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: <u>http://deq.nc.gov/about/divisions/waste-management/solid-waste-section/annual-reporting</u>
- 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: <u>https://get.adobe.com/reader/</u> - 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

Environmental Quality

Required - Enter Your Local Government Name: BEULAVILLE

State of North Carolina

Local Government Report Form

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 Lgteam@ncdenr.gov	v by September 1, 2018.	

If you have questions or need assistance completing this form, please call 919-707-8136 or 919-707-8133.

Pers	son Completing This Report:	LORI T. WILLIAMS	Title	e: TOWN CL	ERK/FINANCE OFFICER
Mai	ling Address: PO BOX 130		City: BEULAVILLE		Zip: 28518
Pho	Phone: 910-298-4647 Fax: 910-298-3481			Date: 08/28/	/18
Ema	ail: loriw@intrstar.net				
		Genera	I Instructions		
	se remember that the time pe a specific question.	eriod for the report is JULY 1, 2017	through JUNE 30, 2018. Ple	ase check "No	" if you have nothing to report
1.	Did your local government	have a Recycling Coordinator or si	milar position for FY 17-18?	Yes	🔀 No
	Name Recycling Coordinat	or (if different from person complete	ting this report.)		
	Name:		Title	2:	
	Address:		City:		Zip:
	Telephone:	Fax:	Email:		
2.	Did your local government	have a Solid Waste Director or sim	ilar position for FY 17-18?	Yes	No
	If Yes, Name:		Title	2:	
	Address:		City:		Zip:
	Telephone:	Fax:	Email:		
3.	Did your local government	have dedicated or part-time Solid	Waste Enforcement Staff for	FY 17-18?	Yes No
	If Yes, Name:		Title	e:	
	Address:		City:		Zip:
	Telephone:	Fax:	Email:		
4.	Did your local government all that apply)	have solid waste ordinances in plac	e addressing any of the follow	wing during F	Y 17-18? (if yes, please check
	Disposal Bans	🔀 Illegal Dumping 🛛 🛛 Littering	g Other, Please Describe	e:	
5.	Did your local government mulching, composting)?	manage, provide or contract for any	y solid waste services in FY 1	7-18 (e.g., col X Yes	lection, disposal, recycling,
	If you answ	ver "No" to question 5, the report	t is complete, please email t	<u> </u>	

	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.					
6.	Did your local government have a recycling program in place for collecting recyclable materials generated at Yes No public buildings in FY 17-18?					
7.	Did your local government have any program or policy encouraging or requiring local agencies to Yes No purchase products with recycled content?					
8.	Did your local government have a program in place to collect and recycle spent fluorescent lights 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					
SO	URCE REDUCTION / REUSE					
9.	Did your local government have a backyard composting program? Yes No					
10.	If yes, please check all backyard composting activities that apply:					
	Education Demonstration site(s) Bin distribution/sales Number of Bins distributed?					
11.	Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives?					
12.	Did your local government offer a waste exchange or reuse program? Yes 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.)					
PU	BLIC RECYCLING SERVICES					
14.	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).					
CU	RBSIDE RECYCLING PROGRAM					
15.	Did your government operate a Curbside Recycling Program? 🔀 Yes 🗌 No, skip to question # 25					
16.	Who collected the recyclable materials for your local government's curbside recycling program?					
	Local government employees					
	Private contractor (please specify) TONS OF TRASH					
	Franchised hauler (please specify)					
	Other (please specify)					

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 640
	b. Number of households eligible to participate in the curbside recycling program: 640
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 600
18.	If your curbside recycling program is operated through a <u>public franchise granted to a private company</u> then please answer the following: Is public participation in the franchise: Voluntary or Mandatory Does your franchise consist of: One service district or Multiple service districts
19.	What sector(s) of your community was served by the curbside recycling program?
20.	If you checked commercial or industrial in question 19, please indicate the number of accounts served:
21.	How frequently were the curbside recyclables collected? 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 dual
24.	If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used: Iss than 50 gallon cart 65 gallon cart 95 gallon cart multiple sizes of cart available
DR	OP-OFF RECYCLING PROGRAM
25.	Did your government operate a Drop-off Recycling Program? Yes Xo, 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? All None Some please list # of staffed sites:
EL	ECTRONICS RECYCLING PROGRAM
	the second s
32.	
	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 progra	am collect or acce	pt 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
- DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was 35. 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: \$

Briefly explain how Electronics Management Funds were spent during FY 2017-18 (please list items purchased if applicable): 36.

