Environmental Quality

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, 2015 -- June 30, 2016

Please submit this form to Lgteam@ncdenr.gov by September 1, 2016.

On the following pages you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2015-2016. 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, 2016.

Options for obtaining a blank copy of this form:

- 1 download a copy of the form from this web site: http://deq.nc.gov/about/divisions/waste-management/solid-waste-section/annual-reporting-local-government-solid-waste-facility-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 it to an email and sending the 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:

Joseph Fitzpatrick, phone: 919-707-8121, email: joseph.fitzpatrick@ncdenr.gov Rob Taylor, phone: 919-707-8139, email: rob.taylor@ncdenr.gov

Form Year

2016



Local Government

Required - Enter Your Local Government Name: Mebane

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, 2015 -- June 30, 2016

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	o Lgteam@ncdenr.gov by Septemb	er 1, 2016.	
-		ase call 919-707-8121 or 919-70 8200 or contact your Regional E		-
Person Completing This R	Report: Wayne Pore	Tit	tle: Public Works Direct	ctor
Mailing Address: 106 E W	ashington Street	City: Mebane	Ziŗ	p: 27302
Phone: 919-563-3401	Fax: 919-304-6	836	Date: 8/30/2016	
Email: wpore@cityofmeba	ane.com			
		General Instructions		
Please remember that the t for a specific question.	ime period for the report is JULY	1, 2015 through JUNE 30, 2016. Pl	lease check "No" if you	have nothing to report
1. Did your local gover	nment have a Recycling Coordinat	tor or similar position for FY 15-16?	? \square Yes \boxtimes N	No
Name Recycling Coo	ordinator (if different from person	completing this report.)		
Name:		Tit	ile:	
Address:		City:	Zip:	
Telephone:	Fax:	Email:		
2. Did your local gover	nment have a Solid Waste Director	r or similar position for FY 15-16?	☐ Yes ⊠ N	No
If Yes, Name:		Tit	ile:	
Address:		City:	Zip:	
Telephone:	Fax:	Email:		
3. Did your local gover	nment have dedicated or part-tin	ne Solid Waste Enforcement Staff fo	or FY 15-16? Ye	s 🔀 No
If Yes, Name:		Tit	ile:	
Address:		City:	Zip:	
Telephone:	Fax:	Email:		
4. Did your local gover all that apply)	nment have solid waste ordinances	s in place addressing any of the follo	owing during FY 15-16	? (if yes, please check
Disposal Ba	nns Illegal Dumping I	ittering Other, Please Describ	be:	
5. Did your local gover mulching, composting	0 1	t for any solid waste services in FY		disposal, recycling, No
If you	u answer "No" to question 5, the	e report is complete, please email	to Lgteam@ncdenr.g	ov.

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. An example of source reduction at government facilities is duplex or two-sided copying. Did your local government have an in-house / government building recycling program in place for FY 15-16? X Yes No 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 generated from public buildings? 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 yes, 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.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 2015 through June 30, 2016? 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 what 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 you **DID** operate or contract for a recyclables recovery program, please indicate 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 # 26 Who collected the recyclable materials for your local government's curbside recycling program? 16.

Other (please specify)

Local government employees

Private contractor (please specify)

Franchised hauler (please specify)

Waste Industries

17.	Please answer the following questions about your community. a. Total number of households? 4,527					
	<u>·</u>					
	b. Number of households served by curbside recycling? 4,527 c. Please estimate the number of households that regularly participate in the program? 3,169					
18.	8. If your curbside recycling program is operated through a <u>public franchise 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: 50					
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					
25.	If you use roll-out carts for curbside recycling, please indicate the calendar year you implemented service with carts: 2010					
DR	OP-OFF RECYCLING PROGRAM					
26.	Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 33					
27.	Who collected the recyclable materials for your local government's drop-off recycling program? Local government employees Private contractor					
•	Other (please specify)					
28.	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					
29.						
	Please estimate the number of households served by your drop-off recycling program.					
30.	Please estimate the number of households served by your drop-off recycling program. What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial					
30. 31.						
	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial					
31. 32.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:					
31. 32. EL :	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites: How many of these locations were staffed with attendants? All None Some please list # of staffed sites:					
31. 32. EL. Plea mate	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites: How many of these locations were staffed with attendants? All None Some please list # of staffed sites: ECTRONICS RECYCLING PROGRAM Use answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any					
31. 32. EL. Plea mate	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites: How many of these locations were staffed with attendants? All None Some please list # of staffed sites: ECTRONICS RECYCLING PROGRAM The serials collected by the electronics about local government sponsored efforts to collect electronics from the public. The tonnage of any erials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.					
31. 32. EL. Plea mate	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites: How many of these locations were staffed with attendants? All None Some please list # of staffed sites: ECTRONICS RECYCLING PROGRAM Itse answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any verials 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 15-16? Yes No, skip to question # 39					
31. 32. EL. Plea mate	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites: How many of these locations were staffed with attendants? All None Some please list # of staffed sites: ECTRONICS RECYCLING PROGRAM Insee answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any verials 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 15-16? Yes No, skip to question # 39 If you did operate an electronics recycling program, please indicate style of program:					

