## **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



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

### **State of North Carolina**

Local Government Report Form

#### 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: Vickie Wells			Title	Title: Clerk		
Mailing Address	:PO Box AO		City: Falkland		Zip: 27827	
Phone: 252-758-	2954	Fax:		Date: 8/6/20	)18	
Email: VICKIEW	VELLS@HOTMAIL	.COM				
			General Instructions			
Please remember for a specific que	-	for the report is JU	JLY 1, 2017 through JUNE 30, 2018. Plea	ase check "N	o" if you have nothing to report	
1. Did your lo	cal government have	a Recycling Coor	dinator or similar position for FY 17-18?	Yes	🔀 No	
Name Recy	cling Coordinator (if	different from per	rson completing this report.)			
Name:			Title	2:		
Address:			City:		Zip:	
Telephone:		Fax:	Email:			
2. Did your lo	cal government have	a Solid Waste Di	rector or similar position for FY 17-18?	Yes	No	
If Yes, Nar	ne:		Title	Title:		
Address:			City:		Zip:	
Telephone:		Fax:	Email:			
3. Did your lo	cal government have	dedicated or par		FY 17-18?	Yes No	
If Yes, Nar	ne:		Title	Title:		
Address:			City:		Zip:	
Telephone:		Fax:	Email:			
4. Did your lo all that appl		solid waste ordina	ances in place addressing any of the follow	ving during F	Y 17-18? (if yes, please check	
Di	sposal Bans 🗌 Ill	egal Dumping	Littering Other, Please Describe	2:		
	cal government mana composting)?	age, provide or co	ntract for any solid waste services in FY 17	7-18 (e.g., co X Yes	llection, disposal, recycling,	
	If you answer "	No'' to question :	5, the report is complete, please email to	o Lgteam@n	cdenr.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> .)
	our local government <b>DID operate or contract</b> for a recyclables recovery program, please indicate in the owing 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) William Burney
	Franchised hauler (please specify)
	Other (please specify)

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 30					
	b. Number of households eligible to participate in the curbside recycling program: 30					
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 10					
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       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?  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)       single stream / commingled         dual / two stream       don't know / other					
24.	If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used: less than 50 gallon cart 95 gallon cart 95 gallon cart 10 gallon cart 1					
DR	OP-OFF RECYCLING PROGRAM					
25.	Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 32					
26.	Who collected the recyclable materials for your local government's drop-off recycling program?  Local government employees  Private contractor					
	Other (please specify)					
27.	Please describe the method / style of recyclable materials handling for your drop-off recycling program:         source-separated (citizens separate materials by type)       single stream / commingled         dual / two stream (paper separated from cans/bottles)       don't know / other					
28.	Please estimate the number of households served by your drop-off recycling program.					
29.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial					
30.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:					
31.	How many of these locations were staffed with attendants? 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	am collect or acce	pt 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
- 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
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	t 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 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.		overnment have an ordinand of encouraging or requiring	0 0			am 🗌 Yes	🗌 No

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
  - 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, 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.

DDOCDAM	0	Curbside		Drop-off	All "C	Other'' Programs	Total Tons
PROGRAM	🖾 if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							
Clear							
Brown							
Green							
Mixed							
PLASTIC:							
PET #1							
HDPE #2							
All Plastic Bottles							
Other Plastic Containers							
Bulky Rigid Plastics							
METAL:							
Aluminum Cans							
Steel Cans							
White Goods							
Other Metal							
PAPER:							
Newsprint (ONP)							
Cardboard (OCC)							
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							
Comminated ( 1 1 1							
Commingled tons-check all items collected above							
TOTAL TONS:							

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 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

