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: <u>http://deq.nc.gov/about/divisions/waste-management/solid-waste-section/annual-reporting</u>
- 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: <u>https://get.adobe.com/reader/</u> - 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



Local Government Report Form

Required - Enter Your Local Government Name: Stallings

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 subr	nit this form t	o Lgteam@nc	denr.gov by	September 1	1, 2018.

If you have questions or need assistance completing this form, please call 919-707-8136 or 919-707-8133.

Per	son Completing This Report: Karen	Williams	Tit	Title: Director of Administraton			
Ma	ling Address: 315 Stallings Road		City: Matthews		Zip: 28104		
Pho	hone: 704-821-0312 Fax: 704-821-684			Date: 8/9/201	.8		
Em	ail: kwilliams@stallingsnc.org						
		Gener	ral Instructions				
	se remember that the time period for a specific question.	r the report is JULY 1, 201	7 through JUNE 30, 2018. Pl	ease check "No'	' if you have nothing to report		
1.	Did your local government have a	Recycling Coordinator or	similar position for FY 17-185	? Yes	No		
	Name Recycling Coordinator (if di	ifferent from person compl	leting this report.)				
	Name:		Tit	le:			
	Address:		City:		Zip:		
	Telephone:	Fax:	Email:				
2.	Did your local government have a	Solid Waste Director or sin	milar position for FY 17-18?	Yes	No		
	If Yes, Name:		Tit	le:			
	Address:		City:		Zip:		
	Telephone:	Fax:	Email:				
3.	Did your local government have d	edicated or part-time Sol	id Waste Enforcement Staff fo	or FY 17-18?	Yes No		
	If Yes, Name:		Tit	le:			
	Address:		City:		Zip:		
	Telephone:	Fax:	Email:				
4.	Did your local government have so all that apply)	blid waste ordinances in pla	ace addressing any of the follo	owing during FY	17-18? (if yes, please check		
	Disposal Bans Illeg	gal Dumping 🗌 Litterir	ng Other, Please Describ	be:			
5.	Did your local government manage mulching, composting)?	e, provide or contract for a	ny solid waste services in FY	17-18 (e.g., colle X Yes	ection, disposal, recycling,		
	If you answer "No	o'' to question 5, the repo	ort is complete, please email	to Lgteam@ncd	denr.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.
6.	Did your local government have a recycling program in place for collecting recyclable materials generated at Yes INO public buildings in FY 17-18?
7.	Did your local government have any program or policy encouraging or requiring local agencies to Yes No purchase products with recycled content?
8.	Did your local government have a program in place to collect and recycle spent fluorescent lights generated from the public buildings and facilities that were operated by your government in FY 17-18?
	Part II. Waste Reduction and Recycling Programs Serving the Public
SO	URCE REDUCTION / REUSE
9.	Did your local government have a backyard composting program? Yes No
10.	If yes, please check all backyard composting activities that apply:
	Education Demonstration site(s) Bin distribution/sales Number of Bins distributed?
11.	Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives?
12.	Did your local government offer a waste exchange or reuse program? Yes 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.)
PU	BLIC RECYCLING SERVICES
14.	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 .)
	our local government DID operate or contract for a recyclables recovery program, please indicate in the owing sections the type of program in operation and provide specifics about your program(s).
CU	RBSIDE RECYCLING PROGRAM
15.	Did your government operate a Curbside Recycling Program? 🔀 Yes 🗌 No, skip to question # 25
16.	Who collected the recyclable materials for your local government's curbside recycling program?
	Local government employees
	Private contractor (please specify) God Bless USA, Inc
	Franchised hauler (please specify)
	Other (please specify)

17.	 Please provide the following information about your community: a. Total number of households in your jurisdiction? 5,816 					
	b. Number of households eligible to participate in the curbside recycling program: 5,816					
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 5,200					
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: 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?					
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: Iss than 50 gallon cart 65 gallon cart 95 gallon cart multiple sizes of cart available					
DR	OP-OFF RECYCLING PROGRAM					
25.	Did your government operate a Drop-off Recycling Program? 🗌 Yes 🛛 No, skip to question # 32					
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? All None Some please list # of staffed sites:					
EL	ECTRONICS RECYCLING PROGRAM					
	use 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.					
32.	Did your community operate an electronics recycling program in FY 17-18? Yes Xo, 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 progra	m collect or acce	pt televisions from	n (check all that	apply):	Residences	Businesses

- 34. Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses
- DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was 35. 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: \$

Briefly explain how Electronics Management Funds were spent during FY 2017-18 (please list items purchased if applicable): 36.

