

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, 2018 - June 30, 2019

Submit this form to Lgteam@ncdenr.gov by September 1, 2019.

On the following pages, you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2018-2019. 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

You can download a blank copy of this form from this web site: <u>http://deq.nc.gov/about/divisions/waste-management/</u>solidwaste-section/annual-reporting

This form must be completed electronically using Adobe Reader. It is suggested that you complete the form using the latest version of Adobe Reader which can be downloaded for free at: <u>https://get.adobe.com/reader/</u>. Please <u>DO NOT</u> 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. Name the file Community Name LGAR 2018-19. For example, Aberdeen LGAR 2018-19.

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:

Sandy Skolochenko, phone: 919-707-8147, email: sandy.skolochenko@ncdenr.gov Matt James, phone: 919-707-8133, email: matt.james@ncdenr.gov

Form Year



Required: Select your Local Government Name WELDON

State of North Carolina

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

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, 2019.

If you have questions or need assistance completing this form, please call 919-707-8147 or 919-707-8133.

Per	rson Completing This Report: Michael F.	Williams	Title: Town Adı	ninistrator
Ma	iling Address: P. O. Box 551	City: Weldon, NC		Zip: 27890
Pho	one: 252-536-4836		Date: Dece	ember 13, 2019
Em	ail: mwilliams@historicweldonnc.com			
		General Instructions		
	ase remember that the time period for the a specific question.	report is JULY 1, 2018 through JUNE 30, 2019	9. Please check "N	No" if you have nothing to report
1.	· ·	cling Coordinator or similar position for FY 18	8-19? 🗌 Yes	🔀 No
	Name Recycling Coordinator (if differe	ent from person completing this report.)		
	Name:		Title:	
	Address:	City:		Zip:
	Telephone:	Email:		
2.	Did your local government have a Solic	d Waste Director or similar position for FY 18-	19? Yes	No
	If Yes, Name:		Title:	
	Address:	City:		Zip:
	Telephone:	Email:		
3.	Did your local government have dedica	ated or part-time Solid Waste Enforcement Sta	aff for FY 18-19?	Yes No
	If Yes, Name:		Title:	
	Address:	City:		Zip:
	Telephone:	Email:		
4.	Did your local government have solid w all that apply)	vaste ordinances in place addressing any of the	following during l	FY 18-19? (if yes, please check
	🗌 Disposal Bans 🛛 🕅 Illegal Dumpir	ng \bigotimes Littering \bigotimes Construction & Dem	olition Othe	er:
5.	Did your local government manage, pro mulching, composting)? Xes	ovide or contract for any solid waste services in	n FY 18-19 (e.g., co	ollection, disposal, recycling,

If you answer "No" to question 5, the report is complete, please email to Lgteam@ncdenr.gov.

	Part I. Waste Reduction and Recycling Programs Serving Government Facilities
6.	Did your local government have a recycling program in place for collecting recyclable materials generated at public buildings in FY 18-19? Yes No
7.	Did your local government have any program or policy encouraging or requiring local agencies to purchase products with recycled content? \Box Yes \bigotimes No
8.	Did your local government have a program in place to collect and recycle spent fluorescent lights generated from <u>the public buildings</u> and facilities that were operated by your government in FY 18-19? \Box Yes \boxtimes No
	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, reduction of single use plastics, food waste reduction, or promoting reuse and donation? \Box Yes \boxtimes No
12.	Did your local government offer a waste exchange or reuse program? Yes
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, 2018 through June 30, 2019? Choose ONE option that best applies.
	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.)
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?
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
DR	OP-OFF RECYCLING PROGRAM
24.	Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 31
25.	Who collected the recyclable materials for your local government's drop-off recycling program? Local government employees Private contractor
	Other (please specify)
26.	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
27.	Please estimate the number of households served by your drop-off recycling program.
28.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial
29.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:
30.	How many of these locations were staffed with attendants? All None Some please list # of staffed sites:
EL	ECTRONICS RECYCLING PROGRAM
31.	Did your community operate an electronics recycling program in FY 18-19? Yes No, skip to question # 37
	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:

32.	Did your electronics	recycling program colle	ect or accept televisions t	from (check all th	nat apply): 🗌 Residences	Businesses
	2		1	(

- 33. Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses
- 34. 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 2018, please provide the following information:

Electronics Management Fund balance as of July 1, 2018: \$

Electronics Management Funds received from DEQ during FY 18-19 (Feb 2019 distribution): \$

Electronics Management Funds spent during FY 18-19: \$

Electronics Management Fund balance as of June 30, 2019: \$

35. Briefly explain how Electronics Management Funds were spent during FY 2018-19 (please list items purchased if applicable):

36. 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 18-19:

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

OTHER PUBLIC RECYCLING PROGRAMS

List only programs operated or contracted for by the local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.

