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: <u>http://deq.nc.gov/about/divisions/waste-management/solid-waste-section/annual-reporting</u>
- 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: <u>https://get.adobe.com/reader/</u> - 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

Environmental Quality

Local Government Report Form

Required - Enter Your Local Government Name: Mitchell County

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.

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

If you have questions or need assistance completing this form, please call 919-707-8136 or 919-707-8133.

Person Completing This Report: M	lichael Jones	Title	e: Sanitation D	irector			
Mailing Address: 26 Crimson Laure	el Circle, Suite 3	City: Bakersville		Zip: 28705			
Phone: 828-385-0296	Fax: 828-688-5949		Date: 8/6/201	8			
Email: Mavis.parsley@mitchellcou	nty.org & mdjones182@gmail.co	om					
	Genera	l Instructions					
Please remember that the time perior for a specific question.	d for the report is JULY 1, 2017	through JUNE 30, 2018. Ple	ase check "No"	' if you have nothing to report			
1. Did your local government ha	ve a Recycling Coordinator or sin	milar position for FY 17-18?	Yes	🔀 No			
Name Recycling Coordinator	(if different from person complet	ing this report.)					
Name:		Title	2:				
Address:		City:		Zip:			
Telephone:	Fax:	Email:					
2. Did your local government ha	ve a Solid Waste Director or simi	ilar position for FY 17-18?	Xes Yes	No			
If Yes, Name: Michael Jon	es	Title	Title: Sanitation Director				
Address: 26 Crimson Laurel C	Circle, Suite 3	City: Bakersville		Zip: 28705			
Telephone: 828-385-0296	Fax: 828-688-5949	Email: mdjones182@gmail.com					
3. Did your local government ha	ve dedicated or part-time Solid	Waste Enforcement Staff for	FY 17-18?	Yes No			
If Yes, Name:		Title					
Address:		City:		Zip:			
Telephone:	Fax:	Email:					
4. Did your local government has all that apply)	ve solid waste ordinances in plac	e addressing any of the follow	ving during FY	17-18? (if yes, please check			
🔀 Disposal Bans	Illegal Dumping Littering	Other, Please Describe	2:				
5. Did your local government ma mulching, composting)?	anage, provide or contract for any	v solid waste services in FY 1	7-18 (e.g., colle X Yes	ection, disposal, recycling,			
If you answer	"No" to question 5, the report	t is complete, please email t	o Lgteam@ncd	lenr.gov.			

	Part I. Waste Reduction and Recycling Programs Serving Government Facilities								
The	following questions pertain to waste reduction and recycling activities / programs that serve local government facilities.								
6.	Did your local government have a recycling program in place for collecting recyclable materials generated at Yes INO public buildings in FY 17-18?								
7.	Did your local government have any program or policy encouraging or requiring local agencies to Yes No purchase products with recycled content?								
8.	Did your local government have a program in place to collect and recycle spent fluorescent lights generated from the public buildings and facilities that were operated by your government in FY 17-18?								
	Part II. Waste Reduction and Recycling Programs Serving the Public								
SO	URCE REDUCTION / REUSE								
9.	Did your local government have a backyard composting program? Yes No								
10.	If yes, please check all backyard composting activities that apply:								
	Education Demonstration site(s) Bin distribution/sales Number of Bins distributed?								
11.	Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives?								
12.	Did your local government offer a waste exchange or reuse program? Yes No								
13	If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public:								
	Swap shop/shed Number of sheds in use? Paint exchange Number of gallons recovered?								
	Other (e.g. pallet exchange, etc.)								
PU	BLIC RECYCLING SERVICES								
14.	Which of the following responses best describes your recyclables recovery activities for the period July 1, 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 .)								
	our local government DID operate or contract for a recyclables recovery program, please indicate in the owing sections the type of program in operation and provide specifics about your program(s).								
CU	RBSIDE RECYCLING PROGRAM								
15.	Did your government operate a Curbside Recycling Program? 🗌 Yes 🛛 🔀 No, skip to question # 25								
16.	Who collected the recyclable materials for your local government's curbside recycling program?								
	Local government employees								
	Private contractor (please specify)								
	Franchised hauler (please specify)								
	Other (please specify)								

