indicated units.		
	Used Motor Oil	Yes	No No			_	gallons	
	Used Oil Filters	Yes	No No		barr	els, or		lbs
	Used Antifreeze	Yes	No No				gal	lons
	Batteries, Lead Acid	Yes	No No		# b	atteries, or	r	lbs
	Batteries, Dry Cell	Yes	No No		·		_	lbs
	Fluorescent Bulbs/Lights Containing Mercury	Yes	No No			lbs, or	# bu	llbs
	Propane Tanks	Yes	No No			lbs, or	# ta	anks
	Used Cooking Oil / Waste Vegetable Oil	Yes	No No			lbs, or	gal	lons
	Other Special Wastes - please provide waste type here:	Yes	No No					lbs
	Pesticide Containers (NCDA Program, not pesticides themselves)	Yes	No No			lbs, or		con- iners
	NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	Yes	No No					lbs
	Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	Yes	No No			gals, or		lbs
	 b. How many days was your HHW Program op c. Did you partner or co-sponsor your HHW pr 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 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) 	ogram with a participated all businesses is material ma y HHW Progi lease simply ose collected Use	another <u>local</u> g in your HHW (Conditionall anaged ram: if totals f provide total c at an HHW P ed Oil Filters	collectio y Exemp for indivi quantity rogram a	ent? Yes on program this ot Small Quantit dual materials a of materials coll and should not in _ # of Barrels,	ty Generat pounds are known lected by l nclude ma or	tors)? Ye please itemize HHW program terials listed in lbs.	below. If data in 48g below. question 47.
	Fluorescent Bulbs / Lights Containin						· /	
	 g. Provide Total Quantity of materials collected reported in 48f, please net the weight of thos h. Please list HHW Collection Contractor 	l by HHW Pr e materials o	rogram. If ind ut of the total	ividual r listed he	re.			pound
	i. Estimated cost of HHW / CESQG program of	or event(s) \$						

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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	\square	220		TOWN OF CANTON STUMP DUMP (DUTCH COVE ROAD)
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		220		

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

	*:	<u> </u>	-	$_yd^s$
Size of Truck (in yards) Avg. r	no. of times truck fills each week	# of weeks truck is used during year	TOTAL	
I	Part V. Solid Wast	e Collection Services		
This section concerns your local government	nt's provision of solid waste	e (garbage) collection services.		

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

	Sector			ts Solid V see codes				Waste Collee codes at a		Who Collects Solid Waste?	How is Solid Waste Collected?	
	Residential	Primary	В	Secondary	0	Primary	1	Secondary	8	 a. Local government employee b. By Contract c. Franchise haulers 	 Twice a week at household Convenience center/greenbox 	
	Commercial	Primary	D	Secondary		Primary		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.	If you provide	residenti	i <u>al</u> was	te collecti	ion at sin	gle-fam	ily hou	seholds in	your jur	isdiction, please answer the	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 tir	nes per	week Other		
	What is the typ	ical serv	vice po	int for sin	gle famil	y house	hold w	vaste?	🛛 Curl	oside Back yard / Bac	ck door	
	What type of c	ollection	conta	iner is use	ed?	Govern	nment-	provided ca	arts 📐	Resident-provided conta	ainer 🔀 Bags	
	Do you offer b	ulky was	ste coll	lection ser	vices?	Ye	es	No				
54.	For municipalit If so, were whi			0			-		<u> </u>	Yes No No		
									0	icational Activities		
55.	Did your local issues / activitie	-			-	-		orm citizens art VII, pag	-	cally about solid waste man	nagement and / or recycling	
56.	6. Please estimate your annual budget for solid waste related education and outreach activities: \$											
57.	7. Does your community produce recycling education and outreach materials in languages besides English? 🗌 Yes 📄 No						Yes No					
	If YES, please	list other	r langı	lages used	l:							
58.	Please provide	your rec	cycling	website a	address a	nd publi	c info	rmation pho	ne num	ber if applicable.		
	Website:									Phone #:		

		Part VII. Resources f	or Solid Waste Mana	agement and Ful	l Cost Accounting
		resources available to solid waste ma deal with funding of your community	0 1 0	0	ss of these programs. The following
•		our local government operate an Ente		0 1 0	Yes No
	•	regards to funding sources, check all	-		
00.	vv Itili I	Tipping fees	Volume/weight-based		Tire tax
		Property taxes / general fund			White Goods tax
			Grants	L	☐ Winte Goods tax
61	NC S			Z.	ly basis by the Department of Revenue.
01.		rding to GS 105-187.63 these funds r			
		are disposal tax distributions being u		.,	
60				5.00	
62.	* * *	licable, please provide your FY 16-1		· · ·	· · · · · · · · · · · · · · · · · · ·
	a. \$	<u>11.5</u> per <u>MON</u>	IH per	HOUSEHOLD	for solid waste
	b. \$	per	per		for recycling
	c. \$	per	per		for yard waste
	d. \$	per	per		for bulky waste
	e. \$	per	per		availability fee
	f. \$	11.5 per MON			
63.	Did y		As-You-Throw program for re	sidential garbage during	FY 16-17? (a system where residents
	-	g to GS 130A-309.08, local governiers of such costs.	nents are required to conduct	t full cost accounting a	nnually and to develop a system to
64.	If you	r local government contracts for soli	d waste or recycling services.	please report the annual	contract amount.
	•	6		1 1	
	2	8	For recycling per year		
			OR		

\$186,649 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*	1,624	1,134		116	191,538	168
Recycling Program**	1,624					
Yard Waste Program	1,624	220			3,341	15
Totals	(calculated by form):	1,354		116	194,879	143

*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: \$3,341

Recycling Facility Budget:

67. What was your government's total combined annual budget for all solid waste and recycling services in 16-17? \$191,538

\$

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

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 numb	-		s 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: \$				
201	6-2017 Local Government Annual Report	Report Due Date: S	eptember 1, 2017 Submit to:	Lgteam@ncdenr.gov	Page 9 of 11

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:				

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.

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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?						
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