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? Yes No

OTHER PUBLIC RECYCLING PROGRAMS

Please answer the following questions about local government sponsored recycling efforts. List only programs operated or contract	ted for <u>by</u>
the local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the	he
Recycling Tonnages Chart on pg 5.	

38.	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
	Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner
	other than through your curbside or dropoff recycling programs? \Box Yes \boxtimes 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 go	overnment have an ordinan	ce regulating the	construction and dem	olition waste stre	am Ves	🔀 No
	with the intention	of encouraging or requiring	g waste reduction	or recycling of these	materials?	103	

Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 17-18. 43. (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
- Please identify all "Other" programs or services operated by your government during FY 17-18. (check all that apply and if possible 44 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.

DDOCDAM	Curbside			Drop-off		Other'' Programs	Total Tons
PROGRAM	⊠ if Yes	Tons	🛛 if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							
Clear							
Brown							
Green							
Mixed		214.32					214.32
PLASTIC:							
PET #1							
HDPE #2							
All Plastic Bottles							
Other Plastic Containers							
Bulky Rigid Plastics		107.16					107.16
METAL:							
Aluminum Cans		53.58					53.58
Steel Cans		53.59					53.59
White Goods							
Other Metal							
PAPER:							
Newsprint (ONP)	\square	107.16					107.16
Cardboard (OCC)							
Magazines (OMG)		107.16					107.16
Office Paper							
Mixed / Other Paper		214.32					214.32
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							
Comminated (1 1 1							
Commingled tons-check all items collected above							
TOTAL TONS:		857.29					857.29

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 <u>only</u> 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.

a		**7 4	A H U			36 / 13	A H A H			A H H	D	
S	pecial	Waste	Collections	(Do No	t Include	Materials	Collected	as part of	t an HHW	Collection	Program	or Event)

