

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:

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

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

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

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

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

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

Form Year

2018



Local Government Report Form

Required - Enter Your Local Government Name: Goldston

State of North Carolina

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

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

COMPLETION AND SUBMISSION OF THIS REPORT WILL FULFILL THE ANNUAL REPORTING MANDATE TO THE STATE AS REQUIRED BY G.S. 130A-309.09A.

		Please submit this form to Lgtean	n@ncdenr.gov by Sept	tember 1, 2018.			
	If you have question	ns or need assistance completin	g this form, please co	ull 919-707-8136 or	919-707-8133.		
Per	son Completing This Report:	Annie K. King-Gaines		Title: Town Clerk			
Ma	iling Address: P O Box 527		City: Goldston		Zip: 27252		
Phone: 919 774 4000 (W) Fax: 919 775		Fax: 919 775 1915 (W)		Date: 07-02-2	018		
Em	ail: akkgaines@americansouth	gc.com					
		Genera	l Instructions				
	ase remember that the time per a specific question.	iod for the report is JULY 1, 2017	through JUNE 30, 201	8. Please check "No"	if you have nothing to report		
1.	Did your local government h	ave a Recycling Coordinator or sin	milar position for FY 1	7-18? Yes	⊠ No		
	Name Recycling Coordinato	r (if different from person complet	ing this report.)				
	Name:			Title:			
	Address:		City:		Zip:		
	Telephone:	Fax:	Email:				
2.	Did your local government h	ave a Solid Waste Director or sim	ilar position for FY 17-	18? Yes	No No		
	If Yes, Name:			Title:			
	Address:		City:		Zip:		
	Telephone:	Fax:	Email:				
3.	Did your local government h	ave dedicated or part-time Solid	Waste Enforcement St	aff for FY 17-18?	Yes No		
	If Yes, Name:		Title:				
	Address:		City:		Zip:		
	Telephone:	Fax:	Email:				
4.	Did your local government hall that apply)	ave solid waste ordinances in plac	e addressing any of the	following during FY	17-18? (if yes, please check		
	Disposal Bans	Illegal Dumping Littering	Other, Please De	escribe:			
5.	Did your local government in mulching, composting)?	nanage, provide or contract for any	solid waste services in	FY 17-18 (e.g., colle Yes	ction, disposal, recycling,		
	If you answe	r "No" to question 5, the report	is complete please et	mail to Loteam@ncd	enr oov		

Part I. Waste Reduction and Recycling Programs Serving Government Facilities The following questions pertain to waste reduction and recycling activities / programs that serve local government facilities. Did your local government have a recycling program in place for collecting recyclable materials generated at Yes X No public buildings in FY 17-18? 7. Did your local government have any program or policy encouraging or requiring local agencies to X No purchase products with recycled content? Did your local government have a program in place to collect and recycle spent fluorescent lights X 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 SOURCE REDUCTION / REUSE Did your local government have a backyard composting program? Yes X No If yes, please check all backyard composting activities that apply: Education Demonstration site(s) Bin distribution/sales Number of Bins distributed? Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes X No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives? Did your local government offer a waste exchange or reuse program? Yes X No 13 If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public: Paint exchange Number of gallons recovered? Swap shop/shed Number of sheds in use? Other (e.g. pallet exchange, etc.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 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.) If your local government **DID** operate or contract for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s). **CURBSIDE RECYCLING PROGRAM** Did your government operate a Curbside Recycling Program? X Yes No, skip to question # 25 Who collected the recyclable materials for your local government's curbside recycling program? 16. Local government employees Private contractor (please specify) Waste Management, Inc. Franchised hauler (please specify) Other (please specify)

