

#### 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, 2018 - June 30, 2019

# Submit this form to Lgteam@ncdenr.gov by September 1, 2019.

On the following pages, you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2018-2019. 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**

You can download a blank copy of this form from this web site: <a href="http://deq.nc.gov/about/divisions/waste-management/solidwaste-section/annual-reporting">http://deq.nc.gov/about/divisions/waste-management/solidwaste-section/annual-reporting</a>

This form must be completed electronically using Adobe Reader. It is suggested that you complete the form using the latest version of Adobe Reader which can be downloaded for free at: <a href="https://get.adobe.com/reader/">https://get.adobe.com/reader/</a>. Please <a href="https://get.adobe.com/reader/">DO NOT complete this form using Adobe Acrobat Pro.</a>

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. Name the file Community Name LGAR 2018-19. For example, Aberdeen LGAR 2018-19.

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:

Sandy Skolochenko, phone: 919-707-8147, email: sandy.skolochenko@ncdenr.gov Matt James, phone: 919-707-8133, email: matt.james@ncdenr.gov

Form Year

2019



Local Government Report Form

Required: Select your Local Government Name DAVIDSON

### **State of North Carolina**

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

#### 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, 2019.

If you have questions or need assistance completing this form, please call 919-707-8147 or 919-707-8133.

Per	rson Completing This Report: DOUGLAS WRIGHT	Title: PUBLIC WORKS DIRECTOR				
Ma	niling Address: PO BOX 579	City: DAVIDSON		Zip: 28036		
Pho	one: 704-940-9625		Date: 9-4-	19		
Em	nail: DWRIGHT@TOWNOFDAVIDSON.ORG					
		General Instructions				
	ase remember that the time period for the report is JULY 1, a specific question.	, 2018 through JUNE 30, 201	19. Please check "I	No" if you have nothing to report		
1.	Did your local government have a Recycling Coordinato	or or similar position for FY 1	18-19? Yes	No No		
	Name Recycling Coordinator (if different from person co	ompleting this report.)				
	Name:		Title:			
	Address:	City:		Zip:		
	Telephone: Email:					
2.	Did your local government have a Solid Waste Director	or similar position for FY 18	1-19? Yes	☐ No		
	If Yes, Name:		Title:			
	Address:	City:		Zip:		
	Telephone: Email:					
3.	Did your local government have dedicated or part-time	Solid Waste Enforcement S	staff for FY 18-19?	Yes No		
	If Yes, Name:		Title:			
	Address:	City:		Zip:		
	Telephone: Email:					
4.	Did your local government have solid waste ordinances is all that apply)	in place addressing any of the	e following during	FY 18-19? (if yes, please check		
	□ Disposal Bans       □ Illegal Dumping       □ Littering     □ Litte	g Construction & Den	nolition Otho	er:		
5.	Did your local government manage, provide or contract to mulching, composting)? Yes No	for any solid waste services is	in FY 18-19 (e.g., c	ollection, disposal, recycling,		

If you answer "No" to question 5, the report is complete, please email to Lgteam@ncdenr.gov.

	Part I. Waste Reduction and Recycling Programs Serving Government Facilities							
6.	Did your local government have a recycling program in place for collecting recyclable materials generated at public buildings in FY 18-19? Yes No							
7.	Did your local government have any program or policy encouraging or requiring local agencies to purchase products with recycled content? $\bigvee Yes$ $\bigvee No$							
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 18-19? Yes No							
	Part II. Waste Reduction and Recycling Programs Serving the Public							
SO	URCE REDUCTION / REUSE							
9.	Did your local government have a backyard composting program?							
10.	If yes, please check all backyard composting activities that apply:							
	⊠ Education							
11.	Did your local government operate a program to promote source reduction efforts such as junk mail reduction, reduction of single use plastics, food waste reduction, or promoting reuse and donation? Yes No							
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, 2018 through June 30, 2019? Choose <b>ONE</b> option that best applies.							
	My local government DID operate or contract for a recyclables recovery program. (please continue to question 15)							
	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 DID NOT operate, contract or participate in a recycling program. (Go to Part IV on page 7.)							
CU	RBSIDE RECYCLING PROGRAM							
15.	Did your government operate a Curbside Recycling Program? X 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) WASTEPRO							
	Franchised hauler (please specify)							
	Other (please specify)							

