

#### 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



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

Princeton

#### Local Government Report Form

## **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

	Please submit this form to Lg	team@ncdenr.gov by <b>Septe</b>	ember 1, 2018.		
	If you have questions or need assistance comple	eting this form, please ca	ll 919-707-8136	6 or 919-707-8133.	
Pers	son Completing This Report: LEIGH HARTLEY		Title: ASSISTA	ANT TOWN CLERK	
Mai	iling Address: POST OFFICE BOX 67	City: PRINCETON		Zip: 27569	_
Pho	ne: 919-936-8171 Fax: 919-936-2842		Date:		_
Ema	ail: L.HARTLEY@MYPRINCETONNC.COM				-
	Gen	eral Instructions			_
	se remember that the time period for the report is JULY 1, 20 a specific question.	017 through JUNE 30, 2018	. Please check "l	No" if you have nothing to repo	rt
1.	Did your local government have a Recycling Coordinator or	r similar position for FY 17	-18? Xes	No	
	Name Recycling Coordinator (if different from person comp	pleting this report.)			
	Name: CHAD THOMPSON		Title: PUBLIC	WORKS SUPERINTENDENT	
	Address: POST OFFICE BOX 67	City: PRINCETON		Zip: <u>27569</u>	_
	Telephone: 919-915-0693 Fax: 919-936-2842	Email:			
2.	Did your local government have a Solid Waste Director or s	similar position for FY 17-1	8? Xes	No	
	If Yes, Name: CHAD THOMPSON		Title: PUBLIC V	WORKS SUPERINTENDENT	
	Address: POST OFFICE BOX 67	City: PRINCETON		Zip: 27569	
	Telephone: 919-915-0693 Fax: 919-936-2842	Email:			
3.	Did your local government have <b>dedicated or part-time</b> So	olid Waste Enforcement Sta	ff for FY 17-18?	⊠ Yes □ No	
	If Yes, Name: CHAD THOMPSON		Title: PUBLIC V	WORKS SUPERINTENDENT	
	Address: POST OFFICE BOX 67	City: PRINCETON		Zip: <u>27569</u>	_
	Telephone: 919-915-0693 Fax: 919-936-2842	Email:			
4.	Did your local government have solid waste ordinances in p all that apply)	place addressing any of the	following during	FY 17-18? (if yes, please check	
	☐ Disposal Bans ☐ Illegal Dumping ☐ Litter	ing Other, Please De	scribe:		_
5.	Did your local government manage, provide or contract for mulching, composting)?	any solid waste services in	FY 17-18 (e.g., c	ollection, disposal, recycling,  No	
	If you answer "No" to question 5, the rep	ort is complete, please en	ail 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 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 Yes No 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: Swap shop/shed Number of sheds in use? Paint exchange Number of gallons recovered? 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? X Yes 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)

- / •	Please provide the following information about your community:
	a. Total number of households in your jurisdiction? 537
	b. Number of households eligible to participate in the curbside recycling program: 537
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 418
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: 35
21.	How frequently were the curbside recyclables collected?  Once a week  Every other week / biweekly  Other
22.	Please describe the collection containers used:   ☐ 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)
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?  Yes  No, skip to question # 32
26.	Who collected the recyclable materials for your local government's drop-off recycling program?  Local government employees  Private contractor
	Other (please specify)
27.	Please describe the method / style of recyclable materials handling for your drop-off recycling program:  source-separated (citizens separate materials by type) single stream / commingled dual / two stream (paper separated from cans/bottles) don't know / other
28.	Please estimate the number of households served by your drop-off recycling program.
29.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial
30.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:
31.	How many of these locations were staffed with attendants?
EL]	ECTRONICS RECYCLING PROGRAM
Plea	se answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any erials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.
32.	Did your community operate an electronics recycling program in FY 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. 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?
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	Cu	ırbside		Drop-off	All "(	Other" Programs	Total Tons
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							
Clear							
Brown							
Green							
Mixed							
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 here							
OTHER MATERIALS:							
Textiles (clothes etc)							
Televisions							
Other Electronics							
C&D Materials Recycling							
Commingled tons-check al items collected above		22.34					22.34
TOTAL TONS:		22.34					22.34
101112 10110							

