

#### 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, 2018 - June 30, 2019

# Submit this form to Lgteam@ncdenr.gov by September 1, 2019.

On the following pages, you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2018-2019. 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**

You can download a blank copy of this form from this web site: <a href="http://deq.nc.gov/about/divisions/waste-management/solidwaste-section/annual-reporting">http://deq.nc.gov/about/divisions/waste-management/solidwaste-section/annual-reporting</a>

This form must be completed electronically using Adobe Reader. It is suggested that you complete the form using the latest version of Adobe Reader which can be downloaded for free at: <a href="https://get.adobe.com/reader/">https://get.adobe.com/reader/</a>. Please <a href="https://get.adobe.com/reader/">DO NOT complete this form using Adobe Acrobat Pro.</a>

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. Name the file Community Name LGAR 2018-19. For example, Aberdeen LGAR 2018-19.

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:

Sandy Skolochenko, phone: 919-707-8147, email: sandy.skolochenko@ncdenr.gov Matt James, phone: 919-707-8133, email: matt.james@ncdenr.gov

Form Year

2019



Local Government Report Form

Required: Select your Local Government Name LANSING

### State of North Carolina

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

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

## Please submit this form to Lgteam@ncdenr.gov by September 1, 2019.

If you have questions or need assistance completing this form, please call 919-707-8147 or 919-707-8133. Person Completing This Report: Marcy B Little Title: Town Clerk/Administrator Mailing Address: P.O. Box 266 City: Lansing Zip: 28643 Phone: 336-384-3938 Date: June 12, 2019 Email: clerk@lansingnc.us **General Instructions** Please remember that the time period for the report is JULY 1, 2018 through JUNE 30, 2019. Please check "No" if you have nothing to report for a specific question. Did your local government have a Recycling Coordinator or similar position for FY 18-19? X No Name Recycling Coordinator (if different from person completing this report.) Name: Title: Address: Citv: Zip: Telephone: Email: Did your local government have a Solid Waste Director or similar position for FY 18-19? 2. X No If Yes, Name: Address: City: Zip: Email: Telephone: Did your local government have **dedicated or part-time** Solid Waste Enforcement Staff for FY 18-19? If Yes, Name: Address: City: Zip: Telephone: Email: Did your local government have solid waste ordinances in place addressing any of the following during FY 18-19? (if yes, please check all that apply) Littering Disposal Bans Illegal Dumping Construction & Demolition Other: Did your local government manage, provide or contract for any solid waste services in FY 18-19 (e.g., collection, disposal, recycling, 5. mulching, composting)? Yes X No

If you answer "No" to question 5, the report is complete, please email to Lgteam@ncdenr.gov.

|     | Part 1. Waste Reduction and Recycling Programs Serving Government Facilities  |
|-----|---|
| 6.  | Did your local government have a recycling program in place for collecting recyclable materials generated at public buildings in FY 18-19? Yes No   |
| 7.  | Did your local government have any program or policy encouraging or requiring local agencies to purchase products with recycled content?   Yes No   |
| 8.  | Did your local government have a program in place to collect and recycle spent fluorescent lights generated from the public buildings and facilities that were operated by your government in FY 18-19? Yes No  |
|     | Part II. Waste Reduction and Recycling Programs Serving the Public  |
| SO  | URCE REDUCTION / REUSE  |
| 9.  | Did your local government have a backyard composting program?   |
| 10. | If yes, please check all backyard composting activities that apply:   |
|     | ☐ Education ☐ Demonstration site(s) ☐ Bin distribution/sales Number of Bins distributed?  |
| 11. | Did your local government operate a program to promote source reduction efforts such as junk mail reduction, reduction of single use plastics, food waste reduction, or promoting reuse and donation?   Yes No  |
| 12. | Did your local government offer a waste exchange or reuse program? Yes No   |
| 13. | If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public:  |
|     | Swap shop/shed Number of sheds in use? Paint exchange Number of gallons recovered?  |
|     | Other (e.g. pallet exchange, etc.)  |
| PU. | BLIC RECYCLING SERVICES   |
| 14. | Which of the following responses best describes your recyclables recovery activities for the period July 1, 2018 through June 30, 2019? Choose <b>ONE</b> option that best applies.   |
|     | ☐ My local government <b>DID operate or contract</b> for a recyclables recovery program. ( <b>please continue to question 15</b> )  |
|     | My local government <b>DID NOT operate or contract</b> for recyclables recovery <b>BUT DID participate</b> in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; <b>then go to Part IV on page 7</b> .) |
|     | With which local government did you participate?  |
|     | My local government DID NOT operate, contract or participate in a recycling program. (Go to Part IV on page 7.)   |
| CU  | RBSIDE RECYCLING PROGRAM  |
| 15. | Did your government operate a Curbside Recycling Program? Yes No, skip to question # 25   |
| 16. | Who collected the recyclable materials for your local government's curbside recycling program?  |
|     | Local government employees  |
|     | Private contractor (please specify)   |
|     | Franchised hauler (please specify)  |
|     | Other (please specify)  |
|     |   |

