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: Carthage

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.

Pl	ease s	ubmit	this f	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.

Person Com	pleting This Report:	Tom Robinson	Title: Town Manager				
Mailing Add	ress: 4396 US Hwy.	15-501	City: Carthage		Zip: 28327		
Phone: 910-9	947-2331	Fax: 910-947-3079		Date: Augus	t 29, 2017		
Email: town	nanager.admin@tov	vnofcarthage.org					
		Genero	al Instructions				
Please remen for a specific	-	priod for the report is JULY 1, 2016	5 through JUNE 30, 2017. Pla	ease check "No	" if you have nothing to report		
1. Did you	ur local government	have a Recycling Coordinator or si	imilar position for FY 16-17?	Yes	🔀 No		
Name H	Recycling Coordinat	or (if different from person comple	ting this report.)				
Name:			Titl	le:			
Addres	s:		City:		Zip:		
Teleph	one:	Fax:	Email:				
2. Did you	ır local government	have a Solid Waste Director or sin	nilar position for FY 16-17?	Yes	No		
If Yes,	Name:		Titl	le:			
Addres	s:		City:		Zip:		
Teleph	one:	Fax:	Email:				
3. Did you	ur local government	have dedicated or part-time Solid	d Waste Enforcement Staff fo	r FY 16-17?	Yes No		
If Yes,	Name:		Titl	le:			
Addres	s:		City:		Zip:		
Teleph	one:	Fax:	Email:				
4. Did you all that		have solid waste ordinances in pla	ce addressing any of the follo	wing during FY	7 16-17? (if yes, please check		
	Disposal Bans	Illegal Dumping	g Other, Please Describ	e:			
	ur local government ng, composting)?	manage, provide or contract for an	y solid waste services in FY	16-17 (e.g., coll X Yes	ection, disposal, recycling,		
	If you answ	ver "No" to question 5, the repor	t is complete, please email	to Lgteam@nc	denr.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.	 8. 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?				
	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 Republic				
	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) 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. <u>960</u>				
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: 1				
31.	How many of these locations were staffed with attendants? All None Some please list # of staffed sites:				
EL	ECTRONICS RECYCLING PROGRAM				
	use answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any erials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.				
32.	Did your community operate an electronics recycling program in FY 16-17? 🗌 Yes 🛛 No, skip to question # 38				
	If you did operate an electronics recycling program, please indicate style of program:				
	Permanent - Curbside Collection Permanent - Drop-off Scheduled Collection Day or Event Part of HHW Program				
	If you offer curbside collection of electronics is it: by appointment or unscheduled				
	If you operate a drop-off electronics program, how many collection sites do you provide? Number of Sites:				

33.	Did your electronics	recycling program 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
- DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was 35. eligible to receive proceeds from the State Electronics Management Fund in February of 2017, please provide the following information:

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

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

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

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

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

37. If you did operate an electronics recycling program, please provide the following information about your vendor / contractor: Name of electronics recycling vendor(s) during FY 16-17:

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

OTHER PUBLIC RECYCLING PROGRAMS

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

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	t provide recycling	services to Alcoholic	Beverage Commission	permit holders?	Yes	No No
-----	----------------------------	---------------------	-----------------------	---------------------	-----------------	-----	-------

On-site collection services provided If on-site collection provided, please estimate # of ABC accounts serve	d:
--	----

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

41.	Does your local government operate a program to recycle Construction and Demolition materials?	Yes	🔀 No	
	If yes, please check all materials that were recycled and report tonnages in tonnage table on page 5:			

	Clean Wood	Brick, concrete, etc.	Sheetrock	Vinyl siding	Shingles	Metals	Other
42.		overnment have an ordinand of encouraging or requiring	0 0			am Yes	🔀 No

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

- Pedestrian Recycling Program Recycling Service for Special Events / Festivals
- 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 "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			\square				
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)			\square				
Magazines (OMG)			\square				
Office Paper			\square				
Mixed / Other Paper			\square				
Cartons / Aseptic Containers			\square				
WOOD:							
Pallets							
Other Wood - DO NOT							
report yard waste tons here OTHER MATERIALS :							
Textiles (clothes etc)							
Televisions							
Other Electronics							
C&D Materials Recycling							
CCD materials Recycling							
Commingled tons-check all							
items collected above			\bowtie	8			8
TOTAL TONS:				8			8

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
ſ			

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 A H			A H H	D	
S	pecial	Waste	Collections	(Do No	t Include	Materials	Collected	as part of	t an HHW	Collection	Program	or Event)

