

State of North Carolina

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

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

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

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

Instructions:

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

Options for obtaining a blank copy of this form:

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

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

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

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

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

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

Form Year

2018



Local Government Report Form

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

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 Lgtea	m@ncdenr.gov by Septe	ember 1, 2018.		
	If you have questic	ons or need assistance completin	ng this form, please ca	ll 919-707-8136 d	or 919-707-8133.	
Per	son Completing This Report:	TOMMY GIBBONS		Title: PUBLIC S	ERVICES DIRECTOR	
Ma	iling Address: P.O. BOX 296		City: ROBBINS		Zip: 27325	
Phone: 910-948-2431 Fax: 910-948-3981				Date: 09/10	/2018	
Em	aail: WWTP@TOWNOFROB	BINS.COM				
		Genera	al Instructions			
	ase remember that the time pe a specific question.	riod for the report is JULY 1, 2017	through JUNE 30, 2018	. Please check "No	o" if you have nothing to report	
1.	Did your local government	have a Recycling Coordinator or si	imilar position for FY 17	-18? Yes	No No	
	Name Recycling Coordinate	or (if different from person comple	eting this report.)			
	Name:			Title:		
	Address:		City:		Zip:	
	Telephone:	Fax:	Email:			
2.	Did your local government	have a Solid Waste Director or sim	nilar position for FY 17-1	8? Yes	No No	
	If Yes, Name:			Title:		
	Address:		City:		Zip:	
	Telephone:	Fax:	Email:			
3.	Did your local government	have dedicated or part-time Solid	d Waste Enforcement Sta	ff for FY 17-18?	Yes No	
	If Yes, Name:		Title:			
	Address:		City:		Zip:	
	Telephone:	Fax:	Email:			
4.	Did your local government all that apply)	have solid waste ordinances in place	ce addressing any of the f	following during F	Y 17-18? (if yes, please check	
	Disposal Bans	☐ Illegal Dumping	g Other, Please Des	scribe:		
5.	Did your local government mulching, composting)?	manage, provide or contract for an	y solid waste services in	FY 17-18 (e.g., co	llection, disposal, recycling,	
	If you answ	er ''No'' to question 5, the repor	rt is complete, please em	nail to Lgteam@n	cdenr.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 Yes X No public buildings in FY 17-18? 7. Did your local government have any program or policy encouraging or requiring local agencies to X No purchase products with recycled content? Did your local government have a program in place to collect and recycle spent fluorescent lights X No | Yes generated from the public buildings and facilities that were operated by your government in FY 17-18? Part II. Waste Reduction and Recycling Programs Serving the Public SOURCE REDUCTION / REUSE Did your local government have a backyard composting program? Yes X No If yes, please check all backyard composting activities that apply: Education Demonstration site(s) Bin distribution/sales Number of Bins distributed? Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes X No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives? Did your local government offer a waste exchange or reuse program? Yes X No 13 If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public: Paint exchange Number of gallons recovered? Swap shop/shed Number of sheds in use? Other (e.g. pallet exchange, etc.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 2017 through June 30, 2018? My local government **DID operate or contract** for a recyclables recovery program. (please continue to question 15) My local government DID NOT operate or contract for recyclables recovery BUT DID participate in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; then go to Part IV on page 7.) With which local government did you participate? My local government **DID NOT operate**, contract or participate in a recycling program. (Go to Part IV on page 7.) If your local government **DID** operate or contract for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s). **CURBSIDE RECYCLING PROGRAM** Did your government operate a Curbside Recycling Program? Yes \bowtie No, skip to question # 25 Who collected the recyclable materials for your local government's curbside recycling program? 16. Local government employees Private contractor (please specify) Franchised hauler (please specify) Other (please specify)