| 17. | a. Total number of households in your jurisdiction?   |  |  |  |  |  |  |  |  |
|-----|---|--|--|--|--|--|--|--|--|
|     | b. Number of households eligible to participate in the curbside recycling program:  |  |  |  |  |  |  |  |  |
|     | c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary):  |  |  |  |  |  |  |  |  |
| 18. | If your curbside recycling program is operated through a <u>public franchise granted to a private company</u> then please answer the following:  Is public participation in the franchise:  Voluntary or Mandatory  Does your franchise consist of:  One service district or Multiple service districts |  |  |  |  |  |  |  |  |
| 19. | What sector(s) of your community was served by the curbside recycling program?  Residential Commercial Industrial   |  |  |  |  |  |  |  |  |
| 20. | If you checked commercial or industrial in question 19, please indicate the number of accounts served:  |  |  |  |  |  |  |  |  |
| 21. | How frequently were the curbside recyclables collected?  Once a week  Every other week / biweekly  Other  |  |  |  |  |  |  |  |  |
| 22. | Please describe the collection containers used:  Bins Blue bags Multi-bin system Roll-out carts   |  |  |  |  |  |  |  |  |
| 23. | Please describe the method / style of recyclable materials handling:  curb-sort (collector separates material as collected) single stream / commingled dual / two stream don't know / other   |  |  |  |  |  |  |  |  |
| DR  | OP-OFF RECYCLING PROGRAM  |  |  |  |  |  |  |  |  |
| 24. | Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 31   |  |  |  |  |  |  |  |  |
| 25. | Who collected the recyclable materials for your local government's drop-off recycling program?  Local government employees  Private contractor  |  |  |  |  |  |  |  |  |
|     | Other (please specify)  |  |  |  |  |  |  |  |  |
| 26. | 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                                    |  |  |  |  |  |  |  |  |
| 27. | Please estimate the number of households served by your drop-off recycling program.   |  |  |  |  |  |  |  |  |
| 28. | What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial  |  |  |  |  |  |  |  |  |
| 29. | How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:   |  |  |  |  |  |  |  |  |
| 30. | How many of these locations were staffed with attendants? All None Some please list # of staffed sites:   |  |  |  |  |  |  |  |  |
| EL  | ECTRONICS RECYCLING PROGRAM   |  |  |  |  |  |  |  |  |
| 31. | Did your community operate an electronics recycling program in FY 18-19? Yes No, skip to question # 37  |  |  |  |  |  |  |  |  |
|     | 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:   |  |  |  |  |  |  |  |  |
|     |   |  |  |  |  |  |  |  |  |

| 32. | Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses   |
|-----|---|
| 33. | Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses  |
| 34. | 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, 2018: \$  |
|     | Electronics Management Funds received from DEQ during FY 18-19 (Feb 2019 distribution): \$  |
|     | Electronics Management Funds spent during FY 18-19: \$  |
|     | Electronics Management Fund balance as of June 30, 2019: \$   |
| 35. | Briefly explain how Electronics Management Funds were spent during FY 2018-19 (please list items purchased if applicable):  |
|     |   |
| 36. |   |
|     | Name of electronics recycling vendor(s) during FY 18-19:  Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?  Yes  No  |
|     |   |
|     | THER PUBLIC RECYCLING PROGRAMS  |
|     | only programs operated or contracted for <u>by</u> <u>the local government</u> . The tonnage of any materials collected by the following programs uld be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.  |
| 37. | of multifamily properties in a manner other than through your curbside or dropoff recycling programs? Yes No  |
| 38. | Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner other than through your curbside or dropoff recycling programs? Yes No   |
| 39. | 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   |
| 40. | 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   |
| 41. | Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 18-19. (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   |
| 42. | Please identify all "Other" programs or services operated by your government during FY 18-19. (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

Material Type

- 43. 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, 2018 through JUNE 30, 2019. 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 on page 6 in the SPECIAL WASTE section of this report.
  - c. If you collected single stream or other commingled materials, record tons in the "Commingled tons" row and then check the box for each individual material type that was commingled.

| DDOCDAM  | Curbside      |                 | Dr                | op-off        | All "Oth   | <b>Total Tons</b> |                                   |  |
|--|---------------|-----------------|-------------------|---------------|------------|-------------------|-----------------------------------|--|
| PROGRAM  | ⊠ if Yes      | Tons            | ⊠ if Yes          | Tons          | ⊠ if Yes   | Tons              | (totals are calculated l<br>form) |  |
| LASS:  |               |                 |                   |               |            |                   | ,                                 |  |
| ear  |               |                 |                   |               |            |                   |                                   |  |
| rown   |               |                 |                   |               |            |                   |                                   |  |
| reen   |               |                 |                   |               |            |                   |                                   |  |
| ixed   |               |                 |                   |               |            |                   |                                   |  |
| ASTIC:   |               |                 |                   |               |            |                   |                                   |  |
| ET #1  |               |                 |                   |               |            |                   |                                   |  |
| DPE #2   |               |                 |                   |               |            |                   |                                   |  |
| ll Plastic Bottles                             |               |                 |                   |               |            |                   |                                   |  |
| ther Plastic Containers                        |               |                 |                   |               |            |                   |                                   |  |
| ulky Rigid Plastics                            |               |                 |                   |               |            |                   |                                   |  |
| ETAL:  |               |                 |                   |               |            |                   |                                   |  |
| luminum Cans                                   |               |                 |                   |               |            |                   |                                   |  |
| teel Cans                                      |               |                 |                   |               |            |                   |                                   |  |
| APER:  |               |                 |                   |               |            |                   |                                   |  |
| ewsprint (ONP)                                 |               |                 |                   |               |            |                   |                                   |  |
| ardboard (OCC)                                 |               |                 |                   |               |            |                   |                                   |  |
| (agazines (OMG)                                |               |                 |                   |               |            |                   |                                   |  |
| ffice Paper                                    |               |                 |                   |               |            |                   |                                   |  |
| lixed / Other Paper                            |               |                 |                   |               |            |                   |                                   |  |
| artons / Aseptic Containers                    |               |                 |                   |               |            |                   |                                   |  |
| OOD:   |               |                 |                   |               |            |                   |                                   |  |
| allets   |               |                 |                   |               |            |                   |                                   |  |
| ther Wood - DO NOT                             |               | Report all to   | ns in Other colun | ın            |            |                   |                                   |  |
| eport yard waste tons her                      | e             |                 |                   |               |            |                   |                                   |  |
| THER MATERIALS:                                |               |                 |                   |               |            |                   |                                   |  |
| extiles (clothes etc)                          | _             |                 |                   |               |            |                   |                                   |  |
| elevisions                                     | _             |                 |                   |               |            |                   |                                   |  |
| ther Electronics                               | _             |                 |                   |               |            |                   |                                   |  |
| &D Materials Recycling                         |               | Report all to   | ns in Other colun | ın            |            |                   |                                   |  |
| Thite Goods                                    | _             |                 |                   |               |            |                   |                                   |  |
| ther Metal                                     | _             |                 |                   |               |            |                   |                                   |  |
|  | _             |                 |                   |               |            |                   |                                   |  |
| . 1 14 1 1                                     | 11            |                 |                   |               |            |                   |                                   |  |
| ommingled tons-check a<br>ems collected above* |               |                 |                   |               |            |                   |                                   |  |
| TOTAL TONS:                                    |               |                 |                   |               |            |                   |                                   |  |
|  |               |                 |                   |               |            |                   |                                   |  |
| *If you checked com                            | mingled, whic | h material reco | very facility do  | es your commi | unity use: |                   |                                   |  |

