

State of North Carolina

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

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

Please submit this form to Lgteam@ncdenr.gov by September 1, 2018.

On the following pages you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2017-2018. Each North Carolina County and Municipality is required to complete this report annually. Completion and submission of this report will fulfill the annual reporting mandate to the state as required by G.S. 130A-309.09A. Failure to complete and submit this report could result in the local government being excluded from distributions of Solid Waste Disposal Tax Proceeds and other Department of Environmental Quality grants.

Instructions:

Each local government should determine which staff member is responsible for preparing and submitting the annual report and ensure that the report is completed and submitted before the reporting deadline on September 1, 2018.

Options for obtaining a blank copy of this form:

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

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

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

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

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

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

Form Year

2018



Local Government Report Form

Required - Enter Your Local Government Name: Manteo

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 Sept	ptember 1, 2018.				
	If you have questions of	or need assistance complete	ing this form, please co	call 919-707-8136 or 919-707-8133.				
Per	rson Completing This Report: Bec	ky Breiholz		Title: Town Clerk				
Ma	uiling Address: P.O. Box 246		City: Manteo	Zip: 27954				
Pho	one: 252-473-2133	Fax: 252-473-2135		Date:				
Em	nail: breiholz@townofmanteo.com							
		Gener	al Instructions					
	ase remember that the time period a specific question.	for the report is JULY 1, 201	7 through JUNE 30, 201	118. Please check "No" if you have nothing to report				
1.	Did your local government have	a Recycling Coordinator or s	similar position for FY 1	17-18?				
	Name Recycling Coordinator (if different from person completing this report.)							
	Name:			Title:				
	Address:		City:	Zip:				
	Telephone:	Fax:	Email:					
2.	Did your local government have	a Solid Waste Director or sir	milar position for FY 17-	7-18?				
	If Yes, Name: James McClease			Title: Public Works Director				
	Address: P.O. Box 246		City: Manteo	Zip: 27954				
	Telephone: 252-473-2133	Fax: 252-473-2135	Email: m	mcclease@townofmanteo.com				
3.	Did your local government have	dedicated or part-time Soli	d Waste Enforcement St	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	ace addressing any of the	ne following during FY 17-18? (if yes, please check				
	Disposal Bans	legal Dumping	g Other, Please Do	Describe: Solid Waste Ordinance				
5.	Did your local government manufacturing, composting)?	age, provide or contract for an	ny solid waste services in	in FY 17-18 (e.g., collection, disposal, recycling, Yes No				
	If you answer!	No" to question 5 the reno	ut is complete please o	omail to I ateam@nedonr acv				

Part I. Waste Reduction and Recycling Programs Serving Government Facilities The following questions pertain to waste reduction and recycling activities / programs that serve local government facilities. Did your local government have a recycling program in place for collecting recyclable materials generated at X No public buildings in FY 17-18? 7. Did your local government have any program or policy encouraging or requiring local agencies to X No purchase products with recycled content? Did your local government have a program in place to collect and recycle spent fluorescent lights X No Yes generated from the public buildings and facilities that were operated by your government in FY 17-18? Part II. Waste Reduction and Recycling Programs Serving the Public SOURCE REDUCTION / REUSE Did your local government have a backyard composting program? Yes X No If yes, please check all backyard composting activities that apply: Education Demonstration site(s) Bin distribution/sales Number of Bins distributed? Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes X No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives? Did your local government offer a waste exchange or reuse program? Yes X No 13 If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public: Paint exchange Number of gallons recovered? Swap shop/shed Number of sheds in use? Other (e.g. pallet exchange, etc.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 2017 through June 30, 2018? My local government **DID operate or contract** for a recyclables recovery program. (please continue to question 15) My local government DID NOT operate or contract for recyclables recovery BUT DID participate in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; then go to Part IV on page 7.) With which local government did you participate? My local government **DID NOT operate**, contract or participate in a recycling program. (Go to Part IV on page 7.) If your local government **DID** operate or contract for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s). **CURBSIDE RECYCLING PROGRAM** Did your government operate a Curbside Recycling Program? X Yes No, skip to question # 25 Who collected the recyclable materials for your local government's curbside recycling program? 16. Local government employees Private contractor (please specify) Franchised hauler (please specify) Outer Banks Hauling/Bay Disposal Other (please specify)

