

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: **Boiling Springs**

State of North Carolina

Department of Environmental Quality Division of Waste Management & Division of Environmental Assistance and Customer Service

Solid Waste and Materials Management Annual Report July 1, 2017 -- June 30, 2018

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

| | | Please submit this form to Lgt | eam@ncdenr.gov by Septemb | per 1, 2018. | | | |
|---------|--|--|----------------------------------|---|----------|--|--|
| | If you have qu | estions or need assistance comple | ting this form, please call 9. | 19-707-8136 or 919-707-8133. | | | |
| Person | Completing This Rep | port: Mike Gibert | Tit | tle: Public Works Director | | | |
| Mailing | g Address: PO Box | 1014 | City: Boiling Springs | Zip: 28017 | | | |
| Phone: | 704-434-2357 | Fax: 704-434-2358 | | Date: 8-17-2018 | | | |
| Email: | mike.gibert@boilin | gspringsnc.net | | | | | |
| | | Gene | eral Instructions | | | | |
| | remember that the time ecific question. | ne period for the report is JULY 1, 20 | 17 through JUNE 30, 2018. Pl | Please check "No" if you have nothing to | o report | | |
| - | ÷ | nent have a Recycling Coordinator or | similar position for FY 17-185 | ? Yes No | | | |
| N | ame Recycling Coord | dinator (if different from person comp | pleting this report.) | | | | |
| N | ame: | | Tit | itle: | | | |
| A | .ddress: | | City: | Zip: | | | |
| Т | elephone: | Fax: | Email: | | | | |
| 2. D | id your local governm | nent have a Solid Waste Director or s | imilar position for FY 17-18? | ☐ Yes No | | | |
| If | Yes, Name: | | Tit | itle: | | | |
| A | ddress: | | City: | Zip: | | | |
| Т | elephone: | Fax: | Email: | | | | |
| 3. D | id your local governm | ment have dedicated or part-time So | lid Waste Enforcement Staff fo | For FY 17-18? Yes No | | | |
| If | Yes, Name: | | Title: | | | | |
| A | .ddress: | | City: | Zip: | | | |
| Т | elephone: | Fax: | Email: | | | | |
| | id your local government it is that apply) | nent have solid waste ordinances in p | lace addressing any of the follo | owing during FY 17-18? (if yes, please | check | | |
| | Disposal Bans | s 🔀 Illegal Dumping 🔀 Litteri | ing Other, Please Describ | be: | | | |
| | id your local governmulching, composting) | | any solid waste services in FY | 17-18 (e.g., collection, disposal, recycle Yes No | ling, | | |
| | If you | answer "No" to question 5 the ren | ort is complete please email | | | | |

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 No Yes generated from the public buildings and facilities that were operated by your government in FY 17-18? Part II. Waste Reduction and Recycling Programs Serving the Public SOURCE REDUCTION / REUSE Did your local government have a backyard composting program? Yes X No If yes, please check all backyard composting activities that apply: Education Demonstration site(s) Bin distribution/sales Number of Bins distributed? Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes X No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives? Did your local government offer a waste exchange or reuse program? Yes X No 13 If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public: Paint exchange Number of gallons recovered? Swap shop/shed Number of sheds in use? Other (e.g. pallet exchange, etc.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 2017 through June 30, 2018? My local government **DID operate or contract** for a recyclables recovery program. (please continue to question 15) My local government DID NOT operate or contract for recyclables recovery BUT DID participate in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; then go to Part IV on page 7.) With which local government did you participate? My local government **DID NOT operate**, contract or participate in a recycling program. (Go to Part IV on page 7.) If your local government **DID** operate or contract for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s). CURBSIDE RECYCLING PROGRAM Did your government operate a Curbside Recycling Program? 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) Republic Services Franchised hauler (please specify) Other (please specify)