4

47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		n collect this m the public?	# of sites	· ·	on quantities collected / managed. Please report in indicated units.		I.
	Used Motor Oil	Yes	🛛 No				gallons	
	Used Oil Filters	Yes	🛛 No		barı	rels, or]	lbs
	Used Antifreeze	Yes	🛛 No			•	gall	ons
	Batteries, Lead Acid	Yes	🛛 No		# t	oatteries, or]]	lbs
	Batteries, Dry Cell	Yes	🛛 No		I]	lbs
	Fluorescent Bulbs/Lights Containing Mercury	Yes	🛛 No			lbs, or	# bul	bs
	Propane Tanks	Yes	🛛 No			lbs, or	# ta	nks
	Used Cooking Oil / Waste Vegetable Oil	Yes	🛛 No			lbs, or	gall	ons
	Other Special Wastes - please provide waste type here:	Yes	No No			1 I]	lbs
	Pesticide Containers (NCDA Program, not pesticides themselves)	Yes	No No			lbs, or		on- ners
	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 of 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 from smaller of program accept materials from smaller from the second structure of the second struc	rogram with a participated all businesses as material ma y HHW Progr lease simply ose collected Use Lea	in your HHW (Conditionall anaged ram: if totals f provide total c at an HHW P ed Oil Filters d Acid Batter	collection y Exemption for indivi- quantity rogram a	ent? Yes on program this pt Small Quanti idual materials of materials col and should not i _ # of Barrels,	ity Generato pounds are known p llected by H include mate or	ors)? Yes please itemize IHW program erials listed in lbs.	below. If data in 48g below. question 47.
	g. Provide Total Quantity of materials collected reported in 48f, please net the weight of thoseh. Please list HHW Collection Contractor	e materials of	ut of the total	listed he	ere.			pounds
	i. Estimated cost of HHW / CESQG program of							
	es 3 through 6 should have only been complet governments answering ''Yes'' to question # 5 (

is only to be completed by Counties. 2016-2017 Local Government Annual Report *Report Due Date: September 1, 2017* Submit to: Lgteam@ncdenr.gov Page 6 of 11

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.

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

0			/ /	/	/	·	8		1 1	,	2	
	Dest	tinati	on		Check used		Tons	Cubi	c Yards	Please Provide N Receiving	lame and Locations g Vegetative Mat	
End user (to fai	rmer or l	nome-	owner)		\boxtimes							
Your local gove	ernment'	s mul	ch or com	post facilit	y 🖂				916	Town mulch site on 15-:	501	
Other public m	Other public mulch or compost facility											
Private mulch o	st fac	ility										
Land clearing a	Land clearing and inert debris landfill (LCID)											
Energy / Fuel U	Jse (e.g.	boile	r fuel marl	ket)								
	Total								916			
volume manage 35	ed by pro		in the app $X 1$	propriate bo	oxes ab	ove.	$Ex. 10 yd^3$ $X 26$	truck x	: 3 days/v	wk x 16 wks = 480 $= 916$	yd^3	yd^3
Size of Truck	I. (· · · · · · · · · · · · · · · · · · ·	- <u>6</u> 4 ²	1. 6.11	-1	$- \Lambda \frac{20}{4}$ ek # of week	- 41- !			TOTAL	yas
Size of True	k (ili yalus)	-				ste Colle					
	section concerns your local government's provision Please complete the following table about your gov Who Collects Solid Waste?			overnme Iow is S	ent's s Solid	solid waste c Waste Coll	collection ected?	on system		How is Solid W	aste Collected	
				-		# - s	ee codes at r	right		government employee		
Residential	Primary	b	Secondary		rimary	1	Secondary			nise haulers	 Twice a week a Convenience c 	enter/greenbox
Commercial	Primary	b	Secondary		rimary	1	Secondary			government not ed in provision of	 As needed or b Daily 	y request
Industrial	Primary		Secondary	Pr	imary		Secondary		servic	-	6. Other	
If you provide 1	residenti	<u>al</u> was	ste collecti	ion at singl	e-famil	y ho	useholds in y	our jur	isdiction,	please answer the	e following que	stions:
What type of co	ollection	meth	od is used	? 🛛 🖂 I	Fully A	utom	ated	Semi-A	utomated	l 🗌 Manual	Don't kno)W
What is the star	ndard co	llectio	on frequen	cy? 🖂 V	Weekly		Two tin	nes per	week	Other		
What is the typical service point for single family househ						old v	vaste?	Cur	bside	Back yard / Bac	ck door	
What type of co	What type of collection container is used?					ment	-provided ca	rts	Reside	ent-provided conta	iner 🗌 Ba	ags
Do you offer bu	ılky was	te col	lection sei	rvices?	Yes	S	X No					
For municipalit	ies - did	your	governme	ent collect v	white go	oods	at the curb?		Yes 🛛	No		

If so, were white goods delivered to the county for marketing? Yes No

Part VI. Solid Waste and Recycling Educational 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 annual budget for solid waste related education and outreach activities: \$2,000
57.	Does your community produce recycling education and outreach materials in languages besides English? 🗌 Yes 🛛 🕅 No
	If YES, please list other languages used:
= 0	

58.	Please provide your recycling website address and public information phone number if app	plicable.
	Website: www.townofcarthage.org	Phone #: 910-947-2331