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 132					
	b. Number of households eligible to participate in the curbside recycling program: 132					
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 132					
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: 50					
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 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 65 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?					
EL	ECTRONICS RECYCLING PROGRAM					
mate	Is answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any perials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5. Did your community operate an electronics recycling program in FY 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 recycling program collect or accept televisions from (check all that apply): Residences Businesses
34.	Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses
35.	DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was eligible to receive proceeds from the State Electronics Management Fund in February of 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: \$
36.	Briefly explain how Electronics Management Funds were spent during FY 2017-18 (please list items purchased if applicable):
37.	If you did operate an electronics recycling program, please provide the following information about your vendor / contractor: Name of electronics recycling vendor(s) during FY 17-18:
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?
OT	THER PUBLIC RECYCLING PROGRAMS
the	ase answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the ycling Tonnages Chart on pg 5.
38. 39.	Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or dropoff recycling programs? $\ \ \ \ \ \ \ \ \ \ \ \ \ $
	other than through your curbside or dropoff recycling programs? Yes No
40.	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
41.	Does your local government operate a program to recycle Construction and Demolition materials? Yes No If yes, please check all materials that were recycled and report tonnages in tonnage table on page 5:
	☐ Clean Wood ☐ Brick, concrete, etc. ☐ Sheetrock ☐ Vinyl siding ☐ Shingles ☐ Metals ☐ Other
42.	Does your local government have an ordinance regulating the construction and demolition waste stream with the intention of encouraging or requiring waste reduction or recycling of these materials? \square Yes
43.	Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 17-18. (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
44.	Please identify all "Other" programs or services operated by your government during FY 17-18. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)
	Public School Recycling Program
	Scheduled Collection Drives (e.g. confidential document shredding event held quarterly, once a year, etc.)
	Lend-a-Bin Program where local government provides recycling containers to community organizations for use at events
	Organics / Food Waste Recycling other than yard waste program
	Oyster Shell Recycling Program
	Other Programs (please specify)
	Programs to manage Special Wastes are addressed in Part III on page 6, please do not include Special Waste programs above.

RECYCLING TONNAGES FROM PUBLIC PROGRAMS

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

DDOCD AND	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							
Commingled tons-check al items collected above		18.33					18.33
TOTAL TONS:		18.33					18.33

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.

Special Waste Collections (Do Not Include Materials Collected as part of an HHW Collection Program or Event)

47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type	Did program collect this material from the public?		# of sites	Data on quantities collected / managed. Please report in indicated units.				
	Used Motor Oil	Yes	⊠ No				gallons		
	Used Oil Filters	Yes	⊠ No		barre	ls, or	lbs		
	Used Antifreeze	Yes	⊠ No			'	gallons		
	Batteries, Lead Acid	Yes	⊠ No		# ba	tteries, or	lbs		
	Batteries, Dry Cell	Yes	⊠ No				lbs		
	Fluorescent Bulbs/Lights Containing Mercury	Yes	⊠ No		11	bs, or	# bulbs		
	Propane Tanks	Yes	⊠ No		11	bs, or	# tanks		
	Used Cooking Oil / Waste Vegetable Oil	Yes	⊠ No		11	bs, or	gallons		
	Other Special Wastes - please provide waste type here:	Yes	⊠ No			·	lbs		
	Pesticide Containers (NCDA Program, not pesticides themselves)	☐ Yes	⊠ No		11	bs, or	# containers		
	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		ا ا	gals, or	lbs		
	Did your local government operate a household If Yes, please respond to the following question 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 of the collected at a permitted Tempora of the collected	s: ary Event or a pen to accept i	t a Permanent materials duri	HHW (Collection Facility Fiscal Year?		Yes No	mp. Event	
	Please list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from sma If yes, please estimate the amount of busines	all businesses	(Conditionall	y Exem	pt Small Quantity			No	
	f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If data about individual materials <u>is not</u> available, please simply provide total quantity of materials collected by HHW program in 48g below. Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in question 47.								
	Used Motor Oil (gal)	Use	ed Oil Filters		_ # of Barrels, o	r	lbs.		
	Used Antifreeze (gal)	Lea	d Acid Batter	ies (lbs)	0	ther Batteries	s (lbs)		
	Fluorescent Bulbs / Lights Containing								
	g. Provide Total Quantity of materials collected reported in 48f, please net the weight of thosh. Please list HHW Collection Contractor	e materials or	ut of the total	listed he	ere.			pound	
	_								
	 i. Estimated cost of HHW / CESQG program of should have only been complete 					at they DO n	provide recycline	g sprvices	
· ug	os s misougii o snoum nuve oniy ocen complet	on by govern	month circuit	ving in t	juosiivii # 17 III	u may DO p	normo recyclili)	Source	

