# **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, 2016 -- June 30, 2017

Please submit this form to Lgteam@ncdenr.gov by September 1, 2017.

On the following pages you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2016-2017. 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, 2017.

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:

Joseph Fitzpatrick, phone: 919-707-8121, email: joseph.fitzpatrick@ncdenr.gov Rob Taylor, phone: 919-707-8139, email: rob.taylor@ncdenr.gov

Form Year

Environmental Quality

Local Government Report Form

**Required** - Enter Your Local Government Name: Alexander County

# **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, 2016 -- June 30, 2017

PODTINC 

	I	Please submit this form to	Lgteam@ncdenr.gov l	by September 1, 2	2017.					
	If you have questions	or need assistance com	pleting this form, pla	ease call 919-70	7-8121 or 919-707-8139.					
Per	rson Completing This Report: Jo	sh Mitchell		Title: Pu	blic Works/Facilities Direct	or				
Ma	iling Address: 621 Liledoun Rd H	30x 12	City: Taylor	sville	Zip: 28681					
Pho	one: (828) 632-1101	Fax: (828) 632-0	0059	Dat	te:					
Em	nail: jmitchell@alexandercountyn	c.gov								
		(	General Instructions							
	ase remember that the time period a specific question.	l for the report is JULY 1	, 2016 through JUNE 3	30, 2017. Please c	heck "No" if you have nothi	ng to repo				
1.	Did your local government hav	e a Recycling Coordinato	or or similar position fo	or FY 16-17?	Yes No					
	Name Recycling Coordinator (if different from person completing this report.)									
	Name:		Title:							
	Address:		City:		Zip:					
	Telephone:	Fax:	Er	nail:						
2.	Did your local government hav	e a Solid Waste Director	or similar position for	FY 16-17?	Yes No					
	If Yes, Name:			Title:						
	Address:		City:		Zip:					
	Telephone:	Fax:	Er	nail:						
3.	Did your local government hav	e dedicated or part-time	e Solid Waste Enforcer	ment Staff for FY	16-17? 🛛 Yes 🗌 No					
	If Yes, Name:			Title:						
	Address:		City:		Zip:					
	Telephone:	Fax:	Er	nail:						
4.	Did your local government hav all that apply)			C	during FY 16-17? (if yes, plo	ease check				

Did your local government manage, provide or contract for any solid waste services in FY 16-17 (e.g., collection, disposal, recycling, 5. mulching, composting)? X Yes No

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

	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 16-17?
7.	Did your local government have any program or policy encouraging or requiring local agencies to Yes Xo 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 16-17?
	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, X 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, 2016 through June 30, 2017?
	My local government <b>DID operate or contract</b> for a recyclables recovery program. ( <b>please continue to question 15</b> )
	My local government <b>DID NOT operate or contract</b> for recyclables recovery <b>BUT DID participate</b> in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; <b>then go to Part IV on page 7</b> .)
	With which local government did you participate?
	My local government <b>DID NOT operate, contract or participate</b> in a recycling program. ( <b>Go to Part IV on page 7</b> .)
	our local government <b>DID operate or contract</b> 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)
	Franchised hauler (please specify) Republic
	Other (please specify)

17.	<ul> <li>Please provide the following information about your community:</li> <li>a. Total number of households in your jurisdiction? 12,000</li> </ul>										
	b. Number of households eligible to participate in the curbside recycling program: 12,000										
	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?										
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?										
22.	Other   Please describe the collection containers used:   Bins   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 Collecter dual / two stream										
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? X 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 foothills sanitation										
	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)       isingle stream / commingled         dual / two stream (paper separated from cans/bottles)       idon't know / other										
28.	Please estimate the number of households served by your drop-off recycling program. <u>12,000</u>										
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: 7										
31.	How many of these locations were staffed with attendants? 🛛 All 🗌 None 🗌 Some please list # of staffed sites:										
EL	ECTRONICS RECYCLING PROGRAM										
	se 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 16-17? 🛛 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: 7										

2016-2017 Local Government Annual Report *Report Due Date: September 1, 2017* Submit to: Lgteam@ncdenr.gov

- 33. Did your electronics recycling program collect or accept televisions from (check all that apply): 🔀 Residences
- 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 2017, please provide the following information:

Electronics Management Fund balance as of July 1, 2016: \$-33,982.26

Electronics Management Funds received from DEQ during FY 16-17 (Feb 2017 distribution): \$ 2,815.32

