

#### 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: <a href="https://get.adobe.com/reader/">https://get.adobe.com/reader/</a> - it is suggested that you complete the form using the latest version of Adobe Reader. Please <a href="DO NOT">DO NOT</a> 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: MACCLESFIELD

#### 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.

	Pl	ease submit this form to Lgte	am@ncdenr.gov by <b>September</b>	1, 2018.			
	If you have questions o	or need assistance completi	ng this form, please call 919	2-707-8136 or 919-707-8133.			
Pers	son Completing This Report: CY	NTHIA BUCK	Title	: TOWN CLERK			
Mai	ling Address: P.O.BOX 185		City: MACCLESFIELD	Zip: 27852			
Pho	ne: 252-827-4823	Fax: 252-827-4814		Date: 08/29/2018			
Ema	ail: cbuck30@embarqmail.com						
		Genera	al Instructions				
	se remember that the time period a specific question.	for the report is JULY 1, 2017	7 through JUNE 30, 2018. Plea	se check "No" if you have nothing to report			
1.	Did your local government have	a Recycling Coordinator or s	imilar position for FY 17-18?	☐ Yes			
	Name Recycling Coordinator (if	different from person comple	eting this report.)				
	Name:		Title:				
	Address:		City:	Zip:			
	Telephone:	Fax:	Email:				
2.	Did your local government have	a Solid Waste Director or sin	nilar position for FY 17-18?	∑ Yes □ No			
2.	If Yes, Name: Antonio Porte	r	Title: Superintendant				
	Address: P.O. Box 185		City: Macclesfield	Zip: 27852			
	Telephone: 252-827-4823	Fax: 252-827-4814	Email: townofm	nacclesfield@embarqmail.com			
3.	Did your local government have	dedicated or part-time Solie	d Waste Enforcement Staff for	FY 17-18? Yes No			
	If Yes, Name:		Title:				
	Address:		City:	Zip:			
	Telephone:	Fax:	Email:				
4.	Did your local government have all that apply)	solid waste ordinances in pla	ce addressing any of the follow	ring during FY 17-18? (if yes, please check			
	☐ Disposal Bans ☐ II	legal Dumping 🔀 Littering	g Other, Please Describe	:			
5.	Did your local government manamulching, composting)?	age, provide or contract for an	y solid waste services in FY 17	7-18 (e.g., collection, disposal, recycling,  Yes  No			
	If you answer!	No!! to question 5 the rene	rt is complete please email to	_			

#### Part I. Waste Reduction and Recycling Programs Serving Government Facilities The following questions pertain to waste reduction and recycling activities / programs that serve local government facilities. Did your local government have a recycling program in place for collecting recyclable materials generated at Yes X No public buildings in FY 17-18? 7. Did your local government have any program or policy encouraging or requiring local agencies to X No purchase products with recycled content? Did your local government have a program in place to collect and recycle spent fluorescent lights X No | Yes generated from the public buildings and facilities that were operated by your government in FY 17-18? Part II. Waste Reduction and Recycling Programs Serving the Public SOURCE REDUCTION / REUSE Did your local government have a backyard composting program? Yes X No If yes, please check all backyard composting activities that apply: Education Demonstration site(s) Bin distribution/sales Number of Bins distributed? Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes X No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives? Did your local government offer a waste exchange or reuse program? Yes X No 13 If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public: Paint exchange Number of gallons recovered? Swap shop/shed Number of sheds in use? Other (e.g. pallet exchange, etc.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 2017 through June 30, 2018? My local government **DID operate or contract** for a recyclables recovery program. (please continue to question 15) My local government DID NOT operate or contract for recyclables recovery BUT DID participate in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; then go to Part IV on page 7.) With which local government did you participate? My local government DID NOT operate, contract or participate in a recycling program. (Go to Part IV on page 7.) If your local government **DID** operate or contract for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s). **CURBSIDE RECYCLING PROGRAM** Did your government operate a Curbside Recycling Program? 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) Franchised hauler (please specify) Other (please specify)

