

### State of North Carolina

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

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

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

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

#### **Instructions:**

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

Options for obtaining a blank copy of this form:

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

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

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

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

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

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

Form Year

2018



Local Government Report Form

**Required** - Enter Your Local Government Name: Morrisville

## 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 Sept	ember 1, 2018.				
	If you have ques	stions or need assistance con	apleting this form, please ca	:ll 919-707-8136	6 or 919-707-8133.			
Per	son Completing This Repo	rt: Dawn Raab		Title: Administr	rative Manager			
Ma	iling Address: 100 Town H	all Drive	City: Morrisville	·	Zip: 27560			
Pho	one: 919-463-7072	Fax:		Date: 07/0	05/2018			
Em	ail: draab@townofmorrisvi	ille.org						
	-	(	General Instructions					
	ase remember that the time a specific question.	period for the report is JULY 1	, 2017 through JUNE 30, 2018	3. Please check "N	No" if you have nothing to report			
1.	Did your local governme	nt have a Recycling Coordinate	or or similar position for FY 17	7-18? Yes	⊠ No			
	Name Recycling Coordinator (if different from person completing this report.)							
	Name:		Title:					
	Address:		City:		Zip:			
	Telephone:	Fax:	Email:					
2.	Did your local governme	ent have a Solid Waste Director	or similar position for FY 17-	18? Yes	⊠ No			
	If Yes, Name:			Title:				
	Address:		City:		Zip:			
	Telephone:	Fax:	Email:					
3.	Did your local governme	nt have <b>dedicated or part-tim</b>	e Solid Waste Enforcement Sta	aff for FY 17-18?	☐ Yes ⊠ No			
	If Yes, Name:			Title:				
	Address:		City:		Zip:			
	Telephone:	Fax:	Email:					
4.	Did your local governme all that apply)	nt have solid waste ordinances	in place addressing any of the	following during	FY 17-18? (if yes, please check			
	Disposal Bans		ttering Other, Please De	scribe:				
5.	Did your local governme mulching, composting)?	nt manage, provide or contract	for any solid waste services in	FY 17-18 (e.g., co	collection, disposal, recycling,			
	If you an	swer "No" to question 5, the	report is complete, please en	nail to Leteam@	ncdenr.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. 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 No purchase products with recycled content? Did your local government have a program in place to collect and recycle spent fluorescent lights X Yes No 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) Waste Industries Franchised hauler (please specify) Other (please specify)

17.	Please provide the following information about your community:  a. Total number of households in your jurisdiction? 6,200
	b. Number of households eligible to participate in the curbside recycling program: 6,200
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 5,580
18.	If your curbside recycling program is operated through a <u>public franchise granted to a private company</u> then please answer the following:  Is public participation in the franchise:  Voluntary or Mandatory  Does your franchise consist of:  One service district or Multiple service districts
19.	What sector(s) of your community was served by the curbside recycling program?  Residential Commercial Industrial
20.	If you checked commercial or industrial in question 19, please indicate the number of accounts served:
21.	How frequently were the curbside recyclables collected?  ☑ Once a week ☐ Every other week / biweekly ☐ Other
22.	Please describe the collection containers used:  Bins Blue bags Multi-bin system Roll-out carts
23.	Please describe the method / style of recyclable materials handling:  curb-sort (collector separates material as collected)
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?  Yes  No, skip to question # 32
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: \$0							
	Electronics Management Funds received from DEQ during FY 17-18 (Feb 2018 distribution): \$ 976							
	Electronics Management Funds spent during FY 17-18: \$ 976							
	Electronics Management Fund balance as of June 30, 2018: \$ 0							
36.	Briefly explain how Electronics Management Funds were spent during FY 2017-18 (please list items purchased if applicable):							
	Funds were used to pay for electronics removal from collection site							
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:GEEP							
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?   Yes   No							
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 <u>by</u> <u>local government</u> . The tonnage of any materials collected by the following programs should be listed in the "Other" column in the ycling Tonnages Chart on pg 5.							
38. 39.	Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or dropoff recycling programs?   Yes   No  Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner							
	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 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? $\square$ Yes							
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) Morrisville Environment & Stormwater Committee							
	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

DDOCD AND	Curbside			Drop-off	All "C	Other'' Programs	<b>Total Tons</b>
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:	<u> </u>						
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		1,273					1,273
TOTAL TONS:		1,273					1,273
		•					<u> </u>

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)

