

#### 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: Sandy Creek

## 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 <b>Se</b>	ptember 1, 2018.						
	If you have quest	ions or need assistance cor	npleting this form, please	call 919-707-8130	6 or 919-707-8133.					
Per	son Completing This Repor	t: Paula Kempton		Title: Town Cle	erk					
Ma	iling Address: 114 Town of	Sandy Creek	City: Leland		Zip: 28451					
Pho	one: 910.655.3153	Fax: 910.655.31	51	Date: 9-1-	-2018					
Em	ail: townofsandycreek19880	@outlook.com								
			General Instructions							
	ase remember that the time passes a specific question.	period for the report is JULY	1, 2017 through JUNE 30, 20	018. Please check "	No" if you have nothing to report					
1.	Did your local government have a Recycling Coordinator or similar position for FY 17-18?									
	Name Recycling Coordinator (if different from person completing this report.)									
	Name:			Title:						
	Address:		City:		Zip:					
	Telephone:	Fax:	Email:							
2.	Did your local governmen	nt have a Solid Waste Director	or similar position for FY 1	7-18? Yes	No No					
	If Yes, Name:			Title:						
	Address:		City:		Zip:					
	Telephone:	Fax:	Email:							
3.	Did your local governmen	t have <b>dedicated or part-tim</b>	e Solid Waste Enforcement	Staff for FY 17-18?	Yes No					
	If Yes, Name:			Title:						
	Address:		City:		Zip:					
	Telephone:	Fax:	Email:							
4.	Did your local governmentall that apply)	nt have solid waste ordinances	in place addressing any of the	ne following during	FY 17-18? (if yes, please check					
	Disposal Bans	☐ Illegal Dumping ☐ L	ittering Other, Please	Describe:						
5.	Did your local government mulching, composting)?	t manage, provide or contract	for any solid waste services	in FY 17-18 (e.g., o	collection, disposal, recycling,					
	If you ans	wer "No" to auestion 5, the	renort is complete please	email to Loteam@	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 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 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 <b>number of households</b> that participate in the curbside recycling program (estimate if necessary):							
18.								
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 Waste Industries							
	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. 114							
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?							
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 erials 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:							

Page 3 of 11

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: \$
	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 each individual material type that was commingled

PROCE AM	Curbside		_	op-off	All "Othe	er" 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:								
Aluminum Cans								
Steel Cans								
White Goods								
Other Metal								
PAPER:								
Newsprint (ONP)								
Cardboard (OCC)			$\boxtimes$					
Magazines (OMG)			$\boxtimes$					
Office Paper			$\boxtimes$					
Mixed / Other Paper			$\boxtimes$					
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 all								
items collected above	1							
TOTAL TONS:								

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 <u>from Citizens</u> by Material Type		n collect this m the public?	# of sites			ected / manage licated units.	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
	<ul> <li>If Yes, please respond to the following question</li> <li>a. Was HHW collected at a permitted Tempora</li> <li>b. How many days was your HHW Program op</li> <li>c. Did you partner or co-sponsor your HHW program op</li> <li>d. Provide number of citizens / households that</li> <li>e. Did your program accept materials from small figures, please estimate the amount of business</li> <li>f. Amounts of individual materials collected by</li> </ul>	ry Event or a coen to accept rogram with a participated all businesses ss material ma	materials duri nother <u>local</u> g in your HHW (Conditionall	overnme collection y Exemp	ent? Yes  on program this pt Small Quanti	No S Fiscal Ye ity Generat pounds	tors)? Ye	
	about individual materials is not available, p Note, materials listed here should only be th	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		'					
	<ul><li>g. Provide Total Quantity of materials collected reported in 48f, please net the weight of those</li><li>h. Please list HHW Collection Contractor</li></ul>	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.