17.	Please provide the following information about your community:  a. Total number of households in your jurisdiction?
	b. Number of households eligible to participate in the curbside recycling program:
	c. Provide the <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
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?
26.	Who collected the recyclable materials for your local government's drop-off recycling program?  Local government employees  Private contractor
	Other (please specify)
27.	Please describe the method / style of recyclable materials handling for your drop-off recycling program:  source-separated (citizens separate materials by type) single stream / commingled dual / two stream (paper separated from cans/bottles) don't know / other
28.	Please estimate the number of households served by your drop-off recycling program.
29.	What sector(s) of your community are served by the drop-off recycling program?   Residential Commercial Industrial
30.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:
31.	How many of these locations were staffed with attendants?
EL	ECTRONICS RECYCLING PROGRAM
mate	Is answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any perials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.  Did your community operate an electronics recycling program in FY 17-18? Yes No, skip to question # 38  If you did operate an electronics recycling program, please indicate style of program:  Permanent - Curbside Collection Permanent - Drop-off Scheduled Collection Day or Event Part of HHW Program If you offer curbside collection of electronics is it: by appointment or unscheduled  If you operate a drop-off electronics program, how many collection sites do you provide? Number of Sites:

33.	Did your electronics recycling program collect or accept televisions from (check all that apply):   Residences   Businesses
34.	Did your electronics recycling program collect or accept computer equipment from (check all that apply):   Residences  Businesses
35.	DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was eligible to receive proceeds from the State Electronics Management Fund in February of 2018, please provide the following information:
	Electronics Management Fund balance as of July 1, 2017: \$
	Electronics Management Funds received from DEQ during FY 17-18 (Feb 2018 distribution): \$
	Electronics Management Funds spent during FY 17-18: \$
	Electronics Management Fund balance as of June 30, 2018: \$
36.	Briefly explain how Electronics Management Funds were spent during FY 2017-18 (please list items purchased if applicable):
37.	If you did operate an electronics recycling program, please provide the following information about your vendor / contractor: Name of electronics recycling vendor(s) during FY 17-18:
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?
OT	THER PUBLIC RECYCLING PROGRAMS
the	ase answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by <u>local government</u> . 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?   Yes  No  Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner
37.	other than through your curbside or dropoff recycling programs? $\square$ Yes $\square$ No
40.	Does your local government provide recycling services to Alcoholic Beverage Commission permit holders?    Yes    No
	On-site collection services provided If on-site collection provided, please estimate # of ABC accounts served:
	Public drop-off recycling sites available for ABC On Premises Permit holders to use
41.	Does your local government operate a program to recycle Construction and Demolition materials? Yes 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?
43.	Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 17-18. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)
	☐ Public Parks Recycling Program ☐ Athletic Field /Venue Recycling Program
	Pedestrian Recycling Program Recycling Service for Special Events / Festivals
44.	Please identify all "Other" programs or services operated by your government during FY 17-18. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)
	Public School Recycling Program
	Scheduled Collection Drives (e.g. confidential document shredding event held quarterly, once a year, etc.)
	Lend-a-Bin Program where local government provides recycling containers to community organizations for use at events
	Organics / Food Waste Recycling other than yard waste program
	Oyster Shell Recycling Program
	Other Programs (please specify)
	Programs to manage Special Wastes are addressed in Part III on page 6, please do not include Special Waste programs above.

#### RECYCLING TONNAGES FROM PUBLIC PROGRAMS

- 45. a. Enter data in the table below for ALL recycling programs operated or contracted for by your local government. Provide TONNAGES (or estimates) for each material collected for the period JULY 1, 2017 through JUNE 30, 2018. DO NOT include materials that were not collected or managed by your local government either directly or under contract to a private service provider.
  - b. Do NOT report YARD WASTE, TIRES, HHW, USED OIL, OIL FILTERS, ANTI-FREEZE, BATTERIES or other SPECIAL WASTE tonnages on this page - these items should be reported in other sections of report form. See page 6 for SPECIAL WASTES.
  - c. Please report materials collected in tons only. Please only extend numbers to two decimal places (x.xx).
  - d. If you collected single stream or other commingled materials, record Tons in the "Commingled tons" row and then check the box for

