

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, 2018 - June 30, 2019

Submit this form to Lgteam@ncdenr.gov by September 1, 2019.

On the following pages, you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2018-2019. 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

You can download a blank copy of this form from this web site: http://deq.nc.gov/about/divisions/waste-management/solidwaste-section/annual-reporting

This form must be completed electronically using Adobe Reader. It is suggested that you complete the form using the latest version of Adobe Reader which can be downloaded for free at: https://get.adobe.com/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. Name the file Community Name LGAR 2018-19. For example, Aberdeen LGAR 2018-19.

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:

Sandy Skolochenko, phone: 919-707-8147, email: sandy.skolochenko@ncdenr.gov Matt James, phone: 919-707-8133, email: matt.james@ncdenr.gov

Form Year

2019



Mailing Address: PO BOX 406

Name:

Telephone:

If Yes, Name:

2.

Local Government Report Form

Required: Select your Local Government Name RUTHERFORD COLLEGE

State of North Carolina

Zip: 28671

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

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, 2019.

If you have questions or need assistance completing this form, please call 919-707-8147 or 919-707-8133. Title: FINANCE OFFICER/TOWN CLERK Person Completing This Report: JESSICA BARGSLEY

City: RUTHERFORD COLLEGE

Title:

Phone: 828-874-0333 Date: 7/11/19

Email: TOWNCLERK@RUTHERFORDCOLLEGENC.US

KENNETH GEATHERS

General Instructions

Please remember that the time period for the report is JULY 1, 2018 through JUNE 30, 2019. Please check "No" if you have nothing to report for a specific question.

Did your local government have a Recycling Coordinator or similar position for FY 18-19?	Yes	⊠ No
Name Recycling Coordinator (if different from person completing this report.)		

Address: City: Zip: Telephone: Email:

Email:

Did your local government have a Solid Waste Director or similar position for FY 18-19? X No

If Yes, Name: Address: City: Zip:

Did your local government have **dedicated or part-time** Solid Waste Enforcement Staff for FY 18-19?

Address: PO BOX 406 City: RUTHERFORD COLLEGE

Telephone: 828-874-0333 Email: TOWNMANAGER@RUTHERFORDCOLLEGENC.US

Did your local government have solid waste ordinances in place addressing any of the following during FY 18-19? (if yes, please check all that apply)

Littering Construction & Demolition Disposal Bans Other:

Did your local government manage, provide or contract for any solid waste services in FY 18-19 (e.g., collection, disposal, recycling, 5. mulching, composting)? X Yes No

If you answer "No" to question 5, the report is complete, please email to Lgteam@ncdenr.gov.

Title: TOWN MANAGER

	Part I. Waste Reduction and Recycling Programs Serving Government Facilities
6.	Did your local government have a recycling program in place for collecting recyclable materials generated at public buildings in FY 18-19? Yes No
7.	Did your local government have any program or policy encouraging or requiring local agencies to purchase products with recycled content? Yes No
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 18-19? Yes No
	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, reduction of single use plastics, food waste reduction, or promoting reuse and donation? Yes No
12.	Did your local government offer a waste exchange or reuse program?
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, 2018 through June 30, 2019? Choose ONE option that best applies.
	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 .)
CU	RBSIDE RECYCLING PROGRAM
15.	Did your government operate a Curbside Recycling Program? X 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) SIMPLY GREEN RECYCLING
	Franchised hauler (please specify)
	Other (please specify)

17.	a. Total number of households in your jurisdiction? 615							
	b. Number of households eligible to participate in the curbside recycling program: 615							
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 37							
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: 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 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							
DR	OP-OFF RECYCLING PROGRAM							
24.	Did your government operate a Drop-off Recycling Program? Yes No, skip to question #31							
25.	Who collected the recyclable materials for your local government's drop-off recycling program? Local government employees Private contractor REPUBLIC SERVICES							
	Other (please specify)							
26.	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							
27.	Please estimate the number of households served by your drop-off recycling program. 700							
28.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial							
29.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites: 1							
30.	How many of these locations were staffed with attendants? All None Some please list # of staffed sites:							
EL	ECTRONICS RECYCLING PROGRAM							
31.	Did your community operate an electronics recycling program in FY 18-19? Yes No, skip to question # 37							
	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:							

