## **State of North Carolina**



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

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

Please submit this form to Lgteam@ncdenr.gov by September 1, 2018.

On the following pages you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2017-2018. Each North Carolina County and Municipality is required to complete this report annually. Completion and submission of this report will fulfill the annual reporting mandate to the state as required by G.S. 130A-309.09A. Failure to complete and submit this report could result in the local government being excluded from distributions of Solid Waste Disposal Tax Proceeds and other Department of Environmental Quality grants.

Instructions:

Each local government should determine which staff member is responsible for preparing and submitting the annual report and ensure that the report is completed and submitted before the reporting deadline on September 1, 2018.

Options for obtaining a blank copy of this form:

- 1 download a copy of the form from this web site: <u>http://deq.nc.gov/about/divisions/waste-management/solid-waste-section/annual-reporting</u>
- 2 call the Division of Environmental Assistance and Customer Service at 877-623-6748
- 3 request a copy of the form by sending an email to Lgteam@ncdenr.gov.

This form must be completed electronically using Adobe Reader. Adobe Reader can be downloaded for free at the following web site: <u>https://get.adobe.com/reader/</u> - it is suggested that you complete the form using the latest version of Adobe Reader. Please **DO NOT** complete this form using Adobe Acrobat Pro.

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

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

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

Wendy Worley, phone: 919-707-8136, email: wendy.worley@ncdenr.gov Matt James, phone: 919-707-8133, email: matt.james@ncdenr.gov

Form Year



Local Government Report Form

**Required** - Enter Your Local Government Name: Danbury

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

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

Person Completing This Report: Dianne Starnes			Titl	le: Town Clerk	
Mailing Addr	ess: PO Box 4		City: Danbury		Zip: 27016
Phone: 336 59	93-2002	Fax: 336 593-2019		Date: 7-16-18	
Email: admin	@townofdanbury19	57.org			
		Gene	eral Instructions		
Please rememing for a specific of	-	iod for the report is JULY 1, 20	17 through JUNE 30, 2018. Ple	ease check "No"	if you have nothing to report
1. Did your	r local government h	ave a Recycling Coordinator or	similar position for FY 17-18?	Yes	No
Name R	ecycling Coordinato	r (if different from person comp	eleting this report.)		
Name:			Titl	le:	
Address	:		City:		Zip:
Telepho	ne:	Fax:	Email:		
2. Did your	r local government h	ave a Solid Waste Director or s	imilar position for FY 17-18?	Yes	No
If Yes, I	Name:		Titl	le:	
Address	:		City:		Zip:
Telepho	ne:	Fax:	Email:		
3. Did your	r local government h	ave <b>dedicated or part-time</b> So	lid Waste Enforcement Staff fo	r FY 17-18? [	Yes No
If Yes, I	Name:		Titl	le:	
Address	:		City:		Zip:
Telepho	ne:	Fax:	Email:		
4. Did your all that a		ave solid waste ordinances in p	lace addressing any of the follo	wing during FY	17-18? (if yes, please check
	Disposal Bans	Illegal Dumping	ng Other, Please Describ	e:	
	r local government r g, composting)?	nanage, provide or contract for a	any solid waste services in FY	17-18 (e.g., colle X Yes	ection, disposal, recycling,
	If you answe	r "No" to question 5, the rep	ort is complete, please email i	to Lgteam@ncd	lenr.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.				
6.	Did your local government have a recycling program in place for collecting recyclable materials generated at Yes No public buildings in FY 17-18?				
7.	Did your local government have any program or policy encouraging or requiring local agencies to Yes No purchase products with recycled content?				
8.	Did your local government have a program in place to collect and recycle spent fluorescent lights generated from the public buildings and facilities that were operated by your government in FY 17-18?				
	Part II. Waste Reduction and Recycling Programs Serving the Public				
SO	URCE REDUCTION / REUSE				
9.	Did your local government have a backyard composting program?  Yes  No				
10.	If yes, please check all backyard composting activities that apply:				
	Education       Demonstration site(s)       Bin distribution/sales       Number of Bins distributed?				
11.	Did your local government operate a program to promote source reduction efforts such as junk mail reduction, 🗌 Yes 🕅 No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives?				
12.	Did your local government offer a waste exchange or reuse program?  Yes  No				
13	If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public:          Swap shop/shed       Number of sheds in use?       Paint exchange       Number of gallons recovered?				
	Other (e.g. pallet exchange, etc.)				
PU	BLIC RECYCLING SERVICES				
14.	Which of the following responses best describes your recyclables recovery activities for the period July 1, 2017 through June 30, 2018?				
	My local government <b>DID operate or contract</b> for a recyclables recovery program. ( <b>please continue to question 15</b> )				
	My local government <b>DID NOT operate or contract</b> for recyclables recovery <b>BUT DID participate</b> in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; <b>then go to Part IV on page 7</b> .)				
	With which local government did you participate?				
	My local government <b>DID NOT operate, contract or participate</b> in a recycling program. ( <b>Go to Part IV on page 7</b> .)				
	If your local government <b>DID operate or contract</b> for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s).				
CU	RBSIDE RECYCLING PROGRAM				
15.	Did your government operate a Curbside Recycling Program? 🔀 Yes 🗌 No, skip to question # 25				
16.	Who collected the recyclable materials for your local government's curbside recycling program?				
	Local government employees				
	Private contractor (please specify) Foothill Waste Solutions				
	Franchised hauler (please specify)				
	Other (please specify)				

