

#### 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: Smithfield

## **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 Lgtear	m@ncdenr.gov by <b>Sept</b>	tember 1, 2018.		
	If you have questions or need ass	istance completin	g this form, please co	all 919-707-8136	or 919-707-8133.	
Per	rson Completing This Report: Lawrence D. D	avis		Title: Public Wo	ork Supervisor	
Ma	illing Address: PO Box 761 (231Hospital Rd.)		City: Smithfield		Zip: 27577	_
Pho	one: (919) 989-6570 Fax	(919) 934-1522		Date: Augu	ust 29, 2018	_
Em	nail: lawrence.davis@smithfield-nc.com					
		General	l Instructions			_
	ase remember that the time period for the repo a specific question.	rt is JULY 1, 2017	through JUNE 30, 201	8. Please check "N	To" if you have nothing to report	t
1.	Did your local government have a Recycling	g Coordinator or sin	milar position for FY 1	7-18? Xes	☐ No	
	Name Recycling Coordinator (if different fr	om person complet	ing this report.)			
	Name: Same as above			Title:		
	Address:		City:		Zip:	
	Telephone: Fax:		Email:			
2.	Did your local government have a Solid Wa	ste Director or simi	llar position for FY 17-	18? Xes	☐ No	_
	If Yes, Name: Lenny E. Branch			Title: Public Wor	rks Director	
	Address: PO Box 761 (231Hospital Rd.)		City: Smithfield		Zip: 27577	_
	Telephone: 919 934-2580 Fax:	919 934-1522	Email: le	nny.branch@smith	field-nc.com	
3.	Did your local government have <b>dedicated</b>	or part-time Solid	Waste Enforcement St	aff for FY 17-18?	⊠ Yes □ No	_
	If Yes, Name: Lawrence D. Davis			Title: Public Wor	k Supervisor	
	Address: PO Box 761 (231Hospital Rd.)		City: Smithfield		Zip: 27577	
	Telephone: (919) 989-6570 Fax:	(919) 934-1522	Email: la	wrence.davis@smi	thfield-nc.com	
4.	Did your local government have solid waste all that apply)	ordinances in place	e addressing any of the	following during F	FY 17-18? (if yes, please check	
	☐ Disposal Bans	ing 🔀 Littering	Other, Please De	escribe:		_
5.	Did your local government manage, provide mulching, composting)?	e or contract for any	solid waste services in	i FY 17-18 (e.g., co ⊠ Yes	ollection, disposal, recycling,  No	
	If you answer "No" to que	stion 5, the report	is complete, please ei	mail to Lgteam@n	ncdenr.gov.	

#### Part I. Waste Reduction and Recycling Programs Serving Government Facilities The following questions pertain to waste reduction and recycling activities / programs that serve local government facilities. Did your local government have a recycling program in place for collecting recyclable materials generated at X No public buildings in FY 17-18? 7. Did your local government have any program or policy encouraging or requiring local agencies to X No purchase products with recycled content? Did your local government have a program in place to collect and recycle spent fluorescent lights X Yes No generated from the public buildings and facilities that were operated by your government in FY 17-18? Part II. Waste Reduction and Recycling Programs Serving the Public SOURCE REDUCTION / REUSE Did your local government have a backyard composting program? Yes X No If yes, please check all backyard composting activities that apply: Education Demonstration site(s) Bin distribution/sales Number of Bins distributed? Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes X No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives? Did your local government offer a waste exchange or reuse program? Yes X No 13 If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public: Swap shop/shed Number of sheds in use? Paint exchange Number of gallons recovered? Other (e.g. pallet exchange, etc.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 2017 through June 30, 2018? My local government **DID operate or contract** for a recyclables recovery program. (please continue to question 15) My local government DID NOT operate or contract for recyclables recovery BUT DID participate in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; then go to Part IV on page 7.) With which local government did you participate? My local government **DID NOT operate**, contract or participate in a recycling program. (Go to Part IV on page 7.) If your local government **DID** operate or contract for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s). CURBSIDE RECYCLING PROGRAM Did your government operate a Curbside Recycling Program? X Yes No, skip to question # 25 Who collected the recyclable materials for your local government's curbside recycling program? 16. □ Local government employees Private contractor (please specify) Franchised hauler (please specify) Other (please specify)