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 number of households 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?								
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?								
22.	Other								
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: Iss than 50 gallon cart 65 gallon cart 95 gallon cart multiple sizes of cart available								
DR	OP-OFF RECYCLING PROGRAM								
25.	Did your government operate a Drop-off Recycling Program? X Yes No, skip to question # 32								
26.	Who collected the recyclable materials for your local government's drop-off recycling program? Image: Constraint								
	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. 8,692								
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: 4								
31.	How many of these locations were staffed with attendants? 🛛 All 🗌 None 🗌 Some please list # of staffed sites:								
EL	ECTRONICS RECYCLING PROGRAM								
	use answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any erials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.								
32.	Did your community operate an electronics recycling program in FY 17-18? Xes 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: 4								

- Did your electronics recycling program collect or accept televisions from (check all that apply): 🔀 Residences Businesses 33.
- 34. Did your electronics recycling program collect or accept computer equipment from (check all that apply): 🔀 Residences 🖾 Businesses
- DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was 35. 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: \$-15,850.83

Electronics Management Funds received from DEQ during FY 17-18 (Feb 2018 distribution): \$ 1,218.56

Electronics Management Funds spent during FY 17-18: \$7,401.24

Electronics Management Fund balance as of June 30, 2018: \$-22,033.51

Briefly explain how Electronics Management Funds were spent during FY 2017-18 (please list items purchased if applicable): 36.

Electronics Vendor cost of pick-up, purchase of shrink wrap, lift truck fuel

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: Synergy Electronics Recycling

No Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications? X Yes

OTHER PUBLIC RECYCLING PROGRAMS

Please answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted j	for <u>by</u>
the local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the	
Recycling Tonnages Chart on pg 5.	

38.	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? \Box Yes \boxtimes No
39.	Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner other than through your curbside or dropoff recycling programs? \Box Yes \bigotimes 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 Yes No 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)
 - Athletic Field /Venue Recycling Program Public Parks 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) <u>NC Correction Facility</u>-Plastic Recycling Program

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.

DDOCDAN	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				43.13			43.13	
Brown				28.95			28.95	
Green				31.48			31.48	
Mixed								
PLASTIC:								
PET #1			\square	29.87			29.87	
HDPE #2				14.24			14.24	
All Plastic Bottles								
Other Plastic Containers								
Bulky Rigid Plastics								
METAL:								
Aluminum Cans				7.89			7.89	
Steel Cans								
White Goods						60.26	60.26	
Other Metal						182.89	182.89	
PAPER:								
Newsprint (ONP)								
Cardboard (OCC)				174.04			174.04	
Magazines (OMG)								
Office Paper								
Mixed / Other Paper				117.27			117.27	
Cartons / Aseptic Containers								
WOOD:								
Pallets								
Other Wood - DO NOT								
report yard waste tons here								
OTHER MATERIALS:								
Textiles (clothes etc)								
Televisions						32.69	32.69	
Other Electronics						14.46	14.46	
C&D Materials Recycling								
Commingled tons-check al items collected above								
TOTAL TONS:				446.87		290.3	737.17	

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.

N	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 <u>only</u> 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.

a		**7 4	A H U			36 / 13				A H H	D	
S	pecial	Waste	Collections	(Do No	t Include	Materials	Collected	as part of	t an HHW	Collection	Program	or Event)