34.	Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses								
35.	Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses								
36.	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 2016, please provide the following information								
	Electronics Management Fund balance as of July 1, 2015: \$								
	Electronics Management Funds received from DENR during FY 15-16: \$								
	Electronics Management Funds spent during FY 15-16: \$								
	Electronics Management Fund balance as of June 30, 2016: \$								
37.	Please explain how Electronics Management Funds were spent during FY 2015-16 (please list items purchased if applicable):								
38.	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 15-16: Alamance County Landfill								
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications? Yes								
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.								
39. 40.	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								
41.	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								
42.	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								
43.	Does your local government have an ordinance regulating the construction and demolition waste stream with the intention of encouraging or requiring waste reduction or recycling of these materials? \square Yes								
44.	Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 15-16. (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								
45.	Please identify all "Other" programs or services operated by your government during FY 15-16. (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

- 46. 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, 2015 through JUNE 30, 2016. 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

PROCEDANA.	Curbside		D	rop-off	All "Oth	er" Programs	Total Tons	
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)	
GLASS:							- /	
Clear								
Brown								
Green								
Mixed								
PLASTIC:								
PET #1								
HDPE #2								
All Plastic Bottles								
Other Plastic Containers								
Bulky Rigid Plastics								
METAL:								
Aluminum Cans								
Steel Cans								
White Goods								
Other Metal								
PAPER:								
Newsprint (ONP)	\boxtimes							
Cardboard (OCC)								
Magazines (OMG)								
Office Paper								
Mixed / Other Paper								
Cartons / Aseptic Containers								
WOOD:								
Pallets								
Other Wood - DO NOT								
report yard waste tons her	e							
OTHER MATERIALS:								
Textiles (clothes etc)	$+$ \vdash \vdash							
Televisions								
Other Electronics								
C&D Recovery								
Commingled tons-check a items collected above		841					841	
TOTAL TONS:		841					841	
1011111 10110.		041					041	

47. **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 answer the questions and provide data as indicated below considering services provided to the public for recycling. Please do not include materials that were accepted and then disposed of in a landfill. Do not include materials generated exclusively by government operations (e.g. motor-fleet services). If special wastes were only accepted as a part of an Household Hazardous Waste (HHW) Program or HHW event and were not collected by separate recycling efforts then do not record materials in question # 48 but instead report with HHW materials in question #49.