Used Motor Oil       Yes       No       gallons         Used Oil Filters       Yes       No       burrels, or       bbs         Batteries, Lead Acid       Yes       No       gallons       bbs         Batteries, Lead Acid       Yes       No       gallons       bbs         Batteries, Dry Cell       Yes       No       bbs       bbs         Propane Tanks       Yes       No       bbs, or       # bulbs         Propane Tanks       Yes       No       bbs, or       gallons         Other Special Wastes - please provide waste       Yes       No       bbs, or       gallons         Other Special Wastes - please provide waste       Yes       No       bbs, or       gallons         Other Special Wastes - please provide waste       Yes       No       bbs, or       gallons         Other Special Wastes - please provide waste       Yes       No       bbs, or       gallons         NCDA Pesticide Disposal Assistance Program       Yes       No       bbs       gallons         MCDA Pesticide Disposal Assistance Program       Yes       No       gallons       bbs         Houschold Hazardous Waste Chellwain do Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48. Did your local government op	47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		n collect this m the public?	# of sites	-	a on quantities collected / managed. Please report in indicated units.				
Used Antifreeze               Vestore              No              galons          Batteries, Lead Acid              Yestore              No              # batteries, or               Ibs          Batteries, Dry Cell              Yes               No               # batteries, or               Ibs          Fropane Tanks              Yes               No               Ibs, or               # tanks          Used Coxing Oil / Waste Vegetable Oil               Yes               No               Ibs, or               # tanks          Used Coxing Oil / Waste Vegetable Oil               Yes               No               Ibs, or               gallons          Other Special Wastes - please provide waste               Yes               No               Ibs          Pesticide Containers (NCDA Program, not             pesticides, not containers             No               gals               Ibs          Houre local government operate a household hazardous waste collection program or event               Yes               No               Jes               No		Used Motor Oil	Yes	🛛 No				gallons			
Batteries, Lead Acid       □       Yes       No       # batteries, or       Its         Batteries, Dry Cell       □       Yes       No       □       Its         Fluorescent Bulbs/Lights Containing Mercury       Yes       No       □       bs, or       # bulbs         Propane Tanks       □       Yes       No       □       bs, or       # tanks         Used Cooking Oil / Waste Vegetable Oil       □       Yes       No       □       bs, or       # tanks         Other Special Wastes - please provide waste       □       Yes       No       □       bs, or       # tanks         Other Special Wastes - please provide waste       □       Yes       No       □       bs, or       # con-         Pesticide Containers (NCDA Program, not       □       Yes       No       □       bs, or       □       tanes         NCDA Pesticide Disposal Assistance Program       Yes       No       □       gals       □       □       bs         HCDA Pesticide Disposal Assistance Program       Yes       No       □       gals       □       □       bs         Hueschold Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48. Did your local government operate a houschold hazardous w		Used Oil Filters	Yes	] Yes 🛛 No		barr	barrels, or				
Batteries, Dry Cell       □       Yes       No       □ <td></td> <td>Used Antifreeze</td> <td>Yes</td> <td>No No</td> <td></td> <td></td> <td></td> <td>gallons</td> <td></td>		Used Antifreeze	Yes	No No				gallons			
Fluorescent Bulbs/Lights Containing Mercury       Yes       No       bs. or       # bulbs         Propane Tanks       Yes       No       bs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       bs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       bs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       bs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       bs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       bs. or       # con-         Pesticide Containers (NCDA Program, not       Yes       No       bs. or       # con-         Pesticide Disposal Assistance Program       Yes       No       gals.       bs         Id our include paint collected at       Yes       No       gals.       bs         Huwehold Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48       bd       So or       No       If Yes, please respond to the following questions:         a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection program or Event       bd your partner or co-sponsor your HHW program with another local government?       Yes		Batteries, Lead Acid	Yes	🛛 No		# b	atteries, or	lbs			
Propane Tanks       □       Yes       No       □       bbs, or       # tanks         Used Cooking Oil / Waste Vegetable Oil       □       Yes       No       □       bbs, or       gallons         Other Special Wastes - please provide waste       □       Yes       No       □       bbs, or       gallons         Other Special Wastes - please provide waste       □       Yes       No       □       bbs, or       # con-         Ipsticide Stemsselves)       □       Yes       No       □       bbs, or       # con-         NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       □       gals, or       □       bbs         HIW event or by a paint exchange program       □       Yes       No       □       gals, or       □       bbs         HOUsehold Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       1       Bos       Ibs         How event or by a paint exchange program)       □       Yes       No       □       □       □       □       □       Ibs		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       # con- tainers         NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       Ibs.       # bbs         NUCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       Ibs.       # bbs         HHW event or by a paint exchange program)       Yes       No       gals.       Ibs.       # bbs         HUSehold Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       148. Did your local government operate a household hazardous waste collection program or event in FY 17-182       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?		Fluorescent Bulbs/Lights Containing Mercury	Yes	🖂 No			lbs, or	# bulbs			
Other Special Wastes - please provide waste       Yes       No       Ibs         ivpe here:       Pesticide Containers (NCDA Program, not       Yes       No       Ibs, or       #con-tuiners         NCDA Pesticide Disposal Assistance Program       Yes       No       Ibs, or       #con-tuiners         NCDA Pesticide Disposal Assistance Program       Yes       No       Ibs, or       #toon-tuiners         NCDA Pesticide Disposal Assistance Program       Yes       No       Ibs       Ibs         NCDA Pesticide Disposal Assistance Program       Yes       No       Ibs       Ibs         Latex Paint (do not include paint collected at       Yes       No       Ipaint       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 Program met       Temp. Event         b. How many days was your HHW Program open to accept materials during this Fiscal Year?		Propane Tanks	Yes	No No			lbs, or	# tanks			
type here:       Image: Second S		Used Cooking Oil / Waste Vegetable Oil	Yes	No No			lbs, or	gallons			
pesticides themselves)       Image: Im			Yes	No No				lbs			
(for management of pesticides, not containers)       Yes       No			Yes	No No			lbs, or				
HHW event or by a paint exchange program)       Image: Yes       Image: No       Image: Or       Image:		· · ·	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</li> <li>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>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> </ul> </li> <li>f. Amounts of individual materials collected by HHW Program: if totals for individual 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) Lead Acid Batteries (lbs) Other Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) 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>			Yes	No No			-	lbs			
<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>		<ul> <li>Did you partner or co-sponsor your HHW program with another local government? Yes No</li> <li>Please list partner(s)</li> <li>Provide number of citizens / households that participated in your HHW collection program this Fiscal Year?</li> <li>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>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. Used Motor Oil (gal) Used Oil Filters # of Barrels, or lbs.</li> </ul>									
reported in 48f, please net the weight of those materials out of the total listed here.		_									
i. Estimated cost of HHW / CESQG program or event(s) \$		reported in 48f, please net the weight of those		ut of the total	listed he	ere.			pounds		
		i. Estimated cost of HHW / CESOG program of	or event(s) \$								
	Pag						at thev DO	provide recvcling	services.		

