

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: https://get.adobe.com/reader/ - it is suggested that you complete the form using the latest version of Adobe Reader. Please DO NOT complete this form using Adobe Acrobat Pro.

Complete the form by entering responses in the appropriate fields using Adobe Reader. Please save a copy of the completed form to your computer for your records by using the "Save As" option and choosing an appropriate file name. When naming the file, please include your community's name as a part of the file name.

After completing the report form, please submit a copy electronically to the Division of Environmental Assistance and Customer Service by attaching the report file to an email to Lgteam@ncdenr.gov

If you need assistance completing or submitting this form, please feel free to contact one of the following Division of Environmental Assistance and Customer Service staff members:

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: Badin

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.

Person Completing This Report:	Amanda Bowers		Title: Town Cle	erk	
Mailing Address: P.O. Box 707		City: Badin	-	Zip: 28009	
Phone: 704-422-3470	Fax: 704-422-5344		Date: 8-14	1-2018	
Email: townclerk@badin.org					
	Genero	al Instructions			
Please remember that the time peri for a specific question.	•				
	ave a Recycling Coordinator or s	_	7-18? Yes	No 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 ha	ave a Solid Waste Director or sin	nilar position for FY 17-	18? Xes	☐ No	
If Yes, Name: F. Wayne C	Carter		Title: Property N	Maintenance Supervisor	
Address: P.O. Box 707		City: Badin		Zip: 28009	
Telephone: 704-422-3470	Fax: 704-422-5344	Email: f.v	waynecarter@gma	nil.com	
3. Did your local government ha	ave dedicated or part-time Solid	d Waste Enforcement Sta	aff for FY 17-18?	Yes No	
If Yes, Name:		Title:			
Address:		City:		Zip:	
Telephone:	Fax:	Email:			
4. Did your local government ha all that apply)	ave solid waste ordinances in pla	ce addressing any of the	following during	FY 17-18? (if yes, please check	
☐ Disposal Bans	Illegal Dumping Littering	g Other, Please De	escribe:		
5. Did your local government m mulching, composting)?	anage, provide or contract for an	y solid waste services in	FY 17-18 (e.g., c	ollection, 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 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 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? 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 number of households that participate in the curbside recycling program (estimate if necessary):					
18.	If your curbside recycling program is operated through a <u>public franchise granted to a private company</u> then please answer the following: Is public participation in the franchise: 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					
	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):
	2.101.) op.mii no 2.101.0
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: A.L. Lowder and Electronic Recyclers International
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications? Yes No
OT	THER PUBLIC RECYCLING PROGRAMS
<u>the</u> <u>l</u>	use answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for <u>by</u> 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.	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? $\ \ \ \ \ \ \ \ \ \ \ \ \ $
39.	Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner other than through your curbside or dropoff recycling programs? Yes No
40.	Does your local government provide recycling services to Alcoholic Beverage Commission permit holders? 🔲 Yes 💮 No
	On-site collection services provided If on-site collection provided, please estimate # of ABC accounts served:
	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) Recycling service for special events and festivals
	Programs to manage Special Wastes are addressed in Part III on page 6, please do not include Special Waste programs above.
	1 rograms to manage special musics are addressed in 1 art 111 on page 0, piedse do not include special music 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

PROCE AM	PROGRAM Curbside		D	rop-off	All "Othe	er" 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							
CCD Waterials Recycling							
					$+ \vdash \vdash$		
Commingled tons-check all					$+ \vdash \vdash$		
items collected above							
TOTAL TONS:							

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.

Did program collect this | # of

motorial from the public?

