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

Environmental Quality

Required - Enter Your Local Government Name: Foxfire Village

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.

| Pers | son Completing This Report: Lisa | Titl | Title: Village Clerk | | |
|------|---|---------------------------------|--------------------------------|--------------------------|--------------------------------------|
| Mai | ling Address: One Town Hall Dr. | | City: Foxfire Village | | Zip: 27281 |
| Pho | ne: (910) 295-5107 | Fax: (910) 295-4841 | | Date: August | 30, 2018 |
| Ema | ail: lkivett@foxfirenc.com | | | | |
| | | Genera | l Instructions | | |
| | se remember that the time period for a specific question. | or the report is JULY 1, 2017 | through JUNE 30, 2018. Ple | ease check "No' | " if you have nothing to report |
| 1. | Did your local government have a | Recycling Coordinator or sin | milar position for FY 17-18? | Yes | 🔀 No |
| | Name Recycling Coordinator (if c | lifferent from person complet | ing this report.) | | |
| | Name: | | Titl | e: | |
| | Address: | | City: | | Zip: |
| | Telephone: | Fax: | Email: | | |
| 2. | Did your local government have a | Solid Waste Director or sim | ilar position for FY 17-18? | Yes | No |
| | If Yes, Name: | | Titl | e: | |
| | Address: | | City: | | Zip: |
| | Telephone: | Fax: | Email: | | |
| 3. | Did your local government have d | ledicated or part-time Solid | Waste Enforcement Staff for | r FY 17-18? | Yes No |
| | If Yes, Name: | | Titl | e: | |
| | Address: | | City: | | Zip: |
| | Telephone: | Fax: | Email: | | |
| 4. | Did your local government have s all that apply) | olid waste ordinances in plac | e addressing any of the follo | wing during FY | 717-18? (if yes, please check |
| | Disposal Bans 🛛 Ille | gal Dumping 🛛 🔀 Littering | Other, Please Describ | e: | |
| 5. | Did your local government manag mulching, composting)? | ge, provide or contract for any | v solid waste services in FY 1 | 17-18 (e.g., coll Ves | ection, disposal, recycling, ⊠ No |
| | | o" to question 5, the report | t is complete, please email t | to Lgteam@nc | |

| | 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 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 Yes No 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? |
| 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 |
| 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 DID operate or contract for a recyclables recovery program. (please continue to question 15) |
| | My local government DID NOT operate or contract for recyclables recovery BUT DID participate in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; then go to Part IV on page 7 .) |
| | With which local government did you participate? |
| | My local government DID NOT operate, contract or participate in a recycling program. (Go to Part IV on page 7 .) |
| | our local government DID operate or contract 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) |
| | Franchised hauler (please specify) |
| | Other (please specify) |

| 17. | Please provide the following information about your community: a. Total number of households in your jurisdiction? |
|-----|---|
| | b. Number of households eligible to participate in the curbside recycling program: |
| | c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): |
| 18. | If your curbside recycling program is operated through a <u>public franchise granted to a private company</u> then please answer the following: Is public participation in the franchise: Voluntary or Mandatory Does your franchise consist of: One service district or Multiple service districts |
| 19. | What sector(s) of your community was served by the curbside recycling program? Residential Commercial Industrial |
| 20. | If you checked commercial or industrial in question 19, please indicate the number of accounts served: |
| 21. | How frequently were the curbside recyclables collected? |
| | 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? 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 No, skip to question # 38 |
| | If you did operate an electronics recycling program, please indicate style of program: |
| | Permanent - Curbside Collection Permanent - Drop-off Scheduled Collection Day or Event Part of HHW Program |
| | If you offer curbside collection of electronics is it: by appointment or unscheduled |
| | If you operate a drop-off electronics program, how many collection sites do you provide? Number of Sites: |

| 33. | Did your electronics recycl | ling program collect or ac | ccept televisions from (che | eck all that apply): | Residences | Businesses |
|-----|-----------------------------|----------------------------|-----------------------------|----------------------|------------|------------|
| | | 01 0 | | | | |

- 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 contracted for by |
|--|
| the local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the |
| 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 \Box No |
| 40. | Does your local government provide recycling services to Alcoholic Beverage Commission permit holders? 🗌 Yes 🗌 No |
| | On-site collection services provided If on-site collection provided, please estimate # of ABC accounts served: |

Public drop-off recycling sites available for ABC On Premises Permit holders to use

| 41. | Does your local government operate a program to recycle Construction and Demolition materials? | Yes | No | |
|-----|---|-----|----|--|
| | If yes, please check all materials that were recycled and report tonnages in tonnage table on page 5: | | | |

| | Clean Wood | Brick, concrete, etc. | Sheetrock | Vinyl siding | Shingles | Metals | Other |
|-----|------------|--|-----------|--------------|----------|----------|-------|
| 42. | | 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 | Curbside | | Drop-off | | All "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 only accepted as a part of an HHW Program or HHW event and were not collected by separate recycling efforts then do not record materials in question # 47 but instead report with HHW materials in question # 48.