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 59		
	b. Number of households eligible to participate in the curbside recycling program: 59		
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 59		
18.	If your curbside recycling program is operated through a <u>public franchise granted to a private company</u> then please answer the following: Is public participation in the franchise: Voluntary or Mandatory Does your franchise consist of: One service district or Multiple service districts		
19.	What sector(s) of your community was served by the curbside recycling program?		
20.	If you checked commercial or industrial in question 19, please indicate the number of accounts served:		
21.	How frequently were the curbside recyclables collected?		
	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:          Iss than 50 gallon cart       65 gallon cart         95 gallon cart       multiple sizes of cart available		
DR	OP-OFF RECYCLING PROGRAM		
25.	Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 32		
26.	Who collected the recyclable materials for your local government's drop-off recycling program? <ul> <li>Local government employees</li> <li>Private contractor</li> </ul>		
	Other (please specify)		
27.	Please describe the method / style of recyclable materials handling for your drop-off recycling program: source-separated (citizens separate materials by type) single stream / commingled dual / two stream (paper separated from cans/bottles) don't know / other		
28.	Please estimate the number of households served by your drop-off recycling program.		
29.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial		
30.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:		
31.	How many of these locations were staffed with attendants? All None Some please list # of staffed sites:		
EL	ECTRONICS RECYCLING PROGRAM		
	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.		
32.	Did your community operate an electronics recycling program in FY 17-18? Yes Xo, 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 progra	m collect or acce	pt televisions from	n (check all that	apply):	Residences	Businesses

- 34. Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses
- DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was 35. eligible to receive proceeds from the State Electronics Management Fund in February of 2018, please provide the following information:

Electronics Management Fund balance as of July 1, 2017: \$

Electronics Management Funds received from DEQ during FY 17-18 (Feb 2018 distribution): \$

Electronics Management Funds spent during FY 17-18: \$

Electronics Management Fund balance as of June 30, 2018: \$

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

37. If you did operate an electronics recycling program, please provide the following information about your vendor / contractor: Name of electronics recycling vendor(s) during FY 17-18:

Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications? Yes No

#### OTHER PUBLIC RECYCLING PROGRAMS

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

	Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents
	of multifamily properties in a manner other than through your curbside or dropoff recycling programs? Yes
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? $\Box$ Yes $\boxtimes$ No

40.	Does your local government provide recycling services to Alcoholic Beverage Commission permit holders?	Yes	🛛 No
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	On-site collection services provided	If on-site collection provided, please estimate # of ABC accounts served:	
--	--------------------------------------	---	--

		Public drop-off recycling sites availab	le 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:			

		Dimgies	Ivictuis	
42.	Does your local government have an ordinance regulating the construction and dem	nolition waste strea	am 🗌 Yes	🔀 No
	with the intention of encouraging or requiring waste reduction or recycling of these	materials?		