1/.	Please provide the following information about your community:								
	a. Total number of households in your jurisdiction? 3,985								
	b. Number of households eligible to participate in the curbside recycling program: 3,985								
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 3,985								
18.	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)								
DR	OP-OFF RECYCLING PROGRAM								
24.	Did your government operate a Drop-off Recycling Program? Yes No, skip to question #31								
25.	Who collected the recyclable materials for your local government's drop-off recycling program?  Local government employees  Private contractor								
	Other (please specify)								
26.	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								
27.	Please estimate the number of households served by your drop-off recycling program.								
28.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial								
29.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:								
30.	How many of these locations were staffed with attendants? All None Some please list # of staffed sites:								
EL	ECTRONICS RECYCLING PROGRAM								
31.	Did your community operate an electronics recycling program in FY 18-19? Yes No, skip to question # 37								
31.	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 purselectual.								
	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:								

32.	Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses
33.	Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses
34.	DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was eligible to receive proceeds from the State Electronics Management Fund in February of 2018, please provide the following information
	Electronics Management Fund balance as of July 1, 2018: \$
	Electronics Management Funds received from DEQ during FY 18-19 (Feb 2019 distribution): \$
	Electronics Management Funds spent during FY 18-19: \$
	Electronics Management Fund balance as of June 30, 2019: \$
35.	Briefly explain how Electronics Management Funds were spent during FY 2018-19 (please list items purchased if applicable):
36.	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 18-19:
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?
OT	HER PUBLIC RECYCLING PROGRAMS
	only programs operated or contracted for <u>by</u> <u>the local government</u> . The tonnage of any materials collected by the following programs uld be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.
37.	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? $\  \  \  \  \  \  \  \  \  \  \  \  \ $
38.	Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner other than through your curbside or dropoff recycling programs?   Yes No
39.	Does your local government provide recycling services to Alcoholic Beverage Commission permit holders? Yes On-site collection services provided If on-site collection provided, please estimate # of ABC accounts served:
	Public drop-off recycling sites available for ABC On Premises Permit holders to use
40.	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
41.	Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 18-19. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)
	□ Public Parks Recycling Program     □ Athletic Field / Venue Recycling Program
42.	Please identify all "Other" programs or services operated by your government during FY 18-19. (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

- 43. 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, 2018 through JUNE 30, 2019. 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 on page 6 in the SPECIAL WASTE section of this report.
  - c. 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.

PDOCD AM	Curbside		Drop-off		All "(	Other" Programs	<b>Total Tons</b>
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							
Clear	$\boxtimes$						
Brown							
Green	$\boxtimes$						
Mixed							
PLASTIC:							
PET #1							
HDPE #2							
All Plastic Bottles							
Other Plastic Containers	$\boxtimes$						
Bulky Rigid Plastics							
METAL:							
Aluminum Cans							
Steel Cans							
PAPER:							
Newsprint (ONP)	$\boxtimes$						
Cardboard (OCC)	$\boxtimes$						
Magazines (OMG)	$\boxtimes$						
Office Paper	$\boxtimes$						
Mixed / Other Paper	$\boxtimes$						
Cartons / Aseptic Containers	$\boxtimes$						
WOOD:							
Pallets							
Other Wood - DO NOT		Report all tons	in Other co	olumn			
report yard waste tons here							
OTHER MATERIALS:							
Textiles (clothes etc) Televisions	-						
Other Electronics	-						
C&D Materials Recycling	-						
White Goods		Report all tons	in Other co	olumn			
Other Metal	-						
Omer Metal					$\vdash \vdash \vdash$		
Commingled tons-check all		1,043.07					1,043.07
items collected above*							·
TOTAL TONS:		1,043.07					1,043.07

44. \*If you checked commingled, which material recovery facility does your community use: MECKLENBURG COUNTY

45. 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 cardboard disposal ban results in private cardboard recycling (and you have a way to track the tons collected)

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

Submit to: Lgteam@ncdenr.gov

### Part III. Special Waste Collections

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 46 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 # 46 but instead report with HHW materials in question # 47.

