

### 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, 2017 -- June 30, 2018

Please submit this form to Lgteam@ncdenr.gov by September 1, 2018.

On the following pages you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2017-2018. 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, 2018.

Options for obtaining a blank copy of this form:

- $1-download\ a\ copy\ of\ the\ form\ from\ this\ web\ site:\ \underline{http://deq.nc.gov/about/divisions/waste-management/solid-waste-section/annual-reporting}$
- 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: <a href="https://get.adobe.com/reader/">https://get.adobe.com/reader/</a> - it is suggested that you complete the form using the latest version of Adobe Reader. Please <a href="DO NOT">DO NOT</a> 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:

Wendy Worley, phone: 919-707-8136, email: wendy.worley@ncdenr.gov Matt James, phone: 919-707-8133, email: matt.james@ncdenr.gov

Form Year

2018



Local Government Report Form

**Required** - Enter Your Local Government Name: **BELHAVEN** 

### 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, 2017 -- June 30, 2018

COMPLETION AND SUBMISSION OF THIS REPORT WILL FULFILL THE ANNUAL REPORTING MANDATE TO THE STATE AS REQUIRED BY G.S. 130A-309.09A.

|     | I  | Please submit this form to Lgte | eam@ncdenr.gov by Septe     | mber 1, 2018.      |                                     |
|-----|--|---------------------------------|-----------------------------|--------------------|-------------------------------------|
|     | If you have questions                                  | or need assistance complet      | ing this form, please cal   | l 919-707-8136     | or 919-707-8133.                    |
| Per | son Completing This Report: M                          | IMI VAN NORTWICK                |                             | Title: FINANCI     | E DIRECTOR                          |
| Ma  | iling Address: PO BOX 220                              |                                 | City: BELHAVEN              |                    | Zip: 27810                          |
| Pho | one: 252-943-3055                                      | Fax: 252-943-2357               |                             | Date: 12/3/        | /2018                               |
| Em  | ail: FINANCEDIRECTOR@BE                                | LHAVENNC.US                     |                             |                    |                                     |
|     |  | Gener                           | ral Instructions            |                    |                                     |
|     | ase remember that the time period a specific question. | for the report is JULY 1, 201   | 7 through JUNE 30, 2018.    | Please check "N    | No" if you have nothing to report   |
| 1.  | Did your local government have                         | e a Recycling Coordinator or    | similar position for FY 17- | 18? Yes            | No No                               |
|     | Name Recycling Coordinator (                           | if different from person compl  | leting this report.)        |                    |                                     |
|     | Name:  |                                 |                             | Title:             |                                     |
|     | Address:   |                                 | City:                       |                    | Zip:                                |
|     | Telephone:   | Fax:                            | Email:                      |                    |                                     |
| 2.  | Did your local government have                         | e a Solid Waste Director or sir | milar position for FY 17-1  | 8? Xes             | ☐ No                                |
|     | If Yes, Name: PAUL WOO                                 | D                               |                             | Title: PUBLIC V    | VORKS DIRECTOR                      |
|     | Address: PO BOX 220                                    |                                 | City: BELHAVEN              |                    | Zip: <u>27810</u>                   |
|     | Telephone: 252-945-0810                                | Fax: 252-943-2357               | Email: N/A                  | A                  |                                     |
| 3.  | Did your local government have                         | e dedicated or part-time Sol    | id Waste Enforcement Stat   | ff for FY 17-18?   | Yes No                              |
|     | If Yes, Name:  |                                 |                             | Title:             |                                     |
|     | Address:   |                                 | City:                       |                    | Zip:                                |
|     | Telephone:   | Fax:                            | Email:                      |                    |                                     |
| 4.  | Did your local government hav all that apply)          | e solid waste ordinances in pla |                             |                    | FY 17-18? (if yes, please check     |
|     | ∑ Disposal Bans  | Illegal Dumping     Littering   | ng                          | cribe: PROHIBI     | TION OF ACCUMULATED ¥               |
| 5.  | Did your local government mamulching, composting)?     | nage, provide or contract for a | ny solid waste services in  | FY 17-18 (e.g., co | ollection, disposal, recycling,  No |

