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: Madison County

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 Lgtean	n@ncdenr.gov	by Septe	ember 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: Cheryl	Chandler	Title	e: Office Manag	ger	
Mailing Address: 271 Craig Rudisill		City: Marshall		Zip: 28753	
Phone: (828) 649-2311	Fax: (828) 649-0324		Date:		
Email: cschandler@madisoncountync.gov					
	General	Instructions			
Please remember that the time period for t for a specific question.	he report is JULY 1, 2016	through JUNE 30, 2017. Plea	ase check "No"	if you have nothing to report	
1. Did your local government have a R	ecycling Coordinator or sin	nilar position for FY 16-17?	Xes Yes	No	
Name Recycling Coordinator (if diff	erent from person completion	ing this report.)			
Name: Rebecca Shook		Title	e: Recycling Co	ordinator	
Address: 271 Craig Rudisill Rd.	Address: 271 Craig Rudisill Rd.			Zip: 28753	
Telephone: 8286492311	Fax: 8286490324	Email: rshook@	madisoncount	ync.gov	
2. Did your local government have a So	blid Waste Director or simi	lar position for FY 16-17?	Xes	No	
If Yes, Name: Sam Lunsford		Title	e: Director		
Address: 271 Rudisill Rd.		City: Marshall		Zip: 28753	
Telephone: 8286492311	Fax: 8286490324	Email: slunsford@madisoncountync.gov			
3. Did your local government have ded	icated or part-time Solid	Waste Enforcement Staff for	FY 16-17?	Yes No	
If Yes, Name:		Title			
Address:		City:		Zip:	
Telephone:	Fax:	Email:			
4. Did your local government have soli all that apply)	d waste ordinances in place	e addressing any of the follow	ving during FY	16-17? (if yes, please check	
🔀 Disposal Bans 🛛 🖾 Illega	Dumping Littering	Other, Please Describe			
5. Did your local government manage, mulching, composting)?	provide or contract for any	solid waste services in FY 10	6-17 (e.g., colle X Yes	ction, disposal, recycling,	
If you answer "No"	to question 5, the report	is complete, please email to	o Lgteam@ncd	lenr.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)
	Franchised hauler (please specify)
	Other (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? Residential Commercial Industrial
20.	If you checked commercial or industrial in question 19, please indicate the number of accounts served:
21.	How frequently were the curbside recyclables collected? Once a week Every other week / biweekly Other
22.	Please describe the collection containers used: Bins Blue bags Multi-bin system Roll-out carts
23.	Please describe the method / style of recyclable materials handling: Curb-sort (collector separates material as collected) single stream / commingled dual / two stream don't know / other
24.	If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used: 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? X 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. 9,800
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: 11
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: 1

33.	Did your electronics	recycling program col	lect or accept televisions fi	rom (check all that	apply): 🔀	Residences	Businesses

- 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: \$0

Electronics Management Funds received from DEQ during FY 16-17 (Feb 2017 distribution): \$ 3,800

Electronics Management Funds spent during FY 16-17: \$ 3,800

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

- Briefly explain how Electronics Management Funds were spent during FY 2016-17 (please list items purchased if applicable): 36.
 - Purchased Wrapping paper for shipping/Labor, etc.

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:ERI

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

OTHER PUBLIC RECYCLING PROGRAMS

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.	Please answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by
Recycling Tonnages Chart on pg 5.	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.

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? \Box Yes \boxtimes No
	Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner
	other than through your curbside or dropoff recycling programs? \Box Yes \boxtimes No
40.	Does your local government provide recycling services to Alcoholic Beverage Commission permit holders? X 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.	Does your local go	overnment have an ordinan	ce regulating the	construction and dem	olition waste stre	am 🗌 Yes	🔀 No
	with the intention	of encouraging or requiring	g waste reduction	or recycling of these	materials?	105	

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.