| a | | **7 4 | A H U | | T 1 1 | 36 / 13 | <i>A</i> H A H | | | A H H | D | |
|---|--------|-------|--------------|---------|--------------|-----------|-----------------------|------------|----------|--------------|---------|-----------|
| S | pecial | Waste | Collections | (Do Noi | t Include | Materials | Collected | as part ol | t an HHW | Collection | Program | or Event) |
| ~ | | | | (| | | | | | | | |

4

| 47. | Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type | | n collect this n the public? | # of sites | · · | quantities collected / managed. | | |
|-----|---|--|--|--|---|---|--|------------------------|
| | Used Motor Oil | Yes | 🗌 No | | | - | gallons | |
| | Used Oil Filters | Yes | No No | | barr | els, or | lbs | |
| | Used Antifreeze | Yes | D No | | I | | gallons | |
| | Batteries, Lead Acid | Yes | No No | | # b | atteries, or | lbs | |
| | Batteries, Dry Cell | Yes | No No | | | | lbs | |
| | Fluorescent Bulbs/Lights Containing Mercury | Yes | No No | | | lbs, or | # bulbs | |
| | Propane Tanks | Yes | 🗌 No | | | lbs, or | # tanks | |
| | Used Cooking Oil / Waste Vegetable Oil | Yes | 🗌 No | | | lbs, or | gallons | |
| | Other Special Wastes - please provide waste type here: | Yes | 🗌 No | | | | lbs | |
| | Pesticide Containers (NCDA Program, not pesticides themselves) | Yes | 🗌 No | | | lbs, or | # con- tainers | |
| | NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers) | Yes | 🗌 No | | | | lbs | |
| | Latex Paint (do not include paint collected at HHW event or by a paint exchange program) | Yes | 🗌 No | | | gals, or | lbs | |
| | a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program of c. Did you partner or co-sponsor your HHW program accept list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from small fyes, please estimate the amount of busines f. Amounts of individual materials collected by about individual materials is not available, protection individual materials is not available, protection of the should only be the Used Motor Oil (gal) Used Antifreeze (gal) Fluorescent Bulbs / Lights Containing | pen to accept r rogram with a participated all businesses as material ma y HHW Progr lease simply p ose collected Use Leang Mercury (Il | materials duri nother <u>local</u> g in your HHW (Conditionall maged am: if totals f provide total c at an HHW Pr d Oil Filters d Acid Batteri ps) | ng this I collecti y Exem or indiv quantity rogram ies (lbs) | Fiscal Year? ent? [] Yes on program this pt Small Quanti idual materials a of materials col and should not i # of Barrels, | No Fiscal Year ty Generator pounds are known p lected by HI nclude mate or | rs)? Yes [lease itemize belo HW program in 48 rials listed in ques _ lbs. | Sg below. stion 47. |
| | g. Provide Total Quantity of materials confected reported in 48f, please net the weight of thoseh. Please list HHW Collection Contractor | | at of the total | listed he | | | | pounds |
| | i. Estimated cost of HHW / CESQG program of | or event(s) \$ | | | | | | |
| | es 3 through 6 should have only been complet governments answering ''Yes'' to question # 5 | ed by govern | ments indica | ting in e | question # 14 th | | | |

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 yd³ truck x 3 days/wk x 16 wks = 480 yd³*

| | X | Х | X | = | | yd^3 |
|--------------------------------|----------|---|--------------------------------------|---|-------|--------|
| Size of Truck (in yards) | | Avg. no. of times truck fills each week | # of weeks truck is used during year | | TOTAL | |
| | | Part V. Solid Wast | e Collection Services | | | |
| This section concerns your loc | cal gove | ernment's provision of solid waste | e (garbage) collection services. | | | |