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 1,460
	b. Number of households eligible to participate in the curbside recycling program: 1,460
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 986
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 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)
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 i	ase answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the ycling Tonnages Chart on pg 5.							
38. 39.	Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or dropoff recycling programs? $\ \ \ \ \ \ \ \ \ \ \ \ \ $							
	other than through your curbside or dropoff recycling programs? Yes No							
40.	Does your local government provide recycling services to Alcoholic Beverage Commission permit holders? Yes 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 No If yes, please check all materials that were recycled and report tonnages in tonnage table on page 5:							
	☐ Clean Wood ☐ Brick, concrete, etc. ☐ Sheetrock ☐ Vinyl siding ☐ Shingles ☐ Metals ☐ Other							
42.	Does your local government have an ordinance regulating the construction and demolition waste stream with the intention of encouraging or requiring waste reduction or recycling of these materials?							
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) Town commercial card board collection							
	Programs to manage Special Wastes are addressed in Part III on page 6, please do not include Special Waste programs above.							

RECYCLING TONNAGES FROM PUBLIC PROGRAMS

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

	Cu	ırbside	I	Orop-off	All "O	ther" Programs	Total Tons
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							
Clear							
Brown							
Green							
Mixed							
PLASTIC:							
PET #1							
HDPE #2							
All Plastic Bottles							
Other Plastic Containers							
Bulky Rigid Plastics							
METAL:							
Aluminum Cans							
Steel Cans							
White Goods							
Other Metal							
PAPER:							
Newsprint (ONP)							
Cardboard (OCC)							
Magazines (OMG)							
Office Paper							
Mixed / Other Paper							
Cartons / Aseptic Containers							
WOOD:							
Pallets							
Other Wood - DO NOT							
report yard waste tons here							
OTHER MATERIALS:							
Textiles (clothes etc)							
Televisions							
Other Electronics							
C&D Materials Recycling							
Commingled tons-check al items collected above		234.12					234.12
TOTAL TONS:		234.12					234.12

46. RECYCLING TONNAGE AS A RESULT OF POLICY OR ORDINANCE: complete this section for materials that were recycled as a result of local government ordinances or policies but that were NOT collected or managed directly by your local government recycling program. E.g. a corrugated cardboard disposal ban supported by a reporting mechanism for collecting data on private recycling tonnages.

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

Part III. Special Waste Collections

This section concerns local government programs for managing materials that require special handling or that are banned from landfilling. Please provide responses and data as indicated below considering services provided to the public. Please do not include data on materials that were accepted and then disposed of in a landfill. Do not include materials generated exclusively by government operations (e.g. motorfleet services). Question 47 is about materials accepted outside of any Household Hazardous Waste (HHW) Program or event. If special wastes were only accepted as a part of an HHW Program or HHW event and were not collected by separate recycling efforts then do not record materials in question #47 but instead report with HHW materials in question #48.