Tons Diverted Describe the mechanism that caused these materials to be recovered and data collection method

### Part III. Special Waste Collections

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 46 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 # 46 but instead report with HHW materials in question # 47.

| Materials <u>from Citizens</u> by Material Type  | Did program collect this material from the public?   |   | Data on quantities collected / managed. Please report in indicated units.   |   |  |                                  |
|--|--|---|---|---|--|----------------------------------|
| Used Motor Oil   | Yes  |   |   |   | gallo  | ns                               |
| Used Oil Filters   | Yes  |   | barrels   | s, or   | •  | lbs                              |
| Used Antifreeze  | Yes  |   |   | •   | £  | gallons                          |
| Batteries, Lead Acid   | Yes  |   | # bat   | teries, c   | or   | lbs                              |
| Batteries, Dry Cell  | Yes  |   |   |   | •  | lbs                              |
| Fluorescent Bulbs/Lights Containing Mercury  | Yes  |   | lb  | s, or   | #  | bulbs                            |
| Propane Tanks  | Yes  |   | lb  | s, or   | #  | ‡ tanks                          |
| Used Cooking Oil / Waste Vegetable Oil   | Yes  |   | lb  | s, or   |  | gallons                          |
| Other Special Wastes - please provide waste type here:   | Yes  |   |   |   | '  | lbs                              |
| Pesticide Containers (NCDA Program, not pesticides themselves)   | Yes  |   | lb  | s, or   |  | # con-<br>tainers                |
| NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)  | Yes  |   |   |   |  | lbs                              |
| Latex Paint (do not include paint collected at HHW event or by a paint exchange program)   | Yes  |   |   | or  |  | lbs                              |
| Did your local government operate a household last If Yes, please respond to the following questions   |  | progran   | n or event in FY 1  | 18-19?  | Yes  | ☐ No                             |
| If Yes, please respond to the following questions a. Was HHW collected at a permitted Temporar b. How many days was your HHW Program ope c. Did you partner or co-sponsor your HHW program elease list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from small figes, please estimate the amount of business f. Amounts of individual materials collected by  | ry Event or at a Permanent en to accept materials durin ogram with another local granticipated in your HHW ll businesses (Very Exemps material managed HHW Program: if totals for the program if totals for the program in the program  | HHW Cong this Fovernment collection to Small (  | collection Facility iscal Year? ent? Yes  on program this F Quantity Generate po dual materials are                                       | ? No            | Permanent ear?   | Tem  Yes   ze belov              |
| If Yes, please respond to the following questions a. Was HHW collected at a permitted Temporar b. How many days was your HHW Program open. Did you partner or co-sponsor your HHW program elist partner(s)  d. Provide number of citizens / households that the deep program accept materials from small fryes, please estimate the amount of business f. Amounts of individual materials collected by about individual materials is not available, please, materials listed here should only be tho     | ry Event or at a Permanent en to accept materials during participated in your HHW ll businesses (Very Exemples material managed HHW Program: if totals for ease simply provide total quese collected at an HHW Program in the program is totals for ease collected at an HHW Program in the program is totals for ease simply provide total quese collected at an HHW Program in the program is totals for ease collected at an HHW Program in the program is totals for ease collected at an HHW Program in the program is totals for ease collected at an HHW Program in the program is total and the program is t | HHW Cong this Fovernment collection to Small (or individuantity cogram a  | collection Facility iscal Year? ent? Yes on program this F Quantity Generate dual materials are of materials collected and should not inc | ? No No iscal Yours)? ounds e knowreted by llude ma | Permanent  ear?  n please itemi HHW progra aterials listed | Tem Yes ze below in 47; in quest |
| If Yes, please respond to the following questions a. Was HHW collected at a permitted Temporar b. How many days was your HHW Program open. Did you partner or co-sponsor your HHW program elist partner(s)  d. Provide number of citizens / households that be. Did your program accept materials from small figures, please estimate the amount of business. Amounts of individual materials collected by about individual materials is not available, please, materials listed here should only be tho | ry Event or at a Permanent en to accept materials during participated in your HHW ll businesses (Very Exemples material managed HHW Program: if totals for ease simply provide total quese collected at an HHW Program in the program is totals for ease collected at an HHW Program in the program is totals for ease simply provide total quese collected at an HHW Program in the program is totals for ease collected at an HHW Program in the program is totals for ease collected at an HHW Program in the program is totals for ease collected at an HHW Program in the program is total and the program is t | HHW Cong this Fovernment collection to Small (or individuantity congram a   | collection Facility iscal Year? ent? Yes on program this F Quantity Generate dual materials are of materials collected and should not inc | ? No No iscal Yours)? ounds e knowreted by llude ma | Permanent  ear?  n please itemi HHW progra aterials listed | Tem Yes ze below in 47; in quest |
| If Yes, please respond to the following questions a. Was HHW collected at a permitted Temporar b. How many days was your HHW Program open. Did you partner or co-sponsor your HHW program open please list partner(s)  d. Provide number of citizens / households that be. Did your program accept materials from small figures, please estimate the amount of business for Amounts of individual materials collected by about individual materials is not available, please.                            | ry Event or at a Permanent en to accept materials durin ogram with another local graminated in your HHW ll businesses (Very Exemps material managed HHW Program: if totals for ease simply provide total quest collected at an HHW Program in the Lead Acid Batterial Lead Acid Batterial representations.   | HHW Cong this Fovernment collection to Small (congram and congram | collection Facility iscal Year? ent? Yes on program this F Quantity Generate dual materials are of materials collected and should not inc | ? No No iscal Yours)? ounds e knowreted by llude ma | Permanent  ear?  n please itemi HHW progra aterials listed | Tem Yes ze below in 47; in quest |

