

### 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: Ahoskie

## **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.

_	•	r need assistance completi	ing inis jorm, piease c				
Pers	son Completing This Report: Patr	icia Bradley		Title: F	Finance Of	ficer	
Mai	ling Address: P.O. Box 767		City: Ahoskie			Zip: 27910	
Pho	ne: 252-332-5146	Fax: 252-332-1643		D	ate: Nover	mber 27, 2018	
Ema	nil: patriciabradley@ahoskienc.go	V					
DI			ral Instructions	0. 101	1 1 443 7	W.C. 1	
	se remember that the time period is specific question.	for the report is JULY 1, 201	/ through JUNE 30, 201	8. Please	check "No	o' if you have nothing to re	
1.	Did your local government have	a Recycling Coordinator or s	similar position for FY 1	7-18?	Yes	⊠ No	
	Name Recycling Coordinator (if	different from person comple	eting this report.)				
	Name:			Title:			
	Address:		City:			Zip:	
	Telephone:	Fax:	Email:				
2.	Did your local government have	a Solid Waste Director or sir	milar position for FY 17	-18?	X Yes	☐ No	
	If Yes, Name: Stephen Lassit	Title: Public Works Director			xs Director		
	Address: P.O. Box 767		City: Ahoskie			Zip: 27910	
	Telephone: 252-287-7637	Fax: 252-332-1643	Email: s	slassiter@	ahoskienc.	.gov	
3.	Did your local government have	dedicated or part-time Soli	d Waste Enforcement S	taff for FY	7 17-18?	Yes No	
	If Yes, Name:		Title:				
	Address:		City:			Zip:	
	Telephone:	Fax:	Email:				
4.	Did your local government have all that apply)	solid waste ordinances in pla	ace addressing any of the	e following	g during F	Y 17-18? (if yes, please che	
	☐ Disposal Bans ☐ III	egal Dumping     Litterin	g Other, Please D	escribe: _			
5.	Did your local government mana mulching, composting)?	ge, provide or contract for ar	ny solid waste services i		8 (e.g., col	llection, disposal, recycling  No	

### 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: 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? 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) Waste Industries Franchised hauler (please specify) Other (please specify)

17.	Please provide the following information about your community:  a. Total number of households in your jurisdiction? 2,215
	b. Number of households eligible to participate in the curbside recycling program: 1,923
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 1,923
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: 203
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
	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
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. 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 each individual material type that was commingled.

	Cu	ırbside	Ι	Orop-off	All "O	ther" Programs	<b>Total Tons</b>
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							24342)
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)	$\boxtimes$						
Cardboard (OCC)							
Magazines (OMG)							
Office Paper	$\boxtimes$						
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							
					1 📙		
					$\perp$ $\sqcup$ $\perp$		
Commingled tons-check al items collected above		139.93					139.93
TOTAL TONS:		139.93					139.93

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)

17.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		n collect this m the public?	# of sites			ected / manage licated units.	d.
	Used Motor Oil	Yes	⊠ No				gallons	
	Used Oil Filters	Yes	⊠ No		bar	rels, or		lbs
	Used Antifreeze	Yes	⊠ No			<u>'</u>	gal	llons
	Batteries, Lead Acid	Yes	⊠ No		# t	oatteries, o	r	lbs
	Batteries, Dry Cell	Yes	⊠ No					lbs
	Fluorescent Bulbs/Lights Containing Mercury	Yes	⊠ No			lbs, or	# bı	ılbs
	Propane Tanks	Yes	⊠ No			lbs, or	# t	anks
	Used Cooking Oil / Waste Vegetable Oil	Yes	⊠ No			lbs, or	gal	llons
	Other Special Wastes - please provide waste type here:	Yes	⊠ No				'	lbs
	Pesticide Containers (NCDA Program, not pesticides themselves)	☐ Yes	⊠ No			lbs, or		con- iners
	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			gals, or		lbs
	<ul> <li>If Yes, please respond to the following question</li> <li>a. Was HHW collected at a permitted Tempora</li> <li>b. How many days was your HHW Program op</li> <li>c. Did you partner or co-sponsor your HHW program op</li> <li>d. Provide number of citizens / households that</li> <li>e. Did your program accept materials from small figures, please estimate the amount of business</li> <li>f. Amounts of individual materials collected by</li> </ul>	ry Event or a coen to accept rogram with a participated all businesses ss material ma	materials duri nother <u>local</u> g in your HHW (Conditionall	overnme collection y Exemp	ent? Yes  on program this pt Small Quanti	No S Fiscal Ye ity Generat	tors)? Ye	
	about individual materials is not available, p Note, materials listed here should only be th	lease simply	provide total o	quantity	of materials co	llected by l	HHW program	in 48g below.
	Used Motor Oil (gal)							
	Used Antifreeze (gal)					Other Batte	eries (lbs)	
	Fluorescent Bulbs / Lights Containir		'		<del></del>			
	<ul><li>g. Provide Total Quantity of materials collected reported in 48f, please net the weight of those</li><li>h. Please list HHW Collection Contractor</li></ul>	se materials or	ut of the total	listed he	ere.			pound
	i. Estimated cost of HHW / CESQG program of							
	es 3 through 6 should have only been complete					hat thev D	O provide rec	vcling services
~	ough o siroura rare only been complet	THE OF AUTUIN	viewelu		TO DO DO IN A T U	y D	- promore	, BUI FULL

