

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, 2016 -- June 30, 2017

Please submit this form to Lgteam@ncdenr.gov by September 1, 2017.

On the following pages you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2016-2017. 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, 2017.

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:

Joseph Fitzpatrick, phone: 919-707-8121, email: joseph.fitzpatrick@ncdenr.gov Rob Taylor, phone: 919-707-8139, email: rob.taylor@ncdenr.gov

Form Year

2017



Local Government Report Form

Required - Enter Your Local Government Name: Beaufort

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, 2016 -- June 30, 2017

COMPLETION AND SUBMISSION OF THIS REPORT WILL FULFILL THE ANNUAL REPORTING MANDATE TO THE STATE AS REQUIRED BY G.S. 130A.309 09A

Pl	ease submit this form to Lgtea	ım@ncdenr.gov by Septen	nber 1, 2017.	
If you have questions o	or need assistance completion	ng this form, please call	919-707-8121	or 919-707-8139.
Person Completing This Report: Man	rk Eakes	ר	Title: Public Wo	orks Director
Mailing Address: 412 Hedrick Street		City: Beaufort, NC		Zip: 28516
Phone: 252-732-4928	Fax: 252-728-7931		Date: 9-14-	-17
Email: m.eakes@beaufortnc.org				
	Genera	al Instructions		
Please remember that the time period for a specific question.	for the report is JULY 1, 2016	6 through JUNE 30, 2017.	Please check "N	To" if you have nothing to report
1. Did your local government have	a Recycling Coordinator or si	imilar position for FY 16-1	7? Yes	No No
Name Recycling Coordinator (if	different from person comple	ting this report.)		
Name:			Title:	
Address:		City:		Zip:
Telephone:	Fax:	Email:		
2. Did your local government have	a Solid Waste Director or sim	nilar position for FY 16-17	? Xes	☐ No
If Yes, Name: Mark Eakes	If Yes, Name: Mark Eakes			rks Director
Address: 412 Hedrick Street		City: Beaufort, NC		Zip: <u>28516</u>
Telephone: 252-732-4928	Fax: 252-728-7931	Email: m.ea	kes@beaufortno	c.org
3. Did your local government have	dedicated or part-time Solid	d Waste Enforcement Staff	for FY 16-17?	☐ Yes ⊠ No
If Yes, Name:		1	Title:	
Address:		City:		Zip:
Telephone:	Fax:	Email:		
4. Did your local government have all that apply)	solid waste ordinances in place	ce addressing any of the fo	llowing during F	FY 16-17? (if yes, please check
∑ Disposal Bans	legal Dumping 🔀 Littering	g Other, Please Desc	ribe:	
Did your local government mana mulching, composting)?	age, provide or contract for an	y solid waste services in F	Y 16-17 (e.g., co	ollection, disposal, recycling, No
If you answer!	No" to question 5 the renor	et is complete please ema	il to I ateam@r	redenr 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 16-17? 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 16-17? 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 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, 2016 through June 30, 2017? 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) Franchised hauler (please specify) Other (please specify)

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 2,135					
	b. Number of households eligible to participate in the curbside recycling program: 2,135					
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 1,400					
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?					
26.	Who collected the recyclable materials for your local government's drop-off recycling program? \[\sum \text{Local government employees} \] 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) 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. 4,000					
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?					
EL	ECTRONICS RECYCLING PROGRAM					
mate	Is answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any perials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5. Did your community operate an electronics recycling program in FY 16-17? Yes No, skip to question # 38 If you did operate an electronics recycling program, please indicate style of program: Permanent - Curbside Collection Permanent - Drop-off Scheduled Collection Day or Event Part of HHW Program If you offer curbside collection of electronics is it: by appointment or unscheduled If you operate a drop-off electronics program, how many collection sites do you provide? Number of Sites:					