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? Yes No

OTHER PUBLIC RECYCLING PROGRAMS

Please answer the following questions about local government sponsored recycling efforts. List only programs operated or contract	ted for <u>by</u>
the local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the	he
Recycling Tonnages Chart on pg 5.	

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? Yes
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? \Box Yes \boxtimes 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 go	overnment have an ordinand	ce regulating the o	construction and dem	olition waste stre	am 🗌 Yes	🔀 No
	with the intention	of encouraging or requiring	g waste reduction	or recycling of these	materials?	105	

Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 17-18. 43. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)

Public Parks Recycling Program	Athletic Field /Venue Recycling Program

- Recycling Service for Special Events / Festivals Pedestrian Recycling Program
- Please identify all "Other" programs or services operated by your government during FY 17-18. (check all that apply and if possible 44 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.

DDOCDAM	Curbside			Drop-off	All "C	Other'' Programs	Total Tons	
PROGRAM	⊠ if Yes	Tons	🛛 if Yes	Tons	🛛 if Yes	Tons	(totals are calculated by form)	
GLASS:								
Clear	\square							
Brown	\square							
Green	\square							
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)	\square							
Cardboard (OCC)	\square							
Magazines (OMG)	\square							
Office Paper	\square							
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 all								
items collected above	\square	24.39					24.39	
TOTAL TONS:		24.39					24.39	

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 <u>only</u> accepted as a part of an HHW Program or HHW event and were not collected by separate recycling efforts then do not record materials in question # 47 but instead report with HHW materials in question # 48.

a		**7 4	A H U			36 / 13				A H H	D	
S	pecial	Waste	Collections	(Do No	t Include	Materials	Collected	as part of	t an HHW	Collection	Program	or Event)

4

47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		n collect this m the public?	# of sites	Data on quar Please re				
	Used Motor Oil	Yes	🛛 No				gallons		
	Used Oil Filters	Yes	🛛 No		barr	els, or	1	bs	
	Used Antifreeze	Yes	🛛 No			•	galle	ons	
	Batteries, Lead Acid	Yes	🛛 No		# t	oatteries, or	1	bs	
	Batteries, Dry Cell	Yes	🛛 No		I		1	bs	
	Fluorescent Bulbs/Lights Containing Mercury	Yes	🛛 No			lbs, or	# bul	bs	
	Propane Tanks	Yes	🛛 No			lbs, or	# tai	nks	
	Used Cooking Oil / Waste Vegetable Oil	Yes	🛛 No			lbs, or	galle	ons	
	Other Special Wastes - please provide waste type here:	Yes	No No			· · · · ·	1	bs	
	Pesticide Containers (NCDA Program, not pesticides themselves)	Yes	No No			lbs, or	# co tain		
	NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	Yes	🛛 No				1	bs	
	Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	Yes	No No			gals, or	1	bs	
	 b. How many days was your HHW Program open to accept materials during this Fiscal Year? c. Did you partner or co-sponsor your HHW program with another local government? Yes No Please list partner(s) d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year? e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? Yes No If yes, please estimate the amount of business material managed pounds f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If da about individual materials is not available, please simply provide total quantity of materials collected by HHW program in 48g below. Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in question 47 Used Motor Oil (gal) Used Oil Filters # of Barrels, or lbs Lead Acid Batteries (lbs) for the materials (lbs) 								
	 Fluorescent Bulbs / Lights Containing g. Provide Total Quantity of materials collected reported in 48f, please net the weight of those h. Please list HHW Collection Contractor 	d by HHW Pr e materials of	ogram. If ind ut of the total	ividual 1 listed he	ere.			pounds	
	i. Estimated cost of HHW / CESQG program of								
	es 3 through 6 should have only been complet governments answering ''Yes'' to question # 5 (

is only to be completed by Counties. 2017-2018 Local Government Annual Report *Report Due Date: September 1, 2018* Submit to: Lgteam@ncdenr.gov Page 6 of 11