DDOCDAM	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								
Brown								
Green								
Mixed			\square	237			237	
PLASTIC:								
PET #1								
HDPE #2								
All Plastic Bottles			\square	20.5			20.5	
Other Plastic Containers								
Bulky Rigid Plastics								
METAL:								
Aluminum Cans			\square	45			45	
Steel Cans			\square	45.5			45.5	
White Goods					\square	164.52	164.52	
Other Metal					\square	229.22	229.22	
PAPER:								
Newsprint (ONP)								
Cardboard (OCC)			\square	200.53			200.53	
Magazines (OMG)								
Office Paper								
Mixed / Other Paper			\square	392.73			392.73	
Cartons / Aseptic Containers								
WOOD:								
Pallets								
Other Wood - DO NOT								
report yard waste tons here								
OTHER MATERIALS:								
Textiles (clothes etc)						32.92	32.92	
Televisions						13.41	13.41	
Other Electronics						3.17	3.17	
C&D Materials Recycling						11	11	
Commingled tons-check all								
items collected above								
TOTAL TONS:			i i	941.26		454.24	1,395.5	

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)

47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		n collect this n the public?	# of sites			lected / man dicated unit		
	Used Motor Oil	Yes	🗌 No				3,296 gall	ons	
	Used Oil Filters	Yes	🗌 No		14 ba	arrels, or	I	lbs	
	Used Antifreeze	Yes	No No		I	I -	168	gallons	
	Batteries, Lead Acid	Yes	🗌 No		36 -	# batteries, o	or	lbs	
	Batteries, Dry Cell	Yes	No No					lbs	
	Fluorescent Bulbs/Lights Containing Mercury	Yes	No No			lbs, or	ā	# bulbs	
	Propane Tanks	Yes	No No			lbs, or		# tanks	
	Used Cooking Oil / Waste Vegetable Oil	Yes	🗌 No			lbs, or	25	gallons	ĺ
	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- tainers	
	NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	Xes	🗌 No					56 lbs	
	Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	Yes	No No			gals, or		lbs	
	 If Yes, please respond to the following question a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program op c. Did you partner or co-sponsor your HHW preplease list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from smaller for the second seco	ary Event or a cogram with a participated all businesses as material ma y HHW Progr lease simply p ose collected Use	materials duri nother <u>local</u> g in your HHW (Conditionall maged ram: if totals f provide total c at an HHW Pr d Oil Filters	ng this F covernme collection y Exemp for indivi quantity rogram a	Fiscal Year? ent? Yes on program the pt Small Quant idual material of materials of and should not _ # of Barrel	6 Not his Fiscal Y ntity Genera pounds ls are known collected by ot include m ls, or	ear? <u>44</u> ators)? [n please iten HHW prog aterials liste lbs.	Yes [nize belo ram in 4 d in que	8g below. stion 47.
	Fluorescent Bulbs / Lights Containir								
	g. Provide Total Quantity of materials collected reported in 48f, please net the weight of those	d by HHW Pr	ogram. If ind ut of the total	ividual 1 listed he	ere.				pounds
	i. Estimated cost of HHW / CESQG program	-							
Pag	es 3 through 6 should have only been complet			ting in a	uestion # 14	that they l	DO provide	recyclin	g services.

All governments answering "Yes" to question # 5 on page 1 should complete the rest of the report with the exception of PART VIII which is only to be completed by Counties.

Part IV. Yard 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				
Other public mulch or compost facility				
Private mulch or compost facility				
Land clearing and inert debris landfill (LCID)				
Energy / Fuel Use (e.g. boiler fuel market)				
Total				
YARD WASTE MANAGEMENT FORMULA: If estimate yard waste volume. Calculate for each true volume managed by program in the appropriate box	ck used	in your yard wa	iste managemen	t program, and then enter the grand total

 $\frac{X}{\text{Size of Truck (in yards)}} = \frac{yd^3}{\text{Avg. no. of times truck fills each week}} = \frac{yd^3}{\text{TOTAL}}$

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 Coll ee codes at 1		Who Collects Solid Waste?	How is Solid Waste Collected?
	Residential	Primary	a a	Secondary	0	Primary		Secondary	Igin	a. Local government employeeb. By Contract	2. Twice a week at household
	Commercial	Primary	с	Secondary		Primary	4	Secondary		 c. Franchise haulers d. Local government not involved in provision of 	 Convenience center/greenbox As needed or by request Daily
	Industrial	Primary	с	Secondary		Primary	4	Secondary		service	6. Other
53.	If you provide	residenti	<u>ial</u> was	te collect	ion at sin	gle-fam	ily hou	seholds in	your jur	isdiction, please answer the	e following questions:
	What type of c	ollection	n 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?	Curt	oside 🗌 Back yard / Bac	ck door
	What type of co	ollection	conta	iner is use	ed?	Gover	nment-	provided ca	urts	Resident-provided conta	ainer 🗌 Bags
	Do you offer b	ulky was	ste coll	ection ser	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	-	ment l					orm citizens 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: \$2,676	
57.	Does your com	munity]	produc	e recyclir	ng educat	ion and	outrea	ch materials	s in lang	uages besides English?	Yes 🛛 No
	If YES, please	list othe	r langu	ages used	1:						
58.	Please provide	your rec	cycling	website a	address a	nd publi	ic info	rmation pho	ne num	ber if applicable.	
	Website: madi	soncoun	tync.go	OV						Phone #: 828649	92311