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

| | | | - | | | | | | | | |
|-----|---|---|----------------|-------------|--|---------|------------------------------|-----------|---|--|--|
| | Sector | Who Collects Solid Waste? Insert Letter - see codes at right | | | How is Solid Waste Collected? Insert # - see codes at right | | | | Who Collects Solid Waste? | How is Solid Waste Collected? | |
| | Residential | Primary | Secondary | 0 | Primary | | Secondary | 0 | a. Local government employeesb. By Contractc. Franchise haulers | Once a week at household Twice a week at household Convenience center/greenbox | |
| | Commercial | Primary | Secondary | | Primary | | Secondary | | d. Local government not involved in provision of | 4. As needed or by request5. Daily | |
| | Industrial | Primary | Secondary | | Primary | | Secondary | | service | 6. Other | |
| 53. | If you provide | residential v | vaste collecti | ion at sing | gle-fam | ily hou | seholds in g | your juri | isdiction, please answer the | following questions: | |
| | What type of c | ollection me | thod is used | ? | Fully A | Automa | ated | Semi-A | utomated Manual | Don't know | |
| | What is the star | ndard collec | tion frequen | cy? | Weekl | у [| Two tir | nes per | week Other | | |
| | What is the typ | ical service | point for sin | gle famil | y house | hold w | vaste? | Curt | oside Back yard / Bac | k door | |
| | What type of collection container is used? 🗌 Government-provided carts 🗌 Resident-provided container 🗌 Bags | | | | | | | | iner 🗌 Bags | | |
| | Do you offer b | ulky waste c | collection ser | vices? | Y | es | 🗌 No | | | | |
| 54. | For municipalit If so, were whi | | 0 | | | - | | | Yes No No | | |
| | | | | | | | | 0 | cational Activities | | |
| 55. | Did your local issues / activitie | - | | - | - | | orm citizens art VII, pag | - | cally about solid waste mar | nagement and / or recycling | |
| 56. | Please estimate | your annua | l budget for | solid was | te relat | ed edu | cation and c | outreach | activities: \$ | | |
| 57. | Does your com | munity proc | luce recyclin | ig educati | ion and | outrea | ch materials | s in lang | uages besides English? | Yes No | |
| | If YES, please | list other la | nguages used | l: | | | | | | | |
| 58. | Please provide | your recycli | ing website a | address ar | nd publi | c infor | mation pho | one numl | ber if applicable. | | |
| | Website: | | | | | | | | Phone #: | | |
| | | | | | | | | | | | |

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

| | Part VII | . Resources f | or Solid Was | te Manageme | ent and Full Co | ost Account | ting |
|-----|--|--|--------------------------|------------------------------|---|-----------------------|---------------------------------|
| | ficient resources availab | | | | | these programs. | The following |
| • | stions deal with funding | | | 0 | 1 0 | | T |
| | Did your local governm With regards to funding | | | | n FY 17-18? | Yes N | 10 |
| 00. | Tipping fees | | 11 0 0 | eight-based fees (e.g | $\mathbf{P} \mathbf{A} \mathbf{V} \mathbf{T}$ | re tax | |
| | | es / general fund | | - | | hite Goods tax | |
| | Per househo | • | Grants | jenderes | | isposal Tax | |
| 61. | NC Solid Waste Dispos | 0 | e distributed to elig | gible local governme | | | ment of Revenue. |
| | According to GS 105-1 | 87.63 these funds n | nust be used by a c | ity of county solely | for solid waste mana | gement program | s and services. |
| | 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 | r <u>year</u> per <u>household</u> f | or 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. \$ | | | | | | |
| | | | | | | | |
| 62 | Did your local governm | | | | | | whom maidants |
| 05. | are charged a fee by we | · · | - | • | | No | where residents |
| | cording to GS 130A-309 | | nents are required | to conduct full cos | st accounting annual | ly and to develo | p a system to |
| | orm users of such costs. | | | | | | |
| 64. | If your local government | nt contracts for soli | d waste or recyclin | g services, please re | eport the annual contr | act amount. | |
| | \$ | | _ For solid waste | services per year | | | |
| | \$ | | _ For recycling pe | er year | | | |
| | | | OR | | | | |
| | \$ | | Combined Contr | ract (solid waste, an | d recycling) | | |
| 65. | Collection Programs: P | | | | | | |
| | collection programs for not available, please r | | | | flected from convenie | ence centers. If I | ull cost analysis is |
| | not avanable, please i | | uget in Total Cost | | | Total Cost | Cost Per Ton |
| | | # of Households served | Tons Collected | Collection Cost | Disposal Cost (tipping fees paid) | including overhead | Managed (calculated by form) |
| N | Iunicipal Solid Waste* | | | | | overnead | |
| | Recycling Program** | | | | | | _ |
| | Yard Waste Program | | | | _ | | |
| | Totals | (calculated by form): | | | | | |
| | *for materials collected and | l sent for eventual dispos | sal in a Municipal Solid | Waste or Construction a | and Demolition Landfill. | | |
| | ** for materials collected by | | | | | | |
| 66. | If your government ope | | | | | | |
| | facility operations (rour proportionately. Lan | nd to nearest dollar, dfill Budget: | • | | combined, please atte | - | |
| | Tran | sfer Station Budget | : \$ | | | | |
| | Yard | Waste / Compost H | Facility Budget: \$ | | | | _ |
| | Recy | cling Facility Budg | get: \$ | | | | _ |
| 67. | What was your government | ment's total combine | ed annual budget fo | or all solid waste an | d recycling services i | n 17-18? \$ | |
| 20 | 17-2018 Local Governm | ent Annual Report | Report Due Date | e: September 1, 201 | 8 Submit to: Lgtea | m@ncdenr.gov | 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 | | - | | | |
| | Name: | | | | | |
| | Address: | | | | Zip: | |
| | Telephone: Fa | ıx: | | Email: | | |
| 69. | Please provide the physical address of the | e primary co | unty white go | ods collection site. | | |
| | Street 1: | | | | | |
| | Street 2: | | | | | |
| | City: | | | _ State: North Carolina | Zip: | |
| 70. | Please provide the name of the business of Name: | - | | |) from white goods. | |
| | Street: | | | | | |
| | City: | | | | Zip: | |
| | Phone: Fax: | | | | | |
| 71. | Give amounts / types of CFCs removed. | | | | | |
| | Type of CFC Ren | | | | Amount | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 72. | CFCs may be recycled or sent for destruc | ction Give n | ame of firm | lisposal method and amo | unt earned / spent for CE | C disposal |
| 12. | Firm | | | ethod of Disposal | Amount Earned | Amount Spent |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 73. | Please report the tonnage of white goods white goods tonnage reported on page 5? | | ring FY 2017 | -18 in the Recycling Ton | nages table on page 5 (qu | luestion # 45). Was |
| 74. | List the amount of revenue for the white | goods progra | am by source: | | | |
| | Revenue collected from sale of scrap: | | \$ | | | |
| | Revenue collected from White Goods Ta | ax Distributio | | | | |
| | Revenue from other source (e.g. grants): | | | | | |
| | Total Revenue: | | | | | |
| 75. | According to the White Goods Law, Wh expenditures White Good Tax Distribution | | | | | mounts and types of |
| | Operational Expenses: | \$ | | | | |
| | Capital Improvements: | | | | | |
| | Clean-up of Illegal White Goods Dumps | | | | | |
| | Total Expenditures: | \$ | | | | |
| 201 | 17-2018 Local Government Annual Report | Report Di | ue Date: Sept | ember 1, 2018 Submit | to: Lgteam@ncdenr.gov | Page 9 of 11 |