Part IV. Yard Waste, Mulching and Composting Management

This section concerns management of vegetative materials. Yard waste may not be disposed in sanitary landfills, incinerators, or in unpermitted sites and it is illegal to burn. Composting and mulching are popular management options. Please answer the questions below about your management of vegetative materials. Do not include information on food waste or non-vegetative materials in this section.

- 49. Does your local government operate a yard waste program? ⊠ Yes □ No If yes please indicate how yard waste is managed by checking all that apply: ⊠ Collected curbside □ Collected at convenience center □ Received at yard waste, compost, or LCID facil.
- 50. Did a storm event significantly impact the amount of yard waste your government managed during FY 17-18? 🗌 Yes 🗌 No
- 51. What quantities of materials were managed by your yard waste program? **Provide information in TONS** OR CUBIC YARDS of
 - organic material (yard waste, brush, limbs, leaves, etc.) managed. For conversion purposes, use 400 lbs./cubic yd.

Destination	Check if used	Tons	Cubic Yards	Please Provide Name and Location of Facility Receiving Vegetative Materials
End user (to farmer or home-owner)				
Your local government's mulch or compost facility				
Other public mulch or compost facility	\boxtimes	77.58		Duplin County Landfill
Private mulch or compost facility				
Land clearing and inert debris landfill (LCID)				
Energy / Fuel Use (e.g. boiler fuel market)				
Total		77.58		

YARD WASTE MANAGEMENT FORMULA: If yard waste quantities are not tracked, you may use this formula below to help you estimate yard waste volume. Calculate for each truck used in your yard waste management program, and then enter the grand total volume managed by program in the appropriate boxes above. *Ex.* 10 yd³ truck x 3 days/wk x 16 wks = 480 yd³

	_X X			yd^3
Size of Truck (in yards)	Avg. no. of times truck fills each week	# of weeks truck is used during year	TOTAL	
	Part V. Solid Wast	e Collection Services		

This section concerns your local government's provision of solid waste (garbage) collection services.

52. Please complete the following table about your government's solid waste collection system.

	Sector			ts Solid V				Waste Coll		Who Collects Solid Waste? a. Local government employees	How is Solid Waste Collected?		
	Residential	Primary	В	Secondary	0	Primary		Secondary	0	b. By Contract	 Once a week at household Twice a week at household Convenience center/greenbox 		
	Commercial	Primary	В	Secondary		Primary	6	Secondary		d. Local government not	4. As needed or by request5. Daily		
	Industrial	Primary	В	Secondary		Primary	6	Secondary			6. Other		
53.	If you provide	If you provide <u>residential</u> waste collection at single-family households in your jurisdiction, please answer the following questions:											
What type of collection method is used? Fully Automated Semi-Automated Manual Don't know What is the standard collection frequency? Weekly Two times per week Other What is the typical service point for single family household waste? Curbside Back yard / Back door What type of collection container is used? Government-provided carts Resident-provided container Bags									Don't know				
									k door				
									ner Bags				
	Do you offer bulky waste collection services? 🛛 Yes 🗌 No												
54.	For municipalit If so, were whi			-		-	-		· · · ·	Yes No No			
]	Part	VI. So	lid Wa	aste a	nd F	Recyclin	g Edu	icational Activities			
55.	Did your local issues / activitie		ment h X			-		orm citizens art VII, pag	-	cally about solid waste man	agement and / or recycling		
56.	Please estimate	your an	inual b	udget for	solid was	ste relate	ed edu	cation and c	outreach	activities: \$			
57.	Does your com	munity J	produc	e recyclir	ng educat	ion and	outrea	ch materials	s in lang	guages besides English?	Yes No		
	If YES, please	list other	r langu	ages used	1: SPAN	ISH							
58. Please provide your recycling website address and public information phone number if applicable.						ber if applicable.							
	Website: Phone #:												