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	Part VII	. Resources	for Solid Was	te Manageme	nt and Full C	ost Accounti	ng
	ficient resources availab stions deal with funding					these programs.	The following
	Did your local governm With regards to funding Tipping fees Property tax Per househo	g sources, check a s es / general fund	all that apply to your D	local government: eight-based fees (e.g	. PAYT) 🛛 T 🖂 W	Yes No ire tax /hite Goods tax risposal Tax)
61.	NC Solid Waste Dispos According to GS 105-1	sal Tax proceeds	are distributed to elig		nts on a quarterly ba	sis by the Departn	
	How are disposal tax d	-					
62.	If applicable, please pr	ovide your FY 16	-17 household fees. ((e.g., a. <u>\$45.00</u> per	<u>year</u> per <u>household j</u>	for solid waste)	
	a. \$	per		per		for solid waste	2
	b.\$	per		per		for recycling	
	c. \$	per		per		for yard waste	
	d. \$	per		per		for bulky was	e
	e. \$ <u>160</u>	per		per househo	old	availability fee	2
	f. \$	per		per		total charge	
63.	Did your local governm are charged a fee by we					16-17? (a system)] No	where residents
	cording to GS 130A-309		mments are required	to conduct full cos	t accounting annual	lly and to develop	a system to
	orm users of such costs.						
64.	If your local governmen	nt contracts for so	•		port the annual contr	ract amount.	
	\$		For solid waste s				
	\$		For recycling per	r year			
	\$		OR Combined Contr	act (solid waste, and	recycling)		
65	Collection Programs: P	lesse complete th				costs of your loca	1 government's
05.	<u>collection programs</u> for						
	not available, please r	eport program l	oudget in Total Cost	column.	<u>г</u>		
		# of Household served	^S Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)
N	Iunicipal Solid Waste*	9,80	0 13,062	925,398	506,137	1,988,381	152
	Recycling Program**	9,80	0 1,566	212,145	189,619	212,145	135
	Yard Waste Program						
	Totals	(calculated by form	14,628	1,137,543	695,756	2,200,526	150
	*for materials collected and						
66.	**for materials collected by If your government oper facility operations (rour proportionately. Land	rates a landfill, tr nd to nearest doll	ransfer station, yard w ar). If budgets for dif	vaste /compost facili	ty or recycling facil	ity, please provide	total budget for
	Trans	sfer Station Budg	set: \$				
	Yard	Waste / Compos	t Facility Budget: \$				
	Recy	cling Facility Bu	dget: \$	212,145			
67.	What was your governme	nent's total comb	ined annual budget fo	or all solid waste and	l recycling services	in 16-17? \$ <u>1,963,3</u>	885

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

Part VIII. County Mandated Programs

<u>com</u>	following questions pertain to programs mandated (plete this section (questions 68 through 96). Muni presult 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: Sam Lunsford	Title: D	Director
	Address: 271 Craig Rudisill Rd.	City: Marshall	Zip: 28753

69. Please provide the physical address of the primary county white goods collection site.

Fax: 8286490324

Street 1: 271 Craig Rudisill Rd.

Telephone: 8286492311

Street 2:

City: Marshall

State: North Carolina Zi

Email: slunsford@madisoncountync.gov

Zip: 28753

70. Please provide the name of the business or person that removes the refrigerant gases (CFCs) from white goods.

Name:	Richard Roberts
Street:	271 Craig Rudisill Rd.

	0				
City:	Marshall			State: North Carolina Zip:	
Phone:	(828) 649-2311	Fax:	(828) 649-0324	Email: slunsford@madisoncountync.gov	

71. Give amounts / types of CFCs removed. Attach records of CFC removal, and copy of certification of person(s) performing extraction.

Type of CFC Removed	Amount
R22	19.90lbs
R12	24.90lbs
134A	19.90lbs

72. CFCs may be recycled or sent for destruction. Give name of firm, disposal method and amount earned / spent for CFC disposal.