37.	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?									
38.	Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner other than through your curbside or dropoff recycling programs? Yes No									
39.	Does your local government provide recycling services to Alcoholic Beverage Commission permit holders? Yes No On-site collection services provided If on-site collection provided, please estimate # of ABC accounts served: No									
	Public drop-off recycling sites available for ABC On Premises Permit holders to use									
40.	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									
41.	Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 18-19. (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									
42.	Please identify all "Other" programs or services operated by your government during FY 18-19. (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

- 43. 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, 2018 through JUNE 30, 2019. 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 on page 6 in the SPECIAL WASTE section of this report.
 - c. 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.

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

44. *If you checked commingled, which material recovery facility does your community use:

45. **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 cardboard disposal ban results in private cardboard recycling (and you have a way to track the tons collected)

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

Part III. Special Waste Collections

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 46 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 # 46 but instead report with HHW materials in question # 47.

46.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type	Did program collect this material from the public?	# of sites	1		ollected / mana indicated units	<u> </u>					
	Used Motor Oil	Yes				gallo	ons					
	Used Oil Filters	Yes		barr	rels, or		lbs					
	Used Antifreeze	Yes					gallons					
	Batteries, Lead Acid	Yes		# b	patteries,	, or	lbs					
	Batteries, Dry Cell	Yes					lbs					
	Fluorescent Bulbs/Lights Containing Mercury	Yes			lbs, or	#	bulbs					
	Propane Tanks	Yes			lbs, or		# tanks					
	Used Cooking Oil / Waste Vegetable Oil	Yes			lbs, or		gallons					
	Other Special Wastes - please provide waste type here:	🗌 Yes			· ·		lbs					
	Pesticide Containers (NCDA Program, not pesticides themselves)	Yes			lbs, or		# con- tainers					
	NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	Yes					lbs					
	Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	Yes			gals, or		lbs					
	 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 pr Please list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from smaller of using the second second	open to accept materials during rogram with another <u>local</u> g participated in your HHW all businesses (Very Exemp as material managed	ng this F overnme collecti t Small	Fiscal Year? ent? Yes on program this Quantity Gener	Fiscal Stators)?		Yes	np. Event				
	f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If data about individual materials is not available, please simply provide total quantity of materials collected by HHW program in 47g below. Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in question 46.											
	Used Motor Oil (gal)	Used Oil Filters		_ # of Barrels,	or	lbs.						
	Used Antifreeze (gal)	Lead Acid Batter	ies (lbs)		Other Ba	atteries (lbs)						
	Fluorescent Bulbs / Lights Containir											
	g. Provide Total Quantity of materials collected reported in 47f, please net the weight of those							pounds				
	h. Please list HHW Collection Contractor							_				
	i. Estimated cost of HHW / VSQG program or	event(s) \$										
All	es 3 through 6 should have only been complet governments answering "Yes" to question #5 o ch are for Counties only.											

Special Waste Collections (Do Not Include Materials Collected as part of an HHW Collection Program or Event)

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Part IV. Yard Waste, Mulching and Composting Management

Yard waste may not be disposed in sanitary landfills, incinerators, or in unpermitted sites and it is illegal to burn. Do not include information on food waste or non-vegetative materials in this section.

- 48. 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.
- 49. Did a storm event significantly impact the amount of yard waste your government managed during FY 18-19? 🗌 Yes 🛛 No
- 50. What quantities of materials were managed by your yard waste program? **Provide information in TONS** <u>OR</u> **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	Facility Name and Location
End user (to farmer or home-owner)			or		
Your local government's mulch or compost facility	\boxtimes		or	1,180	Town of Weldon Yard Waste Facility, 724 County Road
Other public mulch or compost facility			or		
Private mulch or compost facility			or		
Land clearing and inert debris landfill (LCID)			or		
Energy / Fuel Use (e.g. boiler fuel market)			or		
Total			or	1180	

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 cubic yard truck x 3 days/wk x 16 wks = 480* cubic yards

	Х	Σ	Κ	=		cubic yards
Size of Truck (in yards)	Avg. no. of time	s truck fills each week	# of weeks truck is used during year		TOTAL	
	Part V	. Solid Wast	e Collection Services			