4

Used Motor Oil Yes No gallons Used Oil Filters Yes No 4 barrels, or Ibs Used Antifreeze Yes No gallons gallons Batteries, Lead Acid Yes No gallons gallons Batteries, Lead Acid Yes No gallons gallons Batteries, Dry Cell Yes No gallons gallons Propane Tanks Yes No	47. I	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		m collect this m the public?	# of sites	-		cted / manage icated units.	ed.
Used Antifreeze Yes No gallons Batteries, Lead Acid Yes No gallons Batteries, Dry Cell Yes No bbs, or bbs Fluorescent Bulbs/Lights Containing Mercury Yes No bbs, or bbs Fropane Tanks Yes No bbs, or ballons Other Special Wastes - please provide waste Yes No bbs, or ballons bbs, or ballons Pesticide Containers (NCDA Program, not Yes No bbs, or bbs _	Us	sed Motor Oil	Yes	🛛 No				gallons	5
Batteries, Lead Acid Yes No # batteries, or hs Batteries, Dry Cell Yes No hs hs Fluorescent Bulbs/Lights Containing Mercury Yes No hs, or # bulbs Propane Tanks Yes No hs, or # bulbs Used Cooking Oil / Waste Vegetable Oil Yes No hs, or # tanks Used Cooking Oil / Waste Vegetable Oil Yes No hs, or # dom Other Special Wastes - please provide waste type here: Yes No hs, or # dom Pesticide Containers (NCDA Program, not pesticides themselves) Yes No hs, or # dom NCDA Pesticide Disposal Assistance Program Yes No hs, or # dom hs NCDA Pesticide Disposal Assistance Program Yes No gals, or hs hs HW event or by a paint exchange propriation Yes No gals, or hs 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 Ter b. How many days was your	Us	sed Oil Filters	Yes	🗌 No	4	4 barr	els, or	1	lbs
Batteries, Dry Cell Yes No Ibs, or Ibs, or Fluorescent Bulbs/Lights Containing Mercury Yes No Ibs, or Ibs, or <td>Us</td> <td>sed Antifreeze</td> <td>Yes</td> <td>No No</td> <td></td> <td>I</td> <td></td> <td>ga</td> <td>llons</td>	Us	sed Antifreeze	Yes	No No		I		ga	llons
Fluorescent Bulbs/Lights Containing Mercury Yes No lbs, or # bulbs 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, or gallons Other Special Wastes - please provide waste Yes No lbs, or gallons Other Special Wastes - please provide waste Yes No lbs, or gallons Pesticide Containers (NCDA Program, not pesticides themselves) Yes No lbs, or # containers NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers) Yes No gals, or lbs Latex Paint (do not include pain collected at HHW event or by a paint exchange program) Yes No gals, or lbs 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? 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? Pe	Ba	atteries, Lead Acid	Yes	No No		# b	atteries, or		lbs
Propane Tanks Yes No bs, or # tanks Used Cooking Oil / Waste Vegetable Oil Yes No bs, or gallons Other Special Wastes - please provide waste Yes No bs, or gallons Other Special Wastes - please provide waste Yes No bs, or gallons Pesticide Containers (NCDA Program, not Yes No bs, or # con- rainers NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers) Yes No bs, or # con- rainers NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers) Yes No gals, or lbs Hatex Paint (do not include paint collected at HW event or by a paint exchange program) Yes No gals, or lbs Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event 48. Did your local government operate a bousehold 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 Ter b. How many days was your HHW program open to accept materials during this	Ва	atteries, Dry Cell	Yes	No No				•	lbs
Used Cooking Oil / Waste Vegetable Oil Yes No Ibs, or gallons Other Special Wastes - please provide waste type here: Yes No Ibs, or gallons Pesticide Containers (NCDA Program, not pesticides themselves) Yes No Ibs, or # con- tainers NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers) Yes No Ibs, or # con- tainers Latex Paint (do not include paint collected at HHW event or by a paint exchange program) Yes No gals, or Ibs 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? 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 Ter b. How many days was your HHW Program open to accept materials during this Fiscal Year?	Fl	uorescent Bulbs/Lights Containing Mercury	Yes	No No			lbs, or	# b	ulbs
Other Special Wastes - please provide waste	Pr	opane Tanks	Yes	No No			lbs, or	# 1	anks
type here: Image: ty	Us	sed Cooking Oil / Waste Vegetable Oil	Yes	No No			lbs, or	ga	llons
pesticides themselves) Image: Yes No Image: Yes Image: Ye			Yes	No No			I I I		lbs
(for management of pesticides, not containers) Yes No Ios Latex Paint (do not include paint collected at HHW event or by a paint exchange program) Yes No gals, or lbs 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? Yes No a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Ter 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 . Permanent . 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 . . f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below about individual materials is not available, please simply provide total quantity of materials collected by HHW program in 48 Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in q			Yes	No No			lbs, or		
HHW event or by a paint exchange program) Yes No or 105 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? Yes No 48. 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 Ter b. How many days was your HHW Program open to accept materials during this Fiscal Year?			Yes	No No					lbs
 48. Did your local government operate a household hazardous waste collection program or event in FY 17-18? Yes Note 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 Permanent Temporary Event or at a Permanent HHW Collection Facility? 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 If yes, please estimate the amount of business material managed pounds f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below about individual materials is not available, please simply provide total quantity of materials collected by HHW program in 48 Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in quest Used Motor Oil (gal) 			Yes	No No			-		lbs
Fluorescent Bulbs / Lights Containing Mercury (lbs)	с. d. e.	Did you partner or co-sponsor your HHW pr Please list partner(s) Provide number of citizens / households that Did your program accept materials from sma If yes, please estimate the amount of business Amounts of individual materials collected by about individual materials <u>is not</u> available, p Note, materials listed here should only be the Used Motor Oil (gal) Used Antifreeze (gal)	ogram with a participated all businesses is material ma y HHW Progr lease simply ose collected Use Lea	in your HHW (Conditionall anaged ram: if totals f provide total c at an HHW P ed Oil Filters ad Acid Batter	collection y Exemp for indivi quantity rogram a	ent? Yes on program this ot Small Quanti dual materials a of materials col und should not i _ # of Barrels,	Fiscal Yea ty Generato pounds are known lected by H nclude mat or	ors)? Y please itemize HW program terials listed in lbs.	e below. If data n in 48g below. n question 47.
g. Provide Total Quantity of materials collected by HHW Program. If individual materials were	g.	-		-		– naterials were			
 a. Flowde Four Quanty of indefnas concerce by FITW Flogram. If individual indefnas were reported in 48f, please net the weight of those materials out of the total listed here. b. Please list HHW Collection Contractor 		reported in 48f, please net the weight of those		ut of the total	listed he	ere.			pound
i. Estimated cost of HHW / CESQG program or event(s) \$	i.	Estimated cost of HHW / CESOG program of	or event(s) \$						
Pages 3 through 6 should have only been completed by governments indicating in question # 14 that they DO provide recycling							hat they D	O provide rec	ycling services