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction?
	b. Number of households eligible to participate in the curbside recycling program:
	c. Provide the 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? 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 Other
22.	Please describe the collection containers used: Bins Blue bags Multi-bin system Roll-out carts
23.	Please describe the method / style of recyclable materials handling: curb-sort (collector separates material as collected) single stream / commingled dual / two stream don't know / other
24.	If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used: less than 50 gallon cart
DR	OP-OFF RECYCLING PROGRAM
25.	Did your government operate a Drop-off Recycling Program?
26.	Who collected the recyclable materials for your local government's drop-off recycling program? Local government employees Private contractor REPUBLIC SERVICES, TROY NC
	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) 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. 360
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: 1
31.	How many of these locations were staffed with attendants? All None please list # of staffed sites:
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 for the state Electronics Management Fund in February of 2018, please provide the follows:						
	Electronics Management Fund balance as of July 1, 2017: \$					
	Electronics Management Funds received from DEQ during FY 17-18 (Feb 2018 distribution): \$					
	Electronics Management Funds spent during FY 17-18: \$					
	Electronics Management Fund balance as of June 30, 2018: \$					
36.	Briefly explain how Electronics Management Funds were spent during FY 2017-18 (please list items purchased if applicable):					
37.	If you did operate an electronics recycling program, please provide the following information about your vendor / contractor: Name of electronics recycling vendor(s) during FY 17-18:					
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?					
OT	HER PUBLIC RECYCLING PROGRAMS					
<u>the</u> <u>l</u>	se answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by ocal government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the ocling 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? $\ \ \ \ \ \ \ \ \ \ \ \ \ $					
40.	Does your local government provide recycling services to Alcoholic Beverage Commission permit holders? Yes No					
	On-site collection services provided If on-site collection provided, please estimate # of ABC accounts served:					
	Public drop-off recycling sites available for ABC On Premises Permit holders to use					
41.	Does your local government operate a program to recycle Construction and Demolition materials? Yes No If yes, please check all materials that were recycled and report tonnages in tonnage table on page 5:					
	☐ Clean Wood ☐ Brick, concrete, etc. ☐ Sheetrock ☐ Vinyl siding ☐ Shingles ☐ Metals ☐ Other					
42.	Does your local government have an ordinance regulating the construction and demolition waste stream with the intention of encouraging or requiring waste reduction or recycling of these materials?					
43.	Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 17-18. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)					
	☐ Public Parks Recycling Program ☐ Athletic Field /Venue Recycling Program					
	☐ Pedestrian Recycling Program ☐ Recycling Service for Special Events / Festivals					
44.	Please identify all "Other" programs or services operated by your government during FY 17-18. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)					
	Public School Recycling Program					
	Scheduled Collection Drives (e.g. confidential document shredding event held quarterly, once a year, etc.)					
	Lend-a-Bin Program where local government provides recycling containers to community organizations for use at events					
	Organics / Food Waste Recycling other than yard waste program					
	Oyster Shell Recycling Program					
	Other Programs (please specify)					
	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

DD OCD AND	Curbside		L	Prop-off	All "C	Other'' Programs	Total Tons
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							
Clear							
Brown							
Green							
Mixed							
PLASTIC:							
PET #1							
HDPE #2							
All Plastic Bottles							
Other Plastic Containers							
Bulky Rigid Plastics							
METAL:							
Aluminum Cans							
Steel Cans							
White Goods							
Other Metal							
PAPER:							
Newsprint (ONP)							
Cardboard (OCC)							
Magazines (OMG)							
Office Paper							
Mixed / Other Paper							
Cartons / Aseptic Containers							
WOOD:							
Pallets							
Other Wood - DO NOT							
report yard waste tons her	e						
OTHER MATERIALS:							
Textiles (clothes etc)	 						
Televisions	 						
Other Electronics							
C&D Materials Recycling							
Commingled tons-check a items collected above				10.5			10.5
TOTAL TONS:	+			10.5			10.5
TOTAL TONS:				10.3			10.5

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 Laterials from Citizens by Material Type Did program collect this material from the public?			# of sites	d.			
	Used Motor Oil	Yes	⊠ No				gallons	
	Used Oil Filters	Yes	⊠ No		bar	rels, or		lbs
	Used Antifreeze	Yes	⊠ No			<u>'</u>	gal	llons
	Batteries, Lead Acid	Yes	⊠ No		# t	oatteries, o	r	lbs
	Batteries, Dry Cell	Yes	⊠ No					lbs
	Fluorescent Bulbs/Lights Containing Mercury	Yes	⊠ No			lbs, or	# bı	ılbs
	Propane Tanks	Yes	⊠ No			lbs, or	# t	anks
	Used Cooking Oil / Waste Vegetable Oil	Yes	⊠ No			lbs, or	gal	llons
	Other Special Wastes - please provide waste type here:	Yes	⊠ No				'	lbs
	Pesticide Containers (NCDA Program, not pesticides themselves)	☐ Yes	⊠ No			lbs, or		con- iners
	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
	b. How many days was your HHW Program open to accept materials during this Fiscal Year? c. Did you partner or co-sponsor your HHW program with another <u>local government</u> ? Yes 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 about individual materials <u>is not</u> available, p Note, materials listed here should only be the	lease simply	provide total o	quantity	of materials co	llected by l	HHW program	in 48g below.
	Used Motor Oil (gal)							
	Used Antifreeze (gal)					Other Batte	eries (lbs)	
	Fluorescent Bulbs / Lights Containir		'					
	g. Provide Total Quantity of materials collected reported in 48f, please net the weight of thoseh. Please list HHW Collection Contractor	se materials or	ut of the total	listed he	ere.			pound
	i. Estimated cost of HHW / CESQG program of							
	es 3 through 6 should have only been complete					hat thev D	O provide rec	vcling services
~	ough o siroura rare only been complet	THE OF AUTUIN	viewelu		TO DO DO IN A T U	y D	- promore	, BUI FULL