4

about individual materials <u>is not</u> 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	47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		n collect this m the public?	# of sites	-		ntities collected / managed. port in indicated units.		
Used Antifreeze □ yes No gallons Batteries, Lead Acid □ Yes No		Used Motor Oil	Yes	🛛 No			gallon		5	
Batteries, Lead Acid Yes No # batteries, or bbs Batteries, Dry Cell Yes No Ibs ibs Fluorescent Bulbs/Lights Containing Mercury Yes No Ibs, or # bulbs Propane Tanks Yes No Ibs, or # bulbs Other Special Wastes - please provide waste Yes No Ibs, or # anks Used Cooking Oil / Waste Vegetable Oil Yes No Ibs, or # anks Used Cooking Oil / Waste Vegetable Oil Yes No Ibs, or # anks Used Cooking Oil / Waste Vegetable Oil Yes No Ibs, or # anks Use hore: Yes No Ibs, or # con- tainers NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers) Yes No Ibs Huwerhold 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? Yes 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? Permane		Used Oil Filters	Yes	🛛 No		barı	rels, or		lbs	
Batteries, Dry Cell Yes No		Used Antifreeze	Yes	🛛 No				ga	llons	
Pluorescent Bulbs/Lights Containing Mercury Yes No ibs. or # bulbs Propane Tanks Yes No ibs. or # tanks Used Cooking Oil / Waste Vegetable Oil Yes No ibs. or # tanks Used Cooking Oil / Waste Vegetable Oil Yes No ibs. or # tanks Other Special Wastes - please provide waste Yes No ibs. or # tanks Pesticide Containers (NCDA Program, not Yes No ibs. or # compesticides themselves) NDDA Pesticide Disposal Assistance Program Yes No ibs # compesticides.not containers) Itares Paint (do not include paint collected at HHW event or by a paint exchange program) Yes No gals. or ibs 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? Yes No If Yes, please respond to the following questions: a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Focility? Permanent Temp. Eve b. Ho your program accept materials and using this Fiscal Year? . Did your program accept materials and any and bu		Batteries, Lead Acid	Yes	🛛 No		#t	patteries, or	r	lbs	
Propane Tanks		Batteries, Dry Cell	Yes	🛛 No					lbs	
Used Cooking Oil / Waste Vegetable Oil Yes No Ibs, or gallons Other Special Wastes - please provide waste type here: Yes No Ibs, or gallons Pesticide Containers (NCDA Program, not pesticides themselves) Yes No Ibs, or galos, or galos, or NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers) Yes No gals, or ibs HHW event or by a paint exchange program Yes No gals, or ibs HUW event or by a paint exchange program Yes No gals, or ibs HUW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Temp. Eve b. How many days was your HHW program open to accept materials during this Fiscal Year? No Pesse ist partner(s) d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year? No Pesse itemp opum as f. Amounts of individual materials form small businesses (Conditionally Exempt Small Quantity of materials are known please itemize below. If da about individual materials iscollected by HHW Program: if totals for individual materials instel were may Yes No e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity of		Fluorescent Bulbs/Lights Containing Mercury	Yes	🛛 No			lbs, or	# b	ulbs	
Other Special Wastes - please provide waste type here: Yes No Ibs Other Special Wastes - please provide waste type here: Yes No Ibs Pesticide Containers (NCDA Program, not pesticides themselves) Yes No Ibs, or Its NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers) Yes No Ibs Ibs Latex Paint (do not include paint collected at HHW event or by a paint exchange program) Yes No gals, Ibs 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? Yes 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. Eve b. How many days was your HHW program open to accept materials during this Fiscal Year? Eoid you partner or co-sponsor your HHW program with another local government? Yes No Please list partner(s)		Propane Tanks	Yes	No No			lbs, or	#	tanks	
type here: Image: Second S		Used Cooking Oil / Waste Vegetable Oil	Yes	No No			lbs, or	ga	llons	
pesticides themselves) Image restricted Disposal Assistance Program (for management of pesticides, not containers) Yes No Its Latex Paint (do not include paint collected at HHW event or by a paint exchange program) Yes No gals, or Its HUW event or by a paint exchange program) Yes No gals, or Its HUW event or by a paint exchange program) Yes No gals, or Its HUW event or by a paint exchange program) Yes No gals, or Its HUW event or by a paint exchange program) Yes No gals, or Its HUW event or by a paint exchange program) Yes No gals, or Its HUW event or by a paint exchange program Yes No Permanent FY 17-18? Yes 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?			Yes	No No					lbs	
(for management of pesticides, not containers) Yes No Its Latex Paint (do not include paint collected at HHW event or by a paint exchange program) Yes No gals, or Its Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event 10s No Its 48. Did your local government operate a household hazardous waste collection program or event in FY 17-18? Yes No Its a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Temp. Eve 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 local government? Yes No Please list partner(s)			Yes	No No			lbs, or			
HHW event or by a paint exchange program) Yes Image: No or Image: 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? Image: No Please list partner(s) Image: No Please list Hest isto is not so individual materials collected by			Yes	No No					lbs	
 48. Did your local government operate a household hazardous waste collection program or event in FY 17-18? Yes 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 local government? Yes No Please list partner(s) d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year? e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? Yes No If yes, please estimate the amount of business material managed pounds f. Amounts of individual materials collected by HHW Program: if totals for individual materials collected by HHW Program. If total quantity of materials listed in question 47 Used Motor Oil (gal) Used Oil Filters # of Barrels, or bls. Used Antifreeze (gal) Event Lead Acid Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) g. Provide Total Quantity of materials collected by HHW Program. If individual materials were 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) \$ 		· · · · · ·	Yes	No No					lbs	
Fluorescent Bulbs / Lights Containing Mercury (lbs)		 c. Did you partner or co-sponsor your HHW program with another local government? Yes No Please list partner(s) d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year? e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? Yes No If yes, please estimate the amount of business material managed pounds f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If dat about individual materials <u>is not</u> 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. 								
 g. Provide Total Quantity of materials collected by HHW Program. If individual materials were 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) \$ 							Other Batte	eries (lbs)		
 h. Please list HHW Collection Contractor i. Estimated cost of HHW / CESQG program or event(s) \$ 		g. Provide Total Quantity of materials collected	d by HHW Pr	ogram. If ind	ividual 1				pound	
i. Estimated cost of HHW / CESQG program or event(s) \$										
		i. Estimated cost of HHW / CESQG program	or event(s) \$							
rages 5 intough 6 should have only been completed by governments indicating in question # 14 that they DO provide recycling servic	Pag						hat they D	O provide red	cycling services	