33.	Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses
34.	Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses
35.	DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was eligible to receive proceeds from the State Electronics Management Fund in February of 2017, please provide the following information:
	Electronics Management Fund balance as of July 1, 2016: \$
	Electronics Management Funds received from DEQ during FY 16-17 (Feb 2017 distribution): \$
	Electronics Management Funds spent during FY 16-17: \$
	Electronics Management Fund balance as of June 30, 2017: \$
36.	Briefly explain how Electronics Management Funds were spent during FY 2016-17 (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 16-17:
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?
OT	THER PUBLIC RECYCLING PROGRAMS
the	use answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for <u>by</u> <u>local government</u> . 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? Yes No Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner
٠,٠	other than through your curbside or dropoff recycling programs? \boxtimes Yes \square 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: 35
	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 16-17. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)
	□ Public Parks Recycling Program □ Athletic Field / Venue Recycling Program
44.	Please identify all "Other" programs or services operated by your government during FY 16-17. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)
	Public School Recycling Program
	Scheduled Collection Drives (e.g. confidential document shredding event held quarterly, once a year, etc.)
	∠ Lend-a-Bin Program where local government provides recycling containers to community organizations for use at events
	Organics / Food Waste Recycling other than yard waste program
	Oyster Shell Recycling Program
	Other Programs (please specify)
	Programs to manage Special Wastes are addressed in Part III on page 6, please do not include Special Waste programs above.

RECYCLING TONNAGES FROM PUBLIC PROGRAMS

- 45. a. Enter data in the table below for ALL recycling programs operated or contracted for by your local government. Provide TONNAGES (or estimates) for each material collected for the period JULY 1, 2016 through JUNE 30, 2017. 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.

PROGRAM.	Cu	ırbside]	Drop-off	All "Otl	her" Programs	Total Tons
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							,
Clear			\boxtimes				
Brown							
Green							
Mixed							
PLASTIC:							
PET #1							
HDPE #2							
All Plastic Bottles							
Other Plastic Containers							
Bulky Rigid Plastics							
METAL:	<u> </u>						
Aluminum Cans			\boxtimes				
Steel Cans							
White Goods							
Other Metal							
PAPER:							
Newsprint (ONP)			\boxtimes				
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 al items collected above		90.3					90.3
TOTAL TONS:		90.3					90.3

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.

No.

sites

Please report in indicated units.

gallons

Special Waste Collections (Do Not Include Materials Collected as part of an HHW Collection Program or Event) Did program collect this **Special Waste Programs for Collecting** # of Data on quantities collected / managed.

Yes

Materials from Citizens by Material Type

Used Motor Oil

material from the public?

Yes Yes Yes	NoNo		barrels, or		lbs gallons	
	⊠ No		-		gallons	
Yes					Sanons	
	⊠ No		# batteries	, or	lbs	
Yes	⊠ No				lbs	
Yes	⊠ No		lbs, or	#	bulbs	
Yes	⊠ No		lbs, or		# tanks	
Yes	⊠ No		lbs, or		gallons	
Yes	⊠ No				lbs	
Yes	⊠ No		lbs, or		# containers	
Yes	⊠ No				lbs	
Yes	⊠ No		gals, or		lbs	
rogram with	another <u>local</u> go	collection progra	Yes N	Year?		
		Exempt Small (-		Yes	No
lease simply	y provide total q	uantity of materia	als collected b	y HHW progr	am in 48g	below.
U	sed Oil Filters	# of Ba	arrels, or	lbs.		
L	ead Acid Batteri	es (lbs)	Other B	atteries (lbs)		
ng Mercury	(lbs)					
•	out of the total l	isted here.				pound
or event(s)						,
	Yes	Yes No No Yes No Yes No Honally Exempt Small Quaterials during the participated in your HHW all businesses (Conditionally ass material managed yes HHW Program: if totals for elease simply provide total quose collected at an HHW Program: Lead Acid Batteriang Mercury (lbs) Hon Were No West No W	Yes No Yes Yes No Yes Yes No Yes Yes Yes No Yes	Yes No lbs, or Yes No lbs, or Yes No lbs, or Yes No lbs, or Yes No gals, or Honally Exempt Small Quantity Generator (CESQG) Penazardous waste collection program or event in FY 16-17 is: lary Event or at a Permanent HHW Collection Facility? Instruction of the control of the contro	Yes No lbs, or Yes No lbs, or Yes	Yes No lbs, or # tanks Yes No lbs, or gallons Yes No lbs, or # containers Yes No lbs, or # containers Yes No lbs lbs Yes No gals, or lbs Hoazardous waste collection program or event in FY 16-17? Yes No Is: Permanent HHW Collection Facility? Permanent Temporent o accept materials during this Fiscal Year? Frogram with another local government? Yes No It participated in your HHW collection program this Fiscal Year? No It participated in your HHW collection program this Fiscal Year? Yes Is smaterial managed pounds Is yHHW Program: If totals for individual materials are known please itemize below. Permanent of the permanent

