

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	:
King	

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.

	Ple	ease submit this form to L ₂	gteam@ncdenr.gov by S o	eptember 1, 2018.	
	If you have questions o	r need assistance compl	leting this form, please	call 919-707-813	6 or 919-707-8133.
Perso	on Completing This Report: T. S	cott Barrow		Title: City Eng	ineer
Maili	ing Address: P. O. Box 1132		City: King		Zip: 27021
Phon	e: 336-983-8265	Fax: 336-983-4675		Date: Aug	gust 2018
Emai	il: sbarrow@ci.king.nc.us				
		Ger	neral Instructions		
	e remember that the time period specific question.	for the report is JULY 1, 2	017 through JUNE 30, 20	018. Please check "	No" if you have nothing to report
	Did your local government have	a Recycling Coordinator	or similar position for FY	17-18? Xes	☐ No
	Name Recycling Coordinator (if	different from person com	ppleting this report.)		
	Name: Ricky Lewis			Title: Public W	orks Superintendent
	Address: same		City:		Zip:
	Telephone: 3396-983-4832	Fax:	Email:		
2.	Did your local government have	a Solid Waste Director or	similar position for FY 1	7-18? Xes	☐ No
	If Yes, Name: Ricky and I			Title:	
	Address:		City:		Zip:
	Telephone:	Fax:	Email:		
3.	Did your local government have	dedicated or part-time S	olid Waste Enforcement	Staff for FY 17-18?	Yes No
	If Yes, Name:			Title:	
	Address:		City:		Zip:
	Telephone:	Fax:	Email:		
	Did your local government have all that apply)	solid waste ordinances in	place addressing any of t	he following during	FY 17-18? (if yes, please check
	☐ Disposal Bans ☐ Ill	egal Dumping Litte	ring Other, Please	Describe:	
	Did your local government mana mulching, composting)?	ge, provide or contract for	r any solid waste services	s in FY 17-18 (e.g., o	collection, disposal, recycling, No
	If you answer ''	No'' to question 5, the re	port is complete, please	email to Leteam@	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 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 vour 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) this service is voluntary, the participants contract directly with Waste Management Franchised hauler (please specify) Other (please specify)

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 2,515
	b. Number of households eligible to participate in the curbside recycling program: 2,515
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 500
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 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)
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 Waste Management Recycle America 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. 1,350
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: 1
31.	How many of these locations were staffed with attendants? All None Some please list # of staffed sites: 1
EL	ECTRONICS RECYCLING PROGRAM
mate	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:
	Turner of Steel

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

PD CCD 114	Cı	urbside		Drop-off	All "C	Other" Programs	Total Tons
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							
Clear							
Brown							
Green				21.7			21.7
Mixed							
PLASTIC:							
PET #1							
HDPE #2							
All Plastic Bottles				17.01			17.01
Other Plastic Containers							
Bulky Rigid Plastics							
METAL:							
Aluminum Cans				1.32			1.32
Steel Cans				3.07			3.07
White Goods						0.08	0.08
Other Metal							
PAPER:							
Newsprint (ONP)				21.95			21.95
Cardboard (OCC)				30.19			30.19
Magazines (OMG)							
Office Paper							
Mixed / Other Paper				4.04			4.04
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 all items collected above		29.34					29.34
TOTAL TONS:		29.34		99.28		0.08	128.7

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) Did program collect this **Special Waste Programs for Collecting** # of Data on quantities collected / managed. material from the public? Materials from Citizens by Material Type Please report in indicated units. sites Used Motor Oil Yes Used Oil Filters barrels, or lbs Yes No Used Antifreeze Yes No gallons # batteries, or Batteries, Lead Acid Yes No lbs Batteries, Dry Cell Yes No lbs Fluorescent Bulbs/Lights Containing Mercury Yes lbs, or # bulbs No **Propane Tanks** Yes No lbs, or # tanks Used Cooking Oil / Waste Vegetable Oil Yes No lbs, or gallons Other Special Wastes - please provide waste Yes No lbs type here: Pesticide Containers (NCDA Program, not # con-Yes ☐ No lbs, or pesticides themselves) tainers NCDA Pesticide Disposal Assistance Program Yes No lbs (for management of pesticides, not containers) Latex Paint (do not include paint collected at gals, □ No Yes lbs HHW event or by a paint exchange program) or Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event 48. Did your local government operate a household hazardous waste collection program or event in FY 17-18? No No If Yes, please respond to the following questions: a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Temp. Event b. How many days was your HHW Program open to accept materials during this Fiscal Year? c. Did you partner or co-sponsor your HHW program with another <u>local government?</u> Yes Please list partner(s) d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year? e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? If yes, please estimate the amount of business material managed f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If data about individual materials is not available, please simply provide total quantity of materials collected by HHW program in 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)

Lead Acid Batteries (lbs)

Other Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) g. Provide Total Quantity of materials collected by HHW Program. If individual materials were pounds reported in 48f, please net the weight of those materials out of the total listed here. h. Please list HHW Collection Contractor i. Estimated cost of HHW / CESQG program or event(s) \$

Pages 3 through 6 should have only been completed by governments indicating in question # 14 that they DO provide recycling services. All governments answering "Yes" to question # 5 on page 1 should complete the rest of the report with the exception of PART VIII which is only to be completed by Counties.