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. material from the public? Materials from Citizens by Material Type Please report in indicated units. sites Used Motor Oil Yes gallons Used Oil Filters barrels, or lbs Yes Used Antifreeze Yes gallons # batteries, or Batteries, Lead Acid Yes lbs Batteries, Dry Cell Yes lbs Fluorescent Bulbs/Lights Containing Mercury Yes lbs, or # bulbs **Propane Tanks** Yes lbs, or # tanks Used Cooking Oil / Waste Vegetable Oil Yes lbs, or gallons Other Special Wastes - please provide waste Yes llbs type here: Pesticide Containers (NCDA Program, not # con-Yes lbs, or pesticides themselves) tainers NCDA Pesticide Disposal Assistance Program Yes lbs (for management of pesticides, not containers) Latex Paint (do not include paint collected at gals, Yes lbs HHW event or by a paint exchange program) Household Hazardous Waste (HHW) and Very Small Quantity Generator (VSQG) Program or Event 47. Did your local government operate a household hazardous waste collection program or event in FY 18-19? No 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? c. Did you partner or co-sponsor your HHW program with another <u>local government?</u> Yes Please list partner(s) d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year? e. Did your program accept materials from small businesses (Very Exempt Small Quantity Generators)? If yes, please estimate the amount of business material managed 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 47g below. Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in question 46. 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 pounds reported in 47f, please net the weight of those materials out of the total listed here. h. Please list HHW Collection Contractor i. Estimated cost of HHW / VSQG program or event(s) \$ Pages 3 through 6 should have only been completed by governments indicating in question # 14 that they DO provide recycling services. All governments answering "Yes" to question #5 on page 1 should complete the rest of the report with the exception of Questions #66 - #88

2018-2019 Local Government Annual Report *Report Due Date: September 1, 2019* Submit to: Lgteam@ncdenr.gov

which are for Counties only.

		Part I	V. Yard Waste	, Mul	ching and	l C	ompostin	g Managemo	ent	
			in sanitary landfills, in naterials in this section		rs, or in unpe	rmi	tted sites and i	t is illegal to burn	n. Do not include informatio	
<b>1</b> 8.	•	•	t operate a yard waste p Collected curbside			_	•	•	w yard waste is managed by aste, compost, or LCID facil	
19.	Did a storm eve	ent significan	ntly impact the amount	of yard	waste your go	veri	nment manage	d during FY 18-19	9? Yes No	
50.			s were managed by you ste, brush, limbs, leav						OR CUBIC YARDS of /cubic yd.	
		Destinat	tion	Check if used	Tons		Cubic Yards	Facility	Name and Location	
	End user (to fa	rmer or home	e-owner)			or				
	Your local gov	ernment's mu	ılch or compost facility	у		or				
	Other public m	ulch or comp	oost facility		75.74	or		MECKLENBURG COU	JNTY COMPOST CENTRAL	
	Private mulch	or compost fa	acility			or				
	Land clearing a	and inert debr	ris landfill (LCID)			or				
	Energy / Fuel U	Jse (e.g. boile	er fuel market)			or				
		Total	l		75.74	or				
	volume manage	ed by progran	m in the appropriate bo	oxes abov	ve. Ex. 10 ci	ıbic	yard truck x 3	days/wk x 16 wks	cubic yards	
	Size of Truc	k (in yards)	Avg. no. of times truck						TOTAL	
			Part V. S	olid V	Vaste Col	ec	tion Servi	ces		
51.	Please complet	e the following	ng table about your go	vernmen	t's solid waste	(ga	arbage) collect	ion system.		
	Sector		ll l		olid Waste Co		VV IIO CO	Who Collects Solid Waste? How is Solid Waste Collected?		
	Insert Letter - see codes at right			Insert #	- see codes a	rig	a. Local b. By Co		s 1. Once a week at household 2. Twice a week at household	
	Residential	Primary		imary	Secondary	-	c. Francl	nise haulers	3. Convenience center/greenbox	
	Commercial Industrial	Primary		imary	Secondary			government not red in provision of e	<ul><li>4. As needed or by request</li><li>5. Daily</li><li>6. Other</li></ul>	
52.	If you provide	residential wa	aste collection at single	e-family	households ir	VO.	ur jurisdiction.	please answer the	e following questions:	
	What type of co		_	Fully Aut		•	emi-Automated	_	Don't know	
	* *			Veekly				Other		
	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 co	-			ent-provided			ent-provided conta		
	• •			X Yes	□ No	our c		one provided come	Bugs	
53.	•	•	r government collect w			9	☐ Yes ▷	No		
	•	•	vered to the county for	_			□ No	7110		
		Par	t VI. Solid Was	ste and	d Recyclin	ıg	Education	nal Activities	S	
54.	Did <b>your local</b> issues / activities	_	•	_	inform citizer o Part VII, pa		•	ut solid waste ma	nagement and / or recycling	
55.	Please estimate		budget for solid waste	-	•	_		s: \$1,000		
56.	Does your com	munity produ	uce recycling education	n and out	treach materia	ls i	n languages be	sides English?	Yes No	
	If YES, please	list other lang	guages used: SPANIS	SH						

