

State of North Carolina

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

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

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

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

Instructions:

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

Options for obtaining a blank copy of this form:

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

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

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

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

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

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

Form Year

2018



Local Government Report Form

Required - Enter Your Local Government Name: Staley

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.

| Pers | son Completing This Report: Lor | nna Hart | | Title | : Town Cler | k |
|------|---|------------------------------|----------------------------|-------------|----------------|----------------------------------|
| Mai | ling Address: PO Box 279 | | City: Staley | | | Zip: 27355 |
| Pho | ne: (336) 622-3030 | Fax: (336) 622-68 | 359 | | Date: 8/20/ | 18 |
| Ema | ail: townofstaley@rtelco.net | | | | | |
| | | | eneral Instructions | | | |
| | se remember that the time period a specific question. | for the report is JULY 1, | 2017 through JUNE 30, 2 | 2018. Plea | se check "N | o" if you have nothing to r |
| 1. | Did your local government have | e a Recycling Coordinator | or similar position for FY | Y 17-18? | Yes | No No |
| | Name Recycling Coordinator (i | f different from person co | mpleting this report.) | | | |
| | Name: | | | Title | : | |
| | Address: | | City: | | | Zip: |
| | Telephone: | Fax: | Email | : | | |
| 2. | Did your local government have | e a Solid Waste Director o | or similar position for FY | 17-18? | Yes | ⊠ No |
| | If Yes, Name: | | | Title | : | |
| | Address: | | City: | | | Zip: |
| | Telephone: | Fax: | Email | : | | |
| 3. | Did your local government have | e dedicated or part-time | Solid Waste Enforcement | t Staff for | FY 17-18? | Yes No |
| | If Yes, Name: | | | Title | : | |
| | Address: | | City: | | | Zip: |
| | Telephone: | Fax: | Email | : | | |
| 4. | Did your local government have all that apply) | e solid waste ordinances in | n place addressing any of | the follow | ing during F | Y 17-18? (if yes, please ch |
| | Disposal Bans | llegal Dumping | tering Other, Please | Describe | : | |
| 5. | Did your local government man mulching, composting)? | age, provide or contract for | or any solid waste service | s in FY 17 | 7-18 (e.g., co | llection, disposal, recyclin No |

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 number of households that participate in the curbside recycling program (estimate if necessary): |
| 18. | If your curbside recycling program is operated through a <u>public franchise granted to a private company</u> then please answer the following: Is public participation in the franchise: Voluntary or Mandatory Does your franchise consist of: One service district or Multiple service districts |
| 19. | What sector(s) of your community was served by the curbside recycling program? Residential Commercial Industrial |
| 20. | If you checked commercial or industrial in question 19, please indicate the number of accounts served: |
| 21. | How frequently were the curbside recyclables collected? Once a week 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) 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 |
| | Other (please specify) |
| 27. | Please describe the method / style of recyclable materials handling for your drop-off recycling program: source-separated (citizens separate materials by type) single stream / commingled dual / two stream (paper separated from cans/bottles) don't know / other |
| 28. | Please estimate the number of households served by your drop-off recycling program. |
| 29. | What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial |
| 30. | How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites: |
| 31. | How many of these locations were staffed with attendants? |
| EL | ECTRONICS RECYCLING PROGRAM |
| mate | Is answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any perials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5. Did your community operate an electronics recycling program in FY 17-18? Yes No, skip to question # 38 If you did operate an electronics recycling program, please indicate style of program: Permanent - Curbside Collection Permanent - Drop-off Scheduled Collection Day or Event Part of HHW Program If you offer curbside collection of electronics is it: by appointment or unscheduled If you operate a drop-off electronics program, how many collection sites do you provide? Number of Sites: |