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)

-	Materials <u>from Citizens</u> by Material Type	material mor	n the public?	sites	Please report in	ollected / managed indicated units.	•
	Jsed Motor Oil	⊠ Yes	☐ No	1		0 gallons	
U	Ised Oil Filters	⊠ Yes	☐ No	1	0 barrels, or		bs
U	Ised Antifreeze	⊠ Yes	☐ No	1		0 galle	ons
В	atteries, Lead Acid	Yes	⊠ No		# batteries	, or1	bs
В	atteries, Dry Cell	Yes	⊠ No			1	bs
F	luorescent Bulbs/Lights Containing Mercury	Yes	⊠ No		lbs, or	# bul	bs
P	ropane Tanks	Yes	⊠ No		lbs, or	# tai	nks
U	Sed Cooking Oil / Waste Vegetable Oil	Yes	⊠ No		lbs, or	galle	ons
O	Other Special Wastes - please provide waste type here:	Yes	⊠ No				bs
	esticide Containers (NCDA Program, not esticides themselves)	Yes	⊠ No		lbs, or	# co	
- 1	ICDA Pesticide Disposal Assistance Program For management of pesticides, not containers)	Yes	⊠ No			1	bs
	atex Paint (do not include paint collected at IHW event or by a paint exchange program)	Yes	⊠ No		gals, or	1	bs
If a. b. c. d. e.	Did your local government operate a household of Yes, please respond to the following question. Was HHW collected at a permitted Tempora. How many days was your HHW Program operate Did you partner or co-sponsor your HHW program operate list partner(s).  Provide number of citizens / households that Did your program accept materials from small figures, please estimate the amount of business Amounts of individual materials collected by about individual materials is not available, poster, materials listed here should only be the Used Motor Oil (gal)	s:  ary Event or a pen to accept a porticipated all businesses as material may HHW Programs of the pose collected are simply pose collected are simply pose collected.	t a Permanent materials durinother local grant mour HHW (Conditionall maged mam: if totals forovide total cat an HHW Pages	HHW Cong this Fovernment Collection of Exemple Correction individuantity rogram a	Collection Facility?  Fiscal Year? 200  ent? Yes N  on program this Fiscal pt Small Quantity Gene pounds idual materials are know of materials collected band should not include and should not include the state of	Permanent  No  Year? 100  Perators)? Yes  So  wn please itemize by HHW program is materials listed in o	below. If dai
	Used Antifreeze (gal)	L aa	d Acid Ratter	ies (lbs)	Other R	atteries (lbs)	
	Fluorescent Bulbs / Lights Containin						
	Provide Total Quantity of materials collected reported in 48f, please net the weight of those.  Please list HHW Collection Contractor	d by HHW Pr	ogram. If ind at of the total	ividual i	materials were		poun
i.	Estimated cost of HHW / CESQG program of	or event(s) \$	0				

Pages 3 through 6 should have only been completed by governments indicating in question # 14 that they DO provide recycling services. All governments answering "Yes" to question # 5 on page 1 should complete the rest of the report with the exception of PART VIII which is only to be completed by Counties.