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

		Part IV.	. Yard Waste	, Mul	ching and (	Compostin	g Managem	ent
								landfills, incinerators, or in
-							•	answer the questions below erials in this section.
49.	_		perate a yard waste p				_	w yard waste is managed by
	•		•	_		•	eceived at yard wa	aste, compost, or LCID facil.
50.			impact the amount	•		_	_	
51.			ere managed by you , <b>brush, limbs, leav</b>					OR CUBIC YARDS of /cubic vd.
		Destination		Check if used	Tons	Cubic Yards	Please Provide N	Name and Location of Facility  g Vegetative Materials
	End user (to fa	rmer or home-ov	wner)					5 8
	Your local gov	ernment's mulch	or compost facility	,				
	Other public m	ulch or compost	facility					
	Private mulch	or compost facili	ty					
	Land clearing a	and inert debris l	andfill (LCID)				Ahoskie Yard Waste, O	ld Sewer Plant Site:GPS N36.27327 E.76
	Energy / Fuel U	Use (e.g. boiler f	uel market)					<b>=</b>
		Total						
								ormula below to help you
	•					_	1 0	en enter the grand total
	15 Cubic Yard		the appropriate bo 10 (5 days per we		X 52	truck x 3 aays/v	$vk \ x \ 10 \ wks = 480$ = 7,800	$ya^3$ $yd^3$
	Size of Truc		Avg. no. of times truck			truck is used durin		TOTAL
		, , , , ,	-		Vaste Colle			
This	section concern	s your local gove	ernment's provision					
52.	Please complet	,	table about your gov				ı <b>.</b>	
	Sector		s Solid Waste? He ee codes at right			WIIO CO	llects Solid Waste?	<b>How is Solid Waste Collected?</b>
	Residential				- see codes at ri	a. Local b. By Co		s 1. Once a week at household 2. Twice a week at household
	Commercial	ь	Secondary Pri		Secondary	c. Francl	nise haulers government not	<ul><li>3. Convenience center/greenbox</li><li>4. As needed or by request</li></ul>
	Industrial	. В			Secondary		red in provision of	5. Daily 6. Other
53.	If you provide	residential waste	collection at single	e-family	households in y	our jurisdiction.	please answer the	e following questions:
	• •	ollection method	_	ully Aut		Semi-Automated	_	Don't know
	* *	ndard collection		Veekly	_	es per week	Other	
			at for single family h	•	<u> </u>	Curbside	Back yard / Back	ck door
	• •	ollection contain			ent-provided car		ent-provided conta	
	* *	ulky waste collec		⊠ Yes	□ No	its Reside	int-provided conta	unici bags
54.	•	•	overnment collect w			⊠ Yes □	No	
J <b>-T.</b>	-		ed to the county for	_		No No	_110	
		Part V	VI. Solid Was	te and	l Recycling	Education	nal Activities	S
55.	Did <b>your local</b> issues / activiti	_	•	_	inform citizens o Part VII, page		out solid waste ma	nagement and / or recycling
56.			dget for solid waste	-			s: \$	
57.		·	recycling education					Yes No
	·	list other langua						_ <b>_</b>
58.	-		website address and	public in	nformation phor	ne number if app	olicable.	
	Website:						Phone #:	

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

	ficient resources availab stions deal with funding			*		these programs. T	The following
59.	Did your local governm With regards to funding  Tipping fees	nent operate an Entog sources, check all s	erprise Fund for sol that apply to your I Volume/we Sale of recy	id waste services in local government: eight-based fees (e.g	FY 17-18?	Yes No ire tax Thite Goods tax risposal Tax	
61.	NC Solid Waste Dispos According to GS 105-1						
	How are disposal tax d	•	-				
62.	If applicable, please pr						
	a. \$ 23	per	-	per		for solid waste	,
	b. \$	per		per		for recycling	
	c. \$	per		per		for yard waste	
	d. \$	per		per		for bulky wast	e
	e. \$	per		per		availability fee	
	f. \$	per		per		total charge	
63.	Did your local governmare charged a fee by we					17-18? (a system v ] 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				
	\$290,526.16		_ Combined Contr	ract (solid waste, and	d recycling)		
65.	Collection Programs: P collection programs for not available, please r	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*	1,923	1,774.7	290,526.16	91,722.19	382,248.35	21:
	Recycling Program**	1,923	139.93				
	Yard Waste Program	1,923	7,800				
	Totals	(calculated by form):	9,714.63	290,526.16	91,722.19	382,248.35	39
66.	*for materials collected and **for materials collected by If your government operacility operations (round proportionately. Lan	y public recycling progr erates a landfill, trai	ams including those servinsfer station, yard v  ). If budgets for different controls are serving to the serving th	vices offered to commerce vaste /compost facilities are	ial and industrial generate	ity, please provide empt to allocate co	total budget for
	Tran	sfer Station Budget	: \$				-
	Yard	Waste / Compost I	Facility Budget: \$	5 000			
	Recy	cling Facility Budg	get: \$				
67.	What was your government	ment's total combin	ed annual budget fo	or all solid waste and	d recycling services	in 17-18? \$ <u>547,25</u> 4	4

## **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				

Please list the temporary disaster debris staging sites in your county or municipality which have been reviewed for conflicts with the Natural Heritage Program (NHP) and the State Historic Preservation Office (SHPO) through coordination with the Solid Waste Section. Please note that the vetting of a site prior to a disaster is advantageous to local governments because a staging site which is found to have impacted federal or state resources after a disaster may cause difficulty for local governments when attempting to obtain FEMA reimbursement. Attach extra sheets, if needed.								
Disaster Site #	Site Name	Disaster Site #	Site Name					
Does your plan address the I		_	a disaster? Yes No					
	s annual mortanty:	_						
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 management plan for the developed as written plan for the management plan for the	Disaster Site # Site Name Disaster Site # Disa					

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