2017-2018 Local Government Annual Report *Report Due Date: September 1, 2018* Submit to: Lgteam@ncdenr.gov

is only to be completed by Counties.

Part IV. Yard Waste, Mulching and Composting Management

This section concerns management of vegetative materials. Yard waste may not be disposed in sanitary landfills, incinerators, or in unpermitted sites and it is illegal to burn. Composting and mulching are popular management options. Please answer the questions below about your management of vegetative materials. Do not include information on food waste or non-vegetative materials in this section.

- Does your local government operate a yard waste program? Yes 🕅 No If yes please indicate how yard waste is managed by 49. checking all that apply: Collected curbside Collected at convenience center Received at yard waste, compost, or LCID facil.
- Did a storm event significantly impact the amount of yard waste your government managed during FY 17-18? Yes 50. No
- 51. What quantities of materials were managed by your yard waste program? Provide information in TONS OR CUBIC YARDS of
 - organic material (yard waste, brush, limbs, leaves, etc.) managed. For conversion purposes, use 400 lbs./cubic yd.

Destination	Check if used	Tons	Cubic Yards	Please Provide Name and Location of Facility Receiving Vegetative Materials
End user (to farmer or home-owner)				
Your local government's mulch or compost facility				
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: If yard waste quantities are not tracked, you may use this formula below to help you estimate yard waste volume. Calculate for each truck used in your yard waste management program, and then enter the grand total volume managed by program in the appropriate boxes above. Ex. 10 yd³ truck x 3 days/wk x 16 wks = 480 yd³

		_X	X		_ =		yd^3			
	Size of Truck (in yards)	Avg. no. of times true	k fills each week # of we	eeks truck is used during year	:	TOTAL				
	Part V. Solid Waste Collection Services									
This	This section concerns your local government's provision of solid waste (garbage) collection services.									
52.	52. Please complete the following table about your government's solid waste collection system.									