	Part IV. Yard Wast	te, Mulo	ching and <b>(</b>	Composting	g Managem	ent
ипре	section concerns management of vegetative marmitted sites and it is illegal to burn. Compostive to your management of vegetative materials. Do n	ng and mu	lching are popi	ular manageme	nt options. Please	e answer the questions below
49. 50. 51.	Does your local government operate a yard waste checking all that apply:   Collected curbside Did a storm event significantly impact the amount What quantities of materials were managed by years.	e program? Collect nt of yard v	Yes  ed at convenien waste your gove	No If yes ce center R	please indicate ho eceived at yard w d during FY 17-18	ow yard waste is managed by aste, compost, or LCID facil 8? Yes No
J1.	organic material (yard waste, brush, limbs, le					
	Destination	Check if used	Tons	Cubic Yards	Please Provide N	Name and Location of Facility g Vegetative Materials
	End user (to farmer or home-owner)					
	Your local government's mulch or compost facility	ity 🗌				
	Other public mulch or compost facility					
	Private mulch or compost facility					
	Land clearing and inert debris landfill (LCID)	$\boxtimes$	191.5		JOHNSTON COUNTY	LANDFILL, SMITHFIELD, NC
	Energy / Fuel Use (e.g. boiler fuel market)					
	Total		191.5			
	YARD WASTE MANAGEMENT FORMULA: estimate yard waste volume. Calculate for each volume managed by program in the appropriate by	truck used	in your yard wa e. Ex. 10 yd <sup>3</sup>	ste managemen	t program, and the	en enter the grand total $yd^3$
	Size of Truck (in yards)  X  Avg. no. of times true	ualt filla aaala	XX	tmustrie used dumin	=	TOTAL $yd^3$
			Vaste Colle			TOTAL
This	section concerns your local government's provision					
52.	Please complete the following table about your g					
	Sector Who Collects Solid Waste?			VVIIO CO	llects Solid Waste?	How is Solid Waste Collected?
	Insert Letter - see codes at right	n .	- see codes at ri	b. By Co		2s 1. Once a week at household 2. Twice a week at household 3. Convenience center/greenbox
	Commercial	Primary 1	Secondary Secondary	d. Local	government not red in provision of	4. As needed or by request 5. Daily 6. Other
53.	What type of collection method is used?	Fully Aut	omated 🔀 S	Semi-Automated	l Manual	e following questions:  Don't know
	What is the standard collection frequency?	Weekly		es per week	Other	
	What is the typical service point for single family		<u>-</u>	Curbside	Back yard / Ba	
	What type of collection container is used?	Governme	ent-provided car	rts Reside	ent-provided conta	ainer Bags
	Do you offer bulky waste collection services?	X Yes	☐ No			
54.	For municipalities - did your government collect If so, were white goods delivered to the county for	_		∑ Yes	No	
	Part VI. Solid Wa	aste and	l Recycling	g Education	nal Activitie	S
55.	Did <b>your local government</b> have an education prissues / activities? Yes No (If	_	inform citizens o Part VII, page	-	ut solid waste ma	nagement and / or recycling
56.	Please estimate your annual budget for solid was	ste related e	education and or	utreach activitie	s: \$ <u>500</u>	
57.	Does your community produce recycling educati	on and out	reach materials	in languages be	sides English?	Yes No
	If YES, please list other languages used:					
58.	Please provide your recycling website address ar	nd public ir	nformation phon	ne number if app	olicable.	
	Website: www.myprincetonnc.com				Phone #: 919-93	36-8171