32.	Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses
33.	Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses
34.	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, 2018: \$
	Electronics Management Funds received from DEQ during FY 18-19 (Feb 2019 distribution): \$
	Electronics Management Funds spent during FY 18-19: \$
	Electronics Management Fund balance as of June 30, 2019: \$
35.	Briefly explain how Electronics Management Funds were spent during FY 2018-19 (please list items purchased if applicable):
26	
36.	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 18-19:
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?
OT	HER PUBLIC RECYCLING PROGRAMS
	only programs operated or contracted for <u>by the local government</u> . The tonnage of any materials collected by the following programs uld be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.
37.	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? $\ \ \ \ \ \ \ \ \ \ \ \ \ $
38.	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
39.	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
40.	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
41.	Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 18-19. (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
42.	Please identify all "Other" programs or services operated by your government during FY 18-19. (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

- 43. 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, 2018 through JUNE 30, 2019. 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 on page 6 in the SPECIAL WASTE section of this report.
 - c. 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

PDOCDAM		rbside		Drop-off	All "Ot	her" Programs	Total Tons	
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)	
GLASS:							,	
Clear								
Brown								
Green								
Mixed		1.98					1.98	
PLASTIC:								
PET #1								
HDPE #2								
All Plastic Bottles		1.45		2.13			3.58	
Other Plastic Containers								
Bulky Rigid Plastics								
METAL:								
Aluminum Cans	\boxtimes	0.35					0.35	
Steel Cans		0.21					0.21	
PAPER:								
Newsprint (ONP)								
Cardboard (OCC)		2.9	\boxtimes	8.52			11.42	
Magazines (OMG)								
Office Paper								
Mixed / Other Paper		4.2	\boxtimes	8.71			12.91	
Cartons / Aseptic Containers								
WOOD:								
Pallets								
Other Wood - DO NOT		Report all tons	in Other co	olumn				
report yard waste tons here								
OTHER MATERIALS:								
Textiles (clothes etc) Televisions	-							
Other Electronics	-							
C&D Materials Recycling	-							
White Goods	-	Report all tons	in Other co	olumn				
Other Metal								
					\vdash			
Commingled tons-check all								
items collected above*								
TOTAL TONS:		11.09		19.36			30.45	
*If you checked comm	ingled which	n material recover	ry facility	does your communit	W Hee:			

45. 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 cardboard disposal ban results in private cardboard recycling (and you have a way to track the tons collected)

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

Part III. Special Waste Collections

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 46 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 # 46 but instead report with HHW materials in question # 47.