| 33. | Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses |
|------------|--|
| 34. | Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses |
| 35. | DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was eligible to receive proceeds from the State Electronics Management Fund in February of 2018, please provide the following information: |
| | Electronics Management Fund balance as of July 1, 2017: \$ |
| | 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 | THER PUBLIC RECYCLING PROGRAMS |
| the i | ase answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by <u>local government</u> . The tonnage of any materials collected by the following programs should be listed in the "Other" column in the ycling Tonnages Chart on pg 5. |
| 38. 39. | Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or dropoff recycling programs? Yes No Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner |
| 39. | other than through your curbside or dropoff recycling programs? \square Yes \square No |
| 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 mat | | rbside | | op-off | All "Othe | r'' Programs | Total Tons |
|---|----------|------------|----------|--------|--|--------------|---------------------------------|
| PROGRAM | ⊠ if Yes | Tons | ⊠ if Yes | Tons | ⊠ if Yes | Tons | (totals are calculated by form) |
| GLASS: | | | | | | | |
| Clear | | | | | | | |
| Brown | | | | | | | |
| Green | | | | | | | |
| Mixed | | | | | | | |
| PLASTIC: | | | | | | | |
| PET #1 | | | | | | | |
| HDPE #2 | | | | | | | |
| All Plastic Bottles | | | | | | | |
| Other Plastic Containers | | | | | | | |
| Bulky Rigid Plastics | | | | | | | |
| METAL: | | | | | | | |
| Aluminum Cans | | | | | | | |
| Steel Cans | | | | | | | |
| White Goods | | | | | | | |
| Other Metal | | | | | | | |
| PAPER: | | | | | | | |
| Newsprint (ONP) | | | | | | | |
| Cardboard (OCC) | | | | | | | |
| Magazines (OMG) | | | | | | | |
| Office Paper | | | | | | | |
| Mixed / Other Paper | | | | | | | |
| Cartons / Aseptic Containers | | | | | | | |
| WOOD: | | | | | | | |
| Pallets | | | | | | | |
| Other Wood - DO NOT | | | | | | | |
| report yard waste tons here | | | | | | | |
| OTHER MATERIALS: | | | | | | | |
| Textiles (clothes etc) Televisions | | | | | | | |
| | | | | | | | |
| Other Electronics | | | | | | | |
| C&D Materials Recycling | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Commingled tong shart11 | | | | | | | |
| Commingled tons-check all items collected above | | | | | | | |
| TOTAL TONS: | | | | | | | |
| DECYCLING TONN | ACEACAI | ECH T OF D | | | | | |

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) Did program collect this **Special Waste Programs for Collecting** # of Data on quantities collected / managed. material from the public? Materials from Citizens by Material Type Please report in indicated units. sites Used Motor Oil Yes Used Oil Filters barrels, or lbs Yes No Used Antifreeze Yes No gallons # batteries, or Batteries, Lead Acid Yes No lbs Batteries, Dry Cell Yes No lbs Fluorescent Bulbs/Lights Containing Mercury Yes lbs, or # bulbs No Propane Tanks Yes No lbs, or # tanks Used Cooking Oil / Waste Vegetable Oil Yes No lbs, or gallons Other Special Wastes - please provide waste Yes No lbs type here: Pesticide Containers (NCDA Program, not # con-Yes ☐ No lbs, or pesticides themselves) tainers NCDA Pesticide Disposal Assistance Program Yes No lbs (for management of pesticides, not containers) Latex Paint (do not include paint collected at gals, □ No Yes lbs HHW event or by a paint exchange program) or Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event 48. Did your local government operate a household hazardous waste collection program or event in FY 17-18? No If Yes, please respond to the following questions: a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Temp. Event b. How many days was your HHW Program open to accept materials during this Fiscal Year? c. Did you partner or co-sponsor your HHW program with another <u>local government?</u> Yes Please list partner(s) d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year? e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? If yes, please estimate the amount of business material managed f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If data about individual materials is not available, please simply provide total quantity of materials collected by HHW program in 48g below. Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in question 47. Used Motor Oil (gal) _____ Used Oil Filters ____ # of Barrels, or ____ lbs. Used Antifreeze (gal)

Lead Acid Batteries (lbs)

Other Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) g. Provide Total Quantity of materials collected by HHW Program. If individual materials were pounds reported in 48f, please net the weight of those materials out of the total listed here. h. Please list HHW Collection Contractor i. Estimated cost of HHW / CESQG program or event(s) \$

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.