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.

	P	art IV. Yard Wasto	e, Mul	ching and (Compostin	g Managem	ent
							landfills, incinerators, or in
-		illegal to burn. Compostin vegetative materials. Do no	-			•	e answer the questions below verials in this section.
49.		rnment operate a yard waste				_	w yard waste is managed by
	•	•			•	•	aste, compost, or LCID facil.
50.	•	nificantly impact the amoun	•		_	-	
51.		aterials were managed by yo ard waste, brush, limbs, lea					
		estination	Check if used	1	Cubic Yards	Please Provide N	Name and Location of Facility g Vegetative Materials
	End user (to farmer o	or home-owner)				Receiving	g vegetative materials
	Your local governme	nt's mulch or compost facilit	ty 🗌				
	Other public mulch o	r compost facility					
	Private mulch or com	post facility					
	Land clearing and ine	ert debris landfill (LCID)	\boxtimes	2,610		Dee Garner - 2134 High	nway 70 east - Beaufort NC 28516
	Energy / Fuel Use (e.	g. boiler fuel market)					
		Total		2610			
		NAGEMENT FORMULA: I rolume. Calculate for each to					
	•	program in the appropriate b			_	1 0	<u>e</u>
		$8 = 7.5 \pm X = 8 \times 3 \text{ trucks} = 24$		X 52	,	= 9360	yd^3
	Size of Truck (in ya	rds) Avg. no. of times true	ck fills each	week # of weeks	truck is used during	g year	TOTAL
		Part V. S	Solid V	Vaste Colle	ction Servi	ices	
	•	local government's provisio					
52.		ollowing table about your go Collects Solid Waste?				1.	
	Contor	Letter - see codes at right		- see codes at ri	ght Willo Co	ollects Solid Waste?	How is Solid Waste Collected? es 1. Once a week at household
	Residential Primar		rimary	1 Secondary	b. By Co	ontract	2. Twice a week at household
	Commercial Primar	y d Secondary P	rimary	Secondary	d. Local	nise haulers government not	3. Convenience center/greenbox4. As needed or by request
	Industrial Primar	y d Secondary P	rimary	Secondary	involv servic	red in provision of e	5. Daily 6. Other
53.	If you provide resider	ntial waste collection at sing	le-family	households in y	our jurisdiction,	, please answer the	e following questions:
	What type of collection	on method is used?	Fully Aut	omated S	Semi-Automated	d 🔀 Manual	Don't know
	What is the standard	collection frequency?	Weekly	Two tim	es per week	Other	
	What is the typical se	ervice point for single family	househol	ld waste?	Curbside [Back yard / Ba	ck door
	What type of collection	on container is used?	Governm	ent-provided car	rts 🔀 Reside	ent-provided conta	ainer 🔀 Bags
	Do you offer bulky w	vaste collection services?	X Yes	☐ No			
54.	•	lid your government collect of ds delivered to the county for	_		Yes [No	No	
		Part VI. Solid Wa	ste and	d Recycling	g Education	nal Activitie	S
55.	Did your local gover issues / activities?	rnment have an education pr	_	inform citizens o Part VII, page	•	out solid waste ma	nagement and / or recycling
56.	Please estimate your	annual budget for solid wast	e related	education and or	ıtreach activitie	s: \$	
57.	Does your community	y produce recycling education	on and out	treach materials	in languages be	sides English?	Yes No
	If YES, please list oth	ner languages used:					
58.	Please provide your r	ecycling website address and	d public ii	nformation phon	e number if app	olicable.	
	Website:					Phone #:	