17.	Special Waste Programs for Collecting  Materials from Citizens by Material Type  Did program collect this # of Data on quantities collected / managed.  Please report in indicated units.			ged.					
	Used Motor Oil	Yes	⊠ No				gallor	ıs	
	Used Oil Filters	Yes	⊠ No		barr	els, or	<u>'</u>	lbs	
	Used Antifreeze	Yes	⊠ No			•	g	allons	
	Batteries, Lead Acid	Yes	⊠ No		# b	oatteries, o	r	lbs	
	Batteries, Dry Cell	Yes	⊠ No					lbs	
	Fluorescent Bulbs/Lights Containing Mercury	Yes	⊠ No			lbs, or	# 1	bulbs	
	Propane Tanks	Yes	⊠ No			lbs, or	#	tanks	
	Used Cooking Oil / Waste Vegetable Oil	Yes Yes	☐ No			lbs, or	70 g	allons	
	Other Special Wastes - please provide waste type here:	Yes	⊠ No				·	lbs	
	Pesticide Containers (NCDA Program, not pesticides themselves)	Yes	⊠ No			lbs, or		# con- tainers	
	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			gals, or		lbs	
	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  f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If data								
	about individual materials <u>is not</u> available, p Note, materials listed here should only be the Used Motor Oil (gal)	ose collected	at an HHW P	rogram a	and should not i	nclude ma	iterials listed		
	Used Antifreeze (gal)								
	Fluorescent Bulbs / Lights Containin					other Butt			
	<ul> <li>g. Provide Total Quantity of materials collected reported in 48f, please net the weight of thos</li> <li>h. Please list HHW Collection Contractor</li> </ul>	d by HHW Pr se materials or	ogram. If ind ut of the total	ividual r listed he	naterials were				pound
	i. Estimated cost of HHW / CESQG program of								_
	es 3 through 6 should have only been complet					hat they D	O provide re	cvcling	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 Wast	te, Mulo	ching and <b>C</b>	Compostin	g Management
ипре	section concerns management of vegetative mermitted sites and it is illegal to burn. Compostive your management of vegetative materials. Do not be seen to be seen as a second control of the second c	ing and mu	lching are popi	ular manageme	nt options. Please answer the questions below
49. 50. 51.	Does your local government operate a yard wast checking all that apply:   Collected curbside Did a storm event significantly impact the amout What quantities of materials were managed by y	Collect nt of yard v our yard w	ed at convenien waste your gove aste program?	ce center Remarks Rema	d during FY 17-18? Yes No Notation in TONS OR CUBIC YARDS of
	organic material (yard waste, brush, limbs, le	eaves, etc.)	managed. For	conversion purp	
	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 facil	-			
	Other public mulch or compost facility		180.68		City of Raleigh
	Private mulch or compost facility				
	Land clearing and inert debris landfill (LCID)				
	Energy / Fuel Use (e.g. boiler fuel market)				
	Total		180.68		
	YARD WASTE MANAGEMENT FORMULA: estimate yard waste volume. Calculate for each volume managed by program in the appropriate	truck used	in your yard wave. Ex. $10 \text{ yd}^3$	aste managemen	at program, and then enter the grand total $wk \times 16 wks = 480 yd^3$
	XX	1 (*11 1	X		$=$ $yd^3$
	Size of Truck (in yards) Avg. no. of times tr				5 year
	section concerns your local government's provisi Please complete the following table about your g	ion of solid		e) collection serv	vices.
	Sector Who Collects Solid Waste? Insert Letter - see codes at right	How is So Insert #	lid Waste Colle - see codes at ri	ected? Who Co	bllects Solid Waste? How is Solid Waste Collected? government employees 1. Once a week at household
	Commercial Primary b Secondary	Primary 1 Primary Primary	Secondary Secondary Secondary	d. Local	hise haulers government not ded in provision of  3. Convenience center/greenbox 4. As needed or by request 5. Daily
53.	_	Fully Auto Weekly y househol	omated S	Semi-Automated  nes per week  Curbside	
54.	For municipalities - did your government collect If so, were white goods delivered to the county f	_		Yes No	No
	Part VI. Solid Wa	aste and	l Recycling	g Education	nal Activities
55.	Did <b>your local government</b> have an education prissues / activities? Yes No (If		inform citizens o Part VII, page		out solid waste management and / or recycling
56.	Please estimate your annual budget for solid was	ste related e	education and or	utreach activitie	s: \$500
57.	Does your community produce recycling educati	ion and out	reach materials	in languages be	esides English? Yes No
	If YES, please list other languages used:				
58.	Please provide your recycling website address ar	nd public ir	nformation phor	ne number if app	blicable.
	Website: townofmorrisville.org				Phone #: 919-463-7070