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 Questions #66 - #88 which are for Counties only.

|             |   | Part 1                       | IV. Yard Waste,                                   | , Mul                | ching and                   | C          | omposting                       | g Manageme                              | ent   |
|-------------|---|------------------------------|---|----------------------|-----------------------------|------------|---------------------------------|---|---|
|             |   | be disposed                  | <u></u>   | cinerato             |                             |            |                                 |   | . Do not include informatio                                   |
| <b>1</b> 8. | -                                       | _                            | t operate a yard waste p Collected curbside       | _                    |                             |            |                                 | •                                       | w yard waste is managed by<br>aste, compost, or LCID facil    |
| 19.         | Did a storm ev                          | ent significa                | ntly impact the amount                            | of yard              | waste your go               | veri       | nment managed                   | d during FY 18-19                       | ? Yes No  |
| 50.         |   |                              | s were managed by you<br>ste, brush, limbs, leav  |                      |                             |            |                                 |   |   |
|             |   | Destina                      | tion  | Check if used        | Tons                        |            | Cubic Yards                     | Facility                                | Name and Location   |
|             | End user (to fa                         | rmer or hom                  | e-owner)  |                      |                             | or         |                                 |   |   |
|             | Your local gov                          | ernment's m                  | ulch or compost facility                          |                      |                             | or         |                                 |   |   |
|             | Other public m                          | ulch or comp                 | post facility                                     |                      |                             | or         |                                 |   |   |
|             | Private mulch                           | or compost fa                | acility   |                      |                             | or         |                                 |   |   |
|             | Land clearing a                         | and inert deb                | ris landfill (LCID)                               |                      |                             | or         |                                 |   |   |
|             | Energy / Fuel U                         | Jse (e.g. boil               | er fuel market)                                   |                      |                             | or         |                                 |   |   |
|             |   | Tota                         |   |                      |                             | or         |                                 |   |   |
|             | estimate yard v<br>volume manag         | vaste volume<br>ed by progra | e. Calculate for each trum in the appropriate box | ick used<br>xes abov | in your yard we. Ex. 10 cu  | vas<br>bic | te management<br>yard truck x 3 | t program, and the days/wk x 16 wks = = | = 480 cubic yards  cubic yards                                |
|             | Size of Truc                            | k (in yards)                 | Avg. no. of times truck                           |                      |                             |            |                                 |   | TOTAL   |
|             |   |                              | Part V. So  | olid V               | Vaste Coll                  | ec         | tion Servi                      | ces                                     |   |
| 51.         | Please complet                          | e the followi                | ng table about your gov                           | ernmen               | t's solid waste             | (ga        | rbage) collecti                 | on system.                              |   |
|             | Sector                                  |                              | ll ll   |                      | olid Waste Co               |            | WIII CUI                        | llects Solid Waste?                     | How is Solid Waste Collected?                                 |
|             |   | Insert Letter                |   | Insert #             | - see codes at<br>Secondary | rıg        | a. Local g                      |   | s 1. Once a week at household<br>2. Twice a week at household |
|             | Residential                             | Primary                      |   | mary                 | Secondary                   |            | c. Franch                       | ise haulers government not              | 3. Convenience center/greenbox 4. As needed or by request     |
|             | Commercial Industrial                   | Primary                      |   | mary                 | Secondary                   |            |                                 | ed in provision of                      | 5. Daily 6. Other   |
| 52.         | If you provide                          | residential w                | raste collection at single                        | -family              | households in               | yo         | ur jurisdiction,                | please answer the                       | following questions:  |
|             | What type of c                          | ollection me                 | thod is used?                                     | ully Aut             | tomated                     | Se         | mi-Automated                    | Manual                                  | Don't know  |
|             | What is the sta                         | ndard collect                | <u> </u>  | eekly                |                             | me         | s per week                      | Other                                   |   |
|             | What is the typ                         | ical service                 | point for single family h                         | •                    |                             |            | Curbside                        | Back yard / Bac                         | ek door   |
|             | What type of c                          |                              |   |                      | ent-provided o              | arts       |                                 | ent-provided conta                      | <u></u>   |
|             | **                                      |                              | ollection services?                               | Yes                  | □No                         |            |                                 | 1                                       |   |
| 53.         | For municipali                          | ties - did you               | or government collect water                       | –<br>hite goo        | ods at the curb             |            | Yes No                          | No                                      |   |
|             | 11 20, 11 21 11 11                      |                              | t VI. Solid Was                                   |                      |                             |            |                                 | al Activities                           |   |
| 54.         | Did <b>your local</b> issues / activiti | governmen                    | t have an education pro                           | gram to              |                             | ıs sj      | pecifically abou                |   | nagement and / or recycling                                   |
| 55.         | Please estimate                         | your annual                  | budget for solid waste                            | _                    |                             |            |                                 | s: \$                                   |   |
| 56.         | Does your com                           | munity prod                  | uce recycling education                           | and ou               | treach materia              | ls iı      | n languages bes                 | sides English?                          | Yes No  |
|             | If YES, please                          | list other lan               | guages used:                                      |                      |                             |            |                                 | _                                       |   |
|             | -                                       |                              |   |                      |                             |            |                                 |   |   |
|             |   |                              |   |                      |                             |            |                                 |   |   |