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

Used Motor Oil	Yes	⊠ No				gallons	
Used Oil Filters	Yes	⊠ No		barrels, o	r	lbs	
Used Antifreeze	Yes	⊠ No			'	gallons	
Batteries, Lead Acid	Yes	⊠ No		# batteri	es, or	lbs	
Batteries, Dry Cell	Yes	⊠ No				lbs	l
Fluorescent Bulbs/Lights Containing Mercury	Yes	⊠ No		lbs, o	r	# bulbs	
Propane Tanks	Yes	⊠ No		lbs, o	r	# tanks	
Used Cooking Oil / Waste Vegetable Oil	Yes	⊠ No		lbs, o	r	gallons	
Other Special Wastes - please provide waste type here:	Yes	⊠ No				lbs	
Pesticide Containers (NCDA Program, not pesticides themselves)	☐ Yes	⊠ No		lbs, o	r	# 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		gals, 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 op	hazardous was: ary Event or a	aste collection	n progran	n or event in FY 17-Collection Facility?	18? 🔀	Yes N	
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 op c. Did you partner or co-sponsor your HHW pr Please list partner(s) County of Stanly d. Provide number of citizens / households that e. Did your program accept materials from small	hazardous was: ary Event or a pen to accept rogram with a participated all businesses	aste collection at a Permanent materials duri another <u>local</u> g in your HHW a (Conditional)	t HHW Cong this F	collection Facility? Siscal Year? ent? Yes on program this Fiscat Small Quantity Ge	No No No Near?	Yes N	
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 op c. Did you partner or co-sponsor your HHW program of Please list partner(s) County of Stanly d. Provide number of citizens / households that e. Did your program accept materials from small fyes, please estimate the amount of business f. Amounts of individual materials collected by about individual materials is not available, please the should only be the	hazardous was: ary Event or a pen to accept a participated all businesses as material may HHW Program by HHW Program expenses simply gose collected	aste collection at a Permanent materials duri another <u>local</u> g in your HHW a (Conditionall anaged ram: if totals f provide total o at an HHW P	t HHW Cong this Foreign and the collection of th	collection Facility? Collection Facility. Collectio	Perr Perr No P	Yes N nanent Te 7? Yes [ase itemize below program in 48 als listed in questions of the second s	mp. Even No w. If dat 8g below
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 op c. Did you partner or co-sponsor your HHW program of the Please list partner(s) County of Stanly d. Provide number of citizens / households that e. Did your program accept materials from small fight yes, please estimate the amount of business f. Amounts of individual materials collected by about individual materials is not available, please estimate the amount of business for the program accept materials collected by about individual materials is not available, please estimate the amount of business for the program accept materials collected by about individual materials is not available, please estimate the amount of business for the program accept materials collected by about individual materials is not available, please estimate the amount of business for the program accept materials collected by about individual materials is not available, please estimate the amount of business for the program accept materials is not available, please estimate the amount of business for the program accept materials is not available, please estimate the amount of business for the program accept materials is not available, please estimate the amount of business for the program accept materials is not available, please estimate the amount of business for the program accept materials is not available, please estimate the amount of business for the program accept materials is not available, please estimate the amount of business for the program accept materials is not available, please estimate the amount of business for the program accept materials is not available, please estimate the amount of business for the program accept materials is not available, please estimate the amount of business for the program accept materials is not available.	hazardous was: ary Event or a pen to accept or agram with a participated all businesses as material may HHW Program lease simply ose collected Use	aste collection at a Permanent materials duri another <u>local</u> g in your HHW a (Conditionall anaged ram: if totals f provide total o at an HHW P	t HHW Cong this For collection and the collection individuantity of the congram and the congra	collection Facility? Collection Facility. Collectio	No Perr No Al Year? nerators; ds down plead by HHY e materia	Yes N nanent Te ? Yes ase itemize below program in 48 als listed in questlbs.	mp. Eve No w. If da
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 op c. Did you partner or co-sponsor your HHW program op Please list partner(s) County of Stanly d. Provide number of citizens / households that e. Did your program accept materials from smalf yes, please estimate the amount of busines f. Amounts of individual materials collected by about individual materials is not available, please of the Motor Oil (gal)	hazardous was: ary Event or a pen to accept or agram with a participated all businesses as material may HHW Program es collected Use Lea	in your HHW is (Conditionally anaged ram: if totals f provide total of at an HHW P ed Oil Filters and Acid Batter	t HHW Cong this For individuantity of rogram a	collection Facility? Siscal Year? ent? Yes on program this Fiscal to Small Quantity Gent and an atterials are known for materials collected and should not include the form of the materials of the materials of the materials collected and should not include the materials of the	No Perr No Al Year? nerators; ds down plead by HHY e materia	Yes N nanent Te ? Yes ase itemize below program in 48 als listed in questlbs.	mp. Eve No w. If da g belov
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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 op c. Did you partner or co-sponsor your HHW program op Please list partner(s) County of Stanly d. Provide number of citizens / households that e. Did your program accept materials from small fight yes, please estimate the amount of business f. Amounts of individual materials collected by about individual materials is not available, plant Note, materials listed here should only be the Used Motor Oil (gal) Used Antifreeze (gal) Fluorescent Bulbs / Lights Containing. Provide Total Quantity of materials collected	hazardous was: ary Event or a pen to accept a participated all businesses as material may HHW Program even be collected. Lea g Mercury (I'd by HHW Program with a participated all businesses as material may have been been been been been been been be	in your HHW is (Conditionally anaged ram: if totals f provide totals of at an HHW Ped Oil Filters and Acid Batter bs) rogram. If indut of the total	t HHW Cong this For individuantity or or individuantity or individuan	collection Facility? Collection Facility Geometrials are known and the sollection of materials collection and should not include the sollection of Barrels, or Other Collection Facility? Collection Facility.	No Perr No Al Year? nerators; ds down plea by HHY e materia	Yes N nanent Tes Yes Yes Yes Yes Asse itemize below program in 48 als listed in ques Ibs. Is (lbs)	mp. Eve No w. If dan 8g below