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

	ficient resources avestions deal with fur						ontinued success of	these programs. T	The following
•	Did your local gov	0 0 1				0	1 0	Yes No)
	With regards to fu Tipping Propert	nding sources, ch g fees y taxes / general	neck all	that apply to your l Volume/we Sale of recy	local governme eight-based fee	ent:	PAYT) T	ire tax /hite Goods tax	
61		isehold charges	aada ar	Grants	ible legal gove	*******	$igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes_{igotimes$	isposal Tax	ant of Payanua
01.	According to GS	105-187.63 these	funds n	nust be used by a ci	ity of county so	olely f	or solid waste mana		
	•		_	sed?transfer station				C 1.1	
62.		•					<u>vear</u> per <u>household</u> j		
									;
	e. \$	per			per		ld	availability fee	2
	f. \$ 17	per	month	l	per ho	usehol	ld	total charge	
63.	Did your local gov	vernment operate	a Pay-A		gram for reside	ential g	garbage during FY		
	cording to GS 1302 orm users of such o	•	governr	nents are required	to conduct ful	ll cost	accounting annual	lly and to develop	a system to
64.	If your local gover	rnment contracts	for soli	d waste or recycling	g services, plea	ase rep	ort the annual conti	act amount.	
	\$			_ For solid waste s	ervices per yea	ar			
	\$			_ For recycling per	r year				
				OR					
	\$			_ Combined Contr	•		• 0,		
65.	collection program	ns for waste, recy	clables		luding materia		y to display the full ected from conveni-		
	,,,	# of House	eholds	Tons Collected	Collection C	Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)
N	Iunicipal Solid Wa	nste*	2,135	1,604.32	35,37	73.42	82,142.28	117,515.7	7.
	Recycling Progra	m**	2,135	190.3	35,37	73.42	12,412.6	47,786.02	25
	Yard Waste Prog	ram	2,135	2,610	35,37	73.42	32,635	68,008.42	20
		otals (calculated by		4,404.62	106,12		127,189.88	233,310.14	52
66.	**for materials colle If your government	cted by public recycling operates a land (round to neares	ing progra fill, trar	nsfer station, yard w). If budgets for dif	vices offered to convaste /compost	mmerci facilit s are c	d Demolition Landfill. al and industrial generate ty or recycling facil combined, please att	ity, please provide empt to allocate co	total budget for
		Transfer Station	Budget						
		Yard Waste / Co	mpost I						
		Recycling Facility							
67.	What was your go	vernment's total	combine	ed annual budget fo	or all solid was	te and	recycling services	in 16-17? \$226,120	0.2

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	l e-mail of person	responsi	_	program.	
	Name:			Title:		
	Address:	Ci	ty:		Zip:	
	Telephone: Fax:			Email:		
69.	Please provide the physical address of the primary	y county white goo	ods colle	ection site.		
	Street 1:					
	Street 2:					
	City:				Zip:	
70.	Please provide the name of the business or person Name:				m white goods.	
	Street:					
	City:					
	Phone: Fax:		Email:			
71.	Give amounts / types of CFCs removed. Attach re	ecords of CFC rem	oval, ar	nd copy of certificati	on of person(s) perfor	ming extraction.
	Type of CFC Removed				Amount	
72.	CFCs may be recycled or sent for destruction. Give					
	Firm	Mo	ethod of	f Disposal	Amount Earned	Amount Spent
73.	Please report the tonnage of white goods collected white goods tonnage reported on page 5? Yes	-	17 in th	e Recycling Tonnag	es table on page 5 (qu	estion # 45). Was
74.	List the amount of revenue for the white goods pr	ogram by source:				
	Revenue collected from sale of scrap:	\$				
	Revenue collected from White Goods Tax Distrib	outions: \$				
	Revenue from other source (e.g. grants):	\$				
	Total Revenue:	\$				
75.	According to the White Goods Law, White Good expenditures White Good Tax Distributions were					mounts and types of
	Operational Expenses: \$					
	Capital Improvements: \$					
	Clean-up of Illegal White Goods Dumps: \$					
	Total Expenditures: \$					

