

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



Required - Enter Your Local Government Name: CALABASH

State of North Carolina

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

Local Government Report Form

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 by Septe	ember 1, 2018.		
	If you have ques	tions or need assistance con	npleting this form, please cal	11 919-707-8136	or 919-707-8133.	
Per	son Completing This Repo	rt: SUE STUHR		Title: TOWN C	LERK	
Ma	iling Address: 882 PERSIM	IMON ROAD	City: CALABASH		Zip: 28469	
Pho	one: 910-579-6747	Fax:		Date: 8/27/	/18	
Em	ail: TCCALABASH@ATM	MC.NET				
		(General Instructions			
	ase remember that the time a specific question.	period for the report is JULY	1, 2017 through JUNE 30, 2018	. Please check "N	No" if you have nothing to report	
1.	• •	nt have a Recycling Coordinate	or or similar position for FY 17-	-18? Yes	No No	
	Name Recycling Coordin	nator (if different from person o	completing this report.)			
	Name:			Title:		
	Address:		City:		Zip:	
	Telephone:	Fax:	Email:			
2.	Did your local governme	nt have a Solid Waste Director	or similar position for FY 17-1	8? Yes	No	
	If Yes, Name:			Title:		
	Address:		City:		Zip:	
	Telephone:	Fax:	Email:			
3.	Did your local governme	nt have dedicated or part-tim	e Solid Waste Enforcement Sta	ff for FY 17-18?	Yes No	
	If Yes, Name:			Title:		
	Address:		City:		Zip:	
	Telephone:	Fax:	Email:			
4.	Did your local governme all that apply)	nt have solid waste ordinances	in place addressing any of the f	following during I	FY 17-18? (if yes, please check	
	∑ Disposal Bans	☐ Illegal Dumping ☐ L	ittering Other, Please Des	scribe:		
5.	Did your local governme mulching, composting)?	nt manage, provide or contract	for any solid waste services in	FY 17-18 (e.g., co	ollection, disposal, recycling,	
	If you an	swer "No" to auestion 5, the	report is complete, please em	ail to Lgteam@i	ncdenr.gov.	

Part I. Waste Reduction and Recycling Programs Serving Government Facilities The following questions pertain to waste reduction and recycling activities / programs that serve local government facilities. Did your local government have a recycling program in place for collecting recyclable materials generated at X No public buildings in FY 17-18? 7. Did your local government have any program or policy encouraging or requiring local agencies to X No purchase products with recycled content? Did your local government have a program in place to collect and recycle spent fluorescent lights X 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? 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: 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 Other 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? 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 WASTE INDUSTRIES
	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) 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. 975
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: 1
31.	How many of these locations were staffed with attendants? All None Some please list # of staffed sites:
EL	ECTRONICS RECYCLING PROGRAM
mat	In the seanswer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any serials 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: 1

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:BRUNSWICK COUNTY SOLID WASTE
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?
OT	HER PUBLIC RECYCLING PROGRAMS
the l	use 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 yeling 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 No
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.)
	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.
	1.05. with to manuse opecial master are addressed in 1 an 111 on page o, picuse do not include opecial maste 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.

PD OCD AN	Cı	ırbside	I	Orop-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			\boxtimes				
Steel Cans							
White Goods							
Other Metal							
PAPER:							
Newsprint (ONP)							
Cardboard (OCC)							
Magazines (OMG)							
Office Paper							
Mixed / Other Paper							
Cartons / Aseptic Containers							
WOOD:							
Pallets							
Other Wood - DO NOT							
report yard waste tons here							
OTHER MATERIALS:							
Textiles (clothes etc)							
Televisions							
Other Electronics							
C&D Materials Recycling							
Commingled tons-check all items collected above			\boxtimes	89			89
TOTAL TONS:				89			89

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)