Electronics Management Funds spent during FY 16-17: \$ 36,843.27

Electronics Management Fund balance as of June 30, 2017: \$-68,010.21

36. Briefly explain how Electronics Management Funds were spent during FY 2016-17 (please list items purchased if applicable):

purchase shrink wrap, gaylord boxes, and pay a very small part of what this program costs the county. please do something

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 16-17:Ecycle Secure

Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications? Xes

#### OTHER PUBLIC RECYCLING PROGRAMS

Plea	use answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by
<u>the l</u>	local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the
Recy	ycling 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? $\Box$ Yes $\boxtimes$ No									
39.	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:3									
	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? Xes 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 Yes Xon 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 16-17. (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 16-17. (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, 2016 through JUNE 30, 2017. 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	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			$\boxtimes$					
PLASTIC:								
PET #1								
HDPE #2								
All Plastic Bottles			$\boxtimes$					
Other Plastic Containers			$\boxtimes$					
Bulky Rigid Plastics			$\boxtimes$					
METAL:								
Aluminum Cans			$\boxtimes$					
Steel Cans			$\boxtimes$					
White Goods					$\square$	51.05	51.05	
Other Metal					$\square$	324.79	324.79	
PAPER:								
Newsprint (ONP)	$\square$		$\boxtimes$					
Cardboard (OCC)			$\boxtimes$	247.74			247.74	
Magazines (OMG)	$\square$		$\boxtimes$					
Office Paper	$\square$		$\boxtimes$					
Mixed / Other Paper	$\square$		$\boxtimes$					
Cartons / Aseptic Containers	$\square$		$\boxtimes$					
WOOD:								
Pallets					$\square$	186.06	186.06	
Other Wood - DO NOT								
report yard waste tons here								
OTHER MATERIALS:								
Textiles (clothes etc)						45.05	45.05	
Televisions						45.95	45.95	
Other Electronics						45.9	45.9	
C&D Materials Recycling						729.96	729.96	
Commingled tons-check all								
items collected above		629.13	$\square$	745.18			1,374.31	
TOTAL TONS:		629.13		992.92		1,383.71	3,005.76	

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
occ/textiles/cardboard tube	606.45	republic collects from business as part of franchise agreement

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

47.				ect this public?	# of sites	-		ollected / man indicated unit	-	
	Used Motor Oil	Yes	<u> </u>	No	7			6,922 gall	ons	
	Used Oil Filters	Xes	<u> </u>	No	7	12 ba	rrels, or	<b>I</b>	lbs	
	Used Antifreeze	Yes	<u> </u>	No	1	I		100	gallons	
	Batteries, Lead Acid	Yes	<u> </u>	No	7	200 ‡	<sup>t</sup> batteries	, or	lbs	
	Batteries, Dry Cell	Yes	<u> </u>	No	7			4,0	000 lbs	
	Fluorescent Bulbs/Lights Containing Mercury	Yes	<u> </u>	No	7	6,88	9 lbs, or		# bulbs	
	Propane Tanks	Yes	<u> </u>	No	7		lbs, or	100	# tanks	
	Used Cooking Oil / Waste Vegetable Oil	Yes	<u> </u>	No	7		lbs, or	500	gallons	
	Other Special Wastes - please provide waste type here:	Yes		No					lbs	
	Pesticide Containers (NCDA Program, not pesticides themselves)	Xes	<u> </u>	No	7	4,00	0 lbs, or		# con- tainers	
	NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	Yes	N 🛛	No					lbs	
	Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	Yes		No			gals, or		lbs	
	<ul> <li>a. Was HHW collected at a permitted Tempora</li> <li>b. How many days was your HHW Program of</li> <li>c. Did you partner or co-sponsor your HHW program and</li> <li>please list partner(s)</li> <li>d. Provide number of citizens / households that</li> <li>e. Did your program accept materials from smaller for the second se</li></ul>	poin to accept r rogram with a participated i all businesses s material ma y HHW Progr	nother nother n you (Cond naged am: if	als durin r <u>local</u> g r HHW ditionall <u></u> l	ng this F overnme collection y Exemptor indivi	Fiscal Year? ent? Yes on program th pt Small Quan idual material	L iis Fiscal ntity Gene pounds s are know	Year? erators)? s wn please iten	] Yes [] nize belo	
	about individual materials is not available, p Note, materials listed here should only be th	ose collected	at an H	HHW Pr	ogram a	and should no	t include	materials liste		-
	Used Motor Oil (gal)									
	Used Antifreeze (gal)						Other B	atteries (lbs)		
	Fluorescent Bulbs / Lights Containin					_				
	<ul> <li>g. Provide Total Quantity of materials collected reported in 48f, please net the weight of those</li> <li>b. Please list HHW Collection Contractor</li> </ul>	e materials ou	-				6,9	900		pounds
	h. Please list HHW Collection Contractor $\underline{Ec}$									
D	i. Estimated cost of HHW / CESQG program	-				., 11 - 1			7.	
Pao	es 3 through 6 should have only been complete	ed hy govern	ments	ndicat	ing in 1	$\pi \mu \rho s \pi \rho n \# I \Delta$	that they	, <b>DU nr</b> ovide	recyclin	o services