Name: Title: Address: City: Zip:	SC .	KAP TIKES						
Address: City: Email: Telephone: Fax: Email: Telephone: Fax: Email: Telephone: Fax: Email: Telephone: Fax: Email: The please provide the physical address of the primary county scrap tires collection site. Street 1: Street 2: State: North Carolina Zip: Tomage/Number of scrap tires disposed July 1, 2016-June 30, 2017 (eschading tires from cleanup of nuisance sites)	76.	•						
Total Pieces provide the physical address of the primary country scrap tires collection site. Street 1: Street 2: City: State: North Carolina Zip: 78. Tonnage/Number of scrap tires disposed July 1, 2016-June 30, 2017 (excluding tires from cleanup of nuisance sites) Tons or Number of tires 79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites Tons or Number of tires 80. Indicate the types of tires collected by the county: Passenger 94. Heavy Truck 95. Large Off-Road 96. Large Off-Road 97. Revenue from Scrap Tire Tax Distributions: 95. Revenue from Scrap Tire Tax Distributions: 95. Revenue from Scrap Tire Clean-up Reimbursements: 96. Revenue from Scrap Tire Clean-up Reimbursements: 96. Revenue from Scrap Tire Clean-up Reimbursements: 97. Total Revenue: 98. Revenue from Scrap Tire Clean-up Reimbursements: 98. Revenue from Scrap Tire Clean-up Reimbursement: 98. County's dadditional scrap tire program contract expenditure (contract disposal/hauling costs), 99. County's dadditional scrap tire program expenditure (i.e. labor, convenience center cost), if any. 18. Labor 1						Zip:		
Street 1: Street 2: City: State: North Carolina Zip: 78. Tonnage/Number of scrap tires disposed July 1, 2016-June 30, 2017 (excluding tires from cleanup of nuisance sites) Tons or Number of tires 79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated muisance sites 79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated muisance sites 80. Indicate the types of tires collected by the county: Passenger Passenger Revenue from Scrap Tire State St				Emai	1:			
Street 2: City: State: North Carolina	77.	Please provide the physical address of the primary	county scrap tir	es collection sit	e.			
City: State: North Carolina Zip: 78. Tonnage/Number of scrap tires disposed July 1, 2016-June 30, 2017 (excluding tires from cleanup of nuisance sites) Number of tires. 79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites Number of tires. 80. Indicate the types of tires collected by the county: Passenger — % Henry Truck — % Large Off-Road — % 81. List the amount of revenue for the scrap tire program by source: Revenue from Scrap Tire Tax Distributions: \$		Street 1:						
78. Tomage/Number of scrap tires disposed July 1, 2016-June 30, 2017 (excluding tires from cleanup of nuisance sites) Tons or Number of fires 79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites Tons or Number of fires 80. Indicate the types of ires collected by the county: Passenger								
Tons or Number of tires 79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites Tons or Number of tires 80. Indicate the types of tires collected by the county: Passenger		City:		_ State: North	n Carolina	Zip:		
80. Indicate the types of tires collected by the county:	78.		016-June 30, 201 s or	17 (<u>excluding</u> tin	res from cleanup of nu _Number of tires	isance sites)		
Passenger	79.	· · · · · · · · · · · · · · · · · · ·		county designate				
Revenue from Scrap Tire Tax Distributions: Revenue from Tire Fees: Revenue from Scrap Tire Clean-up Reimbursements: Revenue from Scrap Tire Clean-up Reimbursements: Revenue from Scrap Tire Cost-Overrun Grants: Revenue from Scrap Tire Cost-Overrun Grants: Secounty's total Scrap tire program contract expenditure (contract disposal/hauling costs), seculuding costs of nuisance tire cleanups, for FY 16-17. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$ Site Cost \$ Other \$ describe Other: 4. County's contract cost for scrap tire disposal. \$ / Ton; \$ / Tire / Tire / Total tipping fees collected for tires not eligible for free disposal. \$ / Total tipping fees collected for tires not eligible for free disposal: If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No No same of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES	80.	Indicate the types of tires collected by the county: Passenger % Heavy		%	Large Off-Road	%		