each individual mat		rbside		op-off	All "Othe	r'' Programs	Total Tons
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							
Clear							
Brown							
Green							
Mixed							
PLASTIC:							
PET #1							
HDPE #2							
All Plastic Bottles							
Other Plastic Containers							
Bulky Rigid Plastics							
METAL:							
Aluminum Cans							
Steel Cans							
White Goods							
Other Metal							
PAPER:							
Newsprint (ONP)							
Cardboard (OCC)							
Magazines (OMG)							
Office Paper							
Mixed / Other Paper							
Cartons / Aseptic Containers							
WOOD:							
Pallets							
Other Wood - DO NOT							
report yard waste tons here							
OTHER MATERIALS:							
Textiles (clothes etc)							
Televisions					$\perp$		
Other Electronics					$\perp$		
C&D Materials Recycling							
					<u> </u>		
			$\bot$				
Commingled tons-check all items collected above							
TOTAL TONS:			_				
DECYCLING TONN	ACEACAI		OLICY OD C				

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 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.

			v. Yard wast							
			nt of vegetative m to burn. Composti							
			ive materials.  Do n							
			operate a yard waste					lease indicate ho		
	-	-	Collected curbside			•			•	
60.	•		y impact the amou					•		⊠ No
1.			were managed by yo							RDS of
	organic mater	ial (yard wast	e, brush, limbs, le	aves, etc.)	managed. For	conversio	n purpo			
		Destination	on	Check if used	Tons	Cubic Y	ards		Tame and Location Vegetative Mate	-
	End user (to fa	rmer or home-	owner)							
	Your local gov	ernment's mul	ch or compost facili	ity 🔲						
	Other public m	ulch or compo	st facility							
	Private mulch	or compost fac	ility							
	Land clearing a	and inert debris	s landfill (LCID)							
	Energy / Fuel U	Jse (e.g. boiler	fuel market)							
		Total								
	YARD WAST	E MANAGEM	IENT FORMULA:	If yard wa	iste quantities ai	re not tracl	ked, yo	u may use this fo	rmula below to	help you
			Calculate for each							ıd total
	volume manage		in the appropriate l	boxes abov		truck x 3 c	days/wk	$k \times 16 \text{ wks} = 480$	$yd^3$	
			X		X			=	TOTAL I	$yd^3$
	Size of Truc	k (in yards)	Avg. no. of times tru					-	TOTAL	
					Vaste Colle					
			overnment's provision					ces.		
52.	Please complet	_	g table about your gets Solid Waste?		lid Waste Colle	ootod?	-			
	Sector		ll l		- see codes at r	icht   *		ects Solid Waste? overnment employee	How is Solid Wa	
	Residential	Primary b		D :	Secondary	b	. By Con	tract	2. Twice a week a	t household
	Commercial	Primary b	Secondary	Primary	1 Secondary			se haulers overnment not	<ul><li>3. Convenience ce</li><li>4. As needed or by</li></ul>	
	Industrial	Primary b	Secondary	Primary	Secondary		involve service	d in provision of	<ul><li>5. Daily</li><li>6. Other</li></ul>	
3.			ste collection at sing	gle-family	households in v	our iurisdi		olease answer the		stions:
	What type of c			Fully Aut	·	Semi-Auto	-	Manual	Don't kno	
	What is the sta		_	Weekly		nes per we		Other		
			int for single family	•		Curbsic		Back yard / Back	ck door	
	What type of c	•			ent-provided car		_	nt-provided conta		ıgs
	* *		lection services?	Yes	No No			· F		6
4.	•	•	government collect	_		X Yes	. $\square$	No		
		•	ered to the county for	_		☐ No		110		
		Part	VI. Solid Wa	aste and	l Recycling	g Educa	ation	al Activities	5	
55.	Did <b>your local</b> issues / activiti		nave an education p	_	inform citizens o Part VII, page	-	ly abou	t solid waste ma	nagement and /	or recycling
66.	Please estimate		oudget for solid was	-			tivities:	: \$		
7.	Does your com	munity produc	ce recycling educati	on and out	reach materials	in langua	ges bes	ides English?	Yes N	0
	If YES, please									
8.	Please provide	your recycling	website address ar	nd public in	nformation phor	ne number	if appl	icable.		
	Website:							Phone #:		