Special Waste Collected Separately From HHW Collection Program or Event

8.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type	·		# of sites		tities collected / managed.		1	businesses rticipate?
U	sed Motor Oil	Yes	⊠ No				gallons		Yes
U	sed Oil Filters	Yes	⊠ No		Barrels	or	lbs		Yes
U	sed Antifreeze	Yes	⊠ No			·	gallons		Yes
В	atteries, Lead Acid	Yes	⊠ No		# batter	ies, or	lbs		Yes
В	atteries, Dry Cell	Yes	⊠ No			·	lbs		Yes
F	luorescent Bulbs/Lights Containing Mercury	Yes	⊠ No		lbs,	or	# bulbs		Yes
P	ropane Tanks	Yes	⊠ No		lbs,	or	# tanks		Yes
U	sed Cooking Oil / Waste Vegetable Oil	Yes	⊠ No		lbs,	or	gallons		Yes
O	ther Special Wastes - please provide waste type here:	Yes	⊠ No				lbs		Yes
	esticide Containers (NCDA Program, not esticides themselves)	Yes	⊠ No		lbs, (or	# con- tainers		n/a
	CDA Pesticide Disposal Assistance Program for management of pesticides, not containers)	Yes	⊠ No				lbs		n/a
	atex Paint (do not include paint collected at HW event or by a paint exchange program)	Yes	⊠ No		gals, or		lbs		Yes
Iff a. b. c. d. e.	Did your local government operate a household hazardous waste collection program or event in FY 15-16? 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. How many citizens / households 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 f. Materials collected by HHW Program: if totals for individual materials are known please indicate below. If individual material totals are not known, please simply provide total quantity of materials collected by HHW program in Total Quantity row below.								
	Used Motor Oil (Gal)								
	Used Antifreeze (gal)					er Batteries (lb	os)		
Fluorescent Bulbs / Lights Containing Mercury (lbs)									
	Provide Total Quantity of materials collected in 49f, please net materials reported separate								_ pounds
g	Contractor(s) involved								
h	h. Estimated cost of HHW / CESQG program or event(s) \$								
	3 through 6 should have only been complete					than DO man	ida maan	alina	r compiees

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

		Part IV. Yard Waste,	, Mulo	ching and (Compostin	g Managem	ent
npe	ermitted sites an	rns management of vegetative mat ad it is illegal to burn. Composting ment of vegetative materials. Do not	and mu	ılching are popi	ular manageme	nt options. Please	e answer the questions below
	checking all the Did a storm ev What quantitie	al government operate a yard waste p at apply: Collected curbside ent significantly impact the amount of s of materials were managed by your rial (yard waste, brush, limbs, leave	Collect of yard v r yard w	ted at convenien waste your gove aste program?	ce center Rrnment manage Provide inform	eceived at yard w d during FY 15-10 attion in TONS <u>C</u>	6? Yes No OR CUBIC YARDS of
		Destination	Check if used	Tons	Cubic Yards		Name and Location of Facility g Vegetative Materials
	End user (to fa	armer or home-owner)					
	Your local gov	rernment's mulch or compost facility					
	Other public m	ulch or compost facility					
	Private mulch	or compost facility					
	Land clearing a	and inert debris landfill (LCID)	\boxtimes	2,465		Key Properties, 2380 Sa	andy Cross Rd Burlington, NC
	Energy / Fuel U	Use (e.g. boiler fuel market)					
		Total		2465			
	estimate yard v	E MANAGEMENT FORMULA: If waste volume. Calculate for each trued by program in the appropriate box	ick used xes abov	in your yard waye. Ex. 10 yd^3	ste managemen	t program, and the	en enter the grand total
	Size of Truc				truck is used during	year	TOTAL
	Size of True	Part V. Sol					
Plea	se answer the fo	ollowing questions regarding your lo				•	disposal services.
3.	Please complet	te the following table regarding your				o-off programs) ar	nd disposal program.
	Sector	Who Collects Solid Waste? Insert Letter - see codes at right I			right Will Co	ollects Solid Waste? government employee	How is Solid Waste Collected? es 1. Once a week at household
	Residential	Primary a Secondary Prin	mary	1 Secondary	b. By Co	ontract hise haulers	2. Twice a week at household3. Convenience center/greenbox
	Commercial		mary	Secondary	d. Local	government not red in provision of	4. As needed or by request5. Daily
	Industrial	Primary d Secondary Prin	mary	Secondary	servic	*	6. Other
64.	If you provide	residential waste collection at single	-family	households in y	our jurisdiction,	, please answer the	e following questions:
	What type of c	ollection method is used?	ully Aut	omated S	Semi-Automated	d Manual	Don't know
	What is the sta	ndard collection frequency? 🛛 W	/eekly	Two tim	es per week	Other	
	What is the typ	pical service point for single family h	ousehol	d waste?	Curbside	Back yard / Ba	ck door
	What type of c	ollection container is used? 🛛 G	overnme	ent-provided car	rts Reside	ent-provided conta	ainer Bags
	Do you offer b	ulky waste collection services?	Yes	☐ No			
5.		ties - did your government collect w te goods delivered to the county for	_		Yes No	No	
		Part VI. Solid Was	te and	d Recycling	Education	nal Activitie	S
6.	Did your local issues / activiti	government have an education pro es? \square Yes \boxtimes No (If N	_	inform citizens o Part VII, page		out solid waste ma	nagement and / or recycling
57.	Please estimate	e your annual budget for solid waste	related e	education and or	ıtreach activitie	s: \$	
8.	Does your com	nmunity produce recycling education	and out	treach materials	in languages be	sides English?	Yes No
	If YES, please	list other languages used:					
9.	Please provide	your recycling website address and	public ii	nformation phon	ne number if app	olicable.	
	Website:					Hotline:	