17.	Please provide the following information about your community:  a. Total number of households in your jurisdiction? 4,100
	b. Number of households eligible to participate in the curbside recycling program: 4,100
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 2,500
18.	If your curbside recycling program is operated through a <u>public franchise granted to a private company</u> then please answer the following:  Is public participation in the franchise:   Voluntary or   Mandatory  Does your franchise consist of:   One service district or   Multiple service districts
19.	What sector(s) of your community was served by the curbside recycling program?  Residential Commercial Industrial
20.	If you checked commercial or industrial in question 19, please indicate the number of accounts served:
21.	How frequently were the curbside recyclables collected?  ☑ Once a week ☐ Every other week / biweekly ☐ Other
22.	Please describe the collection containers used:  Bins Blue bags Multi-bin system Roll-out carts
23.	Please describe the method / style of recyclable materials handling:  ☐ curb-sort (collector separates material as collected) ☐ 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
	Other (please specify)
27.	Please describe the method / style of recyclable materials handling for your drop-off recycling program:  Source-separated (citizens separate materials by type) single stream / commingled dual / two stream (paper separated from cans/bottles) don't know / other
28.	Please estimate the number of households served by your drop-off recycling program. 4,100
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: 1

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: Johnston County Landfill
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications? Xes No
OT	THER PUBLIC RECYCLING PROGRAMS
the l	use answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the ycling Tonnages Chart on pg 5.
38. 39.	Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or dropoff recycling programs? $\  \  \  \  \  \  \  \  \  \  \  \  \ $
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:
41.	☐ Public drop-off recycling sites available for ABC On Premises Permit holders to use  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:
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) Vegetable oil
	Programs to manage Special Wastes are addressed in Part III on page 6, please do not include Special Waste programs above.

#### RECYCLING TONNAGES FROM PUBLIC PROGRAMS

- 45. a. Enter data in the table below for ALL recycling programs operated or contracted for by your local government. Provide TONNAGES (or estimates) for each material collected for the period JULY 1, 2017 through JUNE 30, 2018. DO NOT include materials that were not collected or managed by your local government either directly or under contract to a private service provider.
  - b. Do NOT report YARD WASTE, TIRES, HHW, USED OIL, OIL FILTERS, ANTI-FREEZE, BATTERIES or other SPECIAL WASTE tonnages on this page - these items should be reported in other sections of report form. See page 6 for SPECIAL WASTES.
  - c. Please report materials collected in tons only. Please only extend numbers to two decimal places (x.xx).
  - d. If you collected single stream or other commingled materials, record Tons in the "Commingled tons" row and then check the box for

DDOCD AM	Cu	ırbside		Drop-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		49.73					49.73
Other Plastic Containers							
Bulky Rigid Plastics							
METAL:							
Aluminum Cans				0.69			0.69
Steel Cans							
White Goods							
Other Metal						15.52	15.52
PAPER:							
Newsprint (ONP)							
Cardboard (OCC)				12.93			12.93
Magazines (OMG)							
Office Paper							
Mixed / Other Paper							
Cartons / Aseptic Containers							
WOOD:							
Pallets						7.17	7.17
Other Wood - DO NOT							
report yard waste tons here							
OTHER MATERIALS:							
Textiles (clothes etc)							
Televisions							
Other Electronics							
C&D Materials Recycling							
Glass & Plastics					$\boxtimes$	15.16	15.16
Commingled tons-check al							
items collected above TOTAL TONS:		49.73		13.62		37.85	101.2
TOTAL TUNS:		49./3		13.02		37.85	101.2

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)