2017-2018 Local Government Annual Report *Report Due Date: September 1, 2018* Submit to: Lgteam@ncdenr.gov

is only to be completed by Counties.

Part IV. Yard Waste, Mulching and Composting Management

This section concerns management of vegetative materials. Yard waste may not be disposed in sanitary landfills, incinerators, or in unpermitted sites and it is illegal to burn. Composting and mulching are popular management options. Please answer the questions below about your management of vegetative materials. Do not include information on food waste or non-vegetative materials in this section.

- 49. Does your local government operate a yard waste program? Yes No If yes please indicate how yard waste is managed by checking all that apply: Collected curbside Collected at convenience center Received at yard waste, compost, or LCID facil.
- 50. Did a storm event significantly impact the amount of yard waste your government managed during FY 17-18? Yes No
- 51. What quantities of materials were managed by your yard waste program? Provide information in TONS OR CUBIC YARDS of
 - organic material (yard waste, brush, limbs, leaves, etc.) managed. For conversion purposes, use 400 lbs./cubic yd.

Destination	Check if used	Tons	Cubic Yards	Please Provide Name and Location of Facility Receiving Vegetative Materials
End user (to farmer or home-owner)				
Your local government's mulch or compost facility				
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: If yard waste quantities are not tracked, you may use this formula below to help you 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 yd³ truck x 3 days/wk x 16 wks = 480 yd³*

	X	X	_ =	yd^3				
Size of Truck (in yards)	Avg. no. of times truck fills each wee	k # of weeks truck is used during year	r TOTAL	_				
Part V. Solid Waste Collection Services								
his section concerns your local government's provision of solid waste (garbage) collection services.								

52. Please complete the following table about your government's solid waste collection system.

	Sector	Who Collects Solid Waste? How is Solid Waste Collected?				Who concerts some waster inow is some waste concerte					
	Sector	Insert L	.etter -	see codes	at right	Inser	rt # - se	ee codes at i	right	a. Local government employees	
	Residential	Primary	b	Secondary		Primary	1	Secondary		b. By Contract c. Franchise haulers	 Twice a week at household Convenience center/greenbox
	Commercial	Primary		Secondary		Primary		Secondary		d. Local government not involved in provision of	4. As needed or by request5. Daily
	Industrial	Primary		Secondary		Primary		Secondary		service	6. Other
53.	If you provide	residenti	i <u>al</u> was	te collecti	on at sin	gle-fam	ily hou	seholds in	your juri	isdiction, please answer the	following questions:
	What type of collection method is used? 🛛 Fully Automated 🗌 Semi-Automated 🗌 Manual 🗌 Don't know										
	What is the standard collection frequency? 🔀 Weekly 🗌 Two times per week 🗌 Other										
	What is the typical service point for single family household waste?										
	What type of collection container is used?										
	Do you offer be	ulky was	ste coll	ection ser	vices?	Ye	es	No No			
54.	For municipalit If so, were whi			-			-	_		les ⊠No	
	II SO, WEIE WIII						0			No	
									0	cational Activities	
55.	Did your local issues / activitie	-	ment h		-	-		orm citizens art VII, pag	-	cally about solid waste man	nagement and / or recycling
56.	Please estimate	your an	inual b	udget for	solid was	ste relate	ed edu	cation and c	outreach	activities: \$	
57.	Does your com	munity _]	produc	e recyclir	ig educat	ion and	outrea	ch materials	s in lang	uages besides English?	Yes No
	If YES, please	list othe	r langu	ages used	l:						
58.	Please provide	your rec	ycling	website a	ddress a	nd publi	c infor	mation pho	ne numl	ber if applicable.	
	Website:									Phone #:	

