

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: Green Level

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 Lgt	eam@ncdenr.gov by Sep	tember 1, 2018.		
	If you have question	ns or need assistance comple	ting this form, please c	all 919-707-8136	or 919-707-8133.	
Per	son Completing This Report:	Suzanne Bigelow		Title: Secretary		
Ma	iling Address: P.O Box 342		City: Mebane		Zip: 27302	
Pho	one: (336) 578-3443	Fax: (336) 578-5373		Date: 8/31	/18	
Em	ail: sbigelow@greenlevelnc.co	om				
	_	Gene	eral Instructions			
	ase remember that the time per a specific question.	iod for the report is JULY 1, 20	17 through JUNE 30, 201	8. Please check "N	No" if you have nothing to report	
1.	• •	nave a Recycling Coordinator or	similar position for FY 1	7-18? Yes	No No	
	Name Recycling Coordinato	or (if different from person comp	pleting this report.)			
	Name:			Title:		
	Address:		City:		Zip:	
	Telephone:	Fax:	Email:			
2.	Did your local government h	nave a Solid Waste Director or s	imilar position for FY 17	-18? Yes	No No	
	If Yes, Name:			Title:		
	Address:		City:		Zip:	
	Telephone:	Fax:	Email:			
3.	Did your local government h	nave dedicated or part-time So	lid Waste Enforcement S	taff for FY 17-18?	Yes No	
	If Yes, Name:			Title:		
	Address:		City:		Zip:	
	Telephone:	Fax:	Email:			
4.	Did your local government hall that apply)	nave solid waste ordinances in p	lace addressing any of the	e following during	FY 17-18? (if yes, please check	
	Disposal Bans	Illegal Dumping Litter	ing Other, Please D	escribe:		
5.	Did your local government r mulching, composting)?	manage, provide or contract for	any solid waste services i	n FY 17-18 (e.g., co	ollection, disposal, recycling,	
	If you answe	er "No" to question 5, the rep	ort is complete, please e	mail to Lgteam@i	ncdenr.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. Did your local government have a recycling program in place for collecting recyclable materials generated at 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 No | Yes 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 Industries Franchised hauler (please specify) Other (please specify)

1/.	Please provide the following information about your community:
	a. Total number of households in your jurisdiction? 632
	b. Number of households eligible to participate in the curbside recycling program: 554
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 554
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? 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) ☐ 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
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
	ase 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 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 each individual material type that was commingled

PD CCD 114	Cu	ırbside	D	rop-off	All "Oth	er" 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)					$+$ \vdash \vdash		
Televisions					+ $+$ $+$		
Other Electronics					$+$ \vdash \vdash		
C&D Materials Recycling							
					1		
					1 1		
Commingled tons-check al					\bot \bot \bot		
items collected above		129.73					129.73
TOTAL TONS:		129.73					129.73