| S8. MC Solid Waste Disposal Tax proceeds are distributed to eligible local governments on a quarterly basis by the Department of Revenue, According to GS 105-187.63 these funds must be used by a city or county solely for solid waste management programs and services. Did your local government receive Solid Waste Disposal Tax distributions?   | 57  |                           |                       |                     |                       | FV 18-19?               | Yes N             |                 |  |  |  |  |
|--|-----|---------------------------|-----------------------|---------------------|-----------------------|-------------------------|-------------------|-----------------|--|--|--|--|
| According to GS 105-187.63 these funds must be used by a city or county solely for solid waste management programs and services. Did your local government receives Solid Waste Disposal Tax distributions?   Yes   No If yes, how are disposal tax distributions being used?  99. What other funding sources does your local government use?   Proporty taxes / general fund   Sale of recyclables   Per household charges   Grants   Per household charges   Grants   Per household charges   Per household charges   Per household experience of the per per   Per   F18-19 household fees (follow example format):  ex: \$ \$75.00 per year per   Per   F18-19 household fees (follow example format):  ex: \$ \$75.00 per per   Per   F18-19 household fees (follow example format):  ex: \$ \$ \$ per   Per   F18-19 household fees (follow example format):  ex: \$ \$ \$ per   Per   F18-19 household fees (follow example format):  ex: \$ \$ \$ per   Per   F18-19 household fees (follow example format):  ex: \$ \$ \$ per   Per   F18-19 household fees (follow example format):  ex: \$ \$ \$ per   Per   F18-19 household fees (follow example format):  ex: \$ \$ \$ per   Per   F18-19 household fees (follow example format):  ex: \$ \$ \$ per   Per   F18-19 household fees (follow example format):  ex: \$ \$ per   Per   F18-19 household fees (follow example format):  ex: \$ \$ per   Per   F18-19 household fees (follow example format):  ex: \$ \$ per   Per   F18-19 household fees (follow example format):  ex: \$ \$ per   Per   F18-19 household fees (follow example format):  ex: \$ \$ per   Per   F18-19 household fees (follow example format):  ex: \$ \$ per   Per   F18-19 household fees (follow example format):  ex: \$ \$ per   Per   F18-19 household fees (follow example format):  ex: \$ \$ \$ per   Per   F18-19 household fees (follow example format):  ex: \$ \$ per   Per   F18-19 household fees (following table to the best of your ability to display the full costs of your local government or available, please report forgram houget in total Cost clouds.  For including materials collected from convenie |     |                           | •                     | -                   |                       |                         |                   |                 |  |  |  |  |
| If yes, how are disposal tax distributions being used?  99. What other funding sources does your local government use?    Property taxes? general find   Sale of recyclables   White Goods tax     Proporty taxes? general find   Sale of recyclables   White Goods tax     Proporty taxes? general find   Sale of recyclables   White Goods tax     Proporty taxes? general find   Sale of recyclables     Proposed to the provide your FY 18-19 household fees (follow example format):   ex: \$ \$75.00   per   |     |                           |                       |                     |                       |                         |                   |                 |  |  |  |  |
| Section   State   Section   State   Section  |     | Did your local government | nent receive Solid V  | Vaste Disposal Tax  | distributions?        |                         | Yes N             | lo              |  |  |  |  |
| Tipping fees   |     | If yes, how are disposa   | l tax distributions b | eing used?          |                       |                         |                   |                 |  |  |  |  |
| Property taxes / general fund   Sale of recyclables   Property taxes / general fund   Sale of recyclables   Property taxes / general fund   Sale of recyclables   Property to take of the solid waste  | 59. | _                         | •                     | •                   |                       |                         |                   |                 |  |  |  |  |
| Per household charges   Grants   |     | _                         |                       |                     |                       | · —                     |                   |                 |  |  |  |  |
| et: \$ \$75.00 per   |     |                           | •                     |                     | yciables              |                         | inte Goods tax    |                 |  |  |  |  |
| a. \$ per  | 60. |                           | _                     |                     | follow example form   | nat):                   |                   |                 |  |  |  |  |
| a. \$ per per per for solid waste  b. \$ per per per for recycling  c. \$ per per per for waste  d. \$ per per per for bulky waste  e. \$ per per per for bulky waste  e. \$ per per per doubley waste  e. \$ per per per doubley waste  for bulky waste  e. \$ per per per doubley waste  for bulky waste  e. \$ per per per doubley waste  for bulky waste  e. \$ per per per doubley waste  for bulky waste  for bulky waste  e. \$ per per per doubley waste  for bulky waste  for bulky waste  for bulky waste  e. \$ per per per doubley waste  for bulky waste  for bear per per bulk diseard) per per bulk diseard) per per bulk diseard per per per bulk diseard per per per per per per per per per bulk diseard per  |     | ex: \$ \$75.00            | per                   | year                | per                   | household               | for solid was     | te              |  |  |  |  |
| c. \$ per per for yard waste  d. \$ per per per for bulky waste  e. \$ per per per for bulky waste  e. \$ per per per davailability fee  f. \$ per per per per per total charge  for conduct full cost accounting annually and to develop a system to inform users of such costs.  f. For solid waste ervices per year  \$ For recycling services, please report the annual contract amount.  \$ per  |     |                           |                       |                     |                       |                         |                   | te              |  |  |  |  |
| d. S   |     | b. \$                     | per                   |                     | per                   |                         | for recycling     |                 |  |  |  |  |
| e. S   |     | c. \$                     | per                   |                     | per                   |                         | for yard wast     | e               |  |  |  |  |
| 61. Did your local government operate a Pay-As-You-Throw program for residential garbage during FY 18-19? (a system where residents are charged a fee by weight or volume for the amount of trash they discard) \ \textstyle=\textstyl=   |     | d. \$                     | per                   |                     | per                   |                         | for bulky wa      | ste             |  |  |  |  |
| 61. Did your local government operate a Pay-As-You-Throw program for residential garbage during FY 18-19? (a system where residents are charged a fee by weight or volume for the amount of trash they discard)  |     | e. \$                     | per                   |                     | per                   |                         | availability f    | <u>ee</u>       |  |  |  |  |
| are charged a fee by weight or volume for the amount of trash they discard) Yes No  According to GS 1304-309.08, local governments are required to conduct full cost accounting annually and to develop a system to inform users of such costs.  62. If your local government contracts for solid waste or recycling services, please report the annual contract amount.  \$   |     | f. \$                     | per                   |                     | per                   |                         | total charge      |                 |  |  |  |  |
| According to GS 1304-309.08, local governments are required to conduct full cost accounting annually and to develop a system to inform users of such costs.  62. If your local government contracts for solid waste or recycling services, please report the annual contract amount.  \$   | 61. |                           |                       |                     |                       |                         | 8-19? (a system   | where residents |  |  |  |  |
| inform users of such costs.  62. If your local government contracts for solid waste or recycling services, please report the annual contract amount.  \$   |     |                           |                       |                     |                       |                         | 1 1 1             |                 |  |  |  |  |
| For solid waste services per year   For recycling per year   For recycling per year   OR   Combined Contract (solid waste, and recycling)  |     |                           |                       | nents are required  | to conduct full cos   | st accounting annual    | ly and to develo  | p a system to   |  |  |  |  |
| For solid waste services per year   For recycling per year   OR  |     |                           |                       | d waste or recyclin | a cervices inlease re | enort the annual contr  | act amount        |                 |  |  |  |  |