	Sector	Who Collects Solid Waste?How is Solid Waste Collected?Insert Letter - see codes at rightInsert # - see codes at right						Who Collects Solid Waste?	How is Solid Waste Collected?					
			etter -				rt # - s	ee codes at	right	a. Local government employees 1. Once a week at househo				
	Residential	Primary	а	Secondary		Primary	3	Secondary		 b. By Contract c. Franchise haulers 	 Twice a week at household Convenience center/greenbox 			
	Commercial	Primary	d	Secondary		Primary		Secondary		d. Local government not involved in provision of	4. As needed or by request5. Daily			
	Industrial	Primary	d	Secondary		Primary		Secondary		service	6. Other			
53. If you provide <u>residential</u> waste collection at single-family households in your jurisdiction, please answer the following question of the second secon								e following questions:						
What type of collection method is used? 🗌 Fully Automated 🗌 Semi-Automated 🗌 Manual 🗌 Don't know										Don't know				
What is the standard collection frequency? Weekly Two times per week Other														
	What is the typ	ical serv	vice po	int for sin	igle fami	ly house	ehold w	vaste?	Curt	oside 🗌 Back yard / Ba	ck door			
What type of collection container is used? 🗌 Government-provided carts 🗌 Resident-provided container 🗌 Bag										ainer 🗌 Bags				
	Do you offer bulky waste collection services? Yes No													
54.	For municipali			0			0		<u> </u>	Yes No				
	If so, were whi	te goods	delive	ered to the	e county	for mark	ceting?	Yes	1	No				
]	Part	VI. So	olid W	aste a	nd F	Recyclin	g Edu	icational Activities	8			
55.	Did your local issues / activiti	-						orm citizens art VII, pag	-	cally about solid waste ma	nagement and / or recycling			
56.	Please estimate	e your an	nual b	udget for	solid wa	ste relat	ed edu	cation and o	outreach	activities: \$				
57.	Does your com	munity j	produc	e recyclin	ng educat	tion and	outrea	ch materials	s in lang	guages besides English?	Yes No			
	If YES, please	list othe	r langı	ages used	1:									
58.	Please provide	your rec	ycling	website a	address a	nd publi	ic info	rmation pho	ne numl	ber if applicable.				

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Website:

Phone #:

	Part VII	. Resources f	or Solid Was	te Manageme	nt and Full C	Cost Accounti	ing	
	ficient resources availab					f these programs.	The following	
<u>^</u>	estions deal with funding							
	Did your local governm With regards to funding	*	*		FY 1/-18?	Yes 🛛 No)	
00.	\boxtimes Tipping fees			eight-based fees (e.g		Fire tax		
		es / general fund				White Goods tax		
	Per househo	-	Grants			Disposal Tax		
61.	NC Solid Waste Dispos According to GS 105-1							
	How are disposal tax d	listributions being u	sed?					
62.	If applicable, please pr	ovide your FY 17-1	8 household fees. ((e.g., a. <u>\$45.00</u> per	<u>year</u> per <u>household</u>	for solid waste)		
	a. \$	per		per		for solid waste	2	
	b.\$	per		per		for recycling		
	c. \$	per		per		for yard waste	1	
	d. \$	per		per		for bulky wast		
	e. \$	per		per		availability fee		
	f. \$	per		per		total charge		
63.	Did your local governm are charged a fee by we			•		17-18? (a system √ √ No	where residents	
	cording to GS 130A-309	~	nents are required	to conduct full cos	t accounting annua	ally and to develop	a system to	
	orm users of such costs.							
64.	If your local government	nt contracts for soli	-		port the annual cont	tract amount.		
	\$		_ For solid waste s	services per year				
	\$		_ For recycling pe	r year				
			OR					
	\$		_ Combined Contr	cact (solid waste, and	d recycling)			
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	and yard waste inc	luding materials col	• • •	•	-	
	······	# of Households			Disposal Cost	Total Cost	Cost Per Ton	
		served	Tons Collected	Collection Cost	(tipping fees paid)	including	Managed (calculated by form)	
N	Iunicipal Solid Waste*	8,692	11,640.57	424,718.73	618,666.85	overhead 1,043,385.58	(calculated by form) 89	
	Recycling Program **	8,692	747.77	43,016.4		43,016.4	57	
	Yard Waste Program							
	Totals	(calculated by form):	12,388.34	467,735.13	618,666.85	1,086,401.98	87	
	*for materials collected and	-	-					
	** for materials collected by		-		-			
00.	If your government operations (rour proportionately. Lan							
	Tran	sfer Station Budget	: \$	114,744				
	Yard	Waste / Compost H	Facility Budget: \$					