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

47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type	1 0	n collect this m the public?	# of sites				
	Used Motor Oil	Yes	⊠ No				gallons	
	Used Oil Filters	Yes	⊠ No		barrel	s, or	lbs	
	Used Antifreeze	Yes	⊠ No			-	gallons	
	Batteries, Lead Acid	Yes	⊠ No		# bat	teries, or	lbs	
	Batteries, Dry Cell	Yes	⊠ No				lbs	
	Fluorescent Bulbs/Lights Containing Mercury	Yes	⊠ No		lb	os, or	# bulbs	
	Propane Tanks	Yes	⊠ No		lb	os, or	# tanks	
	Used Cooking Oil / Waste Vegetable Oil	Yes	⊠ No		lb	os, or	gallons	
	Other Special Wastes - please provide waste type here:	Yes	⊠ No			•	lbs	
	Pesticide Containers (NCDA Program, not pesticides themselves)	Yes	⊠ No		lb	os, or	# containers	
	NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	Yes	⊠ No				lbs	
	Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	Yes	⊠ No		ا ا	als, or	lbs	
	8. Did your local government operate a household hazardous waste collection program or event in FY 17-18? Yes No If Yes, please respond to the following questions: a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Temp. 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 local government? Yes No							
	Please list partner(s) d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year? e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? Yes No If yes, please estimate the amount of business material managed pounds							No
	 f. Amounts of individual materials collected by about individual materials <u>is not</u> available, p Note, materials listed here should only be the 	lease simply	provide total c	quantity	of materials colle	cted by HHV	W program in 48	g below.
	Used Motor Oil (gal)	Use	ed Oil Filters		_ # of Barrels, or	:	lbs.	
	Used Antifreeze (gal)	Lea	d Acid Batter	ies (lbs)	Ot	her Batteries	s (lbs)	
	Fluorescent Bulbs / Lights Containing	ng Mercury (l	bs)					
	g. Provide Total Quantity of materials collected reported in 48f, please net the weight of thosh. Please list HHW Collection Contractor	e materials or	ut of the total	listed he	ere.			pound —
	_							_
	i. Estimated cost of HHW / CESQG program of es 3 through 6 should have only been complet					t they DO n	rovide recycline	o sprvicos
· ug	os o monagni o snoum nuve omy ocen complet	on by govern	mones mucu	ung m	Incomon # 17 mm	i incy DO P	rorius recycilliz	, DUI VILLE

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

	Part IV. Yard Was							
	section concerns management of vegetative n				•			
	ermitted sites and it is illegal to burn. Compost ut your management of vegetative materials. Do t							
49.					_	ow yard waste is managed by		
17.	checking all that apply: Collected curbside				-			
50.	Did a storm event significantly impact the amou				•	-		
51.								
	organic material (yard waste, brush, limbs, le			conversion pur	•	•		
	Destination	Check if used	Tons	Cubic Yards		Name and Location of Facility ag Vegetative Materials		
	End user (to farmer or home-owner)							
	Your local government's mulch or compost facil	ity 🗌						
	Other public mulch or compost facility							
	Private mulch or compost facility							
	Land clearing and inert debris landfill (LCID)							
	Energy / Fuel Use (e.g. boiler fuel market)							
	Total							
	YARD WASTE MANAGEMENT FORMULA:							
	estimate yard waste volume. Calculate for each volume managed by program in the appropriate							
	X	boxes abov	X X	Truck x 5 days/v	=	yd^3		
	Size of Truck (in yards) Avg. no. of times tr	uck fills each		s truck is used durin	g vear	TOTAL		
				ection Servi				
This	section concerns your local government's provisi							
52.	Please complete the following table about your g							
	Sector Who Collects Solid Waste?			I WIII CO	ollects Solid Waste?	How is Solid Waste Collected?		
	Insert Letter - see codes at right		- see codes at r	a. Local		es 1. Once a week at household		
	Residential		2 Secondary		hise haulers	2. Twice a week at household3. Convenience center/greenbox		
	Commercial		6 Secondary		government not red in provision of	4. As needed or by request5. Daily		
	Industrial Primary d Secondary	Primary	6 Secondary	servic	e	6. Other		
53.	If you provide <u>residential</u> waste collection at sin	gle-family	households in y	our jurisdiction	, please answer th	e following questions:		
	What type of collection method is used?	Fully Aut	tomated 🔀 S	Semi-Automated	d Manual	Don't know		
	What is the standard collection frequency?	Weekly	Two tim	nes per week	Other			
	What is the typical service point for single family household waste? Curbside Back yard / Back door							
	What type of collection container is used? \square	Governm	ent-provided ca	rts Resid	ent-provided cont	tainer Bags		
	Do you offer bulky waste collection services?	X Yes	☐ No					
54.	For municipalities - did your government collect				No			
	If so, were white goods delivered to the county f			□ No	1 4 4 4 4			
5.5	Part VI. Solid Wa		• •	_				
55.	Did your local government have an education prissues / activities? Yes No (It		inform citizens to Part VII, page	•	out solid waste ma	inagement and / or recycling		
56.	Please estimate your annual budget for solid was	ste related	education and o	utreach activitie	s: \$			
57.	Does your community produce recycling educat	ion and ou	treach materials	in languages be	esides English? [Yes No		
	If YES, please list other languages used:							
58.	Please provide your recycling website address and	nd public i	nformation pho	ne number if app	olicable.			
	Website:				Phone #:			