47. Special Waste Programs for Collecting Materials from Citizens by Material Type	Did progran	n collect this n the public?	# of sites	Data on quantities Please report in	collected / man	_
Used Motor Oil	⊠ Yes	☐ No	1	1	339 gall	
Used Oil Filters	⊠ Yes	☐ No	1	0 barrels, or		lbs
Used Antifreeze	Yes	⊠ No				gallons
Batteries, Lead Acid	⊠ Yes	☐ No	1	12 # batterie	es, or	lbs
Batteries, Dry Cell	⊠ Yes	☐ No	1			lbs
Fluorescent Bulbs/Lights Containing Mercury	Yes	⊠ No	1	lbs, or	-	# bulbs
Propane Tanks	Yes	⊠ No		lbs, or		# tanks
Used Cooking Oil / Waste Vegetable Oil	⊠ Yes	☐ No	1	lbs, or	248	gallons
Other Special Wastes - please provide waste type here:	Yes	⊠ No				lbs
Pesticide Containers (NCDA Program, not pesticides themselves)	Yes	⊠ No		lbs, or		# con- tainers
NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	Yes	⊠ No				lbs
Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	Yes	⊠ No	1	gals, or		lbs
<ul> <li>148. Did your local government operate a household If Yes, please respond to the following question a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program of c. Did you partner or co-sponsor your HHW program of the please list partner(s)</li> <li>d. Provide number of citizens / households that e. Did your program accept materials from small fight yes, please estimate the amount of business f. Amounts of individual materials collected by about individual materials is not available, program of the program accept materials is not available, program accept materials is not available.</li> </ul>	s:  ary Event or a pen to accept it or accep	in your HHW (Conditionall naged am: if totals forovide total of	HHW (ong this Fovernment collecting Exemple collecting) and individuantity rogram a	Collection Facility? Fiscal Year? ent? Yes  on program this Fisca pt Small Quantity Ger pound idual materials are known of materials collected and should not include # of Barrels, or	Permanent  No  I Year?  nerators)?  ds  own please iten by HHW proge materials liste  lbs.	ram in 48g be d in question
Used Antifreeze (gal)	Lea	d Acid Batter	ies (lbs)	Other	Batteries (lbs)	
Fluorescent Bulbs / Lights Containing					•	
<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>	d by HHW Pr	ogram. If ind at of the total	ividual i	materials were		p
i. Estimated cost of HHW / CESQG program of	or event(s) \$					
Pages 2 through 6 should have only been complete	-					

Pages 3 through 6 should have only been completed by governments indicating in question # 14 that they DO provide recycling services. All governments answering "Yes" to question # 5 on page 1 should complete the rest of the report with the exception of PART VIII which is only to be completed by Counties.