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

		Part IV. Yard Was	te, Mulo	ching and (Compostin	g Managem	ent	
		ns management of vegetative n						
-		d it is illegal to burn. Compost nent of vegetative materials. Do n	-			•	-	ЭW
49.	_	l government operate a yard wast				_	ow yard waste is managed b	V
	•	at apply: Collected curbside			•	-	•	•
50.		ent significantly impact the amou	•		_	-		
51.		s of materials were managed by y ial (yard waste, brush, limbs, le						
	organic mater	<u> </u>	Check if				Name and Location of Facility	_
		Destination	used	Tons	Cubic Yards		g Vegetative Materials	,
	End user (to fa	rmer or home-owner)						
	Your local gov	ernment's mulch or compost facil	lity 🗵	140.4		Town of Robbins WW7	TP, 256 Bear Ridge Road, Robbins, NO	7
	Other public m	ulch or compost facility						
	Private mulch	or compost facility						
	Land clearing a	and inert debris landfill (LCID)						
	Energy / Fuel U	Use (e.g. boiler fuel market)						
		Total		140.4				
		E MANAGEMENT FORMULA						_
	•	vaste volume. Calculate for each			_	1 0	<u> </u>	
	9	ed by program in the appropriate X 3	boxes abov	X 26	iruck x 5 aays/v	$vk \ x \ 10 \ wks = 400$ $= 702$	vd³	
	Size of Truc		uck fills each	week # of weeks	truck is used during	g year	TOTAL	
				Vaste Colle				
This	section concern	s your local government's provisi						
52.	Please complet	e the following table about your	ī			1.		
	Sector	Who Collects Solid Waste? Insert Letter - see codes at right		lid Waste Colle - see codes at ri	ght Willo Co	ollects Solid Waste?	How is Solid Waste Collected	?
	Residential	Primary b Secondary	Primary	C 1	a. Local b. By Co		es 1. Once a week at household 2. Twice a week at household	
	Commercial	0	Primary	C1	c. Francl	hise haulers government not	3. Convenience center/greenbox4. As needed or by request	
		Dui	Primary	Secondary	involv	ved in provision of	5. Daily	
	Industrial	· u ·		1	servic		6. Other	
53.	• •	residential waste collection at sin	gle-family	households in y	our jurisdiction,	please answer the	e following questions:	
	What type of c	ollection method is used?	Fully Aut	omated X S	Semi-Automated	d Manual	Don't know	
	What is the sta	ndard collection frequency?	Weekly	Two tim	es per week	Other		
	What is the typ	pical service point for single famil	y househol	d waste?	Curbside [Back yard / Ba	ck door	
	What type of c	ollection container is used?	Governme	ent-provided car	ts Reside	ent-provided conta	ainer Bags	
	Do you offer b	ulky waste collection services?	Yes	No No				
54.	For municipali	ties - did your government collec	t white goo	ds at the curb?	Yes	No		
	If so, were whi	te goods delivered to the county i			☐ No			
		Part VI. Solid W		•	•			
55.	Did your local issues / activiti	government have an education places? \square Yes \square No (I		inform citizens o Part VII, page	•	ut solid waste ma	nagement and / or recycling	g
56.	Please estimate	e your annual budget for solid was	•			s: \$		
57.		imunity produce recycling educat					Yes No	
	·	list other languages used:						
58.	-	your recycling website address a	nd public ir	nformation phon	e number if app	olicable.		_
	Website:	. •	-		11	Phone #:		