| 1/. | Please provide the following information about your community: |
|------|---|
| | a. Total number of households in your jurisdiction? 1,460 |
| | b. Number of households eligible to participate in the curbside recycling program: 1,400 |
| | c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 1,330 |
| 18. | If your curbside recycling program is operated through a <u>public franchise granted to a private company</u> then please answer the following: Is public participation in the franchise: Voluntary or Mandatory Does your franchise consist of: One service district or Multiple service districts |
| 19. | What sector(s) of your community was served by the curbside recycling program? ☐ Residential ☐ Commercial ☐ Industrial |
| 20. | If you checked commercial or industrial in question 19, please indicate the number of accounts served: |
| 21. | How frequently were the curbside recyclables collected? Once a week Every other week / biweekly Other |
| 22. | Please describe the collection containers used: ☐ Bins ☐ Blue bags ☐ Multi-bin system ☐ Roll-out carts |
| 23. | Please describe the method / style of recyclable materials handling: curb-sort (collector separates material as collected) |
| 24. | If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used: less than 50 gallon cart |
| DR | OP-OFF RECYCLING PROGRAM |
| 25. | Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 32 |
| 26. | Who collected the recyclable materials for your local government's drop-off recycling program? Local government employees Private contractor |
| | Other (please specify) |
| 27. | Please describe the method / style of recyclable materials handling for your drop-off recycling program: source-separated (citizens separate materials by type) single stream / commingled dual / two stream (paper separated from cans/bottles) don't know / other |
| 28. | Please estimate the number of households served by your drop-off recycling program. |
| 29. | What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial |
| 30. | How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites: |
| 31. | How many of these locations were staffed with attendants? |
| EL | ECTRONICS RECYCLING PROGRAM |
| mate | use answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any erials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5. Did your community operate an electronics recycling program in FY 17-18? Yes No, skip to question # 38 |
| 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: |
| | Tumber of blue. |

| 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 i | 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? Xes 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 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)commercial cardboard recycle program |
| | 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

| DDOCD 434 | 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 | | | | | | | | |
| 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) | | | | | | 20 | 20 | |
| Magazines (OMG) | | | | | | | | |
| Office Paper | | | | | | | | |
| Mixed / Other Paper | | | | | | | | |
| Cartons / Aseptic Containers | | | | | | | | |
| WOOD: | | | | | | | | |
| Pallets | | | | | | | | |
| Other Wood - DO NOT | | | | | | | | |
| report yard waste tons here | | | | | | | | |
| OTHER MATERIALS: | | | | | | | | |
| Textiles (clothes etc) | | | | | | | | |
| Televisions | | | | | | | | |
| Other Electronics | | | | | | | | |
| C&D Materials Recycling | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Commingled tons-check al items collected above | | 141.56 | | | | | 141.56 | |
| TOTAL TONS: | | 141.56 | | | | 20 | 161.56 | |
| | | | | | | | | |

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)