Vinvl siding

Shingles

Motale

Other

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

Public Parks Recycling Program	Athletic Field /Venue Recycling Program

- Pedestrian Recycling Program Recycling Service for Special Events / Festivals
- Please identify all "Other" programs or services operated by your government during FY 17-18. (check all that apply and if possible 44 indicate tonnages on page 5 in "Other" column)
  - Public School Recycling Program

- Scheduled Collection Drives (e.g. confidential document shredding event held quarterly, once a year, etc.)
- Lend-a-Bin Program where local government provides recycling containers to community organizations for use at events
- Organics / Food Waste Recycling other than yard waste program

Clean Wood Brick concrete etc Sheetrock

- Oyster Shell Recycling Program
- Other Programs (please specify) none

Programs to manage Special Wastes are addressed in Part III on page 6, please do not include Special Waste programs above.

#### **RECYCLING TONNAGES FROM PUBLIC PROGRAMS**

- 45. a. Enter data in the table below for ALL recycling programs operated or contracted for by your local government. Provide TONNAGES (or estimates) for each material collected for the period JULY 1, 2017 through JUNE 30, 2018. DO NOT include materials that were not collected or managed by your local government either directly or under contract to a private service provider.
  - b. Do NOT report YARD WASTE, TIRES, HHW, USED OIL, OIL FILTERS, ANTI-FREEZE, BATTERIES or other SPECIAL WASTE tonnages on this page - these items should be reported in other sections of report form. See page 6 for SPECIAL WASTES.
  - c. Please report materials collected in tons only. Please only extend numbers to two decimal places (x.xx).
  - d. If you collected single stream or other commingled materials, record Tons in the "Commingled tons" row and then check the box for each individual material type that was commingled.

DDOCDAN	(	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	$\square$						
Green							
Mixed							
PLASTIC:							
PET #1							
HDPE #2							
All Plastic Bottles							
Other Plastic Containers	$\square$						
Bulky Rigid Plastics							
METAL:							
Aluminum Cans							
Steel Cans	$\square$						
White Goods							
Other Metal							
PAPER:							
Newsprint (ONP)	$\square$						
Cardboard (OCC)							
Magazines (OMG)	$\square$						
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		27.72					27.72
TOTAL TONS:		27.72					27.72

46. **RECYCLING TONNAGE AS A RESULT OF POLICY OR ORDINANCE:** complete this section for materials that were recycled as a result of local government ordinances or policies but that were NOT collected or managed directly by your local government recycling program. E.g. a corrugated cardboard disposal ban supported by a reporting mechanism for collecting data on private recycling tonnages.

Material Type	Tons Diverted	Describe the mechanism that caused these materials to be recovered and data collection method

### **Part III. Special Waste Collections**

This section concerns local government programs for managing materials that require special handling or that are banned from landfilling. Please provide responses and data as indicated below considering services provided to the public. Please do not include data on materials that were accepted and then disposed of in a landfill. Do not include materials generated exclusively by government operations (e.g. motorfleet services). Question 47 is about materials accepted outside of any Household Hazardous Waste (HHW) Program or event. If special wastes were <u>only</u> accepted as a part of an HHW Program or HHW event and were not collected by separate recycling efforts then do not record materials in question # 47 but instead report with HHW materials in question # 48.