Recycling Facility Budget:

\$ 67. What was your government's total combined annual budget for all solid waste and recycling services in 17-18? \$1,201,145.98

Part VIII. County Mandated Programs

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

WH	ITE GOODS									
68.	Please provide name, address, phone number	, and e-m	nail of person	respons	ible for white goods	program.				
	Name: Michael Jones			Title: Sanitation Director						
	Address: 26 Crimson Laurel Circle, Suite 3		Ci	City: Bakersville Zip: 28705						
	Telephone: <u>828-385-0296</u> Fax: <u>8</u>	28-688-5	949		Email: mdjones182	2@gmail.com				
69.	Please provide the physical address of the pri Street 1: Altapass Convenience Center	imary cou	unty white goo	ods coll	ection site.					
	Street 2: 2097 Altapass Hwy									
	City: Spruce Pine			State:	North Carolina	Zip: 287	77			
70.	Please provide the name of the business or po	erson that	t removes the	- refriger	ant gases (CFCs) fro	m white goods.				
	Name: County Metal, Inc									
	Street: 163 Tempie Mtn Road									
	City: Spruce Pine		State: North Carolina Zip: 28777							
	Phone: (828) 765-5265 Fax:				:					
71.	Give amounts / types of CFCs removed. Atta	ich record	ls of CEC rem	oval a	nd copy of certificati	on of person(s) perfor	ming extraction			
, 1.	Type of CFC Remove				in copy of certificat	Amount				
	R134		14.6							
	R122		10.2							
72.	CFCs may be recycled or sent for destruction	n. Give na	ame of firm. d	isposal	method and amount	earned / spent for CF	C disposal.			
	Firm			-	f Disposal	Amount Earned	Amount Spent			
	Jonathan's Used Appliances		Recycled							
73.	Please report the tonnage of white goods coll white goods tonnage reported on page 5?	lected dur	ring FY 2017-	18 in th	e Recycling Tonnag	es table on page 5 (qu	estion # 45). Was			
74.	List the amount of revenue for the white goo	ds progra	m by source:							
	Revenue collected from sale of scrap:		\$ 7,334.4							
	Revenue collected from White Goods Tax D	istributio	ons: \$ <u>9,900.3</u>	7						
	Revenue from other source (e.g. grants):		\$ 0							
	Total Revenue:		\$ 17,234.	77						
75.	According to the White Goods Law, White Gexpenditures White Good Tax Distributions						mounts and types of			
	Operational Expenses: \$	24,799.99)							
	Capital Improvements: \$	0								
	Clean-up of Illegal White Goods Dumps: \$	0								
	Total Expenditures: \$	9								