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

00	ticient resources availab stions deal with funding			v	v	these programs.	I he following
_	Did your local governm	•				Yes No	)
	With regards to funding	_	-			<u> </u>	
	Tipping fees			eight-based fees (e.g	g. PAYT) Ti	re tax	
		es / general fund		yclables		hite Goods tax	
	Per househo	•	Grants			sposal Tax	2.5
61.	NC Solid Waste Dispos According to GS 105-1						
	How are disposal tax d	istributions being u	sed?				
62.	If applicable, please pro	ovide your FY 17-1	8 household fees.	(e.g., a. <u>\$45.00</u> per	<u>year</u> per <u>household</u> f	or solid waste)	
	a. \$	per		per		for solid waste	2
	b. \$	per		per		for recycling	
	c. \$	per		per		for yard waste	
	d. \$	per		per		for bulky wast	te
	e. \$	per		per		availability fee	<u>e</u>
	f. \$	per		per		total charge	
63.	Did your local government are charged a fee by we			-		7-18? (a system v No	where residents
100	cording to GS 130A-309						a a system to
	orm users of such costs.		nems are required	to conduct full cos	st accounting annuar	ry and to develop	a system to
			d rroats on masrolin	~	mont the energal contr	act amount	
04.	If your local government \$40,495	nt contracts for som	•	-	eport the annual contr	act amount.	
	·		For solid waste s				
	\$		_ For recycling pe	r year			
			OR				
	\$		_ Combined Contr	ract (solid waste, an	d recycling)		
65.	Collection Programs: P collection programs for not available, please re	waste, recyclables	and yard waste inc	luding materials co			
	<b>, F</b>	# of Households			Disposal Cost	Total Cost	Cost Per Ton
		served	Tons Collected	Collection Cost	(tipping fees paid)	including overhead	Managed (calculated by form)
N	Iunicipal Solid Waste*	218				40,495	
	Recycling Program**						
	Yard Waste Program	218				1,166	
	Totals	(calculated by form):				41,661	
	*for materials collected and		_				
	**for materials collected by						
66.	If your government ope facility operations (roun					• 1	_
	· ·	dfill Budget:	_	\$ 1,500	-	•	OSIS
		sfer Station Budget		·			-
		Waste / Compost I					
	Recy	cling Facility Budg	get: \$				
67.	What was your governr	ment's total combine	ed annual budget fo	or all solid waste an	d recycling services is	n 17-18? \$ <u>40,495</u>	

## **Part VIII. County Mandated Programs**

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

WH	ITE GOODS						
68.	Please provide name, address, phor	ne number, and e	-mail of persor	respons	•	program.	
	Name:				Title: _		
	Address:		(	City:		Zip:	
	Telephone:						
69.	Please provide the physical address	of the primary of	county white go	ods coll	ection site.		
	Street 1:						
	Street 2:						
	City:						
70.	Please provide the name of the bus Name:	-				om white goods.	
	Street:						
	City:			State:	North Carolina	Zip:	
	Phone:	Fax:		_ Email	:		
71.	Give amounts / types of CFCs reme		ords of CFC rea	moval, aı	nd copy of certificati		rming extraction.
	Type of CF(	Removed				Amount	
				-			
				-			
72	CECs man be married an east for a	lastmatica Cias		4:1		and for CE	C diamana1
72.	CFCs may be recycled or sent for o	lestruction. Give			f Disposal	Amount Earned	
					•		
73.	Please report the tonnage of white white goods tonnage reported on pa		_		e Recycling Tonnag	ges table on page 5 (qu	nestion # 45). Was
74.	List the amount of revenue for the	white goods prog	gram by source				
	Revenue collected from sale of scr	ap:	\$				
	Revenue collected from White Goo	ods Tax Distribut	tions: \$				
	Revenue from other source (e.g. gr	ants):	\$				
	Total Revenue:		\$				
75.	According to the White Goods Law expenditures White Good Tax Dist						mounts and types of
	Operational Expenses:	\$					
	Capital Improvements:						
	Clean-up of Illegal White Goods D						
	Total Expenditures:	\$					