Pages 3 through 6 should have only been completed by governments indicating in question # 14 that they DU 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, 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 16-17? 🗌 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	$\boxtimes$	451		Alexander County yard waste site
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		451		

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 yd<sup>3</sup> truck x 3 days/wk x 16 wks = 480 yd<sup>3</sup>

	_ X	X	=		$yd^3$
Size of Truck (in yards)	Avg. no. of times truc	k fills each week # of weeks truck	is used during year	TOTAL	
	Part V. S	olid Waste Collectio	n Services		

This 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			ts Solid V see codes		11		Waste Col		Who Collects Solid Waste? a. Local government employees	How is Solid Waste Collected?	
	Residential	Primary	с	Secondary	а	Primary	1	Secondary	3	b. By Contract c. Franchise haulers	<ol> <li>Twice a week at household</li> <li>Convenience center/greenbox</li> <li>As needed or by request</li> <li>Daily</li> </ol>	
	Commercial	Primary	с	Secondary		Primary	4	Secondary		d. Local government not involved in provision of		
	Industrial	Primary	с	Secondary		Primary	4	Secondary		service	6. Other	
53.	If you provide	residenti	al was	te collect	ion at sin	gle-fam	ily hou	seholds in	your juri	isdiction, please answer the	following questions:	
	What type of co	ollection	metho	od is used	?	Fully A	Autom	ated	Semi-A	utomated 🗌 Manual	Don't know	
	What is the star	ndard co	llection	n frequen	cy? 🔀	Weekl	у [	Two tin	nes per	week Other		
	What is the typ	ical serv	vice poi	int for sin	gle famil	ly house	hold w	vaste?	🛛 Curt	oside 🗌 Back yard / Bac	k door	
	What type of co	ollection	contai	iner is use	ed?	Govern	nment-	provided ca	arts	Resident-provided conta	iner 🗌 Bags	
	Do you offer be	ılky was	ste coll	ection ser	rvices?	Ye	es	🔀 No				
54.	For municipalit If so, were whi		<i>*</i>	-			-			Yes No No		
		]	Part	VI. So	lid W	aste a	nd F	Recyclin	g Edu	icational Activities		
55.	Did <b>your local</b> issues / activitie	-	ment h X		-			orm citizen: art VII, pag	-	cally about solid waste mar	agement and / or recycling	
56.	Please estimate	your an	nual b	udget for	solid wa	ste relate	ed edu	cation and o	outreach	activities: \$1,000		
57.	Does your com	munity J	produc	e recyclir	ng educat	ion and	outrea	ch material	s in lang	guages besides English? 🛛	Yes No	
	If YES, please	list othe	r langu	ages used	1: spanis	h						
58.	Please provide	your rec	ycling	website a	address a	nd publi	c info	mation pho	ne numl	ber if applicable.		
	Website: www	.alexand	lercour	ntync.gov						Phone #: 828621	101	

2016-2017 Local Government Annual Report *Report Due Date: September 1, 2017* Submit to: Lgteam@ncdenr.gov