All governments answering "Yes" to question # 5 on page 1 should complete the rest of the report with the exception of PART VIII which is only to be completed by Counties.

	Part IV. Yard Wa	•						
	section concerns management of vegetative				•	•		
	ermitted sites and it is illegal to burn. Compo ut your management of vegetative materials. Do							
49.					_	ow yard waste is managed by		
17.	checking all that apply: Collected curbside				•			
50.	Did a storm event significantly impact the amo				•	-		
51.	1 2 3							
	organic material (yard waste, brush, limbs,		managed. For	conversion purp		•		
	Destination	Check if used	Tons	Cubic Yards		Name and Location of Facility ng Vegetative Materials		
	End user (to farmer or home-owner)							
	Your local government's mulch or compost fac	cility 🔲						
	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^3 truck x $3 \text{ days/wk x } 16 \text{ wks} = 480 \text{ yd}^3$							
	X	ic boxes abov	X X	Truck x 5 days/v	=	yd ³		
		s truck fills each		s truck is used durin	g vear	TOTAL		
				ection Servi				
This	section concerns your local government's provi							
52.	Please complete the following table about your government's solid waste collection system.							
	Sector Who Collects Solid Waste?	II .		WING CO	ollects Solid Waste?	How is Solid Waste Collected?		
	Insert Letter - see codes at right	- .	- see codes at r	a. Locai		es 1. Once a week at household		
	Residential		1 Secondary		nise haulers	2. Twice a week at household3. Convenience center/greenbox		
	Commercial Primary B Secondary		1 Secondary		government not red in provision of	4. As needed or by request5. Daily		
	Industrial Primary Secondary	Primary	Secondary	servic	e	6. Other		
53.	If you provide <u>residential</u> waste collection at si	ingle-family	households in y	our jurisdiction,	, please answer th	e following questions:		
	What type of collection method is used? Fully Automated Semi-Automated Manual Don't know							
	What is the standard collection frequency? Weekly Two times per week Other							
	What is the typical service point for single family household waste? Curbside Back yard / Back door							
	What type of collection container is used?	Governme	ent-provided ca	rts Reside	ent-provided cont	tainer Bags		
	Do you offer bulky waste collection services?	Yes	No No					
54.	For municipalities - did your government colle				No			
	If so, were white goods delivered to the county		<u> </u>	□ No]	. ~		
55	Part VI. Solid V		• •	_				
55.	Did your local government have an education issues / activities? Yes No		o Part VII, page	-	out solid waste ma	inagement and / or recycling		
56.	Please estimate your annual budget for solid w	vaste related	education and o	utreach activitie	s: \$			
57.	Does your community produce recycling educ	ation and out	treach materials	in languages be	sides English? [Yes No		
	If YES, please list other languages used:							
58.	Please provide your recycling website address	and public in	nformation pho	ne number if app	olicable.			
	Website:				Phone #:			