| Used Antifreeze | 47. Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type | Did progran | n collect this n the public? | # of sites | Data on quantitie | es collected / mans t in indicated units | _ |
|--|---|---|---|--------------------------|---|--|-------------------|
| Used Antifreeze | Used Motor Oil | Yes | ⊠ No | | | galle | ons |
| Batteries, Lead Acid | Used Oil Filters | Yes | ⊠ No | | barrels, | or | lbs |
| Batteries, Dry Cell | Used Antifreeze | Yes | ⊠ No | | | | gallons |
| Fluorescent Bulbs/Lights Containing Mercury Yes No lbs, or # bull Propane Tanks Yes No lbs, or # far Used Cooking Oil / Waste Vegetable Oil Yes No lbs, or galle Other Special Wastes - please provide waste type here:prescription medications Yes No 1 3 1 Pesticide Containers (NCDA Program, not pesticides themselves) Yes No lbs, or # cettain NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers) Yes No lbs, or # cettain NCDA Pesticide Disposal Assistance Program Yes No gals, or 1 Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event 18. Did your local government operate a household hazardous waste collection program or event in FY 17-18? Yes If Yes, please respond to the following questions: a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent 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 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 the about individual materials is not available, please simply provide total quantity of materials ocllected by HHW Program: if totals for individual materials are known please itemize those, materials listed here should only be those collected at an HHW Program and should not include materials listed in our Used Motor Oil (gal) Used Oil Filters # of Barrels, or lbs. Used Motor Oil (gal) Used Oil Filters # of Barrels, or lbs. | Batteries, Lead Acid | Yes | ⊠ No | | # batte | ries, or | lbs |
| Propane Tanks | Batteries, Dry Cell | Yes | ⊠ No | | | I - | lbs |
| Used Cooking Oil / Waste Vegetable Oil | Fluorescent Bulbs/Lights Containing Mercury | Yes | ⊠ No | | lbs, | or # | bulbs |
| Other Special Wastes - please provide waste type here:prescription medications Pesticide Containers (NCDA Program, not pesticides themselves) NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers) Latex Paint (do not include paint collected at HHW event or by a paint exchange program) Latex Paint (do not include paint collected at HHW event or by a paint exchange program) Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event 18. Did your local government operate a household hazardous waste collection program or event in FY 17-18? | Propane Tanks | Yes | ⊠ No | | lbs, | or | # tanks |
| type here:prescription medications Pesticide Containers (NCDA Program, not pesticides themselves) NCDA Pesticide Disposal Assistance Program Yes No Ibs, or #cc tain NCDA Pesticide Disposal Assistance Program Yes No Ibs, or Testical Program Yes No Ibs, or If the pesticides themselves No Ibs, or | Used Cooking Oil / Waste Vegetable Oil | Yes | ⊠ No | | lbs, | or | gallons |
| pesticides themselves) Yes No Iss, or Itain NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers) Yes No Iss, or Iss, | | × Yes | ☐ No | 1 | | | 3 lbs |
| Latex Paint (do not include paint collected at HHW event or by a paint exchange program) | | Yes | ⊠ No | | lbs, | or | # con- tainers |
| HHW event or by a paint exchange program) Yes | | Yes | ⊠ No | | | | lbs |
| If Yes, please respond to the following questions: a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? 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 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 to about individual materials is not available, please simply provide total quantity of materials collected by HHW program in Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in the Used Motor Oil (gal) Used Oil Filters # of Barrels, or lbs. Used Antifreeze (gal) Lead Acid Batteries (lbs) Other Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) g. Provide Total Quantity of materials collected by HHW Program. If individual materials were reported in 48f, please net the weight of those materials out of the total listed here. | ` 1 | Yes | ⊠ No | | - | | lbs |
| Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in a Used Motor Oil (gal) Used Oil Filters # of Barrels, or lbs. Used Antifreeze (gal) Lead Acid Batteries (lbs) Other Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) g. Provide Total Quantity of materials collected by HHW Program. If individual materials were reported in 48f, please net the weight of those materials out of the total listed here. b. Please list HHW Collection Contractor | a. Was HHW collected at a permitted Temporar b. How many days was your HHW Program op c. Did you partner or co-sponsor your HHW program op d. Provide number of citizens / households that e. Did your program accept materials from sma | ry Event or a en to accept to ogram with a participated a ill businesses s material ma | materials duri nother <u>local</u> g in your HHW (Conditionall anaged | collection or individual | ent? Yes on program this Fis pt Small Quantity C pouldual materials are l | No cal Year? Generators)? unds known please item | nize below. If |
| Used Antifreeze (gal) Lead Acid Batteries (lbs) Other Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) g. Provide Total Quantity of materials collected by HHW Program. If individual materials were reported in 48f, please net the weight of those materials out of the total listed here. | • | | | Ü | | | d in question 4 |
| g. Provide Total Quantity of materials collected by HHW Program. If individual materials were reported in 48f, please net the weight of those materials out of the total listed here. | Used Antifreeze (val) | I_ea | d Acid Batter | ies (lhs) | Othe | er Batteries (lbs) | |
| g. Provide Total Quantity of materials collected by HHW Program. If individual materials were reported in 48f, please net the weight of those materials out of the total listed here. | | | | | | - Dutteries (103) | |
| | g. Provide Total Quantity of materials collected reported in 48f, please net the weight of those | l by HHW Pr | ogram. If ind ut of the total | ividual 1 listed he | materials were ere. | | po |
| i. Estimated cost of HHW / CESQG program or event(s) \$ | i. Estimated cost of HHW / CESOG program of | or event(s) \$ | | | | | |