is only to be completed by Counties.

Special Waste Programs for Collecting

Data on quantities collected / managed.

		Part l	IV. Yard	l Waste,	, Mulc	ching and	Compostir	ng Managem	ent	
ипре	ermitted sites an	ıd it is illega	l to burn. (Composting	and mu	lching are pop	ular managem	osed in sanitary ent options. Pleas non-vegetative ma	e answer the qu	estions below
49. 50. 51.	Did a storm ev What quantitie	at apply: X ent significants of materials	Collected contly impact to were mana	urbside he amount of ged by you	Collecte of yard very yard ware ware ware ware ware ware ware ware	ed at convenier vaste your gove aste program?	nce center []] ernment manag Provide inform	s please indicate he Received at yard we ed during FY 17-1 mation in TONS of rposes, use 400 lbs	vaste, compost, c 8? Yes OR CUBIC YA	or LCID facil.
		Destina	tion		Check if used	Tons	Cubic Yards		Name and Locations Name and Locations Name and Locations	
	End user (to fa	armer or hom	e-owner)		\boxtimes		3,780			
	Your local gov	ernment's mu	ılch or comp	ost facility						
	Other public m	nulch or comp	ost facility							
	Private mulch	or compost fa	acility							
	Land clearing	and inert deb	ris landfill (l	LCID)						
	Energy / Fuel 1	Use (e.g. boil	er fuel mark	et)						
		Tota	l				3780			
	estimate yard v	waste volume	. Calculate	for each tru	ick used	in your yard w	aste manageme	you may use this f nt program, and th wk x 16 wks = 480	nen enter the grand $0 yd^3$	
		84	_ X	3		X	15	=	3780	yd^3
	Size of Truc	ck (in yards)	_				s truck is used duri		TOTAL	
Thic	section concern	es vour local					ection Serv			
1 nis 52.	Please complet									
	Sector	Who Coll Insert Letter	ects Solid V	Vaste? Ho	ow is Sol Insert #	lid Waste Coll - see codes at r	ected? Who C	Collects Solid Waste? Il government employe		t household
	Residential	Primary A			mary 6			Contract chise haulers	2. Twice a week a3. Convenience co	
	Commercial	Primary D	Secondary		mary	Secondary		l government not lved in provision of	4. As needed or b 5. Daily	y request
	Industrial	Primary D	Secondary	Prii	mary	Secondary	servi	•	6. Other	
53.	If you provide	residential w	aste collecti	on at single	-family l	households in y	our jurisdiction	n, please answer th	e following que	stions:
	What type of c	collection met	hod is used?	? F	ully Auto	omated 🔀	Semi-Automate	ed Manual	Don't kno)W
	What is the sta	ndard collect	ion frequenc	ey? 🔲 W	Veekly	Two tin	nes per week	Other		
	What is the typ	oical service	point for sing	gle family h	nousehol	d waste?	Curbside [Back yard / Ba	ack door	
	What type of c	collection con	tainer is use	d? G	overnme	ent-provided ca	rts Resid	dent-provided cont	ainer Ba	ags
	Do you offer b	ulky waste co	ollection ser	vices?	Yes	☐ No				
54.	For municipali If so, were whi						⊠ Yes [⊠ No	No		
		Par	t VI. Sol	lid Was	te and	l Recycling	g Educatio	nal Activitie	S	
55.	Did your local issues / activiti	_	t have an ed Yes	-	_	inform citizens o Part VII, page	-	out solid waste ma	inagement and /	or recycling
56.	Please estimate	e your annual	budget for	solid waste	related e	ducation and o	utreach activiti	es: \$		
57.	Does your com	nmunity prod	uce recyclin	g education	and out	reach materials	in languages b	esides English? [Yes N	lo
	If YES, please	list other lan	guages used	:						
58.	Please provide	your recyclin	ng website a	ddress and	public in	formation pho	ne number if ap	plicable.		
	Website:				Phone #:					