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

	ficient resources availab stions deal with funding					these programs.	The following		
-	Did your local governm					Yes N	Io		
	With regards to funding	•	•		111/10.	i cs	10		
	Tipping fees			eight-based fees (e.g	. PAYT) T	ire tax			
		es / general fund			-	hite Goods tax			
	Per househo	-	Grants	,		isposal Tax			
61.	NC Solid Waste Dispos	· ·	e distributed to elig	ible local governme	_	-	ment of Revenue.		
	According to GS 105-1		•			gement program	s and services.		
62.	How are disposal tax disposal t	_				for solid waste)			
					<i>y</i>		te		
	b. \$	per		per		for recycling			
	c. \$	per		per		for yard wast	te		
	d. \$	per		per		for bulky wa	ste		
	e. \$	per		per		availability f	ee		
63.	Did your local governm	nent operate a Pay-A	As-You-Throw prog	gram for residential	garbage during FY	7-18? (a system	where residents		
	are charged a fee by we	eight or volume for	the amount of trash	they discard)	☐ Yes ∑	No			
	cording to <i>GS 130A-309</i> orm users of such costs.		nents are required	to conduct full cos	t accounting annual	ly and to develo	p a system to		
64	If your local governmen	nt contracts for soli	d waste or recyclin	o carvicas, plassa ra	nort the annual contr	eact amount			
04.			· ·	-	port the annual conti	act amount.			
	\$		For recycling per	r year					
			OR						
	\$40,000		_ Combined Contr	act (solid waste, and	d recycling)				
65.	Collection Programs: P collection programs for not available, please re	waste, recyclables	and yard waste inc	luding materials col					
	, F	# of Households			Diamagal Cast	Total Cost	Cost Per Ton		
		served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	including overhead	Managed (calculated by form)		
M	Iunicipal Solid Waste*	182	86.84	40,004					
	Recycling Program**	182	18.33				(
	Yard Waste Program						_		
	Totals	(calculated by form):	105.17	40,004			(
	*for materials collected and	l sent for eventual dispos	sal in a Municipal Solid	Waste or Construction as	nd Demolition Landfill.		•		
	**for materials collected by	**for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services.							
66.	If your government ope								
	facility operations (roun		_		combined, please att	empt to allocate	costs		
		dfill Budget:		.			_		
	Trans	sfer Station Budget	\$				_		
	Yard	Waste / Compost I	Facility Budget: \$				_		
	•	cling Facility Budg	•				_		
67.	What was your government	ment's total combine	ed annual budget fo	or all solid waste and	d recycling services i	n 17-18? \$ <u>46,00</u>	0		

Part VIII. County Mandated Programs

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

WH	ITE GOODS						
68.	Please provide name, address, phor	ne number, and e	-mail of persor	respons	•	program.	
	Name:				Title: _		
	Address:		(City:		Zip:	
	Telephone:						
69.	Please provide the physical address	of the primary of	county white go	ods coll	ection site.		
	Street 1:						
	Street 2:						
	City:						
70.	Please provide the name of the bus Name:	-				om white goods.	
	Street:						
	City:			State:	North Carolina	Zip:	
	Phone:	Fax:		_ Email	:		
71.	Give amounts / types of CFCs reme		ords of CFC rea	moval, aı	nd copy of certificati		rming extraction.
	Type of CF(Removed				Amount	
				-			
				-			
72	CECs man be married an east for a	lastmatica Cias		d:1		and for CE	C diamana1
72.	CFCs may be recycled or sent for o	lestruction. Give			f Disposal	Amount Earned	
					•		
73.	Please report the tonnage of white white goods tonnage reported on pa		_		e Recycling Tonnag	ges table on page 5 (qu	nestion # 45). Was
74.	List the amount of revenue for the	white goods prog	gram by source				
	Revenue collected from sale of scr	ap:	\$				
	Revenue collected from White Goo	ods Tax Distribut	tions: \$				
	Revenue from other source (e.g. gr	ants):	\$				
	Total Revenue:		\$				
75.	According to the White Goods Law expenditures White Good Tax Dist						mounts and types of
	Operational Expenses:	\$					
	Capital Improvements:						
	Clean-up of Illegal White Goods D						
	Total Expenditures:	\$					