						•			_	g Managem		
										sed in sanitary nt options. Pleas		
										on-vegetative ma		
49.			_							please indicate h		
	•	_	•					_	•	eceived at yard w	•	
50.										d during FY 17-1		☐ No
51.										poses, use 400 lbs		ARDS of
		Des	stinatio	n		Check if used	Tons	Cubi	c Yards	Please Provide Receivir	Name and Loca ng Vegetative N	
	End user (to fa	rmer or	home-o	wner)								
	Your local gov	ernment	t's mulcl	n or com	post facilit	у						
	Other public m	ulch or	compos	t facility								
	Private mulch	or comp	ost facil	ity								
	Land clearing	and iner	t debris	landfill (	LCID)							
	Energy / Fuel 1	Use (e.g.	boiler f	fuel mar	ket)							
		,	Total									
						•				ou may use this f		1 "
	estimate yard waste volume. Calculate for each truck used in your yard waste management program, and then enter the grand total volume managed by program in the appropriate boxes above. Ex. $10 \text{ yd}^3 \text{ truck } x \text{ 3 days/wk } x \text{ 16 wks} = 480 \text{ yd}^3$											
	volume manag	ed by pr	_	n tne apj X	огоргіаце в	oxes abov	xe. Ex. 10 ya <sup>s</sup> X	тиск х	c 3 aays/v	$VK \times TO WKS = 480$	) ya <sup>s</sup>	$yd^3$
	Size of Truc	ck (in yard		-	. of times true	ck fills each	week # of week	s truck is	used durin	g year	TOTAL	yu
			,				Vaste Colle					
This	section concern	s your le	ocal gov									
52.	Please complete the following table about your government's solid waste collection system.											
	Sector	Insert Letter - see codes at right I				Insert #	nsert # - see codes at right  a. Local government employees 1. Once a					Waste Collected?
	Residential	Primary		Secondary	P	rimary	Secondary			b. By Contract 2. Twice a week at c. Franchise haulers 3. Convenience cer		
	Commercial	Primary		Secondary	P	rimary	Secondary		d. Local	government not red in provision of	4. As needed o 5. Daily	
	Industrial	Primary		Secondary	P	rimary	Secondary		servic	*	6. Other	
53.	If you provide	resident	ial wast	e collect	ion at sing	le-family	households in y	your jur	isdiction,	please answer th	e following q	uestions:
	What type of collection method is used?   Fully Automated   Semi-Automated   Manual   Don't know											
	What is the sta	ndard co	ollection	frequen	cy?	Weekly	Two tin	nes per	week	Other		
	What is the typ	oical serv	vice poi	nt for sir	gle family	househol	ld waste?	Curl	bside [	Back yard / Ba	ack door	
	What type of collection container is used? Government-provided carts Resident-provided container Bags								Bags			
	Do you offer b	ulky wa	ste colle	ection se	rvices?	Yes	☐ No					
54.	For municipali	ties - dic	d your g	overnme	nt collect	white goo	ds at the curb?		Yes	No		
	If so, were whi						<u> </u>		No			
								_		nal Activitie		
55.	Did <b>your local</b> issues / activiti	_	ment ha		-	_	inform citizens to Part VII, page	•	ically abo	out solid waste ma	anagement and	l / or recycling
56.	Please estimate	your ar	nnual bu	dget for	solid wast	e related	education and o	utreach	activitie	s: \$		
57.	Does your com	nmunity	produce	e recyclii	ng education	on and ou	treach materials	s in lang	guages be	sides English? [	Yes	No
	If YES, please	list othe	r langua	ages used	l:							
58.	Please provide	your red	cycling	website a	address and	d public i	nformation pho	ne num	ber if app	olicable.		
	Website:									Phone #:		