47. Special Waste Programs for Materials from Citizens by	0		n collect this m the public?	# of sites			ected / manage licated units.	ed.
Used Motor Oil		Yes	⊠ No				gallons	s
Used Oil Filters		Yes	⊠ No		barr	rels, or	<u>'</u>	lbs
Used Antifreeze		Yes	⊠ No			<u>'</u>	ga	allons
Batteries, Lead Acid		Yes	⊠ No		# 1	oatteries, o	r	lbs
Batteries, Dry Cell		Yes	⊠ No					lbs
Fluorescent Bulbs/Lights Conta	aining Mercury	Yes	⊠ No			lbs, or	# b	ulbs
Propane Tanks		Yes	⊠ No			lbs, or	# 1	tanks
Used Cooking Oil / Waste Veg	getable Oil	Yes	⊠ No			lbs, or	ga	allons
Other Special Wastes - please p type here:	provide waste	Yes	⊠ No				·	lbs
Pesticide Containers (NCDA P pesticides themselves)	rogram, not	Yes	⊠ No			lbs, or		con- ainers
NCDA Pesticide Disposal Assi (for management of pesticides,	_	Yes	⊠ No					lbs
Latex Paint (do not include pai HHW event or by a paint excha		Yes	⊠ No			gals, or		lbs
If Yes, please respond to the fo a. Was HHW collected at a pe b. How many days was your F c. Did you partner or co-spons Please list partner(s) d. Provide number of citizens e. Did your program accept m If yes, please estimate the a	ermitted Tempora HHW Program op sor your HHW pr / households that aterials from sma	ry Event or a een to accept of ogram with a participated	materials durinother <u>local</u> gin your HHW	overnme collection	ent? Yes on program this	□ No		Temp. Event
 f. Amounts of individual materials is about individual materials is Note, materials listed here s 	s not available, plandshould only be the	lease simply pose collected	provide total c at an HHW P	quantity rogram a	of materials co	llected by linclude ma	HHW progran	n in 48g below.
Used Motor Oil (ga								
Used Antifreeze (ga						Other Batte	eries (lbs)	
Fluorescent Bulbs /			-		_			
g. Provide Total Quantity of n reported in 48f, please net theh. Please list HHW Collection	he weight of thos	e materials o	ut of the total	listed he	re.			pound
i. Estimated cost of HHW / C								
Pages 3 through 6 should have on						hat thev D	O provide red	cycling 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 Waste	<u>′ </u>		<u> </u>	0	
		rns management of vegetative mand it is illegal to burn. Composting					
		nent of vegetative materials. Do no					
49.	Does your loca	al government operate a yard waste	program'	? Xes	No If yes	please indicate ho	w yard waste is managed by
	_	at apply: Collected curbside	_			•	-
50.		ent significantly impact the amount	•		_	-	
51.		s of materials were managed by you rial (yard waste, brush, limbs, leav					
		Destination	Check if used	1	Cubic Yards	Please Provide N	Name and Location of Facility g Vegetative Materials
	End user (to fa	armer or home-owner)	\boxtimes		396		
	Your local gov	rernment's mulch or compost facility	y 🗆				
	Other public m	ulch or compost facility					
	Private mulch	or compost facility					
	Land clearing a	and inert debris landfill (LCID)					
	Energy / Fuel U	Use (e.g. boiler fuel market)					
		Total			396		
		E MANAGEMENT FORMULA: I					
		waste volume. Calculate for each tr					
	volume manag	ed by program in the appropriate bo X	oxes abov	X X	truck x 3 aays/v	$v\kappa x 10 w\kappa s = 480$	vd^3
	Size of Truc		k fills each		s truck is used durin	g vear	TOTAL
	DIDE OF TIME	-		Vaste Colle			
This	section concern	s your local government's provision					
52.		te the following table about your go					
	Sector			lid Waste Colle	WIII CO	ollects Solid Waste?	How is Solid Waste Collected?
		D: G I D	Insert #	- see codes at ri	a. Local b. By Co		es 1. Once a week at household 2. Twice a week at household
	Residential		imary	1 Secondary	c. Franc	hise haulers	3. Convenience center/greenbox
	Commercial	Duine and Consenders Du	imary	Secondary Secondary	involv	government not yed in provision of	4. As needed or by request5. Daily
	Industrial	u			servic		6. Other
53.	If you provide	residential waste collection at single	e-family	households in y	our jurisdiction	, please answer the	e following questions:
	* *		Fully Aut		Semi-Automate	d Manual	Don't know
	What is the sta	ndard collection frequency? X	Veekly	Two tim	nes per week	Other	
	• •	pical service point for single family	househol	ld waste?	Curbside [Back yard / Ba	ck door
	• •	<u> </u>	Governme	ent-provided car	rts \boxtimes Resid	ent-provided conta	ainer Bags
	•	ulky waste collection services?	Yes	No No			
54.		ties - did your government collect v te goods delivered to the county for	_		Yes No	No	
		Part VI. Solid Was	ste and			nal Activities	S
55.	Did your local	government have an education pro		•	_		
	issues / activiti	es? Yes No (If N	lo, skip t	o Part VII, page	e 8)		
56.		e your annual budget for solid waste					
57.	Does your com	nmunity produce recycling education	n and out	treach materials	in languages be	esides English?	Yes No
# .C	_	list other languages used:		0			
58.	•	your recycling website address and	public ii	nformation phor	ne number if app		
	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. 59. Did your local government operate an Enterprise Fund for solid waste services in FY 17-18? Yes No. 60. With regards to funding sources, check all that apply to your local government: Tipping fees Volume/weight-based fees (e.g. PAYT) Tire tax Property taxes / general fund Sale of recyclables White Goods tax Per household charges Grants Disposal Tax 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 distributions being used? 62. If applicable, please provide your FY 17-18 household fees. (e.g., a. \$45.00 per year per household for solid waste) HOUSEHOLD for solid waste 2.52 for recycling HOUSEHOLD for yard waste for bulky waste e. \$ availability fee HOUSEHOLD _____ total charge 7.37 63. Did your local government operate a Pay-As-You-Throw program for residential garbage during FY 17-18? (a system where residents are charged a fee by weight or volume for the amount of trash they discard) Yes According to GS 130A-309.08, local governments are required to conduct full cost accounting annually and to develop a system to inform users of such costs. 64. If your local government contracts for solid waste or recycling services, please report the annual contract amount. For solid waste services per year For recycling per year OR Combined Contract (solid waste, and recycling) 65. Collection Programs: Please complete the following table to the best of your ability to display the full costs of your local government's collection programs for waste, recyclables and yard waste including materials collected from convenience centers. If full cost analysis is not available, please report program budget in Total Cost column.

	# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)
Municipal Solid Waste*						
Recycling Program**						
Yard Waste Program						
Totals	(calculated by form):					

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

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? \$

^{**}for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services.

Part VIII. County Mandated Programs

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

WH	ITE GOODS					
68.	Please provide name, address, phone number, and	e-mail of person res	sponsi	_	program.	
	Name:			Title:		
	Address:	City	/:		Zip:	
	Telephone: Fax:			Email:		
69.	Please provide the physical address of the primary	county white good	s colle	ction site.		
	Street 1:					
	Street 2:					
	City:				Zip:	
70.	Please provide the name of the business or person to Name:			ant gases (CFCs) from	m white goods.	
	Street:					
	City:	S	State:	North Carolina	Zip:	
	Phone: Fax:					
71.	Give amounts / types of CFCs removed. Attach rec	cords of CFC remov	val, an	d copy of certification	on of person(s) perfor	ming extraction.
	Type of CFC Removed				Amount	
72.	CFCs may be recycled or sent for destruction. Give	e name of firm, disp	posal 1	nethod and amount	earned / spent for CFO	C disposal.
	Firm	Metl	hod of	Disposal	Amount Earned	Amount Spent
73.	Please report the tonnage of white goods collected white goods tonnage reported on page 5? \qquad Yes	•	8 in the	e Recycling Tonnage	es table on page 5 (qu	estion # 45). Was
74.	List the amount of revenue for the white goods pro	gram by source:				
	Revenue collected from sale of scrap:	\$				
	Revenue collected from White Goods Tax Distribu	utions: \$				
	Revenue from other source (e.g. grants):	\$				
	Total Revenue:	\$				
75.	According to the White Goods Law, White Good of expenditures White Good Tax Distributions were used to the White Good Tax Distributions where the White Good Tax Distributions were used to the White Good Tax Distribution where the White Good Tax Distribution was also because the White Good Tax Distribution where the White Good Tax Distribution was also because the White Good Tax Distribution was also					mounts and types of
	Operational Expenses: \$					
	Capital Improvements: \$					
	Clean-up of Illegal White Goods Dumps: \$					
	Total Expenditures: \$					

SC.	RAP TIRES				
76.	Please provide name, address, phone number, and e-Name:	•	•		
	Address:				
	Telephone: Fax:		Emai	il:	
77.	Please provide the physical address of the primary c	ounty scrap tires	collection sit	te.	
	Street 1:				
	Street 2:				
	City:		State: North	h Carolina	Zip:
78.	Tonnage/Number of scrap tires disposed July 1, 201 Tons o	7-June 30, 2018 (excluding ti	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 To	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 -18.	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	disposal:			
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 reverequirements 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 (Natural Heritage Program (Natura Heritage Progr	NHP) and the State Historic Preserval e prior to a disaster is advantageous to local g se difficulty for local governments when attemp	governments because a staging site which is	nation with the Solid Waste Section. found to have impacted federal or state
	Disaster Site #	Site Name	Disaster Site #	Site Name
94.		management of household hazardous	_	a disaster? Yes No
95.	Does your plan address mass	<u> </u>	No	
MA		ANDONED MANUFACTUR		
96.	•	whether to implement a program for		
	If yes, has your county deve	loped a written plan for the managen	ment of abandoned manufactured h	omes? Yes No
		Part IX.	Comments	

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-assistance or e-mail us at Lgteam@ncdenr.gov