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

	ficient resources availab stions deal with funding					f these programs. T	The following	
•	Did your local governm			0		Yes No	)	
	0. With regards to funding sources, check all that apply to your local government:							
	Tipping fees			eight-based fees (e.g.	• —	Fire tax		
	✓ Property taxes / general fund       ☐ Sale of recyclables       ☐ White Goods tax         ☐ Per household charges       ☐ Grants       ☐ Disposal Tax							
61.	NC Solid Waste Dispos	sal Tax proceeds are	e distributed to elig		nts on a quarterly b	asis by the Departm		
	According to GS 105-1 How are disposal tax d		•				and services.	
62.	If applicable, please pr	0		•				
	a. \$	per		per		for solid waste	;	
	b. \$	per		per		for recycling		
	c. \$	per		per		for yard waste		
	d. \$	per		per		for bulky wast	e	
	e. \$	per		per		availability fee	<u>&gt;</u>	
	f. \$	per		per		total charge		
63.	Did your local governmare charged a fee by we					17-18? (a system v ☑ No	where residents	
	cording to GS 130A-309 orm users of such costs.		ments are required	to conduct full cost	t accounting annua	ally and to develop	a system to	
64.	If your local government	nt contracts for soli	d waste or recycling	g services, please rej	port the annual con	tract amount.		
	\$		For solid waste s	ervices per year				
	\$		For recycling per	r year				
			OR					
	\$1,019,800		_ Combined Contr	act (solid waste, and	l recycling)			
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	and yard waste inc	luding materials coll				
	, <b>F</b>	# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)	
M	Iunicipal Solid Waste*	6,200	3,716	638,032	0	638,032	171	
	Recycling Program**	6,200	1,273	271,550	0	271,550	213	
	Yard Waste Program	6,200	181	77,539	0	77,529	428	
	Totals	(calculated by form):	5,170	987,121	0	987,111	190	
	*for materials collected and	=	_					
**for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include s  66. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate proportionately.  Landfill Budget:  \$						_		
					tempt to allocate co			
		sfer Station Budget						
		•						
		cling Facility Budg						
67.	What was your government				l recycling services	in 17-18? \$987,11	1	

## **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:	nomo 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:	\$					