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 The following questions pertain to waste reduction and recycling activities / programs that serve local government facilities. Did your local government have a recycling program in place for collecting recyclable materials generated at Yes X No public buildings in FY 17-18? 7. Did your local government have any program or policy encouraging or requiring local agencies to X No purchase products with recycled content? Did your local government have a program in place to collect and recycle spent fluorescent lights X No | Yes generated from the public buildings and facilities that were operated by your government in FY 17-18? Part II. Waste Reduction and Recycling Programs Serving the Public SOURCE REDUCTION / REUSE Did your local government have a backyard composting program? Yes X No If yes, please check all backyard composting activities that apply: Education Demonstration site(s) Bin distribution/sales Number of Bins distributed? Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes X No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives? Did your local government offer a waste exchange or reuse program? Yes X No 13 If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public: Paint exchange Number of gallons recovered? Swap shop/shed Number of sheds in use? Other (e.g. pallet exchange, etc.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 2017 through June 30, 2018? 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.) If your local government **DID** operate or contract for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s). **CURBSIDE RECYCLING PROGRAM** Did your government operate a Curbside Recycling Program? Yes $\bowtie$ No, skip to question # 25 Who collected the recyclable materials for your local government's curbside recycling program? 16. 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 <b>number of households</b> 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:    less than 50 gallon cart  |
| DR   | OP-OFF RECYCLING PROGRAM  |
| 25.  | Did your government operate a Drop-off Recycling Program?   |
| 26.  | Who collected the recyclable materials for your local government's drop-off recycling program?  Local government employees  Private contractor DAVID'S TRASH SERVICE INC  |
|      | 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. 750   |
| 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?   |
| EL   | ECTRONICS RECYCLING PROGRAM   |
| mate | Is answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any perials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.  Did your community operate an electronics recycling program in FY 17-18? 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 collect or accept televisions from (check all that apply):   Residences   Businesses   |
|------------|---|
| 34.        | Did your electronics recycling program collect or accept computer equipment from (check all that apply):   Residences  Businesses   |
| 35.        | DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was eligible to receive proceeds from the State Electronics Management Fund in February of 2018, please provide the following information:                                   |
|            | Electronics Management Fund balance as of July 1, 2017: \$  |
|            | Electronics Management Funds received from DEQ during FY 17-18 (Feb 2018 distribution): \$  |
|            | Electronics Management Funds spent during FY 17-18: \$  |
|            | Electronics Management Fund balance as of June 30, 2018: \$   |
| 36.        | Briefly explain how Electronics Management Funds were spent during FY 2017-18 (please list items purchased if applicable):  |
|            |   |
| 37.        | If you did operate an electronics recycling program, please provide the following information about your vendor / contractor:  Name of electronics recycling vendor(s) during FY 17-18:   |
|            | Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?   |
| OT         | THER PUBLIC RECYCLING PROGRAMS  |
| the        | ase answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the ycling Tonnages Chart on pg 5. |
| 38.<br>39. | 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? $\  \  \  \  \  \  \  \  \  \  \  \  \ $                   |
|            | other than through your curbside or dropoff recycling programs? Yes No  |
| 40.        | Does your local government provide recycling services to Alcoholic Beverage Commission permit holders? Yes 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 government have an ordinance regulating the construction and demolition waste stream with the intention of encouraging or requiring waste reduction or recycling of these materials? $\square$ Yes  |
| 43.        | Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 17-18. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)   |
|            | ☐ Public Parks Recycling Program ☐ Athletic Field /Venue Recycling Program  |
|            | Pedestrian Recycling Program Recycling Service for Special Events / Festivals   |
| 44.        | Please identify all "Other" programs or services operated by your government during FY 17-18. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)  |
|            | Public School Recycling Program   |
|            | Scheduled Collection Drives (e.g. confidential document shredding event held quarterly, once a year, etc.)  |
|            | Lend-a-Bin Program where local government provides recycling containers to community organizations for use at events  |
|            | Organics / Food Waste Recycling other than yard waste program   |
|            | Oyster Shell Recycling Program  |
|            | Other Programs (please specify)   |
|            | Programs to manage Special Wastes are addressed in Part III on page 6, please do not include Special Waste programs above.  |