| This | s section concerns management of vegetative ma | · · | | | | |
|------|--|---------------|-------------------------------------|------------------|---|--|
| | ermitted sites and it is illegal to burn. Composting ut your management of vegetative materials. Do no | | | | | |
| 49. | Does your local government operate a yard waste | | | | _ | ow yard waste is managed by |
| 49. | checking all that apply: Collected curbside | | | - | - | |
| 50. | Did a storm event significantly impact the amount | | | | • | * · · · · · · · · · · · · · · · · · · · |
| 51. | | | | | | |
| | organic material (yard waste, brush, limbs, lear | _ | managed. For | conversion pu | _ | |
| | Destination | Check if used | Tons | Cubic Yards | | Name and Location of Facility ag Vegetative Materials |
| | End user (to farmer or home-owner) | | | | | |
| | Your local government's mulch or compost facility | у 🗆 | | | | |
| | Other public mulch or compost facility | | | | | |
| | Private mulch or compost facility | | | | | |
| | Land clearing and inert debris landfill (LCID) | | | | | |
| | Energy / Fuel Use (e.g. boiler fuel market) | | | | | |
| | Total | | | | | |
| | YARD WASTE MANAGEMENT FORMULA: I estimate yard waste volume. Calculate for each tr | | | | | |
| | volume managed by program in the appropriate be | | | | | |
| | X | | | | | yd^3 |
| | Size of Truck (in yards) Avg. no. of times truc | | | | | TOTAL |
| | Part V. S | olid V | Vaste Colle | ection Serv | rices | |
| This | s section concerns your local government's provision | | | | | |
| 52. | | | | | n. | |
| | Sector Who Collects Solid Waste? Insert Letter - see codes at right | | | ight Will C | Collects Solid Waste? | How is Solid Waste Collected? es 1. Once a week at household |
| | Residential Primary b Secondary Pr | rimary | 1 Secondary | b. By C | Contract chise haulers | Twice a week at household Convenience center/greenbox |
| | Commercial Primary d Secondary Pr | rimary | Secondary | d. Loca | ll government not lved in provision of | 4. As needed or by request |
| | Industrial Primary d Secondary Pr | rimary | Secondary | | ce | 5. Daily 6. Other |
| 53. | If you provide <u>residential</u> waste collection at singl | e-family | households in y | our jurisdiction | n, please answer th | e following questions: |
| | What type of collection method is used? | Fully Aut | omated S | Semi-Automate | ed Manual | Don't know |
| | What is the standard collection frequency? | Weekly | Two tim | nes per week | Other | |
| | What is the typical service point for single family | househol | d waste? | Curbside | Back yard / Ba | ick door |
| | What type of collection container is used? | Governme | ent-provided car | rts Resid | lent-provided cont | ainer Bags |
| | Do you offer bulky waste collection services? | Yes | No No | | | |
| 54. | For municipalities - did your government collect v | _ | | Yes | ⊠No | |
| | If so, were white goods delivered to the county for | | <u> </u> | ☐ No | | |
| | Part VI. Solid Was | | • | _ | | |
| 55. | Did your local government have an education pro- issues / activities? \square Yes \bowtie No (If N | _ | inform citizens o Part VII, page | | out solid waste ma | nagement and / or recycling |
| 56. | Please estimate your annual budget for solid waste | e related o | education and o | utreach activiti | es: \$ | |
| 57. | Does your community produce recycling education | n and out | treach materials | in languages b | esides English? [| Yes No |
| | If YES, please list other languages used: | | | | | |
| 58. | Please provide your recycling website address and | l public ii | nformation phor | ne number if ap | plicable. | |
| | Website: | | | | Phone #: | |

Part VII. Resources for Solid Waste Management and Full Cost Accounting Sufficient resources available to solid waste management programs are essential for continued success of these programs. The following