	Did program collect this	# of	Data on quantities colle	_
Materials from Citizens by Material Type	material from the public?	sites	Please report in ind	
Used Motor Oil	Yes		<u> </u>	gallons
Used Oil Filters	Yes		barrels, or	lbs
Used Antifreeze	Yes			gallons
Batteries, Lead Acid	Yes		# batteries, or	lbs
Batteries, Dry Cell	Yes			lbs
Fluorescent Bulbs/Lights Containing Mercury	Yes		lbs, or	# bulbs
Propane Tanks	Yes		lbs, or	# tanks
Used Cooking Oil / Waste Vegetable Oil	Yes		lbs, or	gallons
Other Special Wastes - please provide waste type here:	☐ Yes			lbs
Pesticide Containers (NCDA Program, not pesticides themselves)	Yes		lbs, or	# containers
NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	Yes			lbs
Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	Yes Yes		gals, or	lbs
	8.			
If Yes, please respond to the following question: a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program op	ry Event or at a Permanent			Permanent Tem
a. Was HHW collected at a permitted Tempora	ry Event or at a Permanent een to accept materials durin	ng this F	iscal Year?	Permanent Tem
 a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program op c. Did you partner or co-sponsor your HHW pr Please list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from sma 	ry Event or at a Permanent pen to accept materials during ogram with another local granticipated in your HHW all businesses (Very Exemp	ng this F overnme	nt? Yes No on program this Fiscal Yes Quantity Generators)?	
 a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program op c. Did you partner or co-sponsor your HHW program elements d. Provide number of citizens / households that 	ry Event or at a Permanent pen to accept materials during ogram with another local granticipated in your HHW all businesses (Very Exemples material managed HHW Program: if totals follows simply provide total quality for the simply for the simply provide total quality fo	overnme collection t Small (on program this Fiscal Year Quantity Generators)? pounds dual materials are known of materials collected by H	ar? Yes please itemize below HHW program in 47g
a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program op c. Did you partner or co-sponsor your HHW pr Please list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from sma If yes, please estimate the amount of busines f. Amounts of individual materials collected by about individual materials is not available, pl Note, materials listed here should only be the Used Motor Oil (gal)	participated in your HHW all businesses (Very Exempts material managed HHW Program: if totals foliase simply provide total goese collected at an HHW Program: Used Oil Filters	overnme collection t Small (or indivi- quantity (rogram a	on program this Fiscal Year? On program this Fiscal Year Quantity Generators)? ———————————————————————————————————	ar? Yes please itemize below HHW program in 47g terials listed in questi
a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program op c. Did you partner or co-sponsor your HHW pr Please list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from sma If yes, please estimate the amount of busines f. Amounts of individual materials collected by about individual materials is not available, pl	participated in your HHW all businesses (Very Exempts material managed HHW Program: if totals foliase simply provide total goese collected at an HHW Program: Used Oil Filters	overnme collection t Small (or indivi- quantity (rogram a	on program this Fiscal Year? On program this Fiscal Year Quantity Generators)? ———————————————————————————————————	ar? Yes please itemize below HHW program in 47g terials listed in questi
a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program op c. Did you partner or co-sponsor your HHW pr Please list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from sma If yes, please estimate the amount of busines f. Amounts of individual materials collected by about individual materials is not available, pl Note, materials listed here should only be the Used Motor Oil (gal)	participated in your HHW all businesses (Very Exempts material managed HHW Program: if totals foliase simply provide total goese collected at an HHW Program: Lead Acid Batterial managed Lead Acid Batterial Lead Acid Batterial managed Lead Acid Batterial materials during materials materia	collectic t Small (or indivi- quantity (rogram a	on program this Fiscal Year? On program this Fiscal Year Quantity Generators)? ———————————————————————————————————	ar? Yes please itemize below HHW program in 47g terials listed in questi
a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program op c. Did you partner or co-sponsor your HHW pr Please list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from sma If yes, please estimate the amount of busines f. Amounts of individual materials collected by about individual materials is not available, pl Note, materials listed here should only be the Used Motor Oil (gal) Used Antifreeze (gal)	participated in your HHW all businesses (Very Exempts material managed with HHW Program: if totals foliase simply provide total goese collected at an HHW Program: Lead Acid Battering Mercury (lbs) I by HHW Program. If indice materials out of the total in the content of the materials out of the total in the content of the materials out of the total in the content of the materials out of the total in the content of the materials out of the total in the content of the materials out of the total in the content of the content of the content of the materials out of the total in the content of the content	collection to Small (continuantity of cogram and cogram	on program this Fiscal Year? On program this Fiscal Year Quantity Generators)? ———————————————————————————————————	ar? Please itemize below HHW program in 47g terials listed in questi lbs. Pries (lbs)

2018-2019 Local Government Annual Report *Report Due Date: September 1, 2019* Submit to: Lgteam@ncdenr.gov

which are for Counties only.

Page 6 of 11

		Par	rt IV. Y	ard Waste	, Mul	ching and	l C	omposting	g Managem	ent
	d waste may not ood waste or nor	be dispos	sed in sanit	ary landfills, in	cinerato					n. Do not include informatio
1 8.	Does your loca checking all the	_	-						•	ow yard waste is managed by aste, compost, or LCID faci
19.	Did a storm ev	ent signif	icantly imp	act the amount	of yard v	waste your go	ver	nment managed	d during FY 18-19	9? Yes No
50.									ation in TONS Cooses, use 400 lbs.	OR CUBIC YARDS of ./cubic yd.
		Dest	ination		Check if used	Tons		Cubic Yards	Facility	Name and Location
	End user (to fa	rmer or h	ome-owne	r)			or			
	Your local gov	ernment's	s mulch or	compost facility			or			
	Other public m	ulch or co	ompost fac	ility			or			
	Private mulch	or compo	st facility				or			
	Land clearing a	and inert	debris land	fill (LCID)			or			
	Energy / Fuel U	Jse (e.g. 1	boiler fuel	market)			or			
		Т	`otal				or			
	volume manag	ed by pro	gram in the	e appropriate bo	exes abov	Ye. Ex. 10 c	ubic	yard truck x 3	days/wk x 16 wks	en enter the grand total $s = 480 \text{ cubic yards}$ $cubic yards$ TOTAL
	Size of Truc	k (ın yards)) Av	g. no. of times truck						TOTAL
				rart v. S	ona v	vaste Col	iec	tion Servi	ces	
51.	Please complet								on system.	
	Sector			ll l		lid Waste Co		-la-t	llects Solid Waste?	How is Solid Waste Collected?
	Residential	Primary Primary	B Secon		imary	Secondary	1112	a. Local g		es 1. Once a week at household 2. Twice a week at household
	Commercial	Primary	D Secon	dary Pri	mary	Secondary			nise haulers government not	3. Convenience center/greenbox4. As needed or by request
	Industrial	Primary	D Secon	dary Pri	mary	Secondary		involve service	ed in provision of	5. Daily 6. Other
52.	If you provide	residentia	al waste col	lection at single	e-family	households in	1 VO	ur jurisdiction,	please answer the	e following questions:
	What type of c	ollection	method is 1	ısed? 🔀 F	ully Aut	omated] Se	emi-Automated	l Manual	Don't know
	What is the sta				Veekly			s per week	Other	
				r single family l	•	<u>—</u>		Curbside	Back yard / Ba	ck door
	What type of c		•			ent-provided			ent-provided conta	
	Do you offer b				Yes	No			F	
53.	For municipali	ties - did	your gover	nment collect w	_ hite goo	ds at the curb			No	
	If so, were whi			the county for				No No	T A 10 010	
54.	Did your local issues / activiti	governn		n education pro	ogram to	•	ns s	pecifically abo	nal Activities ut solid waste ma	S nagement and / or recycling
55.	Please estimate	your anr			_	-	_	· ·	s: \$	
56.	Does your com	munity p	roduce rec	ycling education	n and out	treach materia	als i	n languages bes	sides English?	Yes No
	If YES, please	list other	languages	used:					_	
	-									