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

	ficient resources availab stions deal with funding				*	these programs. T	The following	
	Did your local governm With regards to funding Tipping fees Property tax Per househo	g sources, check all s es / general fund	that apply to your I Volume/we	local government: eight-based fees (e.g	. PAYT) T	Yes		
61.	NC Solid Waste Dispos According to GS 105-1	87.63 these funds n	nust be used by a ci					
62	How are disposal tax d	_		(a.a. \$45,00 man	waan man hawaahald	for golid waste)		
02.	If applicable, please practice a. \$				<u>year</u> per <u>nousenoia</u> ,			
	c. \$	per		per		for yard waste		
	d. \$	per		per		for bulky wast	e	
	e. \$	per		per		availability fee	<u>; </u>	
	f. \$	per		per		total charge		
63.	Did your local governmare charged a fee by we	nent operate a Pay-A	As-You-Throw pro	gram for residential	garbage during FY		where residents	
	cording to GS 130A-309 orm users of such costs.		ments are required	to conduct full cos	t accounting annua	lly and to develop	a system to	
64.	If your local government	nt contracts for soli	d waste or recycling	g services, please re	port the annual cont	ract amount.		
	\$		_ For solid waste s	services per year				
	\$25,480.56		For recycling pe	r year				
	d)		OR					
	\$		_	act (solid waste, and	• 0,			
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	and yard waste inc	luding materials col				
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)	
N	Iunicipal Solid Waste*	1,460	1,417.77	451,962.08	160,282.34	612,244.42	43	
	Recycling Program**	986	234.12	25,480.56		25,480.56	103	
	Yard Waste Program							
		(calculated by form):	1,651.89	477,442.64		637,724.98	380	
66.	*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. 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 I	Facility Budget: \$					
		cling Facility Budg						
67.	What was your government	ment's total combine	ed annual budget fo	or all solid waste and	l recycling services	in 17-18? \$ <u>637,72</u> 4	1.98	

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, phon	e number, and e-	mail of person	respons	•	program.	
	Name:				Title: _		
	Address:			City:		Zip:	
	Telephone:						
69.	Please provide the physical address	of the primary co	ounty white go	ods coll	ection site.		
	Street 1:						
	Street 2:						
	City:						
70.	Please provide the name of the busing Name:	-				om white goods.	
	Street:						
	City:			State:	North Carolina	Zip:	
	Phone: F	ax:		Email:	:		
71.	Give amounts / types of CFCs remo		ords of CFC rer	noval, aı	nd copy of certificati		rming extraction.
	Type of CFC	Removed				Amount	
				+			
				+			
72.	CFCs may be recycled or sent for de	estruction Give:	nama of firm	disposal	mothod and amount	parned / spont for CE	C disposal
12.	Firm	zaruction. Give i			f Disposal	Amount Earned	
73.	Please report the tonnage of white g white goods tonnage reported on pa		uring FY 2017	-18 in th	e Recycling Tonnag	ges table on page 5 (qu	nestion # 45). Was
74.	List the amount of revenue for the v	white goods prog	ram by source:				
	Revenue collected from sale of scra	p:	\$				
	Revenue collected from White Goo	ds Tax Distribut	ions: \$				
	Revenue from other source (e.g. gra	unts):	\$				
	Total Revenue:		\$				
75.	According to the White Goods Law expenditures White Good Tax Distr						mounts and types of
	Operational Expenses:	\$					
	Capital Improvements:						
	Clean-up of Illegal White Goods D						
	Total Expenditures:	\$					