	Part VII. Resources for Solid Waste Management and Full Cost Accounting									
	Sufficient resources available to solid waste management programs are essential for continued success of these programs. The following questions deal with funding of your community's solid waste and materials management programs.									
<u>^</u>		• • • •		, e		Yes 🖂 No				
	59. Did your local government operate an Enterprise Fund for solid waste services in FY 17-18? Yes No 50. With regards to funding sources, check all that apply to your local government:									
00.	Tipping fees			eight-based fees (e.g	PAYT)	Fire tax				
		tes / general fund				White Goods tax				
	Per househo	-	Grants	<i></i>		Disposal Tax				
61.	61. NC Solid Waste Disposal Tax proceeds are distributed to eligible local governments on a quarterly basis by the Department of Revenue. According to GS 105-187.63 these funds must be used by a city of county solely for solid waste management programs and services.									
	How are disposal tax d	istributions being u	ised?							
62.	If applicable, please pr	ovide your FY 17-1	8 household fees.	(e.g., a. <u>\$45.00</u> per	<u>year</u> per <u>household</u>	for solid waste)				
	a. \$	per		per		for solid waste	e			
	b. \$	per		per		for recycling				
	c. \$	per		per		for yard waste	2			
	d. \$	per		per		for bulky was	te			
	e. \$	per		per		availability fe	e			
		per			old					
63.	Did your local governn	nent operate a Pay-	As-You-Throw pro	gram for residential	garbage during FY	17-18? (a system)	where residents			
	are charged a fee by we	· ·	-	•		No				
	cording to GS 130A-30 orm users of such costs		ments are required	to conduct full cos	t accounting annua	ally and to develop	a system to			
64.	If your local governme	nt contracts for soli	d waste or recyclin	g services, please re	port the annual cont	tract amount.				
	\$		For solid waste	services per year						
	\$		For recycling pe	er year						
			OR							
	\$156,438.36		_ Combined Contr	ract (solid waste, and	d recycling)					
65.	Collection Programs: P	1	U		* 1 *	•	0			
	collection programs for				lected from conven	ience centers. If fu	Ill cost analysis is			
	not available, please r	eport program bu	dget in Total Cost	column.		Total Cost	Cast Day Tay			
		# of Households	Tons Collected	Collection Cost	Disposal Cost	Total Cost including	Cost Per Ton Managed			
		served			(tipping fees paid)	overhead	(calculated by form)			
N	Iunicipal Solid Waste*	640	1,160.49			143,923.3	124			

 Recycling Program**
 640
 24.39
 3,128.77

 Yard Waste Program
 640
 77.58
 9,386.29

 Totals (calculated by form):
 1,262.46
 156,438.36

*for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill.

**for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services.
66. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately. Landfill Budget:

Transfer Station Budget:

Yard Waste / Compost Facility Budget: \$

Recycling Facility Budget:

67. What was your government's total combined annual budget for all solid waste and recycling services in 17-18? \$156,438.36

\$

\$

2017-2018 Local Government Annual Report *Report Due Date: September 1, 2018* Submit to: Lgteam@ncdenr.gov

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Part VIII. County Mandated Programs