SC.	RAP TIRES					
76.	Please provide name, address, phone number, and e-Name:	l e-mail of person responsible for scrap tires program. Title:				
	Address:					
	Telephone: Fax:		Emai	il:		
77.	Please provide the physical address of the primary c	ounty scrap tires	collection sit	te.		
	Street 1:					
	Street 2:					
	City:		State: North	n Carolina	Zip:	
78.	Tonnage/Number of scrap tires disposed July 1, 201 Tons o	7-June 30, 2018 (excluding tin	res from cleanup of nu _Number of tires	isance sites)	
79.	Tonnage/Number of scrap tires disposed from clean Tons o		nty designate	ed nuisance sites _Number of tires		
80.	Indicate the types of tires collected by the county: Passenger % Heavy Tr	ruck	%	Large Off-Road	%	
81.	List the amount of revenue for the scrap tire program	•				
	Revenue from Scrap Tire Tax Distributions:					
	Revenue from Tire Fees:					
	Revenue from Scrap Tire Clean-up Reimbursement	s: \$				
	Revenue from Scrap Tire Cost-Overrun Grants:					
	Total Revenue:	\$				
82.	County's total scrap tire program contract expenditu excluding costs of nuisance tire cleanups, for FY 17	re (contract dispo	sal/hauling c	costs),		
83.	County's additional scrap tire program expenditure (Labor \$		ience center	cost), if any.		
	Site Cost \$					
	Other \$	descr	ribe Other: _			
84.	County's contract cost for scrap tire disposal. \$	/ T	on; \$	/ Tire		
85.	Hauling cost or fuel surcharge, if not included in co	ntract cost above	.\$	/ Ton; \$	/ Tire	
86.	Total tipping fees collected for tires not eligible for	free disposal. \$ _				
87.	Total number of tires collected not eligible for free					
88.	If scrap tires were not hauled off site by contracted s	service provider,	were they cu	t and disposed in a loca	al landfill? Yes No	
89.	Name of tire disposal/recycling firm(s):					
TE	MPORARY DISASTER DEBRIS STAGI	NG SITES				
90.	Does your local government have a plan in place for	management of	disaster debr	ris? Yes	No	
	If yes, indicate if the plan is a stand-alone plan or in	conjunction with	local govern	nment agencies:	Stand-alone	
91.	If you indicated having a plan, has the plan been rev requirements for public assistance reimbursement in			anagement or FEMA to	o ensure it meets the basic No	
92.	Please list the name, contact numbers(s), and e-mail	address of the pe	rson(s) in ch	arge of the disaster del	bris management program for	
	your local government: Name: Name	ie:		Name:		
		ne:				
	E-mail: E-m					

Natural Heritage Program (N Please note that the vetting of a site	(HP) and the State Historic Preserva prior to a disaster is advantageous to local	ation Office (SHPO) thro governments because a staging	ough coordination with the Solid Waste Section. g site which is found to have impacted federal or state
	Site Name		
•			following a disaster? Yes No
• •	ammar mortanty:	_	
Has your county considered v	whether to implement a program for	r the management of aba	ndoned manufactured homes? Yes No
If yes, has your county development	oped a written plan for the manager	ment of abandoned manu	factured homes? Yes No
	Part IX.	Comments	
1	Natural Heritage Program (N Please note that the vetting of a site resources after a disaster may cause Disaster Site # Does your plan address the m Does your plan address mass NAGEMENT OF ABA Has your county considered w If yes, has your county developments this section to elaborate on any	Natural Heritage Program (NHP) and the State Historic Preserve Please note that the vetting of a site prior to a disaster is advantageous to local resources after a disaster may cause difficulty for local governments when atten Disaster Site # Site Name Does your plan address the management of household hazardour Does your plan address mass animal mortality? Yes NAGEMENT OF ABANDONED MANUFACTUR Has your county considered whether to implement a program for If yes, has your county developed a written plan for the management Part IX. this section to elaborate on any info provided in your report as ne	Does your plan address the management of household hazardous waste and white goods

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 https://deq.nc.gov/conservation/recycling-local-government-recycling-assistance or e-mail us at Lgteam@ncdenr.gov