Name:	<b>SC</b> .	RAP TIRES						
Address:   City:   Email:   Telephone:   Fax:   Email:   Telephone:   Fax:   Email:   Telephone:   Fax:   Email:   Telephone:   Fax:   Email:   The please provide the physical address of the primary county scrap tires collection site.  Street 1:   Street 2:   State: North Carolina   Zip:   Tonnage/Number of scrap tires disposed July 1, 2017-June 30, 2018 (eschading tires from cleanup of nuisance sites)   Number of tires   Tons or   Number of tires   Number o	76.	-						
Totchpone: Fax: Email:  77. Please provide the physical address of the primary county scrap tires collection site.  Street 1:  Street 2:  City: State: North Carolina Zip:  78. Tonnage/Number of scrap tires disposed July 1, 2017-June 30, 2018 (excluding tires from cleanup of nuisance sites)  Tons or Number of tires  79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites  Tons or Number of tires  80. Indicate the types of tires collected by the county:  Passenger 96. Heavy Truck 96. Large Off-Road 96.  81. List the amount of revenue for the scrap tire program by source:  Revenue from Scrap Tire Tax Distributions: \$  Revenue from Scrap Tire Clean-up Reimbursements: \$  Scounty's total scrap tire program contract expenditure (contract disposal/hauling costs), excluding costs of nuisance tire cleanups, for FY 17-18.  83. County's daditional scrap tire program expenditure (i.e. labor, convenience center cost), if any.  Labor \$  Site Cost \$  Other \$  County's contract cost for scrap tire disposal. \$  / Ton; \$  / Tire  84. County's contract cost for scrap tire disposal. \$  / Ton; \$  / Ton; \$  / Tire  85. Hauling cost or fuel surcharge, if not included in contract cost above. \$  / Ton; \$  / Ton; \$  / Ton; \$  / Ton; \$  / Tire  86. Total tupping fees collected for tires not eligible for free disposal. \$  87. Total number of tires collected not eligible for free disposal. \$  88. If scrap tires were not hauded off site by contracted service provider, were they cut and disposed in a local landfill?   Yes   No  89. Name of tire disposal/recycling firm(s):    TEMPORARY DISASTER DEBRIS STAGING SITES  90. Does your local government have a plan in place for management of disaster debris?   No  If yes, indicate if the plan is a stand-alone plan or in conjunction with local governmen						Zip:		
Street 1:  Street 2:  City: State: North Carolina				Emai	1:			
Street 2: City: State: North Carolina	77.	Please provide the physical address of the primary co	ounty scrap tires	collection sit	e.			
City: State: North Carolina Zip:  78. Tonnage/Number of scrap tires disposed July 1, 2017-June 30, 2018 (excluding tires from cleanup of nuisance sites)  Number of tires  79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites  Number of tires  80. Indicate the types of tires collected by the county:  Passenger % Henvy Truck % Large Off-Road %  81. List the amount of revenue for the scrap tire program by source:  Revenue from Scrap Tire Tax Distributions: \$  Revenue from Scrap Tire Cast-Observing Grants: \$  Revenue from Scrap Tire Cost-Overrun Grants: \$  Revenue from Scrap Tire Cost-Overrun Grants: \$  Total Revenue: \$  82. County's total scrap tire program contract expenditure (contract disposal/hauling costs), \$  excluding costs of nuisance tire cleanups, for FY 17-18.  83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any.  Labor \$  Site Cost \$  Other \$  44. County's contract cost for scrap tire disposal. \$  75. Total lipping fees collected for tires not cligible for free disposal. \$  85. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? \$\text{ Yes } \no		Street 1:						
78. Tonnage/Number of scrap tires disposed July 1, 2017-June 30, 2018 (excluding tires from cleanup of nuisance sites)  79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites  79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites  79. Indicate the types of tires collected by the county:  Plassenger								
Tons or Number of tires  79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites  80. Indicate the types of tires collected by the county:  Passenger		City:		State: North	n Carolina	Zip:		
80. Indicate the types of tires collected by the county:     Passenger	78.	• • • • • • • • • • • • • • • • • • • •	7-June 30, 2018	(excluding tin	res from cleanup of nu _Number of tires	tisance sites)		
Passenger	79.	• • • • • • • • • • • • • • • • • • • •		nty designate				