#### RECYCLING TONNAGES FROM PUBLIC PROGRAMS

- 45. a. Enter data in the table below for ALL recycling programs operated or contracted for by your local government. Provide TONNAGES (or estimates) for each material collected for the period JULY 1, 2017 through JUNE 30, 2018. 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

| DD OCD AND                   | Curbside |      | D        | rop-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                   |          |      |          |         |          |                  |                                 |
| White Goods                  |          |      |          |         |          |                  |                                 |
| Other Metal                  |          |      |          |         |          |                  |                                 |
| PAPER:                       |          |      |          |         |          |                  |                                 |
| Newsprint (ONP)              |          |      |          |         |          |                  |                                 |
| Cardboard (OCC)              |          |      |          |         |          |                  |                                 |
| Magazines (OMG)              |          |      |          |         |          |                  |                                 |
| Office Paper                 |          |      |          |         |          |                  |                                 |
| Mixed / Other Paper          |          |      |          |         |          |                  |                                 |
| Cartons / Aseptic Containers |          |      |          |         |          |                  |                                 |
| WOOD:                        |          |      |          |         |          |                  |                                 |
| Pallets                      |          |      |          |         |          |                  |                                 |
| Other Wood - DO NOT          |          |      |          |         |          |                  |                                 |
| report yard waste tons her   | e L      |      |          |         |          |                  |                                 |
| OTHER MATERIALS:             |          |      |          |         |          |                  |                                 |
| Textiles (clothes etc)       |          |      |          |         |          |                  |                                 |
| Televisions                  |          |      |          |         |          |                  |                                 |
| Other Electronics            |          |      |          |         |          |                  |                                 |
| C&D Materials Recycling      |          |      |          |         |          |                  |                                 |
|                              |          |      |          |         |          |                  |                                 |
|                              |          |      |          |         |          |                  |                                 |
|                              |          |      |          |         |          |                  |                                 |
| Commingled tons-check a      | 111      |      |          | 14      |          |                  | 14                              |
| items collected above        |          |      |          |         |          |                  |                                 |
| TOTAL TONS:                  |          |      |          | 14      |          |                  | 14                              |

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.

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

| 47.  | Special Waste Programs for Collecting<br>Materials <u>from Citizens</u> by Material Type   | 1 0                                     | n collect this m the public?        | # of sites | Data on quant<br>Please rep              | ities collecte<br>ort in indicat |                   |            |
|------|--|---|-------------------------------------|------------|--|----------------------------------|-------------------|------------|
|      | Used Motor Oil   | Yes                                     | ⊠ No                                |            |  |                                  | gallons           |            |
|      | Used Oil Filters   | Yes                                     | ⊠ No                                |            | barre                                    | ls, or                           | lbs               |            |
|      | Used Antifreeze  | Yes                                     | ⊠ No                                |            |  | '                                | gallons           |            |
|      | Batteries, Lead Acid   | Yes                                     | ⊠ No                                |            | # ba                                     | tteries, or                      | lbs               |            |
|      | Batteries, Dry Cell  | Yes                                     | ⊠ No                                |            |  |                                  | lbs               |            |
|      | Fluorescent Bulbs/Lights Containing Mercury  | Yes                                     | ⊠ No                                |            | 11                                       | bs, or                           | # bulbs           |            |
|      | Propane Tanks  | Yes                                     | ⊠ No                                |            | 11                                       | bs, or                           | # tanks           |            |
|      | Used Cooking Oil / Waste Vegetable Oil   | Yes                                     | ⊠ No                                |            | 11                                       | bs, or                           | gallons           |            |
|      | Other Special Wastes - please provide waste type here:   | Yes                                     | ⊠ No                                |            |  | ·                                | lbs               |            |
|      | Pesticide Containers (NCDA Program, not pesticides themselves)   | Yes                                     | ⊠ No                                |            | 11                                       | bs, or                           | # containers      |            |
|      | NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)  | Yes                                     | ⊠ No                                |            |  |                                  | lbs               |            |
|      | Latex Paint (do not include paint collected at HHW event or by a paint exchange program)   | Yes                                     | ⊠ No                                |            | ا ا                                      | gals,<br>or                      | lbs               |            |
|      | Did your local government operate a household If Yes, please respond to the following question a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program of c. Did you partner or co-sponsor your HHW program of the collected at a permitted Tempora of the collected | s:<br>ary Event or a<br>pen to accept i | t a Permanent<br>materials duri     | HHW (      | Collection Facility Fiscal Year?         |                                  | Yes No            | mp. Event  |
|      | Please list partner(s)  d. Provide number of citizens / households that e. Did your program accept materials from sma If yes, please estimate the amount of busines  | all businesses                          | (Conditionall                       | y Exem     | pt Small Quantity                        |                                  |                   | No         |
|      | f. Amounts of individual materials collected by about individual materials <u>is not</u> available, p Note, materials listed here should only be the   | y HHW Progr<br>lease simply             | ram: if totals f<br>provide total c | quantity   | idual materials ar<br>of materials colle | e known plea<br>ected by HHV     | W program in 48   | g below.   |
|      | Used Motor Oil (gal)   | Use                                     | ed Oil Filters                      |            | _ # of Barrels, o                        | r                                | lbs.              |            |
|      | Used Antifreeze (gal)  | Lea                                     | d Acid Batter                       | ies (lbs)  | 0  | ther Batteries                   | s (lbs)           |            |
|      | Fluorescent Bulbs / Lights Containing  |   |                                     |            |  |                                  |                   |            |
|      | <ul><li>g. Provide Total Quantity of materials collected reported in 48f, please net the weight of thos</li><li>h. Please list HHW Collection Contractor</li></ul>   | e materials or                          | ut of the total                     | listed he  | ere.                                     |                                  |                   | pound      |
|      | _  |   |                                     |            |  |                                  |                   |            |
|      | <ul> <li>i. Estimated cost of HHW / CESQG program of should have only been complete</li> </ul>   |   |                                     |            |  | at they DO n                     | provide recycline | g sprvices |
| · ug | os s misougii o snoum nuve oniy ocen complet   | on by govern                            | month circuit                       | ving in t  | juosiivii # 17 III                       | u may DO p                       | normo recyclili)  | Source     |