| S For recycling per year OR S Combined Contract (solid waste, and recycling)  63. Collection Programs: Please complete the following table to the best of your ability to display the full costs of your local government's collection programs for waste, recyclables and yard waste including materials collected from convenience centers. If full cost analysis is not available, please report program budget in Total Cost column.  # of Households served Tons Collected Collection Cost (tipping fees paid) Disposal Cost (tipping fees paid)  Municipal Solid Waste*  Recycling Program**  Yard Waste Program  *for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill.  **for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services.  64. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately. Landfill Budget:  S Transfer Station Budget:  \$ Yard Waste / Compost Facility Budget:  \$ Yard Waste / Compost Facility Budget:  \$ Yard Waste / Compost Facility Budget:  \$  | 02. |                           | it contracts for som  | •                   |                       | port the annual contr   | act amount.       |                 |  |  |  |  |
| S Combined Contract (solid waste, and recycling)  63. Collection Programs: Please complete the following table to the best of your ability to display the full costs of your local government's collection programs for waste, recyclables and yard waste including materials collected from convenience centers. If full cost analysis is not available, please report program budget in Total Cost column.  # of Households served   |     |                           |                       | <del>-</del>        |                       |                         |                   |                 |  |  |  |  |
| SCombined Contract (solid waste, and recycling)  63. Collection Programs: Please complete the following table to the best of your ability to display the full costs of your local government's collection programs for waste, recyclables and yard waste including materials collected from convenience centers. If full cost analysis is not available, please report program budget in Total Cost column.  # of Households served  |     | Ψ                         |                       | _                   | i yeai                |                         |                   |                 |  |  |  |  |
| 63. Collection Programs: Please complete the following table to the best of your ability to display the full costs of your local government's collection programs for waste, recyclables and yard waste including materials collected from convenience centers. If full cost analysis is not available, please report program budget in Total Cost column.  # of Households served  Tons Collected  Collection Cost  Disposal Cost (tipping fees paid)  Wantaged (calculated by form)  Municipal Solid Waste*  Recycling Program**  Yard Waste Program  **for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill.  ***for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services.  64. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately. Landfill Budget:  Transfer Station Budget:  Yard Waste / Compost Facility Budget:  \$ Yard Waste / Compost Facility Budget:  \$   |     | \$                        |                       |                     | ract (solid waste, an | d recycling)            |                   |                 |  |  |  |  |
| collection programs for waste, recyclables and yard waste including materials collected from convenience centers. If full cost analysis is not available, please report program budget in Total Cost column.  # of Households served  # of Households  | 62  |                           | lagga gamplata tha    | _                   |                       | . 0,                    | ageta of your los | val gavammantla |  |  |  |  |
| # of Households served  Tons Collected Collection Cost Disposal Cost (tipping fees paid)  Municipal Solid Waste*  Recycling Program**  Yard Waste Program  **for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill.  **for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services.  64. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately. Landfill Budget:  Transfer Station Budget:  Yard Waste / Compost Facility Budget:  \$ Yard Waste / Compost Facility Budget:  \$ Yard Waste / Compost Facility Budget:  \$   | 05. | <u> </u>                  |                       | _                   | •                     |                         | •                 | _               |  |  |  |  |
| Tons Collected   Collection Cost   Disposal Cost   (tipping fees paid)   Including   Managed (calculated by form)  |     | not available, please r   | eport program bu      | dget in Total Cost  | column.               |                         | T . 1.0           |                 |  |  |  |  |
| Municipal Solid Waste*  Recycling Program**  Yard Waste Program  *for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill.  **for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services.  64. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately. Landfill Budget:  Transfer Station Budget:  Yard Waste / Compost Facility Budget: \$  Yard Waste / Compost Facility Budget: \$   |     |                           |                       | Tons Collected      | Collection Cost       |                         | including         | Managed         |  |  |  |  |
| Yard Waste Program  *for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill.  **for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services.  64. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately. Landfill Budget:  Transfer Station Budget:  Yard Waste / Compost Facility Budget:  \$  Yard Waste / Compost Facility Budget:  *  Yard Wast                              | M   | unicipal Solid Waste*     |                       |                     |                       |                         |                   |                 |  |  |  |  |
| *for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill.  **for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services.  64. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately. Landfill Budget:  Transfer Station Budget:  Yard Waste / Compost Facility Budget:  \$ Yard Waste / Compost Facility Budget:  \$   |     | Recycling Program**       |                       |                     |                       |                         |                   |                 |  |  |  |  |
| *for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill.  **for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services.  64. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately. Landfill Budget:  Transfer Station Budget:  Yard Waste / Compost Facility Budget:  \$  Yard Waste / Compost Facility Budget:  *  Yard Waste / Compost Facility                                 |     | Yard Waste Program        |                       |                     |                       |                         |                   | _               |  |  |  |  |
| **for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services.  64. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately.  Landfill Budget:  Transfer Station Budget:  Yard Waste / Compost Facility Budget:  \$  Yard Waste / Compost Facility Budget:  *  Yard Waste / Compost Facili                                |     | Totals                    | (calculated by form): |                     |                       | .                       |                   | _               |  |  |  |  |
| 64. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately.  Landfill Budget:  Transfer Station Budget:  Yard Waste / Compost Facility Budget:  \$  Yard Waste / Compost Facility Budget:  \$  Yard Waste / Compost Facility Budget:  \$  Yard Waste / Compost Facility Budget:   |     |                           |                       |                     |                       |                         |                   |                 |  |  |  |  |
| facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately.  Landfill Budget:  Transfer Station Budget:  Yard Waste / Compost Facility Budget:  \$  Yard Waste / Compost Facility Budget:  \$  | 61  |                           |                       | _                   |                       | _                       | _                 |                 |  |  |  |  |
| proportionately. Landfill Budget: \$   | 04. |                           |                       |                     |                       |                         |                   |                 |  |  |  |  |
| Transfer Station Budget: \$  Yard Waste / Compost Facility Budget: \$  |     |                           |                       |                     |                       |                         |                   | _               |  |  |  |  |
| Yard Waste / Compost Facility Budget: \$   |     | Trans                     | sfer Station Budget   | : \$                |                       |                         |                   |                 |  |  |  |  |
|  |     | Yard                      | Waste / Compost I     | Facility Budget: \$ |                       |                         |                   |                 |  |  |  |  |
| Recycling Facility Budget: \$  |     | Recy                      | cling Facility Budg   | et: \$              |                       |                         |                   | -               |  |  |  |  |
| 65. What was your government's total combined annual budget for all solid waste and recycling services in 18-19? \$  | 65. | _                         |                       |                     |                       | d recycling services is | n 18-19? \$       | -               |  |  |  |  |