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	Part VII	. Resources f	or Solid Was	te Manageme	ent and Full Co	ost Account	ing
	ficient resources availab			v	0	hese programs.	The following
-	stions deal with funding	• • •					_
	Did your local governm With regards to funding				ь FY 17-18?	Yes 🛛 🕅 N	0
00.	Tipping fees			eight-based fees (e.g	PAYT) Ti	e tax	
		es / general fund		0		hite Goods tax	
	Per househo	•	Grants	5		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</u> per <u>household</u> fo	or solid waste)	
	a. \$	per		per		for solid was	e
	b. \$	per		per		for recycling	
	c. \$	per		per		for yard wast	e
	d. \$	per		per		for bulky was	ste
	e. \$	per		per		availability fe	ee
	f. \$	per		per		total charge	
63.	Did your local governm are charged a fee by we				garbage during FY 1	-	where residents
	cording to GS 130A-309 orm users of such costs.		ments are required	to conduct full cos	st accounting annuall	y and to develo	p a system to
			1 . 1				
64.	If your local governmen	nt contracts for soli	•	•	eport the annual contra	act amount.	
	\$		_ For solid waste	services per year			
	\$		_ For recycling pe	r year			
			OR				
	\$		_ Combined Contr	ract (solid waste, an	d recycling)		
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	and yard waste inc	cluding materials co			
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton 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 dispo	sal in a Municipal Solid	Waste or Construction a	and Demolition Landfill.		-
	** for materials collected by					s. Do not include sp	ecial waste services.
66.	If your government operations (rour	erates a landfill, trai	nsfer station, yard v). If budgets for di	waste /compost facil fferent facilities are	ity or recycling facilit	y, please provide mpt to allocate c	e total budget for
	Tran	sfer Station Budget	: \$				
	Yard	Waste / Compost I	Facility Budget: \$				-
	Recy	cling Facility Budg	get: \$				
	What was your government		-				
20	17 2018 Local Governm	ant Annual Danart	Panart Dua Dat	a. Santambar 1 201	8 Submit to: Latoor	n @nodonr gov	Daga & of 11

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Part VIII. County Mandated Programs