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

4

about individual materials <u>is not</u> available, please simply provide total quantity of materials collected by HHW program in 48g below Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in question 47 Used Motor Oil (gal) Used Oil Filters # of Barrels, or lbs. 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	47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		n collect this m the public?	# of sites	-	on quantities collected / managed. ease report in indicated units.				
Used Antifreeze       □       yes       No      gallons         Batteries, Lead Acid       □       Yes       No		Used Motor Oil	Yes	🛛 No				gallons	5		
Batteries, Lead Acid       Yes       No       # batteries, or       bbs         Batteries, Dry Cell       Yes       No       Ibs       ibs         Fluorescent Bulbs/Lights Containing Mercury       Yes       No       Ibs, or       # bulbs         Propane Tanks       Yes       No       Ibs, or       # bulbs         Other Special Wastes - please provide waste       Yes       No       Ibs, or       # anks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       Ibs, or       # anks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       Ibs, or       # anks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       Ibs, or       # anks         Use hore:       Yes       No       Ibs, or       # con- tainers         NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       Ibs         Huwerhold Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48.       Did your local government operate a household hazardous waste collection program or event in FY 17-18?       Yes       No         If Yes, please respond to the following questions:       a.       Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility?       Permane		Used Oil Filters	Yes	🛛 No		barı	rels, or		lbs		
Batteries, Dry Cell       Yes       No		Used Antifreeze	Yes	🛛 No				ga	llons		
Pluorescent Bulbs/Lights Containing Mercury       Yes       No       ibs. or       # bulbs         Propane Tanks       Yes       No       ibs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       ibs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       ibs. or       # tanks         Other Special Wastes - please provide waste       Yes       No       ibs. or       # tanks         Pesticide Containers (NCDA Program, not       Yes       No       ibs. or       # compesticides themselves)         NDDA Pesticide Disposal Assistance Program       Yes       No       ibs       # compesticides.not containers)         Itares Paint (do not include paint collected at HHW event or by a paint exchange program)       Yes       No       gals. or       ibs         Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48. Did your local government operate a household hazardous waste collection program or event in FY 17-18?       Yes       No         If Yes, please respond to the following questions:       a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Focility?       Permanent       Temp. Eve         b. Ho your program accept materials and using this Fiscal Year?       .       Did your program accept materials and any and bu		Batteries, Lead Acid	Yes	🛛 No		#t	patteries, or	r	lbs		
Propane Tanks		Batteries, Dry Cell	Yes	🛛 No					lbs		
Used Cooking Oil / Waste Vegetable Oil       Yes       No       Ibs, or       gallons         Other Special Wastes - please provide waste type here:       Yes       No       Ibs, or       gallons         Pesticide Containers (NCDA Program, not pesticides themselves)       Yes       No       Ibs, or       galos, or       galos, or         NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       gals, or       ibs         HHW event or by a paint exchange program       Yes       No       gals, or       ibs         HUW event or by a paint exchange program       Yes       No       gals, or       ibs         HUW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility?       Permanent       Temp. Eve         b. How many days was your HHW program open to accept materials during this Fiscal Year?       No       Pesse ist partner(s)         d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year?       No       Pesse itemp opunds         f. Amounts of individual materials form small businesses (Conditionally Exempt Small Quantity of materials are known please itemize below. If da about individual materials iscollected by HHW Program: if totals for individual materials instel were may if yes, please estimate the amount of business material managed       f. Amounts of individual materials indurity be materials individual materials instel were si		Fluorescent Bulbs/Lights Containing Mercury	Yes	🛛 No			lbs, or	# b	ulbs		
Other Special Wastes - please provide waste type here:       Yes       No       Ibs         Other Special Wastes - please provide waste type here:       Yes       No       Ibs         Pesticide Containers (NCDA Program, not pesticides themselves)       Yes       No       Ibs, or       Its         NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       Ibs       Ibs         Latex Paint (do not include paint collected at HHW event or by a paint exchange program)       Yes       No       gals,       Ibs         Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48       Did your local government operate a household hazardous waste collection program or event in FY 17-18?       Yes       No         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       Temp. Eve         b. How many days was your HHW program open to accept materials during this Fiscal Year?       Eoid you partner or co-sponsor your HHW program with another local government?       Yes       No         Please list partner(s)		Propane Tanks	Yes	No No			lbs, or	#	tanks		
type here:       Image: Second S		Used Cooking Oil / Waste Vegetable Oil	Yes	No No			lbs, or	ga	llons		
pesticides themselves)       Image restricted Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       Its         Latex Paint (do not include paint collected at HHW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program       Yes       No       Permanent FY 17-18?       Yes       No         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       Temp. Event         b. How many days was your HHW program open to accept materials during this Fiscal Year?			Yes	No No					lbs		
(for management of pesticides, not containers)       Yes       No       Its         Latex Paint (do not include paint collected at HHW event or by a paint exchange program)       Yes       No       gals, or       Its         Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       10s       No       Its         48. Did your local government operate a household hazardous waste collection program or event in FY 17-18?       Yes       No       Its         a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility?       Permanent       Temp. Eve         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)			Yes	No No			lbs, or				
HHW event or by a paint exchange program)       Yes       Image: No       or       Image: No       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       Temp. Event       b.       How many days was your HHW Program open to accept materials during this Fiscal Year?       Image: No       Please list partner(s)       Image: No       Please list Hest isto in usinesses (Conditionally Exempt Small Qua			Yes	No No					lbs		
<ul> <li>48. Did your local government operate a household hazardous waste collection program or event in FY 17-18? Yes No If Yes, please respond to the following questions: <ul> <li>a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Temp. Event b. How many days was your HHW program open to accept materials during this Fiscal Year?</li> <li>c. Did you partner or co-sponsor your HHW program with another local government? Yes No</li> <li>Please list partner(s)</li> <li>d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year?</li> <li>e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? Yes No</li> <li>If yes, please estimate the amount of business material managed pounds</li> <li>f. Amounts of individual materials collected by HHW Program: if totals for individual materials collected by HHW Program. If total quantity of materials listed in question 47 Used Motor Oil (gal)</li> <li>Used Oil Filters # of Barrels, or bls.</li> <li>Used Antifreeze (gal)</li> <li>Event Lead Acid Batteries (lbs)</li> <li>Fluorescent Bulbs / Lights Containing Mercury (lbs)</li> <li>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.</li> <li>h. Please list HHW Collection Contractor</li> <li>i. Estimated cost of HHW / CESQG program or event(s) \$</li> </ul></li></ul>		· · · · · ·	Yes	No No					lbs		
Fluorescent Bulbs / Lights Containing Mercury (lbs)		<ul> <li>Please list partner(s)</li> <li>d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year?</li> <li>e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? Yes No If yes, please estimate the amount of business material managed pounds</li> <li>f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If data about individual materials is not available, please simply provide total quantity of materials collected by HHW program in 48g below. Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in question 47.</li> </ul>									
<ul> <li>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.</li> <li>h. Please list HHW Collection Contractor</li> <li>i. Estimated cost of HHW / CESQG program or event(s) \$</li> </ul>							Other Batte	eries (lbs)			
<ul> <li>h. Please list HHW Collection Contractor</li> <li>i. Estimated cost of HHW / CESQG program or event(s) \$</li> </ul>		g. Provide Total Quantity of materials collected	d by HHW Pr	ogram. If ind	ividual 1				pound		
i. Estimated cost of HHW / CESQG program or event(s) \$											
		i. Estimated cost of HHW / CESQG program	or event(s) \$								
rages 5 intough 6 should have only been completed by governments indicating in question # 14 that they DO provide recycling servic	Pag						hat they D	O provide red	cycling services		