| 6. | Please provide name, address, phone number, and e-n Name: | 1 | 1 | 1 1 0 | | |
|------------|---|-----------------|----------------------------|---|-----------------------------|--|
| | | | | 11tte: | | |
| | Address: | | | | | |
| | Telephone: Fax: | | Emai | 1: | | |
| 7. | Please provide the physical address of the primary con | | tires collection sit | e. | | |
| | Street 1: | | | | | |
| | Street 2: | | | | | |
| | City: | | | | | |
| 3. | Tonnage/Number of scrap tires disposed July 1, 2017 Tons or | -June 30, 2 | 2018 (<u>excluding</u> ti | res from cleanup of nu Number of tires | isance sites) | |
|). | Tonnage/Number of scrap tires disposed from cleanup Tons or | o of state o | or county designate | ed nuisance sites Number of tires | | |
|). | Indicate the types of tires collected by the county: Passenger% Heavy True | ck | % | Large Off-Road | % | |
| | 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: | <i>•</i> | | | | |
| | Total Revenue: | \$ | | | | |
| 2. | County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 17-1 | (contract 8. | disposal/hauling c | costs), <u>\$</u> | | |
| 3. | County's additional scrap tire program expenditure (i. Labor \$ | | onvenience center | cost), if any. | | |
| | Site Cost \$ | | | | | |
| | Other \$ | | describe Other: | | | |
| ŀ. | County's contract cost for scrap tire disposal. \$ | | / Ton; \$ | / Tire | | |
| | Hauling cost or fuel surcharge, if not included in cont | ract cost | above. \$ | / Ton; \$ | / Tire | |
| 5 . | Total tipping fees collected for tires not eligible for fr | ee disposa | ıl. \$ | | | |
| <i>.</i> | Total number of tires collected not eligible for free di | _ | | | | |
| 8. | If scrap tires were not hauled off site by contracted se | | | | | |
|). | | | | t and disposed in a loc | | |
| | MPORARY DISASTER DEBRIS STAGIN | | | | | |
|). | Does your local government have a plan in place for r | | | is? Yes | No | |
| | If yes, indicate if the plan is a stand-alone plan or in c | - | | | | |
| • | If you indicated having a plan, has the plan been revier requirements for public assistance reimbursement in a | | | | | |
| | Please list the name, contact numbers(s), and e-mail a your local government: | | | arge of the disaster de | bris management program for | |
| | Name: Name | : | | Name: | | |
| | Phone: Phone | • | | Phone: | | |
| | | • | | | | |

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? |
| MA | NAGEMENT 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