Revenue from Tire Fees: \$ Revenue from Scrap Tire Clean-up Reimbursements: \$ Revenue from Scrap Tire Clean-up Reimbursements: \$ Revenue from Scrap Tire Cost-Overrun Grants: \$ Total Revenue: \$ Revenue from Scrap Tire Cost-Overrun Grants: \$ Total Revenue: \$ Revenue from Scrap Tire Cost-Overrun Grants: \$ Total Revenue: \$ Revenue from Scrap tire program contract expenditure (contract disposal/hauling costs), \$ Revenue from Scrap tire program expenditure (i.e. labor, convenience center cost), if any.	81.	1 1 6	•					
Revenue from Scrap Tire Clean-up Reimbursements: \$ Revenue from Scrap Tire Cost-Overrun Grants: \$ Total Revenue: \$ Scounty's total scrap tire program contract expenditure (contract disposal/hauling costs), \$ excluding costs of nuisance tire cleanups, for FY 16-17. 83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$ Site Cost \$ Other \$ County's contract cost for scrap tire disposal. \$ Ton; \$ Tire 84. County's contract cost for scrap tire disposal. \$ Total tipping fees collected for tires not eligible for free disposal. \$ Total tipping fees collected 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 service provider, were they cut and disposed in a local landfill? \(\text{Yes} \) \(\text{No} \) 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES 90. Does your local government have a plan in place for management of disaster debris? \(\text{Yes} \) \(\text{No} \) If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? \(\text{Yes} \) \(\text{No} \) Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: \(\text{Marke Eakes} \) \(\text{Name:} \) Phone: \(\text{Phone:} \)		•						
Revenue from Scrap Tire Cost-Overrun Grants: \$								
82. County's total scrap tire program contract expenditure (contract disposal/hauling costs), sexcluding costs of nuisance tire cleanups, for FY 16-17. 83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor S			nts: \$					
82. County's total scrap tire program contract expenditure (contract disposal/hauling costs),								
83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$ Site Cost \$ Other \$ describe Other: 84. County's contract cost for scrap tire disposal. \$ Hauling cost or fuel surcharge, if not included in contract cost above. \$ Total tipping fees collected for tires not eligible for free disposal. \$ Total number of tires collected not eligible for free disposal. \$ 85. Hauling cost or fuel surcharge, if not included in contract cost above. \$ Total number of tires collected not eligible for free disposal. \$ 86. Total number of tires collected 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 service provider, were they cut and disposed in a local landfill? Yes No 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES 90. Does your local government have a plan in place for management of disaster debris? Yes No If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction 91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: Mark Eakes Name: Name: Phone: 252-732-4928 Phone: Phone: Phone:			· · · · · · · · · · · · · · · · · · ·					
Labor \$ Site Cost \$ Other \$ describe Other: 84. County's contract cost for scrap tire disposal. \$	82.	County's total scrap tire program contract expendi excluding costs of nuisance tire cleanups, for FY	ture (contract dis 16-17.	sposal/hauling c	osts), \$			
describe Other:	83.	Talan 6	•	venience center	cost), if any.			
84. County's contract cost for scrap tire disposal. \$ / Ton; \$ / Tire 85. Hauling cost or fuel surcharge, if not included in contract 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 service provider, were they cut and disposed in a local landfill? Yes No 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES		Site Cost \$						
85. Hauling cost or fuel surcharge, if not included in contract 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 service provider, were they cut and disposed in a local landfill?YesNo 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES 90. Does your local government have a plan in place for management of disaster debris?		Other \$	de	escribe Other: _				