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 I   | V. Yard                                  | l Waste,                       | , Mul   | ching and C                          | Compostin                                      | g Managem                                  | ent  |
|-------------------|--|--|--|--------------------------------|---|--------------------------------------|--|--|--|
| ипре              | rmitted sites an                                     | ıd it is illegal                                 | to burn. (                               | Composting                     | and mi  | ılching are popi                     | ular manageme                                  | nt options. Pleas                          | landfills, incinerators, or in<br>e answer the questions below<br>terials in this section. |
| 49.<br>50.<br>51. | checking all the<br>Did a storm ev<br>What quantitie | at apply: X<br>ent significan<br>es of materials | Collected c<br>tly impact t<br>were mana | curbside he amount aged by you | Collectory | waste your gove<br>aste program? l   | ce center R<br>rnment manage<br>Provide inform | eceived at yard w<br>d during FY 17-1      | OR CUBIC YARDS of  |
|                   |  | Destinat   | ion                                      |                                | Check if used   | Tons                                 | Cubic Yards                                    |  | Name and Location of Facility ng Vegetative Materials                                      |
|                   | End user (to fa                                      | armer or home                                    | e-owner)                                 |                                |   |                                      |  | 710001711                                  | ag vegetative intaterials  |
|                   | Your local gov                                       | ernment's mu                                     | lch or comp                              | post facility                  |   |                                      |  |  |  |
|                   | Other public m                                       | nulch or comp                                    | ost facility                             |                                | $\boxtimes$   | 48                                   |  | BEAUFORT COUNT                             | Y LANDFILL STATION   |
|                   | Private mulch  | or compost fa                                    | cility                                   |                                |   |                                      |  |  |  |
|                   | Land clearing a                                      | and inert debr                                   | is landfill (                            | LCID)                          |   |                                      |  |  |  |
|                   | Energy / Fuel U                                      | Use (e.g. boile                                  | er fuel mark                             | tet)                           |   |                                      |  |  |  |
|                   |  | Total  |  |                                |   | 48                                   |  |  |  |
|                   | estimate yard v                                      | waste volume.                                    | Calculate                                | for each tru                   | ick used  | in your yard wa                      | iste managemen                                 |  |  |
|                   | Size of Truc   | ck (in vards)                                    |  | of times truck                 | fills each  | week # of weeks                      | truck is used durin                            | <del></del>                                | TOTAL $yd^3$   |
|                   | Size of True   | ok (iii yurus)                                   | _  |                                |   | Vaste Colle                          |  |  |  |
| This<br>52.       |  | -  | government                               | 's provision                   | of solid  | waste (garbage<br>t's solid waste co | ) collection serv                              | vices.                                     |  |
|                   | Sector   | Who Colle  | ects Solid V                             | Vaste? He                      | ow is So  | lid Waste Colle                      | ected? Who Co                                  | ollects Solid Waste?                       | How is Solid Waste Collected?<br>es 1. Once a week at household                            |
|                   | Residential  | Primary B  | Secondary                                | B Pri                          | mary  | 1 Secondary                          | 1 b. By Co                                     | ontract<br>hise haulers                    | <ul><li>2. Twice a week at household</li><li>3. Convenience center/greenbox</li></ul>      |
|                   | Commercial Industrial                                | Primary B Primary B                              | Secondary Secondary                      | Б                              | mary  | Secondary  Secondary                 |  | government not<br>red in provision of<br>e | <ul><li>4. As needed or by request</li><li>5. Daily</li><li>6. Other</li></ul>             |
| 53.               | If you provide                                       | residential wa                                   | aste collecti                            | on at single                   | -family   | households in v                      | our jurisdiction.                              | please answer th                           | e following questions:   |
|                   | What type of collection method is used?              |  |  |                                |   |                                      |  |  |  |
|                   | What is the type What type of c                      | 1  | ·  |                                |   | ent-provided car                     |  | ent-provided cont                          |  |
|                   | Do you offer b                                       |  |  |                                | √ Yes   | □ No                                 | its Reside                                     | ont-provided cont                          | anici Dags   |
| 54.               | For municipali<br>If so, were whi                    | ties - did you                                   | r governme                               | nt collect w                   | hite goo  | ods at the curb?                     |  | No   |  |
|                   | II so, were will                                     |  |  | •                              |   | 0                                    | No Education                                   | nal Activitie                              | NC .   |
| 55.               | Did <b>your local</b> issues / activiti              | government                                       |  | ucation pro                    | gram to   | • •                                  | specifically abo                               |  | anagement and / or recycling   |
| 56.               | Please estimate                                      | e your annual                                    | budget for                               | solid waste                    | related   | education and or                     | utreach activitie                              | s: \$                                      |  |
| 57.               | Does your com  | nmunity produ                                    | ice recyclin                             | g education                    | and ou  | treach materials                     | in languages be                                | esides English? [                          | Yes No   |
|                   | If YES, please                                       | list other lang                                  | guages used                              | l:                             |   |                                      |  |  |  |
| 58.               | Please provide                                       | your recyclin                                    | ig website a                             | ddress and                     | public i  | nformation phor                      | ne number if app                               | olicable.                                  |  |
|                   | Website:   |  |  |                                |   |                                      |  | Phone #:                                   |  |