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

	ficient resources availab estions deal with funding					these programs.	The following
_	Did your local governm					Yes No)
	With regards to funding	-	_			_	
	Tipping fees			eight-based fees (e.g	· —	ire tax	
		es / general fund		yclables		hite Goods tax	
61	Per househo NC Solid Waste Dispos	_	Grants Grants Grants	rible local governme		isposal Tax sis by the Departn	nent of Revenue
01.	According to GS 105-1						
	How are disposal tax d	_					
62.	If applicable, please pro	•	•		• •		
	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 fe	<u>e</u>
	f. \$	per		per		total charge	
63.	Did your local governmare charged a fee by we			-		17-18? (a system) No	where residents
	cording to GS 130A-309 orm users of such costs.	~	ments are required	to conduct full cos	st accounting annual	ly and to develop	a system to
64.	If your local government	nt contracts for soli	d waste or recyclin	g services, please re	port the annual contr	act amount.	
	\$		For solid waste s	services per year			
	\$		For recycling pe	r vear			
			OR				
	\$		Combined Contr	ract (solid waste, an	d recycling)		
65.	Collection Programs: P collection programs for not available, please re	waste, recyclables	and yard waste inc	luding materials co			
	, ,	# 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*						
	Recycling Program**						
	Yard Waste Program	650				4,000	
	Totals	(calculated by form):				4,000	
	*for materials collected and	=	_				
66	**for materials collected by If your government ope		_			_	
00.	facility operations (roun). If budgets for di	fferent facilities are		empt to allocate co	
		sfer Station Budget	: \$				_
	Yard	Waste / Compost I	Facility Budget: \$				
		cling Facility Budg					
67.	What was your governr	nent's total combin	ed annual budget fo	or all solid waste an	d recycling services i	in 17-18? \$	

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 pa		_		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 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:	nd e-mail of person responsible for scrap tires program. Title:				
	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:				
	E-mail: E-m					

Natural Heritage Program (N Please note that the vetting of a site	(HP) and the State Historic Preserva prior to a disaster is advantageous to local	ation Office (SHPO) thro governments because a staging	ough coordination with the Solid Waste Section. g site which is found to have impacted federal or state
	Site Name		
•			following a disaster? Yes No
• •	ammar mortanty:	_	
Has your county considered v	whether to implement a program for	r the management of aba	ndoned manufactured homes? Yes No
If yes, has your county development	oped a written plan for the manager	ment of abandoned manu	factured homes? Yes No
	Part IX.	Comments	
1	Natural Heritage Program (N Please note that the vetting of a site resources after a disaster may cause Disaster Site # Does your plan address the m Does your plan address mass NAGEMENT OF ABA Has your county considered w If yes, has your county developments this section to elaborate on any	Natural Heritage Program (NHP) and the State Historic Preserve Please note that the vetting of a site prior to a disaster is advantageous to local resources after a disaster may cause difficulty for local governments when atten Disaster Site # Site Name Does your plan address the management of household hazardour Does your plan address mass animal mortality? Yes NAGEMENT 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 Part IX. this section to elaborate on any info provided in your report as ne	Does your plan address the management of household hazardous waste and white goods

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 https://deq.nc.gov/conservation/recycling-local-government-recycling-assistance or e-mail us at Lgteam@ncdenr.gov