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 service provider, were they cut and disposed in a local landfill? Yes No 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES 90. Does your local government have a plan in place for management of disaster debris? Yes No If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction 91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No 92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: Name: Name: Phone: Phone: Phone:	84.	County's contract cost for scrap tire disposal. \$ _		/ Ton; \$	/ Tire			
87. Total number of tires collected not eligible for free disposal: 88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES	85.	Hauling cost or fuel surcharge, if not included in a	contract cost abo	ove. \$	/ Ton; \$	/ Tire		
88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? No 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES 90. Does your local government have a plan in place for management of disaster debris? Yes No If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction 91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No 92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: Name: Name: Name: Phone: Phone: Phone:	86.	Total tipping fees collected for tires not eligible for	or free disposal.	\$				
89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES 90. Does your local government have a plan in place for management of disaster debris? Yes No If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction 91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No 92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: Mark Eakes Name: Name: Name: Phone: 252-732-4928 Phone: Phone:	87.	Total number of tires collected not eligible for fre	e disposal:					
TEMPORARY DISASTER DEBRIS STAGING SITES 90. Does your local government have a plan in place for management of disaster debris?	88.	If scrap tires were not hauled off site by contracted	d service provide	er, were they cut	t and disposed in a loca	al landfill? Yes No		
90. Does your local government have a plan in place for management of disaster debris? Yes No If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction on the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction on the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction on the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction on the plan is a stand-alone plan or in conjunction with local government or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: Name: Name: Phone: Phone: Phone: Phone: Phone: No	89.	Name of tire disposal/recycling firm(s):						
If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction 91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No 92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: Name: Name: Phone: 252-732-4928 Phone: Phone: Phone:	TE	MPORARY DISASTER DEBRIS STAG	SING SITES					
91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No 92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: Name: Name: Phone: 252-732-4928 Phone: Phone:	90.		_			No		
requirements for public assistance reimbursement in a declared disaster event? Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: Mark Eakes Name: Name: Phone: 252-732-4928 Phone: Phone:			•	•		□ ÿ		
your local government: Name: Mark Eakes Name: Name: Phone: 252-732-4928 Phone: Phone:	91.							
Name: Mark Eakes Name: Name: Phone: 252-732-4928 Phone: Phone:	92.		ail address of the	person(s) in ch	arge of the disaster del	bris management program for		
Phone: 252-732-4928 Phone: Phone:		•	nme:		Name:			
		Phone: 252-732-4928 Ph						

	Disaster Site #	Site Name		Disaster Site #	Site Name
	DS16-036	Garner Site			
4.	Does your plan address the m	anagement of household hazardor	ıs waste	e and white goods following	a disaster? Yes No
5.	Does your plan address mass	animal mortality? Yes	No No		
MAN	NAGEMENT OF ABA	NDONED MANUFACTUI	RED I	HOMES BY COUNTIL	ES
6.	Has your county considered v	whether to implement a program f	or the m	nanagement of abandoned ma	anufactured homes? Yes X No
]	If yes, has your county develo	oped a written plan for the manage	ement o	f abandoned manufactured 1	nomes?
		Part IX	. Con	nments	
		info provided in your report as n gement in North Carolina. Thank			r comments about this report or other

This form is to be submitted electronically. If you require assistance, please contact one of these NC DEACS staff members:

Joseph Fitzpatrick, email: joseph.fitzpatrick@ncdenr.gov phone 919-707-8121 Rob Taylor, email: rob.taylor@ncdenr.gov phone: 919-707-8139

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