# Part VIII. Mandated Programs

The following questions pertain to programs mandated by NC statute. <u>Only Counties</u> need to complete questions 66 through 88. Failure to complete Part VIII may result in non-eligibility for grant funding. <u>Municipalities</u> should skip to question 89 on page 10.

| WH  | ITE GOODS  |           |                |               |                       |                         |                     |
|-----|--|-----------|----------------|---------------|-----------------------|-------------------------|---------------------|
| 66. | Please provide name, address, phone number, Name:                                      |           | •              | Title:        | program.              |                         |                     |
|     | Address:   |           |                |               |                       | Zip:                    |                     |
|     | Telephone: Fax:  |           |                |               |                       |                         |                     |
| 67. | Please provide the physical address of the prin  |           |                |               |                       |                         |                     |
|     | Street 1:  | -         | -              |               |                       |                         |                     |
|     | Street 2:  |           |                |               |                       |                         |                     |
|     | City:  |           |                | State:        | North Carolina        | Zip:                    |                     |
| 68. | Please provide the name of the business or per Name:                                   |           |                | •             | • , ,                 | •                       |                     |
|     | Street:  |           |                |               |                       |                         |                     |
|     | City:  |           |                |               |                       | Zip:                    |                     |
|     | Phone: Fax:  |           |                | Email:        | :                     |                         |                     |
| 69. | Give amounts / types of CFCs removed. Attac  |           | ds of CFC remo | oval, ar      | nd copy of certificat |                         | rming extraction.   |
|     | Type of CFC Removed  |           |                |               |                       | Amount                  |                     |
|     |  |           |                |               |                       |                         |                     |
|     |  |           |                |               |                       |                         |                     |
|     |  |           |                |               |                       |                         |                     |
|     |  |           |                |               |                       |                         |                     |
| 70. | CFCs may be recycled or sent for destruction.  | Give no   | ame of firm di | l<br>sposal i | method and amount     | earned / spent for CF0  | ⊂ disnosal          |
| 70. | Firm   | GIVEIN    |                |               | f Disposal            | Amount Earned           | Amount Spent        |
|     |  |           |                |               |                       |                         |                     |
|     |  |           |                |               |                       |                         |                     |
|     |  |           |                |               |                       |                         |                     |
| 71. | Please report the tonnage of white goods colle white goods tonnage reported on page 5? | cted du   | ring FY 2018-1 | 9 in th       | e Recycling Tonnag    | ges table on page 5 (qu | estion # 43). Was   |
| 72. | List the amount of revenue for the white good  | s progra  | m by source:   |               |                       |                         |                     |
|     | Revenue collected from sale of scrap:  |           | \$             |               |                       |                         |                     |
|     | Revenue collected from White Goods Tax Dis   | stributio | ons: \$        |               |                       |                         |                     |
|     | Revenue from other source (e.g. grants):   |           | \$             |               |                       |                         |                     |
|     | Total Revenue:   |           | \$             |               |                       |                         |                     |
| 73. | According to the White Goods Law, White Gexpenditures White Good Tax Distributions w   |           |                |               |                       |                         | mounts and types of |
|     |  |           |                |               |                       |                         |                     |
|     | Capital Improvements: \$ _   |           |                |               |                       |                         |                     |
|     | Clean-up of Illegal White Goods Dumps: \$ _  |           |                |               |                       |                         |                     |
|     | Total Expenditures: \$ _   |           |                |               |                       |                         |                     |