# Part VII. Resources for Solid Waste Management and Full Cost Accounting

|     | ficient resources availab<br>estions deal with funding  |  |   |  |                                   | these programs.                            | The following                             |
|-----|---|--|---|--|-----------------------------------|--|---|
| 59. | Did your local governm With regards to funding Tipping fees   | nent operate an Ente<br>g sources, check all<br>s<br>es / general fund | erprise Fund for sol<br>that apply to your l<br>Volume/we             | id waste services in<br>local government:<br>eight-based fees (e.g | FY 17-18? T. PAYT) T W            | Yes No ire tax /hite Goods tax isposal Tax | )   |
| 61. | NC Solid Waste Dispos<br>According to GS 105-1  | sal Tax proceeds are   | e distributed to elig   |  | nts on a quarterly ba             | sis by the Departn                         |   |
|     | How are disposal tax d  | istributions being u   | sed? SUBSIDIZES   | COLLECTION CO  | OSTS AND LANDF                    | LL FEES                                    |   |
| 62. | If applicable, please practice a. \$ \frac{10}{2}   |  |   |  |                                   | for solid waste) for solid waste           | <b>:</b>                                  |
|     |   |  |   |  |                                   |  |   |
|     | c. \$   | per  |   | per  |                                   | for yard waste                             |   |
|     | d. \$   | per  |   | per  |                                   | for bulky wast                             | e   |
|     | e. \$   | per  |   | per  |                                   | availability fee                           | <u> </u>                                  |
|     | f. \$   | per  |   | per  |                                   | total charge                               |   |
| 63. | Did your local governmare charged a fee by we   |  |   | •  |                                   | 17-18? (a system v<br>] No                 | where residents                           |
|     | cording to GS 130A-309 orm users of such costs.   |  | ments are required  | to conduct full cos  | t accounting annual               | lly and to develop                         | a system to                               |
| 64. | If your local government  | nt contracts for soli  | d waste or recycling  | g services, please re  | port the annual contr             | ract amount.                               |   |
|     | \$  |  | _ For solid waste s   | services per year  |                                   |  |   |
|     | \$  |  | _ For recycling per   | r year   |                                   |  |   |
|     |   |  | OR  |  |                                   |  |   |
|     | \$136,766   |  | _ Combined Contr  | act (solid waste, and  | d recycling)                      |  |   |
| 65. | Collection Programs: P<br>collection programs for<br>not available, please r  | waste, recyclables   | and yard waste inc  | luding materials col   |                                   |  |   |
|     |   | # of Households<br>served  | Tons Collected  | Collection Cost  | Disposal Cost (tipping fees paid) | Total Cost<br>including<br>overhead        | Cost Per Ton Managed (calculated by form) |
| N   | Iunicipal Solid Waste*  | 850  | 1,551   | 105,862.9  | 30,903.1                          | 136,766                                    | 88  |
|     | Recycling Program**   |  |   |  |                                   |  |   |
|     | Yard Waste Program  | 850  | 48  | 17,300   |                                   | 17,300                                     | 360                                       |
|     | Totals  | (calculated by form):  | 1,599   | 123,162.9  | 30,903.1                          | 154,066                                    | 96  |
| 66. | *for materials collected and **for materials collected by If your government ope facility operations (roun proportionately. Lan | y public recycling progra<br>erates a landfill, trar                   | ams including those servansfer station, yard w  1. If budgets for dif | vices offered to commerce<br>vaste /compost facilities are         | ial and industrial generate       | ity, please provide<br>empt to allocate co | total budget for                          |
|     | Trans   | sfer Station Budget  | : \$  |  |                                   |  |   |
|     | Yard  | Waste / Compost F  | Facility Budget: \$   |  |                                   |  |   |
|     |   | cling Facility Budg  |   |  |                                   |  |   |
| 67. | What was your government  | ment's total combine   | ed annual budget fo   | or all solid waste and   | d recycling services              | in 17-18? \$ <u>143,00</u>                 | 0   |

## **Part VIII. County Mandated Programs**

The following questions pertain to programs mandated by N.C. statute to be provided by each county. Only county governments need to complete this section (questions 68 through 96). Municipalities should skip to Part IX on page 11. Counties - failure to complete Part VIII may result in non-eligibility for grant requests.

| WH  | ITE GOODS   |                   |                 |           |                        |                         |                     |