	Part VII	. Resources f	or Solid Was	te Manageme	ent and Full C	ost Accounti	ng		
	icient resources availab					these programs.	The following		
<u>^</u>	stions deal with funding	• • •							
		-	-	lid waste services in FY 16-17? Xes			)		
60.	With regards to funding			eight-based fees (e.g		ire tax			
		es / general fund				/hite Goods tax			
	Per househo	•	$\boxtimes$ Grants	yeldbles		isposal Tax			
61.	NC Solid Waste Dispos	U		ible local governme		1	nent of Revenue.		
	According to GS 105-187.63 these funds must be used by a city of county solely for solid waste management programs and services.								
	How are disposal tax d	istributions being u	sed? pay the bills						
62.	If applicable, please pr	plicable, please provide your FY 16-17 household fees. (e.g., a. <u>\$45.00</u> per <u>year</u> per <u>household</u> for solid waste)							
	a. \$	per		per		for solid waste	e		
	b.\$	per		per		for recycling			
	c. \$	per		per		for yard waste	:		
	d. \$	per		per		for bulky was	te		
	e. \$	per		per		availability fe	2		
	f. \$	per		per		total charge			
63.	Did your local governm are charged a fee by we					16-17? (a system) ] No	where residents		
	cording to GS 130A-309 form users of such costs.		nents are required	to conduct full cos	at accounting annua	lly and to develop	a system to		
64	If your local governme	nt contracts for soli	d waste or recyclin	g services please re	port the annual cont	ract amount			
0	\$0		For solid waste s		port die annual cont				
	\$0		For recycling per						
	φ0		OR	i year					
	\$0			cact (solid waste, and	d recycling)				
65.	Collection Programs: P	lease complete the	following table to t	he best of your abili	ity to display the full	costs of your loca	l government's		
	collection programs for				lected from conveni	ence centers. If fu	ll cost analysis is		
	not available, please r		dget in Total Cost	column.		Total Cost	Cost Per Ton		
		# of Households	Tons Collected	Collection Cost	Disposal Cost	including	Managed		
		served			(tipping fees paid)	overhead	(calculated by form)		
Μ	unicipal Solid Waste*	12,000	22,901		774,325	1,508,072	65		
	<b>Recycling Program**</b>	12,000	3,005.76				0		
	Yard Waste Program	12,000	451			11,200	24		
		(calculated by form):	26,357.76	<u> </u>	774,325	1,519,272	57		
	*for materials collected and	-	-						
66	** for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services. f your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for								
00.	facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs								
	proportionately. Landfill Budget: \$1,519,272								
	Transfer Station Budget: \$								
	Yard	Waste / Compost I	Facility Budget: \$						
	Recy	cling Facility Budg	set: \$						
67.	What was your governme	ment's total combin	ed annual budget fo	or all solid waste and	d recycling services	in 16-17? \$ <u>1,519,</u> 2	272		
20	16-2017 Local Governm	ent Annual Report	Report Due Date	e: September 1, 201	7 Submit to: Lgtea	m@ncdenr.gov	Page 8 of 11		

om	following questions pertain to programs mandated by l plete this section (questions 68 through 96). Municip result in non-eligibility for grant requests.							
WH	ITE GOODS							
58.	Please provide name, address, phone number, and e-mail of person responsible for white goods program.         Name: Josh Mitchell         Title: Public Works/Facilities Director							
	Address: 621 Liledoun Rd Box 12	City: Ta	City: Taylorsville Zip: 28681					
	Telephone: 8286321101 Fax: 82863200	59	Email: jmitchell@alexandercountync.gov					
69.	Please provide the physical address of the primary con Street 1: 2500 Paynes Dairy Rd Street 2:	unty white goods co	llection site.					
	City: Taylorsville	State	e: North Carolina	Zip: 286	81			
70.	Please provide the name of the business or person that         Name:       Metal Recycling Services         Street:       5401 S York Hwy         City:       Gastonia	State	: North Carolina	Zip: <u>2805</u>	2			
	Phone: (704) 864-9001 Fax: (704) 86	54-9863 Ema	il:					
1.	Give amounts / types of CFCs removed. Attach records of CFC removal, and copy of certification of person(s) performing extraction.							
	Type of CFC Removed	13 11	25	Amount				
72.	CFCs may be recycled or sent for destruction. Give na	ame of firm, disposa	l method and amount	earned / spent for CFG	C disposal.			
	Firm	Method	of Disposal	Amount Earned	Amount Spent			
	Please report the tonnage of white goods collected dur	ring FY 2016-17 in 1	he Recycling Tonnag	ges table on page 5 (qu	estion # 45). Was			

75. According to the White Goods Law, White Good Tax Distributions must be spent on white goods activities. Give amounts and types of expenditures White Good Tax Distributions were used for (do not include funds received from grants).