51. Please complete the following table about your government's solid waste (garbage) collection system.

	Sector	Who Collects Solid Waste? How is Solid Waste Collected?						Who Collects Solid Waste?	How is Solid Waste Collected?					
	Sector	Insert Letter - see codes at right				Inser	rt # - se	ee codes at 1	right	a. Local government employees 1. Once a week at household				
	Residential	Primary	b	Secondary		Primary	1	Secondary		b. By Contract 2. Twice a week at househ				
	Commercial	Primary		Secondary		Primary		Secondary		d. Local government not	 Convenience center/greenbox As needed or by request Daily 			
	Industrial	Primary		Secondary		Primary		Secondary		1	6. Other			
52.	If you provide What type of c					gle-fam Fully A	•			isdiction, please answer the utomated 🛛 Manual	following questions:			
	What is the standard collection frequency? Weekly Two times per week Other													
	What is the typical service point for single family household waste? 🛛 🔀 Curbside 🗌 Back yard / Back door													
	What type of collection container is used? 🛛 Government-provided carts 🗌 Resident-provided container 🗌 Bags										iner 🗌 Bags			
	Do you offer b	ulky was	ste coll	ection set	rvices?	X Y	es	🗌 No						
53.	For municipali If so, were whi						-		<u> </u>	Yes No No				
]	Part	VI. So	lid W	aste a	nd F	Recyclin	g Edu	icational Activities				
54.	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)													
55.	Please estimate	e your an	inual b	udget for	solid wa	ste relate	ed edu	cation and c	outreach	activities: \$				
56.	Does your com	munity	produc	e recyclir	ng educat	ion and	outrea	ch materials	s in lang	guages besides English?]Yes 🗌 No			
	If YES, please	list othe	r langu	ages used	1:									

	Part VI	I. Resources f	or Solid Was	te Manageme	ent and Full C	ost Accounti	ng
	Did your local govern NC Solid Waste Disp According to GS 105-	osal Tax proceeds ar	e distributed to elig	ible local governme	ents on a quarterly ba		nent of Revenue.
	Did your local govern		•			Yes No	
	If yes, how are dispos	sal tax distributions b	eing used? for solid	l waste managemen	t services		
59.	What other funding so	ources does your loca	al government use?				
		es axes / general fund aold charges		eight-based fees (e.g yclables	·	ire tax Vhite Goods tax	
60.	If applicable, please p	2	9 household fees (f	ollow example form	/		
	ex: \$ \$75.00	per	year	per	household		
	a. \$ <u>195</u>	per year		per househo	old	for solid waste	
	b. \$	per		per		for recycling	
	c. \$	per		per		for yard waste	
	d. \$	per		per		for bulky wast	e
		per					2
	f. \$ <u>195</u>	per		per househo	old	total charge	
61.	Did your local govern are charged a fee by v					18-19? (a system v	where residents
Ac	cording to GS 130A-3					lly and to develop	a system to
	orm users of such cost		*		Ũ		2
62.	If your local governm	ent contracts for soli	d waste or recycling	g services, please re	port the annual cont	ract amount.	
	\$133,836		For solid waste s	services per year			
	\$		For recycling per	r year			
			OR				
	\$		_ Combined Contr	ract (solid waste, and	d recycling)		
63.	Collection Programs: collection programs for not available, please	or waste, recyclables	and yard waste inc	luding materials col			
	not available, preuse	# 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)
N	Iunicipal Solid Waste	*764	666	93,789	40,047	133,836	200
	Recycling Program*	*					
	Yard Waste Program	n 764	236	50,000		50,000	211
		Is (calculated by form):	902	143,789	40,047	183,836	203
	*for materials collected a **for materials collected	-	-			ors. Do not include spe	cial waste services
64.	If your government of facility operations (ro proportionately. Lar	ity, please provide	total budget for				
		nsfer Station Budget	\$\$				
		rd Waste / Compost I		50,000			
		cycling Facility Budg					
65.	What was your gover	nment's total combin	ed annual budget fo	or all solid waste and	d recycling services	in 18-19? \$ <u>183,83</u>	6

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Part VIII. Mandated Programs

The following questions pertain to programs mandated by NC statute. **Only Counties** need to complete questions 66 through 88. Failure to complete Part VIII may result in non-eligibility for grant funding. **Municipalities** should skip to question 89 on page 10.