Revenue from Scrap Tire Tax Distributions:  Revenue from Tire Fees:  Revenue from Scrap Tire Clean-up Reimbursements:  Revenue from Scrap Tire Clean-up Reimbursements:  Revenue from Scrap Tire Cost-Overrun Grants:  Revenue from Scrap Tire Cost-Overrun Grants:  Secounty's total scrap tire program contract expenditure (contract disposal/hauling costs), sexcluding costs of nuisance tire cleanups, for FY 17-18.  County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor  Site Cost  Other S describe Other:  4. County's contract cost for scrap tire disposal.  A County's additional scrap in the contract cost above.  A County's additional scrap in the contract cost above.  A County's additional scrap in the contract cost above.  A County's additional scrap in the contract cost above.  A County's additional scrap in the contract cost above.  A County's additional scrap in the contract cost above.  A County's additional scrap in the contract cost above.  A County's additional scrap in the contract cost above.  A County's additional scrap in the contract cost above.  A County's additional scrap in the contract cost above.  A Co	80.	Indicate the types of tires collected by the county: Passenger % Heavy Tr	uck	%	Large Off-Road	%		
Revenue from Tire Fees: \$   Revenue from Scrap Tire Clean-up Reimbursements: \$   Revenue from Scrap Tire Cost-Overrun Grants: \$   Revenue from Scrap Tire Cost-Overrun Grants: \$   Total Revenue: \$   S   Revenue from Scrap Tire Cost-Overrun Grants: \$   Total Revenue: \$   S   Revenue from Scrap Tire Cost-Overrun Grants: \$   S   S   S   S   S   S   S   S   S	81.	1 1 2	•					
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Revenue from Scrap Tire Cost-Overrun Grants: \$ Total Revenue: \$  Total Revenue: \$  Secontry's total scrap tire program contract expenditure (contract disposal/hauling costs), \$ excluding costs of nuisance tire cleanups, for FY 17-18.  Sounty's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any.  Labor \$ Site Cost \$ Other \$ describe Other:  84. County's contract cost for scrap tire disposal. \$ Hauling cost or fuel surcharge, if not included in contract cost above. \$ Total tipping fees collected for tires not eligible for free disposal. \$  87. Total number of tires collected not eligible for free disposal. \$  88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? \( \text{Yes} \) \( \text{No} \)  89. Name of tire disposal/recycling firm(s):  TEMPORARY DISASTER DEBRIS STAGING SITES  90. Does your local government have a plan in place for management of disaster debris? \( \text{Yes} \) \( \text{No} \)  If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? \( \text{Yes} \) \( \text{No} \)  Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:  Name: \( \text{Cynthia Buck} \) Name: \( \text{Name:} \)  Phone: \( \text{Phone:} \)								
82. County's total scrap tire program contract expenditure (contract disposal/hauling costs),  excluding costs of nuisance tire cleanups, for FY 17-18.  83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any.  Labor \$ Site Cost \$ Other \$  County's contract cost for scrap tire disposal. \$  A county's contract cost for scrap tire disposal. \$  Hauling cost or fuel surcharge, if not included in contract cost above. \$  Total tipping fees collected for tires not eligible for free disposal. \$  Total number of tires collected not eligible for free disposal. \$  Mame of tire disposal/recycling firm(s):    TEMPORARY DISASTER DEBRIS STAGING SITES    90. Does your local government have a plan in place for management of disaster debris?   Yes   No   If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies:   Stand-alone   In conjunction    191. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event?   Yes   No   Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:  Name:   Synthia Buck   Name:   Name:   Name:   Name:   Name:   Phone:   Phone:   Phone:			: \$					
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Labor \$ Site Cost \$ Other \$ describe Other:  84. County's contract cost for scrap tire disposal. \$	82.	County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 17-	e (contract dispo 18.	sal/hauling c	eosts), \$			
Other   \$     describe Other:	83.	T -1		ience center	cost), if any.			