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

		Part VII	. Resources f	or Solid Was	te Manageme	nt and Full C	ost Account	ing
					ns are essential for c		f these programs.	The following
59.	Did y	our local governm regards to funding	nent operate an Ent g sources, check all g es / general fund	erprise Fund for sol that apply to your	eight-based fees (e.g	FY 16-17?	Yes N Tire tax White Goods tax Disposal Tax	ίο
61.	Accor	ding to GS 105-1	87.63 these funds 1	nust be used by a c	ible local governme ity of county solely			
62		-	istributions being u		(e.g., a. <u>\$45.00</u> per]	waar par household	for solid waste)	
02.					perhouseho	-		te
	b. \$		per		per		for recycling	
	c. \$		per		per		for yard wast	e
	d. \$		per		per		for bulky was	ste
	e. \$		per		per		availability fe	ee
	f. \$	131.88	per year		per househo	ld	total charge	
63.				As-You-Throw pro the amount of trash	gram for residential 1 they discard)		16-17? (a system	where residents
		g to GS 130A-309 ers of such costs.		ments are required	to conduct full cos	t accounting annua	lly and to develo	p a system to
64.	If you	r local governme	nt contracts for soli	d waste or recyclin	g services, please rej	port the annual cont	ract amount.	
		5102,000		For solid waste s				
	9	54,000		For recycling pe	r year			
	9	\$106,000		OR Combined Contr	act (solid waste, and	l recycling)		
65.	Collec collec	ction Programs: P tion programs for	waste, recyclables	following table to t	he best of your abili luding materials col	ty to display the ful		
			# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	<u>Total Cost</u> including overhead	Cost Per Ton Managed (calculated by form)
Μ	unicip	al Solid Waste*	102,000		102,000			
	Recyc	ling Program**	4,000		4,000			
	Yard	Waste Program						_
		Totals	(calculated by form):		106,000			_
			-	-	Waste or Construction an			
66				-	vices offered to commerc	-	-	

66.	If your governme	nt operates a landfill, trans	ster station, yard waste /comp	ost facility or recycling faci	llity, please provide total bu	dget
	facility operations	s (round to nearest dollar).	If budgets for different facil	ities are combined, please at	ttempt to allocate costs	
	proportionately.	Landfill Budget:	\$			

\$_____

Yard Waste / Compost Facility Budget: \$4,	000
--	-----

Recycling Facility Budget:

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

2016-2017 Local Government Annual Report *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 num		-			
	Name:					
	Address:				Zip:	
	Telephone: Fax	.:		Email:		
69.	Please provide the physical address of the	primary coun	ty white goo	ods collection site.		
	Street 1:					
	Street 2:					
	City:			State: North Carolina	a Zip:	
70.	Please provide the name of the business of	t person that re	emoves the	refrigerant gases (CFCs	s) from white goods.	
	Name:					
	Street:					
	City:				ı Zip:	
	Phone: Fax:			Email:		
71.	Give amounts / types of CFCs removed. A		of CFC rem	oval, and copy of certif	fication of person(s) perfo	orming extraction.
	Type of CFC Remo	oved			Amount	
72.	CFCs may be recycled or sent for destruct	ion. Give nam		-		-
	Firm		M	ethod of Disposal	Amount Earned	Amount Spent
73.	Please report the tonnage of white goods c white goods tonnage reported on page 5?		-	17 in the Recycling To	nnages table on page 5 (q	uestion # 45). Was
		Yes	No No			
74.	List the amount of revenue for the white g Revenue collected from sale of scrap:					
	Revenue collected from White Goods Tax	Distributions				
	Revenue from other source (e.g. grants):					
	Total Revenue:		\$			
75.	According to the White Goods Law, White expenditures White Good Tax Distribution					amounts and types of
	Operational Expenses:	\$				
	Capital Improvements:	\$				
	Clean-up of Illegal White Goods Dumps:					
		\$				
201	16-2017 Local Government Annual Report	Report Due	Date: Septe	mber 1, 2017 Submit	t to: Lgteam@ncdenr.gov	Page 9 of 11

6.	Please provide name, address, phone number, and e-mail of person responsible for scrap tires program.								
	Name:		11tle:						
	Address:								
	Telephone: Fax:		Ema	ail:					
7.	Please provide the physical address of the primary county scrap tires collection site.								
	Street 1:								
	Street 2:								
	City:								
3.	Tonnage/Number of scrap tires disposed July 1, 20 Tons	nage/Number of scrap tires disposed July 1, 2016-June 30, 2017 (<u>excluding</u> tires from cleanup of nuisance sites)Tons or Number of tires							
9.		ge/Number of scrap tires disposed from cleanup of state or county designated nuisance sitesTons orNumber 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. \$						
	Total number of tires collected not eligible for free	-							
3.	. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No								
89. 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	Stand-alone In conjuncti							
l.	If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event?								
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.

1 8							
Disaster Site #	Site Name		Disaster Site #	Site Name			

94.	Does your plan address the management of household hazardous waste and white goods following a disaster?					
95.	Does your plan address mass animal mortality?					
MANAGEMENT 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