		. Resources in										
	57. Did your local government operate an Enterprise Fund for solid waste services in FY 18-19? Yes No. NC Solid Waste Disposal Tax proceeds are distributed to eligible local governments on a quarterly basis by the Department of Revenue.											
50.												
	According to GS 105-187.63 these funds must be used by a city or county solely for solid waste management programs and services.  Did your local government receive Solid Waste Disposal Tax distributions?  Yes  No											
	If yes, how are disposa		1									
59.	What other funding sou	irces does your loca	al government use?									
	Tipping fees	5	☐ Volume/we	eight-based fees (e.	g. PAYT)	Tire tax						
		es / general fund		yclables		White Goods tax						
<i>(</i> 0	Per househo	C	Grants	2.11	4)							
00.	If applicable, please preex: \$ \$75.00	•			household	for solid waste	9					
	<u> </u>	per		per								
	a. \$ \frac{91.08}{}	per year		per	old	for solid waste	•					
	b. \$ <u>32.76</u>	per year		per househ	old	for recycling						
	c. \$ 51.36	per year		per househ	old	for yard waste	;					
	d. \$	per		per		for bulky wast	ie					
	e. \$	per		per		availability fee	e					
	f. \$	per		per		total charge						
61.	Did your local governm						where residents					
	are charged a fee by we											
	cording to GS 130A-309		ments are required	to conduct full co	st accounting annua	ally and to develop	a system to					
info	orm users of such costs.											
62.	If your local government	nt contracts for soli	d waste or recycling	g services, please re	eport the annual cont	ract amount.						
	\$784,281		_ For solid waste s	services per year								
	\$133,693		_ For recycling per	r year								
			OR									
	\$		_ Combined Contr	ract (solid waste, ar	nd recycling)							
63.	Collection Programs: P	lease complete the	following table to t	he best of your abil	ity to display the ful	l costs of your loca	l government's					
	collection programs for		•	-	llected from conven	ience centers. If fu	ll cost analysis is					
	not available, please r		dget in Total Cost	column.		Total Cost	Cost Per Ton					
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	including overhead	Managed (calculated by form)					
M	Iunicipal Solid Waste*	3,985	3,970.41	494,097	0	494,097	124					
	Recycling Program**	3,985	1,043.07	133,693	0	133,693	128					
	Yard Waste Program	3,985	75.74	290,184	0	290,184	3,831					
		(calculated by form):	5,089.22	917,974	-	917,974	180					
	*for materials collected and											
<i>C</i> 1	**for materials collected by		_			_						
04.	If your government operations (round facility operations (round facility operations)											
	proportionately. Land		\$		71	_						
	Trans	sfer Station Budget	: \$									
	Yard	Waste / Compost I	Facility Budget: \$									
		cling Facility Budg										
65.	What was your government				d recycling services	in 18-19? \$917,97	4					

# Part VIII. Mandated Programs

The following questions pertain to programs mandated by NC statute. <u>Only Counties</u> need to complete questions 66 through 88. Failure to complete Part VIII may result in non-eligibility for grant funding. <u>Municipalities</u> should skip to question 89 on page 10.

WH	ITE GOODS						
66.	Please provide name, address, phone number	Title.	s program.				
	Name: Cit					Zip:	
	Telephone: Fax:						
67.	Please provide the physical address of the pri						
	Street 1:	-	-				
	Street 2:						
	City:			State:	North Carolina	Zip:	
68.	Please provide the name of the business or pe			_	• • •	•	
	Street:						
	City:					Zip:	
	Phone: Fax:			Email	:		
69.	Give amounts / types of CFCs removed. Atta		ds of CFC remo	oval, ar	nd copy of certificat	. ,,,,	rming extraction.
	Type of CFC Remove	d				Amount	
70.	CFCs may be recycled or sent for destruction	Give n	ame of firm di	l snosal :	method and amount	earned / spent for CF0	⊂ disnosal
70.	Firm	a. Give in	Method of Disposal			Amount Earned	Amount Spent
71.	Please report the tonnage of white goods collewhite goods tonnage reported on page 5?	ected du	ring FY 2018-1	9 in th	e Recycling Tonnaş	ges table on page 5 (qu	estion # 43). Was
72.	List the amount of revenue for the white good	ds progra	nm by source:				
	Revenue collected from sale of scrap:		\$				
	Revenue collected from White Goods Tax Di	istributio	ons: \$				
	Revenue from other source (e.g. grants):		\$				
	Total Revenue:		\$				
73.	According to the White Goods Law, White C expenditures White Good Tax Distributions v						mounts and types of
	Clean-up of Illegal White Goods Dumps: \$						
	Total Expenditures: \$						