Name:   Titlet   Address:   City:   Zip:	<b>SC</b> .	RAP TIRES					
Address:   City:   Email:   Telephone:   Fax:   Email:   Telephone:   Fax:   Email:   Telephone:   Fax:   Email:   Telephone:   Street 1:   Street 2:   State: North Carolina   Zip:   Telephone:   Street 1:   Street 2:   State: North Carolina   Zip:   Telephone:   State: North Carolina	76.	•	•	•			
Total Pieces provide the physical address of the primary country scrap tires collection site.  Street 1:  Street 2:  City:  State: North Carolina  Zip:  78. Tonnage/Number of scrap tires disposed July 1, 2017-June 30, 2018 (excluding tires from cleanup of nuisance sites) Tons or  Number of tires  79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites Tons or  Number of tires  80. Indicate the types of tires collected by the county: Passenger  94. Heavy Truck  95. Large Off-Road  96. Large Off-Road  97. Revenue from Scrap Tire Tao Distributions:  95. Revenue from Scrap Tire Tao Distributions:  95. Revenue from Scrap Tire Clean-up Reimbursements:  95. Revenue from Scrap Tire Clean-up Reimbursements:  96. Total Revenue:  97. Seenue from Scrap Tire Clean-up Reimbursements:  98. Revenue from Scrap Tire Clean-up Reimbursements:  99. County's duditional scrap tire program contract expenditure (contract disposal/hauling costs), sexcluding costs of nuisance tire expenditure (contract disposal)  99. Name of tire disposal/recycling firm (s):  109. Tire  1000						Zip:	
Street 1:  Street 2:  City:  State: North Carolina  Zip:  78. Tonnage/Number of scrap tires disposed July 1, 2017-June 30, 2018 (excluding tires from cleanup of nuisance sites)  Tons or  Number of tires  79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites  Tons or  Number of tires  80. Indicate the types of tires collected by the county:  Passenger  81. List the amount of revenue for the scrap tire program by source:  Revenue from Scrap Tire Tax Distributions:  82. Revenue from Scrap Tire Clean-up Reimbursements:  83. Revenue from Scrap Tire Clean-up Reimbursements:  84. Revenue from Scrap Tire Clean-up Reimbursements:  85. Total Revenue:  86. County's total scrap dire program expenditure (contract disposal/hauling costs),  87. Site Cost \$  Other \$  describe Other:  88. County's contract cost for scrap tire disposal.  89. A county's additional scrap fire program expenditure (i.e. labor, convenience center cost), if any.  Labor \$  Site Cost \$  Other \$  describe Other:  84. County's contract cost for scrap tire disposal.  85. Total injung fees collected for tires not eligible for free disposal.  86. Total dipping fees collected for tires not eligible for free disposal.  87. Total number of tires collected not eligible for free disposal.  88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? \  \text{Ves} \  \  \  \  \  \  \  \  \  \  \  \  \				Emai	1:		
Street 2:  City: State: North Carolina	77.	Please provide the physical address of the primary co	ounty scrap tires o	collection site	e.		
City: State: North Carolina Zip:  78. Tonnage/Number of scrap tires disposed July 1, 2017-June 30, 2018 (excluding tires from cleanup of nuisance sites)  Number of tires.  79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites  Number of tires.  80. Indicate the types of tires collected by the county:  Passenger % Henvy Truck % Large Off-Road %  81. List the amount of revenue for the scrap tire program by source:  Revenue from Scrap Tire Tax Distributions: \$  Revenue from Scrap Tire Cast-Observing Grants: \$  Revenue from Scrap Tire Cost-Overrun Grants: \$  Revenue from Scrap Tire Cost-Overrun Grants: \$  Total Revenue: \$  82. County's total scrap tire program contract expenditure (contract disposal/hauling costs),  cacluding costs of nuisance tire cleanups, for FY 17-18.  83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any.  Labor \$  Site Cost \$  Other \$  Accounty's contract cost for scrap tire disposal. \$  Total tipping fees collected for tires not eligible for free disposal. \$  Total number of tires collected not eligible for free disposal. \$  Total number of tires collected not eligible for free disposal. \$  Total number of tires collected not eligible for free disposal. \$  Total number of tires collected not eligible for free disposal. \$  Total tipping fees collected not eligible for free disposal. \$  Total number of tires collected not eligible for free disposal. \$  Total number of tires collected not eligible for free disposal. \$  Total number of tires collected not eligible for free disposal. \$  Total number of tires collected not eligible for free disposal. \$  Total number of tires collected not eligible for free disposal. \$  Total number of tires collected not eligible for free disposal. \$  Total number of tires collected not eligible for free disposal. \$  Total number of tires collected not eligible for free disposal. \$  Total number of tires collected not eligible for free disposal. \$  Total number of tires c		Street 1:					
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Tons or Number of tires  79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites  80. Indicate the types of tires collected by the county:  Passenger		City:		State: North	n Carolina	Zip:	
Number of tires   Number of	78.	• • • • • • • • • • • • • • • • • • • •	7-June 30, 2018 (g	excluding tir	res from cleanup of nu _Number of tires	isance sites)	
Passenger	79.	· · · · · · · · · · · · · · · · · · ·		nty designate			
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Revenue from Tire Fees: \$   Revenue from Scrap Tire Clean-up Reimbursements: \$   Revenue from Scrap Tire Cost-Overrun Grants: \$   Revenue from Scrap Tire Cost-Overrun Grants: \$   Total Revenue: \$   Revenue from Scrap Tire Cost-Overrun Grants: \$   Total Revenue: \$   Secounty's total scrap tire program contract expenditure (contract disposal/hauling costs), \$   Secounty's total scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$   Site Cost \$   Secounty's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$   Site Cost \$   Secounty's contract cost for scrap tire disposal. \$   Ton; \$   Tire \$   Tire \$   Total tipping fees collected for tires not eligible for free disposal. \$   Total tipping fees collected for tires not eligible for free disposal. \$   Total number of tires collected not eligible for free disposal. \$   Total number of tires collected not eligible for free disposal. \$   Total number of tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No 89. Name of tire disposal/recycling firm(s):  **TEMPORARY DISASTER DEBRIS STAGING SITES**  90. Does your local government have a plan in place for management of disaster debris? Yes No   No   If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction of 11. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No   No   No   No   No   No   No   No	81.	1 1 0	•				