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

	ficient resources availd estions deal with fundin					these programs.	The following
•	Did your local govern	0 0 0		0	1 0	Yes No	)
	With regards to funding						
	Tipping fe		_	eight-based fees (e.g		re tax	
		ixes / general fund		yclables		hite Goods tax	
61.	Per housel NC Solid Waste Disp	_		ible local governme		isposal Tax sis by the Departn	nent of Revenue.
	According to GS 105-						
	How are disposal tax	distributions being u	ised? GENERAL I	PROGRAM COSTS	}		
62.	If applicable, please p	•					
	a. \$	per		per		for solid waste	2
	b. \$	per		per		for recycling	
	c. \$	per		per		for yard waste	
	d. \$	per		per		for bulky was	te
	e. \$	per		per		availability fee	<u>e</u>
	f. \$ 25	per MON	TH	per HOUSE	EHOLD	total charge	
63.	Did your local govern are charged a fee by v	ment operate a Pay-	As-You-Throw pro	gram for residential	garbage during FY		where residents
	cording to GS 130A-3corm users of such cost		ments are required	to conduct full cos	at accounting annual	ly and to develop	a system to
64.	If your local governm	ent contracts for soli	id waste or recycling	g services, please re	port the annual contr	act amount.	
				-	1		
	\$		For recycling pe	r vear			
	·		OR	<b>J</b> • • •			
	\$		Combined Contr	act (solid waste, and	d recycling)		
65.	Collection Programs: collection programs for not available, please	or waste, recyclables	and yard waste inc	luding materials col			
	,,	# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)
N	Iunicipal Solid Waste	* 572	625.39	44,348.85	22,209	66,557.85	100
	Recycling Program*	* 572	22.34	35,720.56	0	35,720.56	1,598
	Yard Waste Program	n 572	191.5	53,588.08	4,128.32	57,716.4	30
	Tota	ls (calculated by form):	839.23	133,657.49	26,337.32	159,994.81	190
	*for materials collected a  **for materials collected	=	_			ars. Do not include spe	cial waste services
66.	If your government of facility operations (ro	perates a landfill, tra	nsfer station, yard w r). If budgets for dif	vaste /compost faciliferent facilities are	ity or recycling facili	ty, please provide empt to allocate co	total budget for
	Tra	nsfer Station Budget	t: \$				
	Yaı	rd Waste / Compost	Facility Budget: \$				
		cycling Facility Budg					
67.	What was your govern	nment's total combin	ed annual budget fo	or all solid waste and	d recycling services i	n 17-18? \$181,21	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, phone number, and	e-mail of person	respons	_	program.	
	Name:			Title:		
	Address:	C	ity:		Zip:	
	Telephone: Fax:			Email:		
69.	Please provide the physical address of the primary	county white goo	ods colle	ection site.		
	Street 1:					
	Street 2:					
	City:				Zip:	
70.	Please provide the name of the business or person Name:				om white goods.	
	Street:					
	City:		State:	North Carolina	Zip:	
	Phone: Fax:					
71.	Give amounts / types of CFCs removed. Attach rec					
	Type of CFC Removed				Amount	_
72.	CFCs may be recycled or sent for destruction. Give	e name of firm, d	isposal	method and amount	earned / spent for CF0	C disposal.
	Firm	M	ethod of	f Disposal	<b>Amount Earned</b>	Amount Spent
73.	Please report the tonnage of white goods collected white goods tonnage reported on page 5? Ye	•	·18 in th	e Recycling Tonnag	es table on page 5 (qu	estion # 45). Was
74.	List the amount of revenue for the white goods pro	ogram by source:				
	Revenue collected from sale of scrap:	\$				
	Revenue collected from White Goods Tax Distribu	utions: \$				
	Revenue from other source (e.g. grants):	\$				
	Total Revenue:	\$				
75.	According to the White Goods Law, White Good expenditures White Good Tax Distributions were used to the Cook of th					mounts and types of
	Operational Expenses: \$					
	~					
	Clean-up of Illegal White Goods Dumps: \$					
	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 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				

Natural Heritage Program (Natural Heritage Program (Natura Heritage Progr	NHP) and the State Historic Preservate prior to a disaster is advantageous to local g	overnments because a staging site which is	nation with the Solid Waste Section. found to have impacted federal or state				
Disaster Site #	Site Name	Disaster Site #	Site Name				
Does your plan address the I		_	a disaster? Yes No				
	s annual mortanty:	_					
Has your county considered whether to implement a program for the management of abandoned manufactured homes? $\square$ Yes $\square$ No							
If yes, has your county deve	loped a written plan for the managem	nent of abandoned manufactured h	omes? Yes No				
	Part IX.	Comments					
	Disaster Site #  Does your plan address the r  Does your plan address mass  ANAGEMENT OF ABA  Has your county considered  If yes, has your county devel  this section to elaborate on an	Disaster Site # Site Name  Disaster Site # Site Name  Does your plan address the management of household hazardous poes your plan address mass animal mortality?  ANAGEMENT OF ABANDONED MANUFACTUR. Has your county considered whether to implement a program for If yes, has your county developed a written plan for the management plan for the developed as written plan for the management plan for the developed as written plan for the management plan for the developed as written plan for the management plan for the developed as written plan for the management plan for the developed as written plan for the management plan for the developed as written plan for the management pla	Does your plan address the management of household hazardous waste and white goods following a Does your plan address mass animal mortality?   Yes No  NAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES.				

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-assistance</a> or e-mail us at Lgteam@ncdenr.gov