	Part VII	. Resources 10	or Sona was	te Manageme	nt and Full C	ost Accounti	ng			
	Did your local governm NC Solid Waste Dispos According to GS 105-1	sal Tax proceeds are	e distributed to elig	ible local governme	nts on a quarterly ba		nent of Revenue.			
	Did your local governm		•			Yes No				
	If yes, how are disposa	l tax distributions b	eing used?		_					
59.	What other funding sou Tipping fees Property tax Per househo	s es / general fund	☐ Volume/we	eight-based fees (e.g	· —	ire tax Vhite Goods tax				
60.	If applicable, please pr	-	9 household fees (fe	ollow example form	at):					
	ex: \$ \$75.00	per	year	per	household					
	a. \$ 6	per MON	ТН	per HOUSE	CHOLD	for solid waste	2			
	b. \$	per		per		for recycling				
	c. \$	per		per		for yard waste				
	d. \$	per		per		for bulky wast	e			
	e. \$	per		per		availability fee	<u> </u>			
	f. \$	per		per		total charge				
	Did your local governmer charged a fee by we cording to GS 130A-309	eight or volume for	the amount of trash	they discard)	Yes No					
	orm users of such costs.		nonts are required	to conduct full cos	t decounting dimida	ny ana to acverop	a system to			
62.	If your local governments	nt contracts for soli	d waste or recycling For solid waste s		port the annual cont	ract amount.				
	\$		For recycling per							
	Ψ		OR	year						
	\$			act (solid waste, and	d recycling)					
63.	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 Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)			
N	Iunicipal Solid Waste*	615	512.25	57,060.92		57,060.92	111			
	Recycling Program**	700	19.36	3,900		3,900	201			
	Yard Waste Program									
	Totals	(calculated by form):	531.61	60,960.92		60,960.92	114			
64.	**for materials collected by If your government operacility operations (round	*for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill. **for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately. Landfill Budget: \$								
	Tran	sfer Station Budget								
	Yard	Waste / Compost I	Facility Budget: \$							
		cling Facility Budg								
65.	What was your government	nent's total combine	ed annual budget fo	or all solid waste and	d recycling services	in 18-19? \$64,000				

Part VIII. Mandated Programs

The following questions pertain to programs mandated by NC statute. <u>Only Counties</u> need to complete questions 66 through 88. Failure to complete Part VIII may result in non-eligibility for grant funding. <u>Municipalities</u> should skip to question 89 on page 10.