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			
	S. Did your local government operate a household hazardous waste collection program or event in FY 17-18? Yes No If Yes, please respond to the following questions: a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Temp. Eve b. How many days was your HHW Program open to accept materials during this Fiscal Year? c. Did you partner or co-sponsor your HHW program with another local government? Yes No									
	Please list partner(s) d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year? e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? Yes No If yes, please estimate the amount of business material managed pounds					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) Used Oil Filters # of Barrels, or 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 Waste,	, Mul	ching and (Composting	g Managem	ent
ипре	ermitted sites an	rns management of vegetative mat nd it is illegal to burn. Composting nent of vegetative materials. Do not	and mi	ılching are popi	ılar managemet	nt options. Please	answer the questions below
49. 50. 51.	checking all the Did a storm ev What quantitie	al government operate a yard waste p at apply: Collected curbside ent significantly impact the amount of as of materials were managed by your rial (yard waste, brush, limbs, leave	Collectof yard w	ted at conveniend waste your gove vaste program? I	ce center R rnment manage Provide inform	eceived at yard w d during FY 17-18 ation in TONS <u>C</u>	8? ☐ Yes ⊠ No OR CUBIC YARDS of
		Destination	Check if used	Tons	Cubic Yards		Name and Location of Facility g Vegetative Materials
	End user (to fa	armer or home-owner)					
	Your local gov	vernment's mulch or compost facility					
	Other public m	nulch or compost facility					
	Private mulch	or compost facility					
	Land clearing a	and inert debris landfill (LCID)	\boxtimes	17.36		Key Properties-2280 Sa	ndy Cross, Burlington NC 27217
	Energy / Fuel U	Use (e.g. boiler fuel market)					
		Total		17.36			
	estimate yard v	E MANAGEMENT FORMULA: If waste volume. Calculate for each truded by program in the appropriate box	ck used	in your yard wave. Ex. 10 yd^3	ste managemen	t program, and the	en enter the grand total yd^3
	Size of Truc	XX Avg. no. of times truck	fills each	X X	truck is used during	—	TOTAL yd^3
	Size of True	*		Vaste Colle			
This	section concern	as your local government's provision					
52.		te the following table about your gov	ernmen	t's solid waste co	ollection system		
	Sector	Who Collects Solid Waste? Insert Letter - see codes at right	Insert #	- see codes at ri	ght a. Local		How is Solid Waste Collected? is 1. Once a week at household
	Residential	7 0 7		1 Secondary	b. By Co c. Franch	ontract nise haulers	2. Twice a week at household3. Convenience center/greenbox
	Commercial		nary	Secondary		government not ed in provision of	4. As needed or by request5. Daily
	Industrial	Primary d Secondary Prin	nary	Secondary	service		6. Other
53.	If you provide	residential waste collection at single	-family	households in ye	our jurisdiction,	please answer the	e following questions:
	What type of c	collection method is used?	ully Aut	comated S	Semi-Automated	l Manual	Don't know
	What is the sta	ndard collection frequency? W	eekly	Two tim	es per week	Other	
	What is the typ	pical service point for single family h	ousehol	ld waste?	Curbside [Back yard / Ba	ck door
	What type of c	collection container is used? 🛛 G	overnm	ent-provided car	ts Reside	ent-provided conta	ainer Bags
	Do you offer b	ulky waste collection services?	Yes	☐ No			
54.		ties - did your government collect wite goods delivered to the county for			Yes No	No	
		Part VI. Solid Was	te and	d Recycling	Education	nal Activitie	S
55.	Did your local issues / activiti	I government have an education profes? \square Yes \boxtimes No (If N	_	inform citizens to Part VII, page		ut solid waste ma	nagement and / or recycling
56.	Please estimate	e your annual budget for solid waste	related o	education and ou	atreach activitie	s: \$	
57.	Does your com	nmunity produce recycling education	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 ii	nformation phon	e 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 governn			_		Yes N	Го
	With regards to funding	•	•				
	Tipping fees	5	Volume/we	eight-based fees (e.g	g. PAYT) 🔲 Ti	re tax	
	Property tax	es / general fund	Sale of recy	yclables	W	hite Goods tax	
	Per househo	old charges	Grants		∑ Di	sposal Tax	
61.	NC Solid Waste Dispos According to GS 105-1						
	How are disposal tax d	istributions being u	sed?				
62.	If applicable, please pr	ovide your FY 17-1	8 household fees. (e.g., a. <u>\$45.00</u> per	<u>year</u> per <u>household</u> f	or solid waste)	
	a. \$			_			te
	b. \$	per		per		for recycling	
	c. \$	per		per		for yard wast	re
	d. \$	per		per		for bulky wa	ste
	e. \$	per		per		availability fo	<u>ee</u>
	f. \$	per		per		total charge	
63.	Did your local government are charged a fee by we					7-18? (a system No	where residents
	cording to GS 130A-309 orm users of such costs.	~	ments are required	to conduct full cos	st accounting annual	ly and to develo	p a system to
			1 1				
64.	If your local government		· ·	-	eport the annual contr	act amount.	
	\$		_ For solid waste s	services per year			
	\$		_ For recycling per	r year			
			OR				
	\$		_ Combined Contr	act (solid waste, an	d recycling)		
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	and yard waste inc	luding materials co		•	•
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)
$\mathbf{I}_{\mathbf{M}}$		620	629.99			o verneua.	(
	Recycling Program**		129.73				
	Yard Waste Program	620	17.36				(
	Totals	(calculated by form):	777.08				(
	*for materials collected and	=	_				
	**for materials collected by		_		_	_	
66.	If your government ope						
	facility operations (rous proportionately. Lan	nd to nearest dollar, idfill Budget:	•	h	•	•	COSTS
		· ·		' <u></u>			_
		sfer Station Budget					_
		Waste / Compost I					_
	Recy	cling Facility Budg	get: \$				_
67.	What was your government	ment's total combin	ed annual budget fo	or all solid waste an	d recycling services is	n 17-18? \$ <u>96,00</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		4:1		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 page 1997.		_		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:	d 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.		r of scrap tires disposed from cleanup of state or county designated nuisance sites					
80.	Indicate the types of tires collected by the county: Passenger % Heavy To	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