Firm	Method of Disposal	Amount Earned	Amount Spent
CC Dickenson		0	0

73. Please report the tonnage of white goods collected during FY 2016-17 in the Recycling Tonnages table on page 5 (question # 45). Was white goods tonnage reported on page 5? Xes No

 74. List the amount of revenue for the white goods program by source:

 Revenue collected from sale of scrap:
 \$ 33,635.55

 Revenue collected from White Goods Tax Distributions:
 \$ 6,431

 Revenue from other source (e.g. grants):
 \$ 70tal Revenue:

 \$ 40,066.55

75. According to the White Goods Law, White Good Tax Distributions must be spent on white goods activities. Give amounts and types of expenditures White Good Tax Distributions were used for (do not include funds received from grants).

Operational Expenses:	\$ 6,431
Capital Improvements:	\$
Clean-up of Illegal White Goods Dumps	\$
Total Expenditures:	\$ 6,431

SC	RAP TIRES										
76.	Please provide name, address, phone number, and e-n	nail of person	responsible for	or scrap tires program.							
	Name: Cheryl Chandler		Title: Office Manager								
	Address: 271 Craig Rudisill		ity: Marshall		Zip: 28753						
	Telephone: 8286492311 Fax: 82864903	24	Email: cschandler@madisoncountync.gov								
77.	Please provide the physical address of the primary co	unty scrap tire	es collection si	ite.							
	Street 1: 271 Craig Rudisill Rd.										
	Street 2:										
	City: Marshall		State: Nort	th Carolina	Zip: <u>28753</u>						
78.	Tonnage/Number of scrap tires disposed July 1, 2016 Tons or		7 (<u>excluding</u> t	ires from cleanup of n Number of tires	uisance sites)						
79.	Tonnage/Number of scrap tires disposed from cleanu Tons or	2 of state or c 4188	ounty designa	ted nuisance sites Number of tires							
80.	Indicate the types of tires collected by the county: Passenger 94.28 % Heavy True		%	Large Off-Road	0.2	%					
81.	List the amount of revenue for the scrap tire program Revenue from Scrap Tire Tax Distributions:	•									
	Revenue from Tire Fees:	\$ <u>21,294</u> \$ 400									
	Revenue from Scrap Tire Clean-up Reimbursements:										
	Revenue from Scrap Tire Cost-Overrun Grants:	\$ <u>0,775</u>									
	Total Revenue:	\$ 30,487									
82.	County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 16-1	e (contract dis		costs), \$ 25000							
83.	County's additional scrap tire program expenditure (i.		enience center	r cost), if any.							
	Labor \$ <u>4322.00</u>										
	Site Cost \$		a suit a Oth an								
	Other \$		scribe Other:								
84.	County's contract cost for scrap tire disposal. \$ 2204.	5.00	/ Ton; \$	/ Tire							
85.	Hauling cost or fuel surcharge, if not included in con-	tract cost abo	ove. \$	/ Ton; \$	/ Tire						
86.	Total tipping fees collected for tires not eligible for fi	ee disposal. §	393.65								
87.	Total number of tires collected not eligible for free di	sposal: 196									
88.	If scrap tires were not hauled off site by contracted se	rvice provide	r, were they cu	it and disposed in a lo	cal landfill? 🖂 Y	es 🕅 No					
89.	Name of tire disposal/recycling firm(s): US Tire and	Recycling									
TE	MPORARY DISASTER DEBRIS STAGIN	G SITES									
90.	Does your local government have a plan in place for n		of disaster deb	ris? 🛛 Yes	No						
	If yes, indicate if the plan is a stand-alone plan or in c	onjunction w	ith local gover	mment agencies:	Stand-alone	In conjunction					
91.	If you indicated having a plan, has the plan been revier requirements for public assistance reimbursement in a			lanagement or FEMA Xes	to ensure it meets	the basic					
92.	Please list the name, contact numbers(s), and e-mail a your local government: Name: Scott Greer Name		- · · ·	Nomo	-						
	Phone: 828-649-9608 Phone			Phone:							
	E-mail: E-mai			Final:							

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

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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						
C &D Site	Madison County Solid Waste Dept									

Does your plan address the management of household hazardous waste and white goods following a disaster?	Yes	🔀 No							
Does your plan address mass animal mortality? Xes No									
MANAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES									
Has your county considered whether to implement a program for the management of abandoned manufactured	homes?	Yes 🛛 N	No						
	Does your plan address mass animal mortality? Yes No NAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES	Does your plan address mass animal mortality? Yes No NAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES	Does your plan address mass animal mortality? Xes 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.

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



No