| que | stions deal with funding | of your community | 's solid waste and r | naterials managem | ent programs. | 1 0 | v |
|-----|--|-----------------------|----------------------|------------------------------|------------------------------|--------------------|---------------------------|
| 59. | Did your local governm | nent operate an Ente | erprise Fund for sol | lid waste services in | n FY 17-18? | Yes ⊠ No |) |
| 60. | With regards to funding | g sources, check all | that apply to your | local government: | | | |
| | Tipping fees | | _ | eight-based fees (e.g | g. PAYT) Tii | re tax | |
| | Property tax | es / general fund | Sale of rec | yclables | WI WI | hite Goods tax | |
| | Per househo | 0 | Grants | | | sposal Tax | |
| 61. | NC Solid Waste Dispos According to GS 105-1 | | | | | | |
| | How are disposal tax d | istributions being u | sed? | | | | |
| 62. | If applicable, please pr | ovide your FY 17-1 | 8 household fees. | (e.g., a. <u>\$45.00</u> per | <u>year per household fo</u> | or solid waste) | |
| | a. \$ | | | | | | <u>.</u> |
| | α. ψ | per | | per | | 101 Solid waste | |
| | b. \$ | per | | per | | for recycling | |
| | c. \$ | per | | per | | for yard waste | |
| | d. \$ | per | | per | | for bulky wast | te |
| | e. \$ | per | | per | | availability fee | <u>e</u> |
| | f. \$ | per | | per | | total charge | |
| 63. | Did your local governm | nent operate a Pay- | As-You-Throw pro | gram for residential | garbage during FY 1 | 7-18? (a system v | where residents |
| | are charged a fee by we | eight or volume for | the amount of trash | they discard) | Yes | No | |
| Acc | cording to GS 130A-309 | 9 08 local governi | ments are required | to conduct full co | st accounting annuall | v and to develor | a system to |
| | orm users of such costs. | | nents are required | to conduct full co. | st uccounting annuan | y und to develop | a system to |
| | | | 1 | | | | |
| 04. | If your local government | nt contracts for son | | | eport the annual contra | ict amount. | |
| | \$30,000 | | _ For solid waste s | services per year | | | |
| | \$ | | _ For recycling pe | r year | | | |
| | | | OR | | | | |
| | \$ | | Combined Contr | ract (solid waste, an | d recycling) | | |
| 65 | Collection Programs: P | lease complete the | following table to t | he best of your abil | ity to display the full | costs of your loca | 1 government's |
| 05. | collection programs for | | - | • | | • | - |
| | not available, please r | | | | | | 005 0 uu. y 515 15 |
| | | # of Households | | | Disposal Cost | Total Cost | Cost Per Ton |
| | | served | Tons Collected | Collection Cost | (tipping fees paid) | including | Managed |
| _ | | 100 | | | (11 8 11 1) | overhead | (calculated by form) |
| M | Iunicipal Solid Waste* | | | | | 31,000 | |
| | Recycling Program** Yard Waste Program | | | | | | |
| | | | | | | 21,000 | |
| | | (calculated by form): | | | | 31,000 | |
| | *for materials collected and | | | | | | |
| | **for materials collected by | | | | | | |
| 00. | If your government operacility operations (round | | | | | | |
| | · · | dfill Budget: | • | | • | | 0818 |
| | | sfer Station Budget | | | | | - |
| | | Waste / Compost I | | | | | |
| | Recy | cling Facility Budg | get: \$ | | | | |
| 67. | What was your government | ment's total combin | 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 | Amount Earned | Amount Spent |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 73. | Please report the tonnage of white goods collected white goods tonnage reported on page 5? Ye | • | ·18 in th | e Recycling Tonnag | es table on page 5 (qu | estion # 45). Was |
| 74. | List the amount of revenue for the white goods pro | ogram by source: | | | | |
| | Revenue collected from sale of scrap: | \$ | | | | |
| | Revenue collected from White Goods Tax Distribu | utions: \$ | | | | |
| | Revenue from other source (e.g. grants): | \$ | | | | |
| | Total Revenue: | \$ | | | | |
| 75. | According to the White Goods Law, White Good expenditures White Good Tax Distributions were used to the Cook of th | | | | | mounts and types of |
| | Operational Expenses: \$ | | | | | |
| | ~ | | | | | |
| | Clean-up of Illegal White Goods Dumps: \$ | | | | | |
| | Total Expenditures: \$ | | | | | |

| SC. | RAP TIRES | | | | |
|-----|--|---------------------|----------------|---|--------------------------------|
| 76. | Please provide name, address, phone number, and e-Name: | • | • | | |
| | 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: | | | |
| | E-mail: E-m | | | | |
| | | | | | |

| , | Disaster Site # | se difficulty for local governments when atte Site Name | Disaster Site # | Site Name |
|--------|-------------------------------|--|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 94.] | Does your plan address the | management of household hazardo | us waste and white goods followin | g a disaster? Yes No |
| | Does your plan address mas | | ☐ No | |
| MAN | NAGEMENT OF ABA | ANDONED MANUFACTU | RED HOMES BY COUNT | IES |
| 96. l | Has your county considered | whether to implement a program f | or the management of abandoned in | manufactured homes? Yes No |
| | | | | homes? Yes No |
|] | If yes, has your county deve | eloped a written plan for the manage | ement of abandoned manufactured | nomes! |
| Use th | is section to elaborate on a | Part IX ny info provided in your report as n | . Comments ecessary. We would appreciate yo | our comments about this report or other |
| Use th | is section to elaborate on a | Part IX | . Comments ecessary. We would appreciate yo | our comments about this report or other |
| Use th | nis section to elaborate on a | Part IX ny info provided in your report as n | . Comments ecessary. We would appreciate yo | our comments about this report or other |
| Use th | nis section to elaborate on a | Part IX ny info provided in your report as n | . Comments ecessary. We would appreciate yo | our comments about this report or other |
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| Use th | nis section to elaborate on a | Part IX ny info provided in your report as n | . Comments ecessary. We would appreciate yo | our comments about this report or other |
| Use th | nis section to elaborate on a | Part IX ny info provided in your report as n | . Comments ecessary. We would appreciate yo | our comments about this report or other |

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

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

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