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

WH	IITE GOODS											
68.	Please provide name, address, phone number, and e-mail of person responsible for white goods program.											
	Name:			<u> </u>	Title:							
	Address:			City:								
	Telephone: Fa	ıx:		Email:								
69.	Please provide the physical address of th	e primary co	ounty white go	oods collection site.								
	Street 1:											
	Street 2:											
	City:			_ State: North Carol	lina	Zip:						
70.	Please provide the name of the business Name:	-			Cs) from whit	e goods.						
	Street:											
	City:				ina	Zip:						
	Phone: Fax:											
71.	Give amounts / types of CFCs removed.											
	Type of CFC Ren					ount						
72.	CFCs may be recycled or sent for destru-	ction Give r	name of firm	disposal method and a	mount earned	/ spent for CE(7 disposal					
12.	Firm			Iethod of Disposal		ount Earned	Amount Spent					
73.	Please report the tonnage of white goods white goods tonnage reported on page 5		uring FY 2017		Fonnages table	e on page 5 (qu	estion # 45). Was					
74.	List the amount of revenue for the white	goods progr	am by source	:								
	Revenue collected from sale of scrap:		\$									
	Revenue collected from White Goods Ta	ax Distributi										
	Revenue from other source (e.g. grants):											
	Total Revenue:											
75.	According to the White Goods Law, Whee expenditures White Good Tax Distribute						mounts and types of					
	Operational Expenses:	\$			_							
	Capital Improvements:											
	Clean-up of Illegal White Goods Dumps											
	Total Expenditures:	\$			-							
201	17-2018 Local Government Annual Report	Report D	ue Date: Sep	tember 1, 2018 Subr	- mit to: Lgteam	@ncdenr.gov	Page 9 of 11					

6.	Please provide name, address, phone number, and e- Name:	1		1 1 0	
				1 ttle:	
	Address:				
	Telephone: Fax:		Ema	il:	
7.	Please provide the physical address of the primary c	•	p tires collection si	te.	
	Street 1:				
	Street 2:				
	City:				
3.	Tonnage/Number of scrap tires disposed July 1, 201 Tons o	7-June 30, r	2018 (excluding ti	ires from cleanup of nu Number of tires	iisance sites)
).	Tonnage/Number of scrap tires disposed from clean Tons o	up of state	or county designat	ed nuisance sites Number of tires	
).	Indicate the types of tires collected by the county: Passenger % Heavy Tr	uck	%	Large Off-Road	%
	List the amount of revenue for the scrap tire program	n by sourc	e:		
	Revenue from Scrap Tire Tax Distributions:	\$			
	Revenue from Tire Fees:	\$			
	Revenue from Scrap Tire Clean-up Reimbursements	s: \$			
	Revenue from Scrap Tire Cost-Overrun Grants:	\$			
	Total Revenue:	\$			
2.	County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 17-	re (contrac -18.	t disposal/hauling	costs), \$	
3.	County's additional scrap tire program expenditure (Labor \$		convenience center	cost), if any.	
	Site Cost \$				
	Other \$		describe Other:		
ŀ.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire	
5.	Hauling cost or fuel surcharge, if not included in con-	ntract cost	above. \$	/ Ton; \$	/ Tire
5.	Total tipping fees collected for tires not eligible for	free dispo	sal. \$		
<i>.</i>	Total number of tires collected not eligible for free of	_			
8.	If scrap tires were not hauled off site by contracted s	-			
).	•	1	•		
E	MPORARY DISASTER DEBRIS STAGI				
).	Does your local government have a plan in place for			ris? Yes	No
	If yes, indicate if the plan is a stand-alone plan or in	conjunctio	on with local gover	nment agencies:	Stand-alone In conjuncti
•	If you indicated having a plan, has the plan been rev requirements for public assistance reimbursement in			anagement or FEMA t	to ensure it meets the basic
	Please list the name, contact numbers(s), and e-mail your local government:			narge of the disaster de	bris management program for
	Name: Nam	e:		Name:	
	Phone: Phor	ie:		Phone:	
	E-mail: E-ma	••		E-mail:	

93. 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.

	1 8										
Disaster Site #	Site Name		Disaster Site #	Site Name							

94.	Does your plan address the management of household hazardous waste and white goods following a disaster?
95.	Does your plan address mass animal mortality? Yes No
MANAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES	
96.	Has your county considered whether to implement a program for the management of abandoned manufactured homes? 🗌 Yes 🔀 No
	If yes, has your county developed a written plan for the management of abandoned manufactured homes? Yes No

Part IX. Comments

Use this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this report or other matters regarding solid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed.

This form is to be submitted electronically. If you require assistance, please contact one of these NC DEACS staff members: 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 <u>https://deq.nc.gov/conservation/</u>recycling/local-government-recycling-assistance or e-mail us at Lgteam@ncdenr.gov