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85. Hauling cost or fuel surcharge, if not included in contract cost above. \$ / Ton; \$ / Tire  86. Total tipping fees collected for tires not eligible for free disposal. \$  87. Total number of tires collected not eligible for free disposal:  88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No  89. Name of tire disposal/recycling firm(s):    TEMPORARY DISASTER DEBRIS STAGING SITES     90. Does your local government have a plan in place for management of disaster debris? Yes No  1 If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction  91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No  92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:  Name: Name: Name: Name:		Other \$	descr	ribe Other: _				
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87. Total number of tires collected not eligible for free disposal:  88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill?  \[ Yes \] No  89. Name of tire disposal/recycling firm(s):  \[ \textbf{TEMPORARY DISASTER DEBRIS STAGING SITES} \]  90. Does your local government have a plan in place for management of disaster debris?  \[ Yes \] No  If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies:  \[ Stand-alone \] In conjunction  91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event?  \[ Yes \] No  92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:  Name: Cynthia Buck	85.	Hauling cost or fuel surcharge, if not included in cor	tract cost above	·. \$	/ Ton; \$	/ Tire		
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TEMPORARY DISASTER DEBRIS STAGING SITES  90. Does your local government have a plan in place for management of disaster debris?	88.	If scrap tires were not hauled off site by contracted se	ervice provider,	were they cu	t and disposed in a loc	al landfill? Yes No		
90. Does your local government have a plan in place for management of disaster debris?    Yes    No  If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies:    Stand-alone    In conjunction on the plan is a stand-alone plan or in conjunction with local government agencies:    Stand-alone    In conjunction on the plan is a stand-alone plan or in conjunction with local government agencies:    Stand-alone    In conjunction on the plan is a stand-alone plan or in conjunction with local government or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event?    Yes    No  Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:  Name:    Name:    Name:    Phone:    Phone:    Phone:    Phone:    Phone:    No	89.	Name of tire disposal/recycling firm(s):						
If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies:   Stand-alone  In conjunction  If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event?   Yes   No  Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:  Name:   Cynthia Buck   Name:   Name:   Phone:   Phone:   Phone:   Phone:   Phone:   Name:   Phone:   Name:   Phone:   Name:	TE	MPORARY DISASTER DEBRIS STAGIN	NG SITES					
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requirements for public assistance reimbursement in a declared disaster event?			·	•	•			
your local government: Name: Cynthia Buck Name: Name: Name: Phone: 2528274823 Phone: Phone: Phone:	91.							
Name:Cynthia BuckName:Name:Phone:2528274823Phone:Phone:	92.	Please provide the physical address of the primary county scrap tires collection site.  Street 1:  Street 2:  City:  State: North Carolina  Zip:  Tonnage/Number of scrap tires disposed July 1, 2017-June 30, 2018 (excluding tires from cleanup of nuisance site Tons or Number of tires  Tonso or Number of tires  Tonso or Number of tires  Indicate the types of tires collected by the county:  Passenger	bris management program for					
Phone: 2528274823 Phone: Phone: Phone:		•	2:		Name:			
		Phone: 2528274823 Phon						

	Disaster Site #	Site Name	Disaster Site #	Site Name
. ]	Does your plan address the m	nanagement of household hazardou	s waste and white goods following	a disaster?
. ]	Does your plan address mass	animal mortality?  Yes	No No	
A	NAGEMENT OF ABA	NDONED MANUFACTUR	RED HOMES BY COUNTI	ES
. ]	Has your county considered v	whether to implement a program fo	or the management of abandoned m	anufactured homes? Yes
]	If yes, has your county develo	oped a written plan for the manage	ement of abandoned manufactured	homes? Yes No
		Part IX	Comments	
e th	nis section to elaborate on any	y info provided in your report as ne		ur comments about this report or of

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