5 C.	RAP TIRES						
76.	Please provide name, address, phone number, and e	er, and e-mail of person responsible for scrap tires program. Title:					
	Address:						
	Telephone: Fax:		Emai	1:			
77.	Please provide the physical address of the primary of	county scrap tir	es collection sit	e.			
	Street 1:						
	Street 2:						
	City:		State: North	n Carolina	Zip:		
78.	Tonnage/Number of scrap tires disposed July 1, 20 Tons of	17-June 30, 201 or	8 (excluding ti	res from cleanup of nu _Number of tires	isance sites)		
79.	Tonnage/Number of scrap tires disposed from clear Tons of		county designate	ed nuisance sites Number of tires			
80.	Indicate the types of tires collected by the county: Passenger % Heavy T	ruck	%	Large Off-Road	%		
81.	List the amount of revenue for the scrap tire progra	•					
	Revenue from Scrap Tire Tax Distributions:						
	Revenue from Tire Fees:						
	Revenue from Scrap Tire Clean-up Reimbursemen	ts: \$					
	Revenue from Scrap Tire Cost-Overrun Grants:						
	Total Revenue:	\$					
82.	County's total scrap tire program contract expenditue excluding costs of nuisance tire cleanups, for FY 17	are (contract dis 7-18.	sposal/hauling c	eosts), \$			
83.	County's additional scrap tire program expenditure Labor \$		venience center	cost), if any.			
	Site Cost \$						
	Other \$	de	escribe Other: _				
84.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire			
85.	Hauling cost or fuel surcharge, if not included in co	ontract cost abo	ove. \$	/ 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 provide	er, were they cu	t and disposed in a loc	al landfill? Yes No		
89.	Name of tire disposal/recycling firm(s):						
TE	MPORARY DISASTER DEBRIS STAGI	NG SITES					
90.	Does your local government have a plan in place for	r management	of disaster debr	is? Xes	No		
	If yes, indicate if the plan is a stand-alone plan or in	conjunction w	rith local govern	nment agencies:	Stand-alone In conjunction		
91.	If you indicated having a plan, has the plan been re- requirements for public assistance reimbursement in			anagement or FEMA t	o ensure it meets the basic No		
92.	Please list the name, contact numbers(s), and e-mai	l address of the	person(s) in ch	arge of the disaster de	bris management program for		
	your local government: Name: Dare County Name: Name	ne:		Name:			
		nail:		 E-mail:			
							

	Disaster Site #	Site Name	Disaster Site #	Site Name
94.	Does your plan address the	e management of household hazardo	ous waste and white goods following	ng a disaster? Yes No
95.	Does your plan address ma	ass animal mortality? Yes	☐ No	
MA	NAGEMENT OF AB	ANDONED MANUFACTU	RED HOMES BY COUNT	TIES
96.	Has your county considered	ed whether to implement a program	for the management of abandoned	manufactured homes? Yes No
	If yes, has your county dev	veloped a written plan for the manag	gement of abandoned manufactured	l homes? Yes No
		Part IX	C. Comments	
		any info provided in your report as a anagement in North Carolina. Than	• • • • • • • • • • • • • • • • • • • •	our comments about this report or other
	•		•	d to be done on a voluntary basis and the
hom	eowner paid for it. We offer correct column, Question 65		ave signed up. I am not sure if I pu	t the amount we paid to Bay Disposal in
	This form is to be submi	itted electronically. If you require	e assistance, please contact one of	f these NC DEACS staff members:
		cook officially, if long the day		CALCULATE A MALE CONTROL MICHIGATION CONTROL OF

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

The Division of Environmental Assistance and Customer Service Local Government Assistance Team is ready to assist you in any way we can. Please visit our Web site at https://deq.nc.gov/conservation/recycling-assistance or e-mail us at Lgteam@ncdenr.gov