					•		
		Part IV. Yard Waste			_		
		ns management of vegetative mand it is illegal to burn. Composting					
		a it is ittegat to burn. Compositing nent of vegetative materials. Do not					
49.	-	l government operate a yard waste j	_		-	•	w yard waste is managed by
		at apply: Collected curbside	_			-	_
50.		ent significantly impact the amount	-		_	-	
51.		s of materials were managed by you ial (yard waste, brush, limbs, leav		1 0			
		Destination	Check if used	1	Cubic Yards	Please Provide N	Jame and Location of Facility  2 Vegetative Materials
	End user (to fa	rmer or home-owner)					
	Your local gov	ernment's mulch or compost facility	7				
	Other public m	ulch or compost facility		0		Johnston County Landfi	ill
	Private mulch	or compost facility	$\boxtimes$	1,000		Spains Farms Nursery	
	Land clearing a	and inert debris landfill (LCID)					
	Energy / Fuel U	Jse (e.g. boiler fuel market)					
		Total		1000			
		E MANAGEMENT FORMULA: If					
		vaste volume. Calculate for each tru					
	volume manage	ed by program in the appropriate bo	xes abov		truck x 3 days/v	$vk \ x \ 16 \ wks = 480$	
	Size of Truc	X Avg. no. of times trucl	k fills each	XX	truck is used durin	g vear	TOTAL $yd^3$
	Size of True			Vaste Colle			
This	section concern	s your local government's provision					
52.		e the following table about your go					
	Sector	Who Collects Solid Waste? H	ow is So	lid Waste Colle	ected? Who Co	ollects Solid Waste?	How is Solid Waste Collected?
	Sector	Insert Letter - see codes at right			aht		s 1. Once a week at household
	Residential	Primary a Secondary Pri	mary	1 Secondary	3 b. By Co	ontract hise haulers	<ul><li>2. Twice a week at household</li><li>3. Convenience center/greenbox</li></ul>
	Commercial	Primary Secondary Pri	mary	Secondary	d. Local	government not yed in provision of	4. As needed or by request 5. Daily
	Industrial	Primary Secondary Pri	mary	Secondary	servic		6. Other
53.	If you provide	residential waste collection at single	e-family	households in y	our jurisdiction,	, please answer the	e following questions:
	What type of co	ollection method is used?	fully Aut	omated S	Semi-Automated	d 🔀 Manual	Don't know
	What is the star	ndard collection frequency? 🛛 V	Veekly	Two tim	es per week	Other	
	What is the typ	ical service point for single family l	househol	ld waste?	Curbside [	Back yard / Back	ck door
	What type of co	ollection container is used?	Governme	ent-provided car	rts Reside	ent-provided conta	iner Bags
	Do you offer b	ulky waste collection services?	X Yes	No			
54.		ties - did your government collect w te goods delivered to the county for	_		Yes [	No	
		Part VI. Solid Was	te and	d Recycling	Education	nal Activities	S
55.	Did <b>your local</b> issues / activities	government have an education pro	ogram to		specifically abo		
56.		e your annual budget for solid waste		1 0		s: \$	
57.		munity produce recycling education					Yes No
	-	list other languages used:					
58.	_	your recycling website address and	public ii	nformation phor	ne number if app	olicable.	
	-	smithfield-nc.com		•		Phone #: 919 98	9-6570

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

	ficient resources availates estions deal with funding						these programs. T	The following
59.	Did your local government With regards to funding Tipping fee	ment operate an Entig sources, check all s	erprise Fund for sol that apply to your I Volume/we	lid waste serv local governm eight-based fe	vices in nent:	FY 17-18?	Yes No Vire tax Vire Goods tax Disposal Tax	
61.	NC Solid Waste Dispo					nts on a quarterly ba	asis by the Departm	
	How are disposal tax of	_	-					
62.	If applicable, please p			_				
	a. \$ 16	per Monu	<u>n</u>	per	iouseno	10	for solid waste	}
	b. \$	per		per _			for recycling	
	c. \$ 10	per Montl	h	per <u>h</u>	ouseho	ld	for yard waste	
	d. \$	per		per _			for bulky wast	e
	e. \$	per		per _			availability fee	
	f. \$ 26	per Montl	h	per h	ouseho	ld	total charge	<del></del>
63.	Did your local government are charged a fee by w	nent operate a Pay-	As-You-Throw pro	gram for resid	dential	garbage during FY		
	cording to GS 130A-30 orm users of such costs		ments are required	to conduct f	full cost	t accounting annua	lly and to develop	a system to
64.	\$1,355.52 \$\$	ent contracts for soli	d waste or recycling  For solid waste s  For recycling per  OR  Combined Contr	services per y r year	rear		ract amount.	
65.	Collection Programs: I collection programs fo not available, please in	r waste, recyclables	following table to t and yard waste inc	he best of you	ur abilit	ty to display the full		
	/ <b>.</b>	# 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*	4,100	4,821.89	1,015,0	029.04	170,286.83	1,185,315.87	24:
	Recycling Program**	4,100	101.2	3,3	306.23	0	3,306.23	32
	Yard Waste Program	4,100	1,000		0	34,721	34,721	34
	Totals	S (calculated by form):	5,923.09	1,018,3	335.27	205,007.83	1,223,343.1	20
66.	Trar	by public recycling progr erates a landfill, trai	ams including those servines station, yard v  ). If budgets for diff  :: \$	vices offered to ovaste /composefferent faciliti	st facili	ial and industrial generate ty or recycling facil combined, please at	ity, please provide tempt to allocate co	total budget for
		ycling Facility Budg						
67.	What was your govern	ment's total combin	ed annual budget fo	or all solid wa	aste and	recycling services	in 17-18? \$ <u>1,233,3</u>	43.1