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

	icient resources availab stions deal with resource			*	continued success o	f these programs. T	The following
-	Did your local govern		_		n FY 15-16?	Yes No	
61.	With regards to funding	ng sources, check al		•	_		
	Tipping fees		_	eight-based fees (e.g	_	Γire tax	
		es / general fund		yclables		White Goods tax	
62.	Per househo NC Solid Waste Dispo	•	Grants	gible local governm		Disposal Tax	ment of Revenue
02.	According to GS 105-						
	How are disposal tax of	•					
63.	If applicable, please p						
	a. \$ 6.5	per Month	1	per Househo	old	for solid waste	
	b.\$	per		per		for recycling	
	c.\$	per		per		for yard waste	
				per			
				per			<u> </u>
	f. \$ 78	per Year		per Househo	old	total charge	
64.	Did your local government the amount of trash dis	•		ram for residential g	arbage? (Residents	are charged by wei	ght or volume for
	ording to GS 130A-309 rm users of such costs.		ments are required	to conduct full cos	t accounting annua	ally and to develop	a system to
	If your local government		id wasta or racycli	ng carvicae nlasca r	enort the annual co	ntract amount	
05.		chi contracts for sor			eport the annual co	ntract amount.	
	\$ <u>131,677.77</u>		For recycling pe OR	r year			
	\$			nat (aalid waata and	d maayalina)		
	·		_	ract (solid waste, and			
66.	Collection Programs: l programs for <u>collectin</u> available , please repo	g waste, recyclable	s and yard waste in	cluding services at o			
	available, please repe	# of Households	et III Total Cost co		Diamonal Cont	Total Cost	Calculated
		served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	including overhead	Cost Per Ton Managed
M	unicipal Solid Waste*	4,527	3,880.46	295,819.42	142,093.34	437,912.76	112
	Recycling Program**	4,527	841		131,677.77	131,677.77	156
	Yard Waste Program	4,527	2,465	226,249.45		249,854.45	101
	(Calculated Totals:	7,186.46	522,068.87	297,376.11	819,444.98	114
	*for materials collected and	_	=			=	
<i>(</i> 7	**for materials collected by		-		_	_	
67.	If your government op facility operations. If Landfill Budget:		ned, please attempt		portionately.	cility, please provide	e total budget for
	Transfer Station I	Budget:					
	Yard Waste / Cor	npost Facility Budg					
	Recycling Facility	y Budget:	\$				
68.	What is your governm	ent's total combine	d annual budget for	all solid waste and	recycling related se	ervices? \$987,026	

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 69 through 97). 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					
69.	Give name, address, phone number, and Name:	•	•	Title		
	Address:		City:		Zip:	
	Telephone: Fa	nx:		Email:		
70.	Please provide the physical address of the Street 1:		_			
	Street 2:					
	City:				Zip:	
71.	Please provide the name of the business Name:	or person that remo	ves the refriger	ant gases (CFCs) fr	om white goods.	
	Street:					
	City:			North Carolina		
	Phone: Fax:		Email	:		
72.	Give amounts / types of CFCs removed.				tion of person(s) perfor	
	Type of CFC Ren	noved			Amount	
73.	CFCs may be recycled or sent for destruc	ction. Give name of				
	Firm		Method o	f Disposal	Amount Earned	Amount Spent
74	Tonnage of White Goods Collected (inc.	luda caran matal):				
74.		· -				
75.	List the amount of revenue for the white					
	Revenue collected from sale of scrap:	\$ Distributions (
	Revenue collected from White Goods Ta					
	Revenue from other source (e.g. grants):					
	Total Revenue:	\$				
76.	According to the White Goods Law, Wheexpenditures White Good Tax Distribution					mounts and types of
	Operational Expenses:	\$				
	Capital Improvements:	\$				
	Clean-up of Illegal White Goods Dumps	s: \$				
	Total Expenditures:					