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

				nanagement program y's solid waste and 1				these programs. T	The following
•		ů č		terprise Fund for sol				Yes No	
	-	gards to funding	g sources, check al	l that apply to your	local gover	nment:			
		☐ Tipping fees		☐ Volume/we☐ Sale of rec	•	fees (e.g.	_	ire tax /hite Goods tax	
	_	Per househo	-		yciables		_	risposal Tax	
61.	NC Sol	id Waste Dispos	sal Tax proceeds a	re distributed to elig must be used by a c			nts on a quarterly ba	sis by the Departm	
		•	_	used? Salaries, capit	<u> </u>				
62.			•	18 household fees. (
	a. \$ _	12.3	per	th	per	Containe	01	for solid waste	
	b. \$ _								
	c. \$)	per Mont	th	per	Househo	old	for yard waste	
	d. \$		per		per			for bulky wast	e
	e. \$		per		per			availability fee	<u>} </u>
	f. \$	12.5	per Mont	th	per	containe	er	total charge	
63.	Did you	ır local governm	nent operate a Pay-	-As-You-Throw pro r the amount of trash	gram for re	sidential	garbage during FY		where residents
		s of such costs.		ments are required	to conduct	t full cos	t accounting annua	lly and to develop	a system to
64.	If your	local governme	nt contracts for sol	id waste or recyclin	g services,	please re _l	port the annual cont	ract amount.	
	\$5	5,000		For solid waste s	services per	year			
	\$0			For recycling pe	r year				
				OR					
	\$ <u>5</u>	5,000		Combined Contr	ract (solid w	vaste, and	l recycling)		
65.	65. Collection Programs: Please complete the following table to the best of your ability to display the full costs of your local government's collection programs for waste, recyclables and yard waste including materials collected from convenience centers. If full cost analysis is not available, please report program budget in Total Cost column.								
			# of Households served	Tons Collected	Collection	on Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)
M	lunicipa	l Solid Waste*	360			48,000		48,000	
	Recycli	ng Program**		10.5		1,340		1,340	127
	Yard V	Vaste Program	360	140.4	-	15,000		15,000	106
		Totals	(calculated by form)	150.9		64,340		64,340	426
			_	osal in a Municipal Solid					
66.				rams including those ser				_	
	facility	operations (rou		r). If budgets for di	fferent facil	ities are o		empt to allocate co	
	-	· ·	sfer Station Budge	et: \$					
			•	Facility Budget: \$					
			cling Facility Bud						
67.	What w	as your governr	nent's total combin	ned annual budget fo	or all solid v	waste and	l recycling services	in 17-18? \$ <u>74,000</u>	

Part VIII. County Mandated Programs

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

WH	ITE GOODS					
68.	Please provide name, address, phone number, and	e-mail of person	respons	_	program.	
Name: Title:						
	Address:	C	ity:		Zip:	
	Telephone: Fax:			Email:		
69.	Please provide the physical address of the primary	county white goo	ods colle	ection site.		
	Street 1:					
	Street 2:					
	City:				Zip:	
70.	Please provide the name of the business or person Name:				om white goods.	
	Street:					
	City:		State:	North Carolina	Zip:	
	Phone: Fax:					
71.	Give amounts / types of CFCs removed. Attach rec					
	Type of CFC Removed				Amount	_
72.	CFCs may be recycled or sent for destruction. Give	e name of firm, d	isposal	method and amount	earned / spent for CF0	C disposal.
	Firm	M	ethod of	f Disposal	Amount Earned	Amount Spent
73.	Please report the tonnage of white goods collected white goods tonnage reported on page 5? Ye	•	·18 in th	e Recycling Tonnag	es table on page 5 (qu	estion # 45). Was
74.	List the amount of revenue for the white goods pro	ogram by source:				
	Revenue collected from sale of scrap:	\$				
	Revenue collected from White Goods Tax Distribu	utions: \$				
	Revenue from other source (e.g. grants):	\$				
	Total Revenue:	\$				
75.	According to the White Goods Law, White Good expenditures White Good Tax Distributions were used to the Cook of th					mounts and types of
	Operational Expenses: \$					
	~					
	Clean-up of Illegal White Goods Dumps: \$					
	Total Expenditures: \$					

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

04 D				
04 B				
94. Do	oes your plan address the ma	anagement of household hazardou	s waste and white goods following	g a disaster? Yes No
95. D	oes your plan address mass	animal mortality? Yes [No	
MAN	AGEMENT OF ABAN	NDONED MANUFACTUR	RED HOMES BY COUNTI	ES
96. H	as your county considered w	hether to implement a program for	or the management of abandoned m	nanufactured homes? Yes No
If	yes, has your county develo	ped a written plan for the manage	ment of abandoned manufactured	homes? Yes No
		Part IX.	Comments	
	•		ecessary. We would appreciate you you for your time. You may subn	ur comments about this report or other nit additional sheets if needed.
	ard Waste annual cost estimated 18 fiscal year.	ate based on average hourly emplo	oyee rate, fuel, equipment. Recycli	ng dumpster picked up 10 times
#66)	No designated funds for ya	rd waste disposal facility.		

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 https://deq.nc.gov/conservation/recycling-assistance or e-mail us at Lgteam@ncdenr.gov