49,026.35

Operational Expenses:	\$ 26,733
Capital Improvements:	\$
Clean-up of Illegal White Goods Dumps	\$
Total Expenditures:	\$ 26,733

2016-2017 Local Government Annual Report *Report Due Date: September 1, 2017* Submit to: Lgteam@ncdenr.gov

\$ 0

\$

Revenue from other source (e.g. grants):

Total Revenue:

/6.	Please provide name, address, phone number, and e-m Name: Josh Mitchell		of person responsible for scrap tires program. Title: Public Works/Facilities Director					
	Address: 621 Liledoun Rd Box 12	City: Taylorsville						
	Telephone: 8286321101 Fax: 828632005	·	Zip: 28681					
_		<u>, , , , , , , , , , , , , , , , , , , </u>	dercountyne.gov					
7.	Please provide the physical address of the primary cou Street 1: 2500 Paynes Dairy Rd	inty scrap tires collection site.						
	Street 2:	States North Constine	7: 29(91					
	City: Taylorsville		Zip: 28681					
8.	Tonnage/Number of scrap tires disposed July 1, 2016- 402.99 Tons or	July 1, 2016-June 30, 2017 (excluding tires from cleanup of nuisance sites)         Tons or						
9.	Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites         66.11       Tons or       Number of tires							
0.	Indicate the types of tires collected by the county: Passenger <u>85</u> % Heavy True	ck 10 % Large Off-Road	5%					
1.	List the amount of revenue for the scrap tire program b	•						
	Revenue from Scrap Tire Tax Distributions:	\$ 50,812.57	-					
	Revenue from Tire Fees:	\$	-					
	Revenue from Scrap Tire Clean-up Reimbursements:	\$	-					
	Revenue from Scrap Tire Cost-Overrun Grants:	\$	-					
	Total Revenue:	\$ 50,812.57	-					
2.	County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 16-17	(contract disposal/hauling costs), \$ 38466.2						
3.	County's additional scrap tire program expenditure (i.e Labor \$ <u>2588</u>	e. labor, convenience center cost), if any.						
	Site Cost \$							
	Other \$	describe Other:						
4.	County's contract cost for scrap tire disposal. \$ 82	/ Ton; \$ / Tire						
5.	Hauling cost or fuel surcharge, if not included in contra	ract cost above. \$ / Ton; \$	/ Tire					
6.	Total tipping fees collected for tires not eligible for free	ee disposal. \$ 0						
7.	Total number of tires collected not eligible for free dis							
8.	If scrap tires were not hauled off site by contracted ser	vice provider, were they cut and disposed in a lo	ocal landfill?  Yes  No					
9.	Name of tire disposal/recycling firm(s): <u>New River Ti</u>							
	MPORARY DISASTER DEBRIS STAGIN	G SITES						
'E	III ORAKI DISASI EK DEDRIS SIAOIIV							
		•	Stand-alone 🔀 In conjunctio					
0.	Does your local government have a plan in place for m	onjunction with local government agencies:	Stand-alone In conjunctio					
0. 1.	Does your local government have a plan in place for m If yes, indicate if the plan is a stand-alone plan or in co If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a Please list the name, contact numbers(s), and e-mail ac	onjunction with local government agencies:	Stand-alone In conjunction to ensure it meets the basic No					
<b>FIE</b> ] 00. 01. 02.	Does your local government have a plan in place for m If yes, indicate if the plan is a stand-alone plan or in co If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a Please list the name, contact numbers(s), and e-mail ac your local government:	onjunction with local government agencies: wed by N.C. Emergency Management or FEMA declared disaster event? Yes	Stand-alone In conjunctio to ensure it meets the basic No					
0. 1.	Does your local government have a plan in place for m If yes, indicate if the plan is a stand-alone plan or in co If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a Please list the name, contact numbers(s), and e-mail ac your local government: Name: Josh Mitchell Name:	onjunction with local government agencies: wed by N.C. Emergency Management or FEMA declared disaster event? Yes ddress of the person(s) in charge of the disaster of	Stand-alone In conjunction to ensure it meets the basic No lebris management program for					

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.

0			
Disaster Site #	Site Name	Disaster Site #	Site Name
DS02-001	Dusty Ridge Park		
DS02-002	Alexander County CDLF		
DS03-003	East Alexander Park		

MA	MANAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES							
95.	Does your plan address mass animal mortality?	Yes	🔀 No					
94.	Does your plan address the management of household hazardous waste and white goods following a disaster?				No No			

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? Xes

### 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: Joseph Fitzpatrick, email: joseph.fitzpatrick@ncdenr.gov phone 919-707-8121 Rob Taylor, email: rob.taylor@ncdenr.gov phone: 919-707-8139

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



No