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

| | Part IV. Yard Wast | te, Mulo | ching and (| Compostin | g Managem | ent |
|------|--|----------------|-------------------|---------------------|--|---|
| | section concerns management of vegetative m | | | | | |
| | ermitted sites and it is illegal to burn. Composti at your management of vegetative materials. Do n | | | | | |
| | Does your local government operate a yard wast | | | | | ow yard waste is managed by |
| 49. | checking all that apply: \square Collected curbside | | | • | • | • |
| 50. | Did a storm event significantly impact the amount | _ | | | • | ÷ |
| 51. | What quantities of materials were managed by y | our yard w | aste program? 1 | Provide inform | ation in TONS C | OR CUBIC YARDS of |
| | organic material (yard waste, brush, limbs, le | aves, etc.) | managed. For | conversion purp | | |
| | Destination | Check if used | Tons | Cubic Yards | | Name and Location of Facility g Vegetative Materials |
| | End user (to farmer or home-owner) | | | | | |
| | Your local government's mulch or compost facil | ity 🖂 | 200 | | Town of Boiling Spring | gs property |
| | Other public mulch or compost facility | | | | | |
| | Private mulch or compost facility | | | | | |
| | Land clearing and inert debris landfill (LCID) | | | | | |
| | Energy / Fuel Use (e.g. boiler fuel market) | | | | | |
| | Total | | 200 | | | |
| | YARD WASTE MANAGEMENT FORMULA: | | | | | |
| | estimate yard waste volume. Calculate for each | | | _ | 1 0 | 9 |
| | volume managed by program in the appropriate 5 X 5 | boxes abov | x 40 | iruck x 5 aays/v | $\begin{array}{c} vk \ x \ 10 \ wks = 480 \\ = 1000 \end{array}$ | yd^3 |
| | Size of Truck (in yards) Avg. no. of times true | uck fills each | | truck is used durin | | TOTAL |
| | | | Vaste Colle | | | |
| This | section concerns your local government's provisi | | | | | |
| | Please complete the following table about your g | | | | | |
| | Sector Who Collects Solid Waste? | | | WIII CO | llects Solid Waste? | How is Solid Waste Collected? |
| | Insert Letter - see codes at right | D . | - see codes at ri | a. Locai | | es 1. Once a week at household |
| | Residential | | Secondary | | nise haulers | 2. Twice a week at household3. Convenience center/greenbox |
| | Commercial | Primary | Secondary | | government not red in provision of | 4. As needed or by request5. Daily |
| | Industrial Primary d Secondary | Primary | Secondary | servic | _ | 6. Other |
| 53. | If you provide <u>residential</u> waste collection at sing | gle-family | households in y | our jurisdiction, | please answer the | e following questions: |
| | What type of collection method is used? | Fully Aut | omated 🔀 S | Semi-Automated | l 🔀 Manual | Don't know |
| | What is the standard collection frequency? | Weekly | ☐ Two tim | es per week | Other | |
| | What is the typical service point for single family | y househol | d waste? | Curbside | Back yard / Ba | ck door |
| | What type of collection container is used? | Governme | ent-provided car | ts Reside | ent-provided conta | ainer Bags |
| | Do you offer bulky waste collection services? | X Yes | ☐ No | | | |
| 54. | For municipalities - did your government collect If so, were white goods delivered to the county f | _ | | Yes No | No | |
| | Part VI. Solid Wa | aste and | l Recycling | Education | nal Activitie | S |
| 55. | Did your local government have an education p | program to | • | specifically abo | | |
| 56. | Please estimate your annual budget for solid was | • | | | s: \$ | |
| 57. | Does your community produce recycling educati | | | | | Yes No |
| | If YES, please list other languages used: | | | | | _ |
| 58. | Please provide your recycling website address ar | nd public ir | nformation phon | e number if app | olicable. | |
| | Website: | | | | Phone #: | |

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

| 00 | ficient resources availab estions deal with funding | | 0 1 0 | v | | f these programs. | The following |
|-----------|--|--|--|---|--|---|---|
| 59. | Did your local governm With regards to funding Tipping fees Property tax | nent operate an Ente g sources, check all s es / general fund | erprise Fund for sol that apply to your land Volume/we Sale of recy | id waste services i local government: eight-based fees (e | n FY 17-18? | Yes No No Tire tax White Goods tax |) |
| 61. | NC Solid Waste Dispos According to GS 105-1 | sal Tax proceeds are 87.63 these funds n | nust be used by a ci | | nents on a quarterly b | | |
| 60 | How are disposal tax d | · · | | ¢45.00 | | | |
| 02. | If applicable, please pra. \$\frac{126}{} | | | | | | 2 |
| | | | | | | | |
| | b. \$ \frac{42}{} | per 50th | | per | nold | 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 | nent operate a Pay-A | As-You-Throw prog | gram for residentia | al garbage during FY | | where residents |
| | cording to GS 130A-309 orm users of such costs. | | ments are required | to conduct full co | ost accounting annua | ally and to develop | a system to |
| 64. | If your local government | nt contracts for soli | d waste or recycling | g services, please 1 | report the annual con | tract amount. | |
| | \$ | | _ For solid waste s | ervices per year | | | |
| | \$44,582.4 | | _ For recycling per | r year | | | |
| | d. | | OR | | | | |
| | \$ | | | act (solid waste, a | | | |
| 65. | Collection Programs: P collection programs for not available, please r | 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* | 1,460 | 1,205.78 | 161,796.2 | 8 51,848.54 | 213,644.82 | 177 |
| | Recycling Program** | 1,330 | 167.29 | 44,582. | 4 0 | 44,582.4 | 266 |
| | Yard Waste Program | 1,400 | 200 | 56,847.3 | 3 0 | 56,847.33 | 284 |
| | | (calculated by form): | 1,573.07 | 263,226.0 | _ | 315,074.55 | 200 |
| 66. | *for materials collected and **for materials collected by If your government operacility operations (round proportionately. Lan | y public recycling progra erates a landfill, trar | ams including those serv nsfer station, yard w). If budgets for dif | vices offered to comme vaste /compost fac ferent facilities are | rcial and industrial genera ility or recycling faci | lity, please provide ttempt to allocate co | total budget for |
| | | sfer Station Budget | • | | | | |
| | Yard | Waste / Compost F | Facility Budget: \$ | 3,925 | | | |
| | • | cling Facility Budg | • | | | | |
| 67. | What was your government | ment's total combine | ed annual budget fo | or all solid waste a | nd recycling services | in 17-18? \$324,50 | 0 |