SC	KAP TIKES					
77.	Give name, address, phone number, and e-mail of per Name:	-				
	Address:				Zip:	
	Telephone: Fax:					
78.	Please provide the physical address of the primary co Street 1:	unty scrap tire	es collection sit	e.		
	Street 2:					
	City:		State: North	n Carolina	Zip:	
79.	Tonnage/Number of scrap tires disposed July 1, 2015 Tons or	-June 30, 201	6 (excluding ti			
80.	Tonnage/Number of scrap tires disposed from cleanu Tons or		ounty designate	ed nuisance sites Number of tires		
81.	Indicate the types of tires collected by the county: Passenger % Heavy Tru	ıck	%	Large Off-Road	%	
82.	List the amount of revenue for the scrap tire program	•				
	Revenue from Scrap Tire Tax Distributions:					
	Revenue from Tire Fees:					
	Revenue from Scrap Tire Clean-up Reimbursements:	\$				
	Revenue from Scrap Tire Cost-Overrun Grants:	\$				
	Total Revenue:	\$				
83.	County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 15-	e (contract dis 16.	posal/hauling c	costs), \$		
84.	County's additional scrap tire program expenditure (i. Labor \$		enience center	cost), if any.		
	Site Cost \$					
	Other \$	des	scribe Other: _			
85.	County's contract cost for scrap tire disposal. \$	/	Ton; \$	/ Tire		
86.	Hauling cost or fuel surcharge, if not included in con	tract cost abo	ve. \$	/ Ton; \$	/ Tire	
87.	Total tipping fees collected for tires not eligible for fa	ree disposal. \$				
88.	Total number of tires collected not eligible for free d					
89.	If scrap tires were not hauled off site by contracted se	rvice provide	r, were they cu	t and disposed in a loc	eal landfill? Yes No	
90.	Name of tire disposal/recycling firm(s):					
TE	MPORARY DISASTER DEBRIS STAGIN					
91.	Does your local government have a plan in place for	management o	of disaster debr	is? Yes	No	
	If yes, indicate if the plan is a stand-alone plan or in c	conjunction wi	th local govern	nment agencies:	Stand-alone In conjunction	
92.	If you indicated having a plan, has the plan been revier requirements for public assistance reimbursement in a			anagement or FEMA t	to ensure it meets the basic No	
93.	Please list the name, contact numbers(s), and e-mail a	address of the	person(s) in ch	arge of the disaster de	ebris management program for	
	your local government: Name: Name	::		Name:		
		•				
	E-mail: E-mai					

94.	Natural Heritage Progra Please note that the vetting of	y disaster debris staging sites in your count am (NHP) and the State Historic Preservation of a site prior to a disaster is advantageous to local go by cause difficulty for local governments when attempt	ion Office (SHPO) through coowernments because a staging site which	rdination with the Solid Waste Section h is found to have impacted federal or state
	Disaster Site #	Site Name	Disaster Site #	Site Name
95.	Does your plan address	the management of household hazardous v	waste and white goods following	g a disaster? Yes No
96.	Does your plan address	mass animal mortality? \square Yes \square	No	
MA	NAGEMENT OF A	ABANDONED MANUFACTURE	ED HOMES	
97.	Has your county consid	ered whether to implement a program for t	the management of abandoned	manufactured homes? Yes No
	If yes, has your county	developed a written plan for the manageme	ent of abandoned manufactured	homes? Yes No
		Part IX. C	Comments	
Use	this section to elaborate of	on any info provided in your report as nece		our comments about this report or other
		management in North Carolina. Thank yo		-
	This form is to be sub	omitted electronically. If you require ass Joseph Fitzpatrick, email: joseph.fitzpat Rob Taylor, email: rob.taylor@n	trick@ncdenr.gov phone 919-7	707-8121
can.		tal Assistance and Customer Service Local e at https://deq.nc.gov/conservation/recycli	Government Assistance Team	is ready to assist you in any way we
		RECYCLEMORE		