|-----|---|-------------------|-----------------|-----------|------------------------|-------------------------|---------------------|
| 68. | Please provide name, address, phor  | ne number, and e  | -mail of persor | respons   | •                      | program.                |                     |
|     | Name:   |                   |                 |           | Title: _               |                         |                     |
|     | Address:  |                   | (               | City:     |                        | Zip:                    |                     |
|     | Telephone:  |                   |                 |           |                        |                         |                     |
| 69. | Please provide the physical address   | of the primary of | county white go | ods coll  | ection site.           |                         |                     |
|     | Street 1:   |                   |                 |           |                        |                         |                     |
|     | Street 2:   |                   |                 |           |                        |                         |                     |
|     | City:   |                   |                 |           |                        |                         |                     |
| 70. | Please provide the name of the bus Name:                                      | -                 |                 |           |                        | om white goods.         |                     |
|     | Street:   |                   |                 |           |                        |                         |                     |
|     | City:   |                   |                 | State:    | North Carolina         | Zip:                    |                     |
|     | Phone:  | Fax:              |                 | _ Email   | :                      |                         |                     |
| 71. | Give amounts / types of CFCs reme   |                   | ords of CFC rea | moval, aı | nd copy of certificati |                         | rming extraction.   |
|     | Type of CF(   | Removed           |                 |           |                        | Amount                  |                     |
|     |   |                   |                 | -         |                        |                         |                     |
|     |   |                   |                 | -         |                        |                         |                     |
|     |   |                   |                 |           |                        |                         |                     |
|     |   |                   |                 |           |                        |                         |                     |
| 72  | CECs man be married an east for a   | lastmatica Cias   |                 | 4:1       |                        | and for CE              | C diamana1          |
| 72. | CFCs may be recycled or sent for o  | lestruction. Give |                 |           | f Disposal             | Amount Earned           |                     |
|     |   |                   |                 |           | •                      |                         |                     |
|     |   |                   |                 |           |                        |                         |                     |
|     |   |                   |                 |           |                        |                         |                     |
| 73. | Please report the tonnage of white white goods tonnage reported on page 1997. |                   | _               |           | e Recycling Tonnag     | ges table on page 5 (qu | nestion # 45). Was  |
| 74. | List the amount of revenue for the  | white goods prog  | gram by source  |           |                        |                         |                     |
|     | Revenue collected from sale of scr  | ap:               | \$              |           |                        |                         |                     |
|     | Revenue collected from White Goo  | ods Tax Distribut | tions: \$       |           |                        |                         |                     |
|     | Revenue from other source (e.g. gr  | ants):            | \$              |           |                        |                         |                     |
|     | Total Revenue:  |                   | \$              |           |                        |                         |                     |
| 75. | According to the White Goods Law<br>expenditures White Good Tax Dist          |                   |                 |           |                        |                         | mounts and types of |
|     | Operational Expenses:   | \$                |                 |           |                        |                         |                     |
|     | Capital Improvements:   |                   |                 |           |                        |                         |                     |
|     | Clean-up of Illegal White Goods D   |                   |                 |           |                        |                         |                     |
|     | Total Expenditures:   | \$                |                 |           |                        |                         |                     |