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 X	Κ	=	$yd^3$
Size of Truck (in yards)	Avg. no. of times truck fills each week	# of weeks truck is used during year	TOTAL	
1 1				

This section concerns your local government's provision of solid waste (garbage) collection services.

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

	Sector				Waste Collected?	Who Collects Solid Waste?	How is Solid Waste Collected?				
	Beeton		see codes at right	J	ee codes at right	a. Local government employee					
	Residential	Primary	Secondary	Primary	Secondary	b. By Contract c. Franchise haulers	<ol> <li>Twice a week at household</li> <li>Convenience center/greenbox</li> </ol>				
	Commercial	Primary	Secondary	Primary	Secondary	d. Local government not involved in provision of	<ol> <li>Convenience center/greenbox</li> <li>As needed or by request</li> <li>Daily</li> </ol>				
	Industrial	Primary	Secondary	Primary	Secondary	service	6. Other				
53.	53. If you provide <u>residential</u> waste collection at single-family households in your jurisdiction, please answer the 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?										
	What type of co	ollection conta	iner is used?	Government	-provided carts	Resident-provided conta	ainer Bags				
	Do you offer be	ulky waste col	lection services?	Yes	No No						
54.	-	•	government collec ered to the county	-	,	Yes No					
	II SO, WEIC WIII	-	-			No					
					•	ucational Activities					
55.	Did <b>your local</b> issues / activitie				form citizens specif Part VII, page 8)	ically about solid waste man	nagement and / or recycling				
56.	Please estimate	your annual b	oudget for solid wa	ste related edu	cation and outreac	h activities: \$					
57.	Does your com	munity produc	ce recycling educat	tion and outrea	ach materials in lan	guages besides English?	Yes 🛛 No				
	If YES, please	list other lang	lages used:								
58.	Please provide	your recycling	g website address a	nd public info	rmation phone num	ber if applicable.					
	Website:					Phone #:					