	Part IV. Yard Waste	, Mul	ching and (Composting	g Managem	ent
ипре	section concerns management of vegetative man ermitted sites and it is illegal to burn. Composting at your management of vegetative materials. Do not	g and mi	ılching are popi	ular managemer	nt options. Please	e answer the questions below
49. 50.	Does your local government operate a yard waste per checking all that apply: Collected curbside Did a storm event significantly impact the amount	Collect	ted at convenien waste your gove	ce center Re	eceived at yard w d during FY 17-1	8? Yes No
51.	What quantities of materials were managed by you organic material (yard waste, brush, limbs, leave		1 0			
	Destination	Check if used	_	Cubic Yards	Please Provide N	Name and Location of Facility g Vegetative Materials
	End user (to farmer or home-owner)		204			
	Your local government's mulch or compost facility		514			
	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		718			
	YARD WASTE MANAGEMENT FORMULA: If estimate yard waste volume. Calculate for each truvolume managed by program in the appropriate bo	ick used	in your yard wave. Ex . 10 yd^3	aste managemen	t program, and the	en enter the grand total $0 yd^3$
	Size of Truck (in yards) X Avg. no. of times truck	r £11a aaah	XX	towals is used during	=	TOTAL yd^3
				ction Servi		TOTAL
This	section concerns your local government's provision					
	Please complete the following table about your go					
	Sector Who Collects Solid Waste? Insert Letter - see codes at right	Insert #	- see codes at ri	ight a. Local		How is Solid Waste Collected? es 1. Once a week at household
	Residential		1 Secondary	b. By Co c. Franch	ntract iise haulers	2. Twice a week at household3. Convenience center/greenbox
	Commercial	mary	Secondary		government not ed in provision of	4. As needed or by request5. Daily
	Industrial Primary d Secondary Pri	mary	Secondary	service	-	6. Other
53.	If you provide <u>residential</u> waste collection at single	e-family	households in y	our jurisdiction,	please answer the	e following questions:
	What type of collection method is used?	ully Aut	comated 🔀 S	Semi-Automated	Manual	Don't know
	What is the standard collection frequency?	Veekly	Two tim	nes per week	Other	
	What is the typical service point for single family l	nousehol	ld waste?	Curbside 🔀	Back yard / Ba	ck door
	What type of collection container is used?	Sovernm	ent-provided car	rts Reside	ent-provided cont	ainer Bags
	Do you offer bulky waste collection services?	Yes	No No		1	
54.	For municipalities - did your government collect w If so, were white goods delivered to the county for	hite goo	ods at the curb?	∑ Yes ☐	No	
	Part VI. Solid Was	te and			nal Activitie	S
55.	Did your local government have an education pro	gram to	•	specifically abo		
56.	Please estimate your annual budget for solid waste	related	education and or	utreach activities	s: \$	
57.	Does your community 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 i	nformation phor	ne number if app	licable.	
	Website:				Phone #:	

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

	ficient resources availab stions deal with funding			*		f these programs.	The following
	Did your local governm With regards to funding Tipping fees Property tax Per househo	g sources, check all s es / general fund	that apply to your I Volume/we	local government: eight-based fees (e.g	. PAYT) T	Yes No Cire tax White Goods tax Disposal Tax	
61.	NC Solid Waste Dispos According to GS 105-1						
	How are disposal tax d	· ·		4.500			
62.	If applicable, please pr						
				per			
	b. \$	per		per		for recycling	
	c. \$	per		per		for yard waste	
	d. \$	per		per		for bulky was	e
	e. \$	per		per		availability fee	2
	f. \$	per		per		total charge	
63.	Did your local governmare charged a fee by we			•		17-18? (a system v	where residents
	cording to GS 130A-309 orm users of such costs.		ments are required	to conduct full cos	t accounting annua	ally and to develop	a system to
64.	If your local government \$264,276.2	nt contracts for soli	d waste or recycling For solid waste s	-	port the annual cont	tract amount.	
	\$12,639.36		For recycling per				
			OR	- ,			
	\$		_ Combined Contr	act (solid waste, and	d recycling)		
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	and yard waste inc	luding materials col			
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)
M	Iunicipal Solid Waste*	2,515	2,527.21	264,276.2	0	264,276.2	104
	Recycling Program**	2,515	128.7	23,395.21		23,395.21	181
	Yard Waste Program	2,515	718	63,073.62		63,073.62	87
		(calculated by form):	3,373.91	350,745.03	0	350,745.03	103
66.		y public recycling progra erates a landfill, tran nd to nearest dollar adfill Budget:	ams including those servinsfer station, yard v). If budgets for dif	vices offered to commerce vaste /compost facilities are	ial and industrial generality or recycling facil	lity, please provide tempt to allocate co	total budget for
		sfer Station Budget		<i>c5</i> 201			
		Waste / Compost I					
67	What was your government	cling Facility Budg		23,318	l manualina assesia	in 17 100 \$257 01	Ω
υ/.	what was your governi	ment s total combin	eu annuar buuget IC	n an sond waste and	recycling services	m 1/-10: \$33/,01	