| SC. | RAP TIRES  |                     |                |   |                                |
|-----|--|---------------------|----------------|---|--------------------------------|
| 76. | Please provide name, address, phone number, and e-Name:  | •                   | •              |   |                                |
|     | Address:   |                     |                |   |                                |
|     | Telephone: Fax:  |                     | Emai           | il:                                     |                                |
| 77. | Please provide the physical address of the primary c   | ounty scrap tires   | collection sit | te.                                     |                                |
|     | Street 1:  |                     |                |   |                                |
|     | Street 2:  |                     |                |   |                                |
|     | City:  |                     | State: North   | n Carolina                              | Zip:                           |
| 78. | Tonnage/Number of scrap tires disposed July 1, 201  Tons o   | 7-June 30, 2018 (   | excluding tin  | res from cleanup of nu _Number of tires | isance sites)                  |
| 79. | Tonnage/Number of scrap tires disposed from clean Tons o   |                     | nty designate  | ed nuisance sites _Number of tires      |                                |
| 80. | Indicate the types of tires collected by the county: Passenger % Heavy Tr                                    | ruck                | %              | Large Off-Road                          | %                              |
| 81. | List the amount of revenue for the scrap tire program  | •                   |                |   |                                |
|     | Revenue from Scrap Tire Tax Distributions:   |                     |                |   |                                |
|     | Revenue from Tire Fees:  |                     |                |   |                                |
|     | Revenue from Scrap Tire Clean-up Reimbursement   | s: \$               |                |   |                                |
|     | Revenue from Scrap Tire Cost-Overrun Grants:   |                     |                |   |                                |
|     | Total Revenue:   | \$                  |                |   |                                |
| 82. | County's total scrap tire program contract expenditu excluding costs of nuisance tire cleanups, for FY 17    | re (contract dispo  | sal/hauling c  | costs),                                 |                                |
| 83. | County's additional scrap tire program expenditure ( Labor \$  |                     | ience center   | cost), if any.                          |                                |
|     | Site Cost \$   |                     |                |   |                                |
|     | Other \$   | descr               | ribe Other: _  |   |                                |
| 84. | County's contract cost for scrap tire disposal. \$   | / T                 | on; \$         | / Tire                                  |                                |
| 85. | Hauling cost or fuel surcharge, if not included in co  | ntract cost above   | .\$            | / Ton; \$                               | / Tire                         |
| 86. | Total tipping fees collected for tires not eligible for  | free disposal. \$ _ |                |   |                                |
| 87. | Total number of tires collected not eligible for free  |                     |                |   |                                |
| 88. | If scrap tires were not hauled off site by contracted s  | service provider,   | were they cu   | t and disposed in a loca                | al landfill?  Yes No           |
| 89. | Name of tire disposal/recycling firm(s):   |                     |                |   |                                |
| TE  | MPORARY DISASTER DEBRIS STAGI  | NG SITES            |                |   |                                |
| 90. | Does your local government have a plan in place for  | management of       | disaster debr  | ris? Yes                                | No                             |
|     | If yes, indicate if the plan is a stand-alone plan or in   | conjunction with    | local govern   | nment agencies:                         | Stand-alone                    |
| 91. | If you indicated having a plan, has the plan been rev<br>requirements for public assistance reimbursement in |                     |                | anagement or FEMA to                    | o ensure it meets the basic No |
| 92. | Please list the name, contact numbers(s), and e-mail   | address of the pe   | rson(s) in ch  | arge of the disaster del                | bris management program for    |
|     | your local government:  Name: Name   | ie:                 |                | Name:                                   |                                |
|     |  | ne:                 |                | <del></del>                             |                                |
|     | E-mail: E-m  |                     |                |   |                                |
|     |  |                     |                |   |                                |