L	IITE GOODS							
66.	Please provide name, address, phone number, and e-mail of person responsible for white goods program. Name:							
	Name:							
	Address:		City:					
	Telephone: Fax:		Email:					
67.	Please provide the physical address of the primary	y county white go	ods collection site.					
	Street 1:							
	Street 2:							
	City:			Zip:				
68.	Please provide the name of the business or person that removes the refrigerant gases (CFCs) from white goods.							
	Name:							
	Street:							
	City:			Zip:				
	Phone: Fax:							
69.								
09.	Type of CFC Removed		emoval, and copy of certification of person(s) performing extraction. Amount					
	v 1							
70								
70.	CFCs may be recycled or sent for destruction. Giv		ethod of Disposal	Amount Earned	Amount Spent			
			iction of Disposal					
				. 11				
71.	Please report the tonnage of white goods collected white goods tonnage reported on page 5? \Box Ye		-19 in the Recycling Tonna	iges table on page 5 (qu	testion # 43). Was			
72.	List the amount of revenue for the white goods pr							
12.	Revenue collected from sale of scrap:							
	Revenue collected from White Goods Tax Distrib	·						
	Revenue from other source (e.g. grants):							
	Total Revenue:	\$						
73.	According to the White Goods Law, White Good expenditures White Good Tax Distributions were				mounts and types of			
	Operational Expenses: \$							
	Capital Improvements: \$							
	Clean-up of Illegal White Goods Dumps: \$							
	Total Expenditures: \$							
201	18-2019 Local Government Annual Report Repor	rt Due Date: Sept	ember 1, 2019 Submit to	: Lgteam@ncdenr.gov	Page 9 of 11			

74.	Please provide name, address, phone number, and e-mail of person responsible for scrap tires program.							
	Name:							
	Address:						Zip:	
	Telephone: Fax:			Email:				
75.	Please provide the physical address of the primary county scrap tires collection site. Street 1:							
	Street 2:							
	City:		State:	North Ca	arolina		Zip:	
76	Tonnage/Number of scrap tires disposed July 1, 2018-J Tons or	une 30, 2	2019 (<u>exclud</u>	<u>ling</u> tires N	from clean Number of ti	up of nu ires	iisance sites)	
77.								
78.	Indicate the types of tires collected by the county: Passenger% Heavy Truck	%	Large Of	f-Road		_% A	Agricultural	0⁄_0
79.	List the amount of revenue for the scrap tire program b							
	Revenue from Scrap Tire Tax Distributions:							
	Revenue from Scrap Tire Fees:							
	Revenue from Scrap Tire Clean-up Reimbursements:							
	Revenue from Scrap Tire Cost-Overrun Grants:							
	Total Revenue:	\$						
80.	County's total scrap tire program contract expenditure (excluding costs of nuisance tire cleanups, for FY 18-19	contract	disposal/hau	uling cost	ts), \$			
81.	County's additional scrap tire program expenditure (i.e. Labor \$	-	onvenience o	center cos	st), if any.			
	Site Cost \$							
	Other \$		describe Ot	ther:				
82.	County's contract cost for scrap tire disposal. \$		/ Ton; \$		/ Ti	re		
83.								
84.	Total tipping fees collected for tires not eligible for free disposal. \$							
85.	Total number of tires collected not eligible for free disposal:							
86.	If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? \Box Yes \Box No							
87.	Name of tire disposal/recycling firm(s):							
MA	NAGEMENT OF ABANDONED MANUFA	CTUR	ED HON	AES BY	COUN	LIES		
88.	Has your county considered whether to implement a pr						actured homes?	Yes No
	If yes, has your county developed a written plan for the	manager	ment of aba	ndoned m	nanufacture	d home	es? Yes	No No
TE	MPORARY DISASTER DEBRIS STAGINO	G SITE	S - Count	ties and	Municip	alities	5	
89.								
If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies:						Stand-alone	In conjunction	
90.	If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a c				agement or 1		to ensure it mee	ts the basic

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91. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:

Name:	Name:	Name:
Phone:	Phone:	Phone:
E-mail:	E-mail:	E-mail:

92. 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		
Does your plan address the management of: Household hazardous waste Mass animal mortality						

White goods

94. Does your plan include coordination with NC DOT on clearing roads and waste in the right of way? Yes No

Abandoned vessels

93.

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:

Sandy Skolochenko, email: sandy.skolochenko@ncdenr.gov phone: 919-707-8147 Matt James, email: matt.james@ncdenr.gov phone 919-707-8133

THIS FORM IS DUE SEPTEMBER 1, 2019

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