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Revenue from Scrap Tire Cost-Overrun Grants: \$							
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Other   \$     describe Other:	83.	T -1		ence center	cost), if any.		
84. County's contract cost for scrap tire disposal. \$/Ton; \$/Tire  85. Hauling cost or fuel surcharge, if not included in contract cost above. \$/Ton; \$/Tire  86. Total tipping fees collected for tires not eligible for free disposal. \$  87. Total number of tires collected not eligible for free disposal:  88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill?YesNo  89. Name of tire disposal/recycling firm(s):    TEMPORARY DISASTER DEBRIS STAGING SITES     90. Does your local government have a plan in place for management of disaster debris? Yes No  89. If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction  91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No  92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:  Name:		Site Cost \$					
85. Hauling cost or fuel surcharge, if not included in contract cost above. \$ / Ton; \$ / Tire  86. Total tipping fees collected for tires not eligible for free disposal. \$  87. Total number of tires collected not eligible for free disposal:  88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No  89. Name of tire disposal/recycling firm(s):    TEMPORARY DISASTER DEBRIS STAGING SITES		Other \$	descr	ibe Other: _			
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87. Total number of tires collected not eligible for free disposal:  88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill?  \[ Yes \] No  89. Name of tire disposal/recycling firm(s):  \[ \textbf{TEMPORARY DISASTER DEBRIS STAGING SITES} \]  90. Does your local government have a plan in place for management of disaster debris?  \[ Yes \] No  If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies:  \[ Stand-alone \] In conjunction  91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event?  \[ Yes \] No  92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:  Name: Steve Dickinson  \[ Name: \] Name:  Phone: \[ Phone: \] Phone: \[ Phone: \]	85.	Hauling cost or fuel surcharge, if not included in co	ntract cost above.	\$	/ Ton; \$	/ Tire	
88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill?  No  89. Name of tire disposal/recycling firm(s):  TEMPORARY DISASTER DEBRIS STAGING SITES  90. Does your local government have a plan in place for management of disaster debris?  Yes  No  If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies:  Stand-alone  In conjunction  91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event?  Yes  No  92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:  Name: Steve Dickinson  Name:  Name:  Phone: Phone: Phone:	86.	Total tipping fees collected for tires not eligible for	free disposal. \$ _				
89. Name of tire disposal/recycling firm(s):    TEMPORARY DISASTER DEBRIS STAGING SITES     90. Does your local government have a plan in place for management of disaster debris?   Yes   No     If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies:   Stand-alone   In conjunction     91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event?   Yes   No     92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:   Name: Steve Dickinson   Name:   Name:   Name:     Phone: 919-463-7085   Phone:   Phone:   Phone:	87.	Total number of tires collected not eligible for free	disposal:				
TEMPORARY DISASTER DEBRIS STAGING SITES  90. Does your local government have a plan in place for management of disaster debris?	88.	If scrap tires were not hauled off site by contracted s	ervice provider, v	vere they cut	and disposed in a loc	al landfill? Yes No	
90. Does your local government have a plan in place for management of disaster debris?    Yes    No  If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies:    Stand-alone    In conjunction on the plan is a stand-alone plan or in conjunction with local government agencies:    Stand-alone    In conjunction on the plan is a stand-alone plan or in conjunction with local government agencies:    Stand-alone    In conjunction on the plan is a stand-alone plan or in conjunction with local government agencies:    Stand-alone    In conjunction on the plan is a stand-alone plan or in conjunction with local government or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event?    Yes    No  Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:  Name:    Name:    Name:    Phone:    Phone:    Phone:    Phone:    Phone:    No	89.	Name of tire disposal/recycling firm(s):					
If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies:   Stand-alone  In conjunction  If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event?   Yes   No  Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:  Name: Steve Dickinson   Name:   Name:   Phone:   Phone:   Phone:   Phone:   Phone:   Name:   Phone:   Name:   Phone:   Name:	TE	MPORARY DISASTER DEBRIS STAGI	NG SITES				
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your local government: Name: Steve Dickinson Name: Name: Phone: 919-463-7085 Phone: Phone:	91.						
Name:Steve DickinsonName:Name:Phone:919-463-7085Phone:Phone:	92.		address of the per	rson(s) in ch	arge of the disaster de	bris management program for	
Phone: 919-463-7085 Phone: Phone:		·	e:		Name:		
		Phone: 919-463-7085 Phor					
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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 Sect 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				
94.	Does your plan address the n	nanagement of household hazardo	us waste and white goods following a	a disaster?				
95.	Does your plan address mass	s animal mortality?	No No					
MA			RED HOMES BY COUNTIE					
96.	Has your county considered	whether to implement a program f	For the management of abandoned ma					
	If yes, has your county devel	oped a written plan for the manag	ement of abandoned manufactured h	nomes? Yes No				
		Part IX	. Comments					

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

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

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