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, phone number, an	nd e-mail of person re	esponsible f	_	program.	
	Name:			Title:		
	Address:	City	y:		Zip:	
	Telephone: Fax:		Em	ail:		
69.	Please provide the physical address of the prima	ry county white good	ls collection	n site.		
	Street 1:					
	Street 2:					
	City:				Zip:	
70.	Please provide the name of the business or person	on that removes the re	efrigerant g	ases (CFCs) fro	m white goods.	
	Name:					
	Street:					
	City:		State: Nor	th Carolina	Zip:	
	Phone: Fax:					
71.	Give amounts / types of CFCs removed. Attach					
	Type of CFC Removed				Amount	
72.	CFCs may be recycled or sent for destruction. G	ive name of firm, dis	posal meth	od and amount	earned / spent for CFC	C disposal.
	Firm	Met	thod of Dis	posal	Amount Earned	Amount Spent
73.	Please report the tonnage of white goods collected white goods tonnage reported on page 5?	•	8 in the Rec	cycling Tonnag	es table on page 5 (qu	estion # 45). Was
74.	List the amount of revenue for the white goods p	program by source:				
	Revenue collected from sale of scrap:	\$				
	Revenue collected from White Goods Tax Distr	ibutions: \$				
	Revenue from other source (e.g. grants):	\$				
	Total Revenue:	\$				
75.	According to the White Goods Law, White Good expenditures White Good Tax Distributions wer					mounts and types of
	Operational Expenses: \$					
	Clean-up of Illegal White Goods Dumps: \$					
	Total Expenditures: \$					

5 C.	RAP TIRES					
76.	Please provide name, address, phone number, and e-n Name:	•	-			
	Address:				Zip:	
	Telephone: Fax:		Emai	1:		
77.	Please provide the physical address of the primary con Street 1:	-				
	Street 2:					
	City:		State: North	n Carolina	Zip:	
78.	Tonnage/Number of scrap tires disposed July 1, 2017 Tons or	-June 30, 201	8 (<u>excluding</u> tin	res from cleanup of nu Number of tires	iisance sites)	
79.	Tonnage/Number of scrap tires disposed from cleanu Tons or		ounty designate	ed nuisance sites Number of tires		
80.	Indicate the types of tires collected by the county: Passenger % Heavy True	ck	%	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 Reimbursements:					
	Revenue from Scrap Tire Cost-Overrun Grants:					
	Total Revenue:	\$				
82.	County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 17-1	(contract dis	posal/hauling c	osts), \$		
83.	County's additional scrap tire program expenditure (i. Labor \$		renience center	cost), if any.		
	Site Cost \$					
	Other \$	de	scribe Other: _			
84.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire		
85.	Hauling cost or fuel surcharge, if not included in cont	ract cost abo	ove. \$	/ Ton; \$	/ Tire	
86.	Total tipping fees collected for tires not eligible for fi	ee disposal. S	S			
87.	Total number of tires collected not eligible for free di	sposal:				
88.	If scrap tires were not hauled off site by contracted se	rvice provide	r, were they cu	t and disposed in a loc	al landfill? Yes	No
89.	Name of tire disposal/recycling firm(s):					
TE	MPORARY DISASTER DEBRIS STAGIN					
90.	Does your local government have a plan in place for i	nanagement (of disaster debr	is? Yes	No No	
	If yes, indicate if the plan is a stand-alone plan or in c	onjunction w	ith local govern	nment agencies:	Stand-alone In conju	nction
91.	If you indicated having a plan, has the plan been revier requirements for public assistance reimbursement in a			anagement or FEMA t	to ensure it meets the basic No	
92.	Please list the name, contact numbers(s), and e-mail a	ddress of the	person(s) in ch	arge of the disaster de	bris management program	for
	your local government: Name: Name	:		Name:		
						
	E-mail: E-mai					
						

	Disaster Site #	Site Name		Disaster Site #	Site Name	
4.	Does your plan address the n	nanagement of household hazardou	ıs waste aı	nd white goods follo	wing a disaster?	No No
5.	Does your plan address mass	animal mortality? Yes	No No			
IA	NAGEMENT OF ABA	NDONED MANUFACTUR	RED HO	OMES BY COU	NTIES	
6.	Has your county considered	whether to implement a program for	or the man	agement of abandor	ned manufactured homes?	Yes No
	If yes, has your county devel	oped a written plan for the manage	ement of a	bandoned manufactı	ared homes? Yes N	O
		Part IX. y info provided in your report as ne agement in North Carolina. Thank	ecessary.	We would appreciat		
		y info provided in your report as ne	ecessary.	We would appreciat		
		y info provided in your report as ne	ecessary.	We would appreciat		
		y info provided in your report as ne	ecessary.	We would appreciat		
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		y info provided in your report as ne	ecessary.	We would appreciat		

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