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

WH	IITE GOODS											
68.	Please provide name, address, phone number, and e-mail of person responsible for white goods program. Name:											
	Name:			<u> </u>								
	Address:			City:								
	Telephone: Fa	ıx:		Email:								
69.	Please provide the physical address of th	e primary co	ounty white go	oods collection site.								
	Street 1:											
	Street 2:											
	City:			_ State: North Carol	lina	Zip:						
70.	Please provide the name of the business Name:	-			Cs) from whit	e goods.						
	Street:											
	City:				ina	Zip:						
	Phone: Fax:											
71.	Give amounts / types of CFCs removed.											
	Type of CFC Ren					ount						
72.	CFCs may be recycled or sent for destru-	ction Give r	name of firm	disposal method and a	mount earned	/ spent for CE(7 disposal					
12.	Firm			Iethod of Disposal		ount Earned	Amount Spent					
73.	Please report the tonnage of white goods white goods tonnage reported on page 5		uring FY 2017		Fonnages table	e on page 5 (qu	estion # 45). Was					
74.	List the amount of revenue for the white	goods progr	am by source	:								
	Revenue collected from sale of scrap:		\$									
	Revenue collected from White Goods Ta	ax Distributi										
	Revenue from other source (e.g. grants):											
	Total Revenue:											
75.	According to the White Goods Law, Whee expenditures White Good Tax Distribute						mounts and types of					
	Operational Expenses:	\$			_							
	Capital Improvements:											
	Clean-up of Illegal White Goods Dumps											
	Total Expenditures:	\$			-							
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6.	Please provide name, address, phone number, and e- Name:	1		I I U	
				1 ttle:	
	Address:				
	Telephone: Fax:		Ema	il:	
7.	Please provide the physical address of the primary c	•	p tires collection si	te.	
	Street 1:				
	Street 2:				
	City:				
3.	Tonnage/Number of scrap tires disposed July 1, 201 Tons o	7-June 30, r	2018 (excluding ti	ires from cleanup of nu Number of tires	iisance sites)
).	Tonnage/Number of scrap tires disposed from clean Tons o	up of state	or county designat	ed nuisance sites Number of tires	
).	Indicate the types of tires collected by the county: Passenger % Heavy Tr	uck	%	Large Off-Road	%
	List the amount of revenue for the scrap tire program	n by sourc	e:		
	Revenue from Scrap Tire Tax Distributions:	\$			
	Revenue from Tire Fees:	\$			
	Revenue from Scrap Tire Clean-up Reimbursements	s: \$			
	Revenue from Scrap Tire Cost-Overrun Grants:	\$			
	Total Revenue:	\$			
2.	County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 17-	re (contrac -18.	t disposal/hauling	costs), \$	
3.	County's additional scrap tire program expenditure (Labor \$		convenience center	cost), if any.	
	Site Cost \$				
	Other \$		describe Other:		
ŀ.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire	
5.	Hauling cost or fuel surcharge, if not included in con-	ntract cost	above. \$	/ Ton; \$	/ Tire
5.	Total tipping fees collected for tires not eligible for	free dispo	sal. \$		
<i>.</i>	Total number of tires collected not eligible for free of	_			
8.	If scrap tires were not hauled off site by contracted s	-			
).	•	1	•		
E	MPORARY DISASTER DEBRIS STAGI				
).	Does your local government have a plan in place for			ris? Yes	No
	If yes, indicate if the plan is a stand-alone plan or in	conjunctio	on with local gover	nment agencies:	Stand-alone In conjuncti
•	If you indicated having a plan, has the plan been rev requirements for public assistance reimbursement in			anagement or FEMA t	to ensure it meets the basic
	Please list the name, contact numbers(s), and e-mail your local government:			narge of the disaster de	bris management program for
	Name: Nam	e:		Name:	
	Phone: Phor	ie:		Phone:	
	E-mail: E-ma	••		E-mail:	

93. Please list the temporary disaster debris staging sites in your county or municipality which have been reviewed for conflicts with the Natural Heritage Program (NHP) and the State Historic Preservation Office (SHPO) through coordination with the Solid Waste Section. *Please note that the vetting of a site prior to a disaster is advantageous to local governments because a staging site which is found to have impacted federal or state resources after a disaster may cause difficulty for local governments when attempting to obtain FEMA reimbursement.* Attach extra sheets, if needed.

Disaster Site #	Site Name		Disaster Site #	Site Name					

94.	Does your plan address the management of household hazardous waste and white goods following a disaster?
95.	Does your plan address mass animal mortality?
MANAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES	
96.	Has your county considered whether to implement a program for the management of abandoned manufactured homes? 🗌 Yes 📄 No
	If yes, has your county developed a written plan for the management of abandoned manufactured homes? Yes No

Part IX. Comments

Use this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this report or other matters regarding solid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed.

This form is to be submitted electronically. If you require assistance, please contact one of these NC DEACS staff members: 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 <u>https://deq.nc.gov/conservation/</u>recycling/local-government-recycling-assistance or e-mail us at Lgteam@ncdenr.gov