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76.	Please provide name, address, phone number, and e-main Name: Michael Jones	1 of perso	on responsil	ole for	scrap tires program. Title: Sanitation	n Director		
	Address: 26 Crimson Laurel Circle, Suite 3		City: Spru	oo Din		Zip: 28777		
	Telephone: 828-385-0296 Fax: 828-688-594	10	•		: mdjones182@gmai		//	
77	Please provide the physical address of the primary coun				n.com			
77.	Street 1: Altapass Convenience Center	ty scrap t	ires collecu	on site				
	Street 2: 2097 Altapass Hwy							
	City: Spruce Pine		State:	North	Carolina	Zip: 2877	7	
78.	Tonnage/Number of scrap tires disposed July 1, 2017-Ju 336.49 Tons or	ine 30, 20)18 (<u>exclud</u>		es from cleanup of nu Number of tires			
79.	Tonnage/Number of scrap tires disposed from cleanup of 0 Tons or	of state or	county des	ignate	d nuisance sites Number of tires			
80.	Indicate the types of tires collected by the county:Passenger91.5%Heavy Truck	8		_ %	Large Off-Road	.5	%	
31.	List the amount of revenue for the scrap tire program by Revenue from Scrap Tire Tax Distributions:	source: \$ <u>20,39</u>	90.09					
	Revenue from Tire Fees:	\$ 0						
	Revenue from Scrap Tire Clean-up Reimbursements:	\$ 0						
	Revenue from Scrap Tire Cost-Overrun Grants:	\$ 13,62	27.05					
	Total Revenue:	\$ 34,0	17.14					
32.	County's total scrap tire program contract expenditure (excluding costs of nuisance tire cleanups, for FY 17-18.	contract d	lisposal/hau	ling co	osts), \$ <u>43,016.40</u>			
83.	County's additional scrap tire program expenditure (i.e. Labor $\$ \frac{N/A}{}$	labor, co	nvenience c	enter c	cost), if any.			
	Site Cost \$ <u>N/A</u>							
	Other \$ <u>N/A</u>		describe Otl	ner:				
34.	County's contract cost for scrap tire disposal. \$ 118.43		/ Ton; \$		/ Tire			
85.	Hauling cost or fuel surcharge, if not included in contra	ct cost a	bove. $$ 9.4$	1	/ Ton; \$	/ Tire		
86.	Total tipping fees collected for tires not eligible for free	disposal	. \$ 0					
37.	Total number of tires collected not eligible for free disp	osal: 0						
38.	If scrap tires were not hauled off site by contracted server	ice provi	der, were th	ey cut	and disposed in a loc	cal landfill?] Yes 🗌 No	
89.	Name of tire disposal/recycling firm(s): US Tire Recyc	ling						
FE	MPORARY DISASTER DEBRIS STAGING	SITES	5					
90.	Does your local government have a plan in place for ma	nagemen	t of disaster	debri	s? Xes	No No		
	If yes, indicate if the plan is a stand-alone plan or in con	junction	with local g	governi	ment agencies:	Stand-alone	🔀 In conjunctio	
91.	If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a d				nagement or FEMA	to ensure it me	ets the basic	
92.	Please list the name, contact numbers(s), and e-mail add your local government: Name: Michael Jones Name:		- · ·	in cha		-		
		isuniy 10	-					
	Phone: 828-385-0296 Phone: 8	328-385-	0912		Phone:			

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93. Please list the temporary disaster debris staging sites in your county or municipality which have been reviewed for conflicts with the Natural Heritage Program (NHP) and the State Historic Preservation Office (SHPO) through coordination with the Solid Waste Section. *Please note that the vetting of a site prior to a disaster is advantageous to local governments because a staging site which is found to have impacted federal or state resources after a disaster may cause difficulty for local governments when attempting to obtain FEMA reimbursement.* Attach extra sheets, if needed.

Disaster Site #	Site Name		Disaster Site #	Site Name						

00									
MANAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES									
95.	Does your plan address mass animal mortality?	es	🔀 No						
94.	Does your plan address the management of household h	X Yes	No No						

96. Has your county considered whether to implement a program for the management of abandoned manufactured homes? 🗌 Yes 🔀 No

If yes, has your county developed a written plan for the management of abandoned manufactured homes? Xes

Part IX. Comments

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

SS notes: Bakersville delivers recycling to Mitchell County. 10.6 tons removed from #45 tonnage table to avoid double counting.

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



No