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

is only to be completed by Counties.

### Part IV. Yard Waste, Mulching and Composting Management

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

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

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

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

_		_ X	Σ	K	_ =	$yd^3$				
	Size of Truck (in yards)	Avg. no. of times tr	uck fills each week	# of weeks truck is used during year	ear TOTAL					
	Part V. Solid Waste Collection Services									
This se	This section concerns your local government's provision of solid waste (garbage) collection services.									
52. H	Please complete the followi	ng table about your g	overnment's sol	id waste collection system.						

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

	Sector Who Collects Solid Waste? How is Solid Waste Col		ected?	Who Collects Solid Waste?	How is Solid Waste Collected?							
	Sector	Insert L	etter -	see codes	s at right	Inser	rt # - se	ee codes at 1	right	a. Local government employees 1. Once a week at household		
	Residential	Primary	b	Secondary		Primary	1	Secondary		b. By Contract c. Franchise haulers	<ol> <li>Twice a week at household</li> <li>Convenience center/greenbox</li> </ol>	
	Commercial	Primary	d	Secondary		Primary		Secondary		d. Local government not involved in provision of	<ul><li>4. As needed or by request</li><li>5. Daily</li></ul>	
	Industrial	Primary	d	Secondary		Primary		Secondary		service	6. Other	
53.	3. If you provide <u>residential</u> waste collection at single-family households in your jurisdiction, please answer the following questions:									following questions:		
	What type of collection method is used? 🔀 Fully Automated 🗌 Semi-Automated 🗌 Manual 🗌 Don't know											
	What is the standard collection frequency? 🔀 Weekly 🗌 Two times per week 🗌 Other											
	What is the typical service point for single family household waste? Curbside 🗌 Back yard / Back door											
	What type of collection container is used? 🔀 Government-provided carts 🗌 Resident-provided container 🗌 Bags											
	Do you offer be	ulky was	ste coll	ection ser	vices?	Y	es	No No				
54.	For municipalit If so, were whi		•				-			Yes ⊠No No		
		]	Part	VI. So	lid W	aste a	nd F	Recyclin	g Edu	icational Activities		
55.	Did <b>your local</b> issues / activition	-						orm citizens art VII, pag	-	cally about solid waste mar	agement and / or recycling	
56.	Please estimate	your an	nual b	udget for	solid wa	ste relat	ed edu	cation and c	outreach	activities: \$		
57.	Does your com	munity	produc	e recyclir	ng educat	ion and	outrea	ch materials	s in lang	guages besides English?	Yes No	
	If YES, please		-	-	-							
58.	Please provide	your rec	ycling	website a	address a	nd publi	ic info	rmation pho	ne num	ber if applicable.		
	Website:									Phone #:		