## **Part VIII. County Mandated Programs**

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

WH	ITE GOODS					
68.	Please provide name, address, 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	il:	
77.	Please provide the physical address of the primary c	ounty scrap tires	collection sit	te.	
	Street 1:				
	Street 2:				
	City:		State: North	n Carolina	Zip:
78.	Tonnage/Number of scrap tires disposed July 1, 201  Tons o	7-June 30, 2018 (	excluding tin	res from cleanup of nu _Number of tires	isance sites)
79.	Tonnage/Number of scrap tires disposed from clean Tons o		nty designate	ed nuisance sites _Number of tires	
80.	Indicate the types of tires collected by the county: Passenger % Heavy To	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 expenditu excluding costs of nuisance tire cleanups, for FY 17	re (contract dispo	sal/hauling c	costs),	
83.	County's additional scrap tire program expenditure ( Labor \$		ience center	cost), if any.	
	Site Cost \$				
	Other \$	descr	ribe Other: _		
84.	County's contract cost for scrap tire disposal. \$	/ T	on; \$	/ Tire	
85.	Hauling cost or fuel surcharge, if not included in co	ntract cost above	.\$	/ Ton; \$	/ Tire
86.	Total tipping fees collected for tires not eligible for	free disposal. \$ _			
87.	Total number of tires collected not eligible for free				
88.	If scrap tires were not hauled off site by contracted s	service provider,	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	management of	disaster debr	ris? Yes	No
	If yes, indicate if the plan is a stand-alone plan or in	conjunction with	local govern	nment agencies:	Stand-alone
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 pe	rson(s) in ch	arge of the disaster del	bris management program for
	your local government:  Name: Name	ie:		Name:	
		ne:		<del></del>	
	E-mail: E-m				

	T OF ABANDONED MANUFACTURED HOMES BY COUNTIES  ty considered whether to implement a program for the management of abandoned manufactured homes? Yes Nor county developed a written plan for the management of abandoned manufactured homes? No Part IX. Comments  Aborate on any info provided in your report as necessary. We would appreciate your comments about this report or other lid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed.	1	Site Name	Disaster Site #	Site Name
. Does your plan address mass animal mortality? Yes No  ANAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES  . Has your county considered whether to implement a program for the management of abandoned manufactured homes? If yes, has your county developed a written plan for the management of abandoned manufactured homes? Yes  Part IX. Comments  te this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this relaters regarding solid waste management in North Carolina. Thank you for your time. You may submit additional sheets if ne	T OF ABANDONED MANUFACTURED HOMES BY COUNTIES  ty considered whether to implement a program for the management of abandoned manufactured homes? Yes Nor county developed a written plan for the management of abandoned manufactured homes? No Part IX. Comments  Aborate on any info provided in your report as necessary. We would appreciate your comments about this report or other lid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed.				
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ters regarding solid waste management in North Carolina. Thank you for your time. You may submit additional sheets if ne	lid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed.		Part IX	. Comments	
		this section to elaborate	on any info provided in your report as n	necessary. We would appreci	ate your comments about this report or oth
tor Comment (TN): #67 pulled from #65 table (total cost)	N): #67 pulled from #65 table (total cost)	ters regarding solid waste	e management in North Carolina. Thank	k you for your time. You ma	y submit additional sheets if needed.
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This form is to be submitted electronically. If you require assistance, please contact one of these NC DEACS staff members:

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

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