	Part VII	. Resources f	or Solid Was	te Manageme	ent and Full Co	ost Account	ing		
	ficient resources availab		0 1 0	v	0	hese programs.	The following		
-	stions deal with funding	•••••••••••••••••••••••••••••••••••••••							
	Did your local governm With regards to funding				FY 17-18?	$\forall es \qquad \boxtimes N$	0		
00.	Tipping fees			eight-based fees (e.g	PAYT) Ti	e tax			
		es / general fund		0		hite Goods tax			
	Per househo	•	Grants	J		sposal Tax			
61.	NC Solid Waste Dispos According to GS 105-1				ents on a quarterly bas	is by the Depart			
	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> fo	or solid waste)			
	a. \$	per		per		for solid wast	ie		
	b. \$	per		per		for recycling			
	c. \$	per		per		for yard wast	e		
	d. \$	per		per		for bulky was	ste		
	e. \$	per		per		availability fe	<u>e</u>		
	f. \$	per		per		total charge			
63.	Did your local governm are charged a fee by we				garbage during FY 1	-	where residents		
	cording to GS 130A-309 orm users of such costs.		nents are required	to conduct full cos	st accounting annuall	y and to develop	p a system to		
			1 . 1	· 1					
64.	If your local governmen	nt contracts for soli	-	•	port the annual contra	act amount.			
	\$		_ For solid waste	services per year					
	\$		_ For recycling pe	r year					
			OR						
	\$		_ Combined Contr	ract (solid waste, an	d recycling)				
65.	Collection Programs: Please complete the following table to the best of your ability to display the full costs of your local government's <u>collection programs</u> for waste, recyclables and yard waste including materials collected from convenience centers. <b>If full cost analysis is not available, please report program budget in Total Cost column.</b>								
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)		
M	Iunicipal Solid Waste*								
	Recycling Program**						-		
	Yard Waste Program						_		
	Totals	(calculated by form):							
	*for materials collected and	l sent for eventual dispo	sal in a Municipal Solid	Waste or Construction a	nd Demolition Landfill.		·		
	**for materials collected by					s. Do not include sp	ecial waste services.		
66.	If your government operations (rour	erates a landfill, trai	nsfer station, yard w ). If budgets for di	vaste /compost facil fferent facilities are	ity or recycling facilit	y, please provide mpt to allocate c	e total budget for		
	Tran	sfer Station Budget	: \$						
	Yard	Waste / Compost I	Facility Budget: \$				-		
	Recy	cling Facility Budg	get: \$				-		
67.	What was your governme	ment's total combin	ed annual budget fo	or all solid waste an	d recycling services in	n 17-18? \$			
20	17 2018 Local Governm	ont Annual Papart	Papart Due Date	. Santambar 1 201	8 Submit to: Laton	n @nodonr gov	$\mathbf{P}_{\text{age}} \otimes \mathbf{P}_{\text{aff}} = 11$		

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

### 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		-	-	white goods <sub>I</sub> Title:	program.	
	Name:						
	Address:					Zip:	
	Telephone:	Fax:		Email:			
69.	Please provide the physical address of Street 1:						
	Street 2:           City:				Carolina	Zip:	
70.	Please provide the name of the busin Name:	ess or person th	hat removes the second s	he refrigerant gases	s (CFCs) from	n white goods.	
	Street:						
	City:					Zip:	
	Phone: Fa	X:		Email:			
71.	Give amounts / types of CFCs remov	ed. Attach reco	ords of CFC r	emoval, and copy	of certificatio	on of person(s) perfor	ming extraction.
	Type of CFC	Removed				Amount	
72.	CFCs may be recycled or sent for deal	struction. Give	name of firm	, disposal method	and amount e	earned / spent for CFC	C disposal.
	Firm			Method of Dispos	al	Amount Earned	Amount Spent
73.	Please report the tonnage of white go white goods tonnage reported on pag		-	•	ling Tonnage	s table on page 5 (qu	estion # 45). Was
74.	List the amount of revenue for the w	hite goods pros	gram by sourc	e:			
	Revenue collected from sale of scrap	):	\$				
	Revenue collected from White Good	s Tax Distribu					
	Revenue from other source (e.g. gran						
	Total Revenue:						
75.	According to the White Goods Law, expenditures White Good Tax Distri						mounts and types of
	Operational Expenses:	\$					
	Capital Improvements:						
	Clean-up of Illegal White Goods Du						
	Total Expenditures:						
201	7-2018 Local Government Annual Re					gteam@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, 1	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	%
81.	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						

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

If yes, has your county developed a written plan for the management of abandoned manufactured homes? Yes

#### 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



No