74.		er, and e-mail of person responsible for scrap tires program.  Title:							
	Address:					Zip:			
	Telephone: Fax:								
75.	Please provide the physical address of the primary cour Street 1:	nty scrap t	ires collection	on site.					
	Street 2:								
	City:		State: 1	North C	arolina	Zip:			
76	Tonnage/Number of scrap tires disposed July 1, 2018-J Tons or	fune 30, 20	019 ( <u>excludi</u>	ng tires	from cleanup Jumber of tires	of nuisance sites)			
77.	Tonnage/Number of scrap tires disposed from cleanup  Tons or	of state or	county desi	gnated i	nuisance sites Jumber of tires	S			
78.	Indicate the types of tires collected by the county:  Passenger % Heavy Truck		Large Off-	Road	0/	% Agricultural			
79.	List the amount of revenue for the scrap tire program b Revenue from Scrap Tire Tax Distributions:								
	Revenue from Scrap Tire Fees:								
	Revenue from Scrap Tire Clean-up Reimbursements:								
	Revenue from Scrap Tire Cost-Overrun Grants:								
	Total Revenue:	\$							
80.	County's total scrap tire program contract expenditure (excluding costs of nuisance tire cleanups, for FY 18-19	contract c	lisposal/haul	ing cost	ts), \$				
81.	County's additional scrap tire program expenditure (i.e. Labor \$		nvenience ce	enter co	st), if any.				
	Site Cost \$								
	Other \$		describe Oth	er:					
82.	County's contract cost for scrap tire disposal. \$		/ Ton; \$		/ Tire				
83.	Hauling cost or fuel surcharge, if not included in contra	act cost a	bove. \$		_ / Ton; \$	/ Tire			
84.	Total tipping fees collected for tires not eligible for fre	e disposal	. \$						
85.	Total number of tires collected not eligible for free dis								
86.	If scrap tires were not hauled off site by contracted serv						— □No		
87.	Name of tire disposal/recycling firm(s):	_		-	_				
MA	NAGEMENT OF ABANDONED MANUFA	ACTUR	ED HOM	ES BY	COUNTI	ES			
88.	Has your county considered whether to implement a pr	ogram for	the manager	ment of	abandoned m	anufactured homes? Y	es No		
	If yes, has your county developed a written plan for the	managen	nent of aband	doned n	nanufactured 1	homes? Yes No	)		
TE:	MPORARY DISASTER DEBRIS STAGINO	G SITES	6 - Counti	es and	Municipal	ities			
89.	Does your local government have a plan in place for m	-			<del></del>	☐ No			
	If yes, indicate if the plan is a stand-alone plan or in co		_		•	Stand-alone In c			
90.	If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a continuous				gement or FE	MA to ensure it meets the b	oasic		

91.	Please list the name, co your local government:	ontact numbers(s), and e-mail address of the	pe	rson(s) in charge of the	e disaster debris management program for				
	Name:	Name:			Name:				
	Phone:	Phone:			Phone:				
	E-mail:	E-mail:			E-mail:				
92.	Natural Heritage Progra Please note that the vetting of	ave been reviewed for conflicts with the a coordination with the Solid Waste Section.  which is found to have impacted federal or state ent. Attach extra sheets, if needed.							
	Disaster Site #	Site Name		Disaster Site #	Site Name				
93.	3. Does your plan address the management of: Household hazardous waste Mass animal mortality								
		Abandoned vesse	ls	White go	ods				
94.	Does your plan include	coordination with NC DOT on clearing ro	ads	and waste in the right of	of way? Yes No				
		Part IX. (	Cor	nments					

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: Sandy Skolochenko, email: sandy.skolochenko@ncdenr.gov phone: 919-707-8147

Matt James, email: matt.james@ncdenr.gov phone 919-707-8133

#### THIS FORM IS DUE SEPTEMBER 1, 2019

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 <a href="https://deq.nc.gov/conservation/recycling/local-government-recycling-assistance">https://deq.nc.gov/conservation/recycling-assistance</a> or e-mail us at Lgteam@ncdenr.gov