| 74. | Please provide name, address, phone number, and e-ma   | _           | _                    |               |                                   | ram.                          |          |
|-----|--|-------------|----------------------|---------------|-----------------------------------|-------------------------------|----------|
|     | Address:   |             |                      |               |                                   | Zip:                          |          |
|     | Telephone: Fax:  |             |                      |               |                                   |                               |          |
| 75. | Please provide the physical address of the primary cour<br>Street 1:   | nty scrap t | ires collection      | on site.      |                                   |                               |          |
|     | Street 2:  |             |                      |               |                                   |                               |          |
|     | City:  |             | State: 1             | North C       | arolina                           | Zip:                          |          |
| 76  | Tonnage/Number of scrap tires disposed July 1, 2018-J Tons or  | une 30, 20  | 019 ( <u>excludi</u> | ng tires<br>N | from cleanup<br>Jumber of tires   | of nuisance sites)            |          |
| 77. | Tonnage/Number of scrap tires disposed from cleanup  Tons or   | of state or | county design        | gnated i      | nuisance sites<br>Jumber of tires |                               |          |
| 78. | Indicate the types of tires collected by the county:  Passenger % Heavy Truck  |             | Large Off-           | Road          | 9/                                | 6 Agricultural                | _ %      |
| 79. | List the amount of revenue for the scrap tire program b<br>Revenue from Scrap Tire Tax Distributions:  |             |                      |               |                                   |                               |          |
|     | Revenue from Scrap Tire Fees:  |             |                      |               |                                   |                               |          |
|     | Revenue from Scrap Tire Clean-up Reimbursements:   |             |                      |               |                                   |                               |          |
|     | Revenue from Scrap Tire Cost-Overrun Grants:   |             |                      |               |                                   |                               |          |
|     | Total Revenue:   | \$          |                      |               |                                   |                               |          |
| 80. | County's total scrap tire program contract expenditure (excluding costs of nuisance tire cleanups, for FY 18-19  | (contract d | lisposal/haul        | ing cost      | ts), \$                           |                               |          |
| 81. | County's additional scrap tire program expenditure (i.e. Labor \$  |             | nvenience ce         | enter co      | st), if any.                      |                               |          |
|     | Site Cost \$   |             |                      |               |                                   |                               |          |
|     | Other \$   |             | describe Oth         | er:           |                                   |                               |          |
| 82. | County's contract cost for scrap tire disposal. \$   |             | / Ton; \$            |               | / Tire                            |                               |          |
| 83. | Hauling cost or fuel surcharge, if not included in contra  | act cost a  | bove. \$             |               | _ / Ton; \$                       | / Tire                        |          |
| 84. | Total tipping fees collected for tires not eligible for fre  | e disposal  | . \$                 |               |                                   |                               | _        |
| 85. | Total number of tires collected not eligible for free dis  |             |                      |               |                                   |                               |          |
| 86. | If scrap tires were not hauled off site by contracted serv   |             |                      |               |                                   |                               | -<br>∏No |
| 87. | Name of tire disposal/recycling firm(s):   | _           |                      | -             | _                                 |                               | _        |
| MA  | NAGEMENT OF ABANDONED MANUFA   | ACTUR       | ED HOM               | ES BY         | COUNTI                            | ES                            |          |
| 88. | Has your county considered whether to implement a pr   | ogram for   | the manager          | ment of       | abandoned ma                      | anufactured homes? Yes        | ☐ No     |
|     | If yes, has your county developed a written plan for the   | managen     | nent of aband        | doned n       | nanufactured l                    | nomes? Yes No                 |          |
| TE: | MPORARY DISASTER DEBRIS STAGINO  | G SITES     | S - Countie          | es and        | Municipal                         | ities                         |          |
| 89. | Does your local government have a plan in place for m  | -           |                      |               |                                   | ☐ No                          |          |
|     | If yes, indicate if the plan is a stand-alone plan or in co  |             | •                    |               | •                                 | Stand-alone In con            | ,        |
| 90. | If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a continuous |             |                      |               | gement or FEI Yes                 | MA to ensure it meets the bas | ic       |

| 91. | Please list the name, co<br>your local government:<br>Name: | ontact numbers(s), and e-mail address of the  Name:   | per         |  | he disaster debris management program for  Name:   |  |  |
|-----|---|---|-------------|--|--|--|--|
|     | Phone:  | Phone:  |             |  | Phone:   |  |  |
|     | E-mail:   | E-mail:   |             |  | E-mail:  |  |  |
| 92. | Natural Heritage Progra<br>Please note that the vetting of  | ry disaster debris staging sites in your county<br>am (NHP) and the State Historic Preservation<br>of a site prior to a disaster is advantageous to local governments when attemption | n C<br>ernr | Office (SHPO) through ments because a staging site | coordination with the Solid Waste Section.  which is found to have impacted federal or state |  |  |
|     | Disaster Site #   | Site Name   |             | Disaster Site #                                    | Site Name  |  |  |
|     |   |   |             |  |  |  |  |
|     |   |   |             |  |  |  |  |
|     |   |   | -           |  |  |  |  |
|     |   |   | -           |  |  |  |  |
|     |   |   |             |  |  |  |  |
| 93. | Does your plan address                                      | the management of: Household hazard   | ous         | s waste Mass ani                                   | mal mortality  |  |  |
|     |   | Abandoned vessels   | S           | White go   | ods  |  |  |
| 94. | Does your plan include                                      | coordination with NC DOT on clearing roa  | ds :        | and waste in the right of                          | of way? Yes No   |  |  |
|     |   | Part IX. C  | on          | nments   |  |  |  |

Use this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this report or other matters regarding solid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed.

This form is to be submitted electronically. If you require assistance, please contact one of these NC DEACS staff members:

Sandy Skolochenko, email: sandy.skolochenko@ncdenr.gov phone: 919-707-8147 Matt James, email: matt.james@ncdenr.gov phone 919-707-8133

#### THIS FORM IS DUE SEPTEMBER 1, 2019

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 <a href="https://deq.nc.gov/conservation/recycling/local-government-recycling-assistance">https://deq.nc.gov/conservation/recycling-assistance</a> or e-mail us at Lgteam@ncdenr.gov