	Part VII	. Resources f	or Solid Was	te Manageme	ent and Full C	ost Account	ting
	icient resources availab			v	0	these programs.	The following
<u> </u>	stions deal with funding	• • •					Ŧ
	Did your local governm With regards to funding		*		IFY 17-18?	Yes 🛛 N	10
00.	Tipping fees			eight-based fees (e.g	PAYT)	ire tax	
		es / general fund		0		Thite Goods tax	
	Per househo	•	Grants	-	D	isposal Tax	
61.	NC Solid Waste Dispos According to GS 105-1						
	How are disposal tax d	istributions being u	sed?				
62.	If applicable, please pr	ovide your FY 17-1	8 household fees.	(e.g., a. <u>\$45.00</u> per	<u>year</u> per <u>household</u> j	for solid waste)	
	a. \$	per		per		for solid was	te
	b. \$	per		per		for recycling	
	c. \$	per		per		for yard was	te
	d. \$	per		per		for bulky wa	ste
	e. \$	per		per		availability f	ee
	f. \$	per		per		total charge	
63.	Did your local governm are charged a fee by we					7-18? (a system No	where residents
	cording to GS 130A-309 orm users of such costs.		nents are required	to conduct full cos	st accounting annual	ly and to develo	p a system to
64	If your local government	nt contracts for soli	d waste or recyclin	g services please re	port the annual contr	act amount	
01.	\$9,100		For solid waste s	•	port the unitual contr	uer amount.	
	\$3,100		For recycling pe				
	φ <u>3,100</u>		OR	i year			
	\$			ract (solid waste, an	d recycling)		
			_	· · ·	• • • •		
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	and yard waste inc	cluding materials co			
	nor al analyre, preuse r	# of Households			Disposal Cost	Total Cost	Cost Per Ton
		served	Tons Collected	Collection Cost	(tipping fees paid)	including overhead	Managed (calculated by form)
Μ	unicipal Solid Waste*						
	<b>Recycling Program</b> **				· ·		_
	Yard Waste Program						
	Totals	(calculated by form):					
L	*for materials collected and						
	** for materials collected by						
66.	If your government oper facility operations (rour proportionately. Lan		). If budgets for dif	fferent facilities are		empt to allocate	
	Tran	sfer Station Budget	: \$				_
	Yard	Waste / Compost H	Facility Budget: \$				_
	Recy	cling Facility Budg	get: \$				
67.	What was your governme	ment's total combine	ed annual budget fo	or all solid waste an	d recycling services i	n 17-18? \$12,20	- 0
	7-2018 Local Governm						Page 8 of 11

### Part VIII. County Mandated Programs

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

WH	IITE GOODS						
68.	Please provide name, address, phone num	iber, and e-	mail of persor	respons	•		
	Name: n/a				Title:		
	Address:					Zip:	
	Telephone: Fa	x:			Email:		
69.	Please provide the physical address of the	e primary co	ounty white go	ods coll	ection site.		
	Street 1: <u>n/a</u>						
	Street 2:						
	City:			_ State:	North Carolina	Zip:	
70.	Please provide the name of the business of	or person th	at removes the	e refriger	ant gases (CFCs) f		
	Name: <u>n/a</u>						
	Street:						
	City:				North Carolina	Zip:	
	Phone: Fax:						
71.	Give amounts / types of CFCs removed.	Attach reco	rds of CFC rei	noval, a	nd copy of certifica	ation of person(s) perfo	rming extraction.
	Type of CFC Rem	oved				Amount	
72.	CFCs may be recycled or sent for destruc	tion. Give	name of firm.	disposal	method and amour	nt earned / spent for CF	C disposal.
	Firm			-	f Disposal	Amount Earned	Amount Spent
73.	Please report the tonnage of white goods	collected d	uring FY 2017	7-18 in th	e Recycling Tonna	ages table on page 5 (qu	uestion # 45). Was
75.	white goods tonnage reported on page 5?		No No				
74.	List the amount of revenue for the white	goods prog	ram by source	:			
	Revenue collected from sale of scrap:		\$				
	Revenue collected from White Goods Ta	x Distributi	ions: \$				
	Revenue from other source (e.g. grants):						
	Total Revenue:						
75.	According to the White Goods Law, White Spenditures White Good Tax Distribution						amounts and types of
	Operational Expenses:	\$					
	Capital Improvements:	\$					
	Clean-up of Illegal White Goods Dumps	: \$					
	Total Expenditures:	\$					
201	17-2018 Local Government Annual Report	Report L	Due Date: Sept	tember 1	, 2018 Submit to	: Lgteam@ncdenr.gov	Page 9 of 11