WH	ITE GOODS								
66.	Please provide name, address, phone number,	1	•	Title.	s program.				
	Name: Cit					Zip:	Zip:		
	Telephone: Fax:								
67.	Please provide the physical address of the pri								
	Street 1:	-	_						
	Street 2:								
	City:			State:	North Carolina	Zip:			
68.	Please provide the name of the business or pe			•	• • •	•			
	Street:								
	City:					Zip:			
	Phone: Fax:			Email:	:				
69.	Give amounts / types of CFCs removed. Attac		ds of CFC remo	oval, ar	nd copy of certificat	. ,,,,	rming extraction.		
	Type of CFC Removed	d				Amount			
70.	CFCs may be recycled or sent for destruction	Give n	ame of firm di	l sposal i	method and amount	earned / spent for CFI	⊂ disnosal		
70.	Firm	. GIVE III			f Disposal	Amount Earned	Amount Spent		
71.	Please report the tonnage of white goods colle white goods tonnage reported on page 5?	ected du	ring FY 2018-1	9 in th	e Recycling Tonnaş	ges table on page 5 (qu	estion # 43). Was		
72.	List the amount of revenue for the white good	ds progra	nm by source:						
	Revenue collected from sale of scrap:		\$						
	Revenue collected from White Goods Tax Di	istributic	ons: \$						
	Revenue from other source (e.g. grants):		\$						
	Total Revenue:		\$						
73.	According to the White Goods Law, White C expenditures White Good Tax Distributions v						mounts and types of		
	Capital Improvements: \$ _								
	Clean-up of Illegal White Goods Dumps: \$								
	Total Expenditures: \$								

	RAPTIRES	·1 C	71.1.0					
7/4.	Please provide name, address, phone number, and e-ma	•						
	Address:		City:		Zip:			
	Telephone: Fax:							
75.	Please provide the physical address of the primary cour	nty scrap t	cires collection site.					
	Street 1:							
	Street 2:							
	City:		State: North C	Carolina	Zip:			
76	Tonnage/Number of scrap tires disposed July 1, 2018-J	June 30, 20	019 (<u>excluding</u> tires	s from cleanup of Number of tires	f nuisance sites)			
77.	Tonnage/Number of scrap tires disposed from cleanup Tons or	of state or		nuisance sites Number of tires				
78.	Indicate the types of tires collected by the county: Passenger % Heavy Truck	%	Large Off-Road		Agricultural	%		
79.	List the amount of revenue for the scrap tire program b							
	Revenue from Scrap Tire Tax Distributions:							
	Revenue from Scrap Tire Fees:							
	Revenue from Scrap Tire Clean-up Reimbursements:	_						
	Revenue from Scrap Tire Cost-Overrun Grants:							
	Total Revenue:	\$			_			
80.	County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 18-19	(contract o	lisposal/hauling cos	sts), \$				
81.	County's additional scrap tire program expenditure (i.e Labor \$		nvenience center co	ost), if any.				
	Site Cost \$							
	Other \$		describe Other:					
82.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire				
83.	Hauling cost or fuel surcharge, if not included in contr	act cost a	bove. \$	/ Ton; \$	/ Tire			
84.	Total tipping fees collected for tires not eligible for fre	e disposal	. \$					
85.	Total number of tires collected not eligible for free dis-							
86.	If scrap tires were not hauled off site by contracted serv	vice provi				es No		
87.	Name of tire disposal/recycling firm(s):							
MA	NAGEMENT OF ABANDONED MANUFA	ACTUR	ED HOMES BY	Y COUNTIES	S			
88.	Has your county considered whether to implement a pr	ogram for	the management of	f abandoned man	nufactured homes?	Yes No		
	If yes, has your county developed a written plan for the	e managen	nent of abandoned r	nanufactured ho	omes? Xyes] No		
TE	MPORARY DISASTER DEBRIS STAGINO	G SITES	S - Counties and	l Municipalit	ies			
89.	Does your local government have a plan in place for m	•			⊠ No			
	If yes, indicate if the plan is a stand-alone plan or in co	•				In conjunction		
90.	If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a			agement or FEM Yes	A to ensure it meets to No	the basic		

91.	Please list the name, co your local government: Name:	ontact numbers(s), and e-mail address of the Name:	per		ne disaster debris management program for Name:			
	Phone:	Phone:			Phone:			
	E-mail:	E-mail:			E-mail:			
92.	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			
			-					
			-					
93.	Does your plan address	the management of: Household hazard	ous	s waste Mass ani	mal mortality			
		Abandoned vessels	S	White go	ods			
94.	Does your plan include	coordination with NC DOT on clearing roa	ds :	and waste in the right of	of way? Yes No			
		Part IX. C	on	nments				

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.

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

Sandy Skolochenko, email: sandy.skolochenko@ncdenr.gov phone: 919-707-8147 Matt James, email: matt.james@ncdenr.gov phone 919-707-8133

THIS FORM IS DUE SEPTEMBER 1, 2019

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