| 95. Does your plan address mass animal mortality?   |        | Disaster Site #              | Site Name                           |        | Disaster Site #           | Site Name                   |
|---|--------|------------------------------|-------------------------------------|--------|---------------------------|-----------------------------|
| 95. Does your plan address mass animal mortality? Yes No  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 If yes, has your county developed a written plan for the management of abandoned manufactured homes? 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 of matters regarding solid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed.  63D. CHARGES FOR CURBSIDE REMOVAL OF BULKY WASTE IS PRICED ON AN INDIVIDUAL BASIS BY THE PUBLIC |        |                              |                                     |        |                           |                             |
| 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 If yes, has your county developed a written plan for the management of abandoned manufactured homes? 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 of matters regarding solid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed.  63D. CHARGES FOR CURBSIDE REMOVAL OF BULKY WASTE IS PRICED ON AN INDIVIDUAL BASIS BY THE PUBLIC  | 94. Do | pes your plan address the ma | nagement of household hazardous     | waste  | and white goods following | a disaster?                 |
| 96. Has your county considered whether to implement a program for the management of abandoned manufactured homes? Yes If yes, has your county developed a written plan for the management of abandoned manufactured homes? 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 matters regarding solid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed.  63D. CHARGES FOR CURBSIDE REMOVAL OF BULKY WASTE IS PRICED ON AN INDIVIDUAL BASIS BY THE PUBLIC   | 95. Do | oes your plan address mass a | nimal mortality?                    | ] 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 matters regarding solid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed.  63D. CHARGES FOR CURBSIDE REMOVAL OF BULKY WASTE IS PRICED ON AN INDIVIDUAL BASIS BY THE PUBLIC  | MANA   | AGEMENT OF ABAN              | DONED MANUFACTURE                   | ED H   | OMES BY COUNTI            | ES                          |
| 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 of matters regarding solid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed.  63D. CHARGES FOR CURBSIDE REMOVAL OF BULKY WASTE IS PRICED ON AN INDIVIDUAL BASIS BY THE PUBLIC  | 96. Ha | s your county considered w   | hether to implement a program for t | the ma | nagement of abandoned m   | anufactured homes?  Yes  No |
| Use this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this report or of matters regarding solid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed. 63D. CHARGES FOR CURBSIDE REMOVAL OF BULKY WASTE IS PRICED ON AN INDIVIDUAL BASIS BY THE PUBLIC  | If     | yes, has your county develop | ped a written plan for the manageme | ent of | abandoned manufactured    | homes? Yes No               |
| matters regarding solid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed. 63D. CHARGES FOR CURBSIDE REMOVAL OF BULKY WASTE IS PRICED ON AN INDIVIDUAL BASIS BY THE PUBLIC  |        |                              | Part IX. (                          | Com    | ments                     |                             |
| 63D. CHARGES FOR CURBSIDE REMOVAL OF BULKY WASTE IS PRICED ON AN INDIVIDUAL BASIS BY THE PUBLIC   |        | •                            |                                     |        | 11 .                      |                             |
|   | 63D. C | HARGES FOR CURBSIDE          | REMOVAL OF BULKY WASTE              |        | •                         |                             |
|   |        |                              |                                     |        |                           |                             |
|   |        |                              |                                     |        |                           |                             |
|   |        |                              |                                     |        |                           |                             |

This form is to be submitted electronically. If you require assistance, please contact one of these NC DEACS staff members:

Matt James, email: matt.james@ncdenr.gov phone 919-707-8133 Wendy Worley, email: wendy.worley@ncdenr.gov phone: 919-707-8136

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 <a href="https://deq.nc.gov/conservation/recycling/local-government-recycling-assistance">https://deq.nc.gov/conservation/recycling-local-government-recycling-assistance</a> or e-mail us at Lgteam@ncdenr.gov