6.	Please provide name, address, phone number, and e-n Name:		-	1 1 0	
				11tte:	
	Address:				
	Telephone: Fax:		Emai	il:	
7.	Please provide the physical address of the primary co		tires collection sit	te.	
	Street 1:				
	Street 2:			~ ~ ~	
	City:				
3.	Tonnage/Number of scrap tires disposed July 1, 2017 Tons or	-June 30,	2018 ( <u>excluding</u> ti	res from cleanup of nu Number of tires	isance sites)
9.	Tonnage/Number of scrap tires disposed from cleanu Tons on	p of state o	or county designate	ed nuisance sites Number of tires	
0.	Indicate the types of tires collected by the county: Passenger % Heavy Tr	ıck	%	Large Off-Road	%
1.	List the amount of revenue for the scrap tire program	by source	:		
	Revenue from Scrap Tire Tax Distributions:	\$			
	Revenue from Tire Fees:	\$			
	Revenue from Scrap Tire Clean-up Reimbursements	: \$			
	Revenue from Scrap Tire Cost-Overrun Grants:	¢			
	Total Revenue:	\$			
2.	County's total scrap tire program contract expenditur excluding costs of nuisance tire cleanups, for FY 17-	e (contract 18.	disposal/hauling c	costs), \$	
3.	County's additional scrap tire program expenditure (i Labor \$		onvenience center	cost), if any.	
	Site Cost \$				
	Other \$		describe Other:		
4.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire	
5.	Hauling cost or fuel surcharge, if not included in con	tract cost	above. \$	/ Ton; \$	/ Tire
6.	Total tipping fees collected for tires not eligible for f	ree dispos	al. \$		
			·		
7.	Total number of tires collected not eligible for free d				
8.	If scrap tires were not hauled off site by contracted se	ervice prov	vider, were they cu	t and disposed in a loc	al landfill?  Yes No
Э.	Name of tire disposal/recycling firm(s):				
Έ	MPORARY DISASTER DEBRIS STAGIN	IG SITE	CS		
).	Does your local government have a plan in place for	manageme	ent of disaster debr	is? Yes	🔀 No
	If yes, indicate if the plan is a stand-alone plan or in a	conjunction	n with local govern	nment agencies:	Stand-alone 🗌 In conjuncti
1.	If you indicated having a plan, has the plan been revi requirements for public assistance reimbursement in			anagement or FEMA t	o ensure it meets the basic
2.	Please list the name, contact numbers(s), and e-mail a your local government:	address of	the person(s) in ch	arge of the disaster de	bris management program for
	Name: Name	2:		Name:	
	Phone: Phone	e:		Phone:	
	E-mail: E-ma				

93. Please list the temporary disaster debris staging sites in your county or municipality which have been reviewed for conflicts with the Natural Heritage Program (NHP) and the State Historic Preservation Office (SHPO) through coordination with the Solid Waste Section. *Please note that the vetting of a site prior to a disaster is advantageous to local governments because a staging site which is found to have impacted federal or state resources after a disaster may cause difficulty for local governments when attempting to obtain FEMA reimbursement.* Attach extra sheets, if needed.

Disaster Site #	Site Name		Disaster Site #	Site Name							

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

### Part IX. Comments

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

This form is to be submitted electronically. If you require assistance, please contact one of these NC DEACS staff members: Matt James, email: matt.james@ncdenr.gov\_phone 919-707-8133

Wendy Worley, email: wendy.worley@ncdenr.gov phone: 919-707-8136

The Division of Environmental Assistance and Customer Service Local Government Assistance Team is ready to assist you in any way we can. Please visit our Web site at <u>https://deq.nc.gov/conservation/</u>recycling/local-government-recycling-assistance or e-mail us at Lgteam@ncdenr.gov