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

00	stions deal with funding			v	v	nese programs.	The jouowing			
59.	Did your local governm	nent operate an Ente	erprise Fund for sol	id waste services in	n FY 17-18?	Yes 🖂 N	О			
60.	With regards to funding	g sources, check all	that apply to your	local government:	_	_				
	Tipping fees	S	☐ Volume/we	eight-based fees (e.g	g. PAYT) 🔲 Ti	re tax				
	Property tax	es / general fund	Sale of rec	yclables	□ W	hite Goods tax				
	Per househo	ld charges	Grants		∑ Di	sposal Tax				
61.	NC Solid Waste Dispos According to GS 105-1									
	How are disposal tax d	istributions being u	sed?Recycling Dro	ppoff						
62	If applicable, please pro	0			year per household f	or solid wasta)				
02.										
	a. \$	per		per		for solid was	te			
	b. \$	per		per		for recycling				
	c. \$	per		per		for yard wast	e			
	d. \$	per		per		for bulky wa	ste			
	e. \$	per		per		availability fo	ee			
	f. \$	per		per		total charge				
63.	Did your local governmare charged a fee by we					7-18? (a system No	where residents			
	cording to GS 130A-309 orm users of such costs.		nents are required	to conduct full cos	st accounting annual	ly and to develo	p a system to			
64	If your local government	nt contracts for soli	d waste or recyclin	a carvicae nlasca re	enort the annual contr	act amount				
04.			-		port the annual contri	act amount.				
	\$		_ For solid waste s	services per year						
	\$		_ For recycling pe	r year						
			OR							
	\$		Combined Contr	ract (solid waste, an	d recycling)					
<i>-</i> =	C-11	1 1 . 4 41	_				-1			
65.	Collection Programs: P collection programs for									
	not available, please r	•	•	_	nected from convenie	nee centers. If I	un cost analysis is			
	, <b>,</b>	# of Households	Tons Collected	Collection Cost	Disposal Cost	Total Cost	Cost Per Ton			
		served	Tons Conected	Conection Cost	(tipping fees paid)	including overhead	Managed (calculated by form)			
M	Iunicipal Solid Waste*									
	Recycling Program**						_			
	Yard Waste Program						-			
	Totals	(calculated by form):			.  _		_			
	*for materials collected and	l sent for eventual dispos	sal in a Municipal Solid	Waste or Construction a	and Demolition Landfill.					
	**for materials collected by	y public recycling progra	ams including those serv	vices offered to commerc	cial and industrial generato	rs. Do not include sp	ecial waste services.			
66.		If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for								
	facility operations (roun proportionately. Lan	nd to nearest dollar) dfill Budget:	_	1	combined, please atte	_	costs			
	Trans	sfer Station Budget	: \$				<del></del> -			
	Yard	Waste / Compost I	Facility Budget: \$				-			
	•	cling Facility Budg					-			
67.	What was your governr	nent's total combine	ed annual budget fo	or all solid waste an	d recycling services in	n 17-18? \$				

## **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	<b>Amount Earned</b>	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:	-	•		
	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				

93.	Natural Heritage Program (N Please note that the vetting of a site	(HP) and the State Historic Preservat prior to a disaster is advantageous to local g	ty or municipality which have been reviewed for conflicts with the on Office (SHPO) through coordination with the Solid Waste Sequentuments because a staging site which is found to have impacted federal or stating to obtain FEMA reimbursement. Attach extra sheets, if needed.					
	Disaster Site #	Site Name	Disaster Site #	Site Name				
				200 1 1				
94.	Does your plan address the m	nanagement of household hazardous	waste and white goods for	ollowing a disaster? Yes No				
95.	Does your plan address mass	animal mortality?	No					
MA		NDONED MANUFACTURI	ED HOMES BY CO	DUNTIES				
96.		whether to implement a program for						
		oped a written plan for the managem	-					
Has	this costion to alsh suctoon on		Comments	-into				
				ciate your comments about this report or other as you submit additional sheets if needed.				
		o dropoff tonnage reported. Used ton	•					
	,	1 0 1	• • • • • • • • • • • • • • • • • • • •					

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-assistance</a> or e-mail us at Lgteam@ncdenr.gov