Part VIII. County Mandated Programs

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

| WH | ITE GOODS | | | | | | |
|-----|---|-------------------|-----------------|-----------|------------------------|-------------------------|---------------------|
| 68. | Please provide name, address, phon | e number, and e- | mail of person | respons | • | program. | |
| | Name: | | | | Title: _ | | |
| | Address: | | | City: | | Zip: | |
| | Telephone: | | | | | | |
| 69. | Please provide the physical address | of the primary co | ounty white go | ods coll | ection site. | | |
| | Street 1: | | | | | | |
| | Street 2: | | | | | | |
| | City: | | | | | | |
| 70. | Please provide the name of the busing Name: | - | | | | om white goods. | |
| | Street: | | | | | | |
| | City: | | | State: | North Carolina | Zip: | |
| | Phone: F | ax: | | Email: | : | | |
| 71. | Give amounts / types of CFCs remo | | ords of CFC rer | noval, aı | nd copy of certificati | | rming extraction. |
| | Type of CFC | Removed | | | | Amount | |
| | | | | | | | |
| | | | | | | | |
| | | | | + | | | |
| | | | | + | | | |
| 72. | CFCs may be recycled or sent for de | estruction Give: | nama of firm | disposal | mothod and amount | parned / spont for CE | C disposal |
| 12. | Firm | zaruction. Give | | | f Disposal | Amount Earned | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 73. | Please report the tonnage of white g white goods tonnage reported on pa | | uring FY 2017 | -18 in th | e Recycling Tonnag | ges table on page 5 (qu | nestion # 45). Was |
| 74. | List the amount of revenue for the v | white goods prog | ram by source: | | | | |
| | Revenue collected from sale of scra | p: | \$ | | | | |
| | Revenue collected from White Goo | ds Tax Distribut | ions: \$ | | | | |
| | Revenue from other source (e.g. gra | unts): | \$ | | | | |
| | Total Revenue: | | \$ | | | | |
| 75. | According to the White Goods Law expenditures White Good Tax Distr | | | | | | 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: | l e-mail of person responsible for scrap tires program. Title: | | | | |
| | Address: | | | | | |
| | Telephone: Fax: | | Emai | 1: | | |
| 77. | Please provide the physical address of the primary of | ounty scrap tire | es collection sit | e. | | |
| | Street 1: | | | | | |
| | Street 2: | | | | | |
| | City: | | State: North | n Carolina | Zip: | |
| 78. | Tonnage/Number of scrap tires disposed July 1, 201 Tons of | 7-June 30, 201 or | 8 (<u>excluding</u> ti | res from cleanup of nu _Number of tires | isance sites) | |
| 79. | Tonnage/Number of scrap tires disposed from clean Tons of | | ounty designate | ed nuisance sites Number of tires | | |
| 80. | Indicate the types of tires collected by the county: Passenger % Heavy T | 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 expenditue excluding costs of nuisance tire cleanups, for FY 17 | re (contract dis -18. | posal/hauling c | costs), \$ | | |
| 83. | County's additional scrap tire program expenditure (Labor \$ | | renience center | cost), if any. | | |
| | Site Cost \$ | | | | | |
| | Other \$ | de | scribe Other: _ | | | |
| 84. | County's contract cost for scrap tire disposal. \$ | | / Ton; \$ | / Tire | | |
| 85. | Hauling cost or fuel surcharge, if not included in co | ntract cost abo | ove. \$ | / Ton; \$ | / Tire | |
| 86. | Total tipping fees collected for tires not eligible for | free disposal. | S | | | |
| 87. | Total number of tires collected not eligible for free | disposal: | | | | |
| 88. | If scrap tires were not hauled off site by contracted | service provide | r, 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 | r management o | of disaster debr | is? Yes | No | |
| | If yes, indicate if the plan is a stand-alone plan or in | conjunction w | ith local goverr | nment agencies: | Stand-alone In conjunction | |
| 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 | person(s) in ch | arge of the disaster del | bris management program for | |
| | your local government: Name: Name: Name | ne: | | Name: | | |
| | | - | | | | |
| | 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

