## **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



Disposal Bans

Illegal Dumping

Local Government Report Form

**Required** - Enter Your Local Government Name: Sparta

**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

COMDI ETION AND SUBMISSION OF THIS DEPOPT WILL FULFUL THE ANNUAL DEPOPTING

		Please submit this form to Lgteam	@ncdenr.gov by Septembe	er 1, 2017.					
	If you have questio	ns or need assistance completing	this form, please call 91	9-707-8121	or 919-707-8139.				
Pei	rson Completing This Report:	Peggy Choate	Titl	e: Clerk/Fina	nce Officer				
Ma	ailing Address: PO Box 99		City: Sparta		Zip: NC				
Ph	one: (336) 372-4257	Fax: (336) 372-2051		Date: 7/31/	2017				
En	nail: pchoate@townofsparta.org								
		General	Instructions						
	ase remember that the time per a specific question.	iod for the report is JULY 1, 2016 th	nrough JUNE 30, 2017. Ple	ease check "N	o" if you have nothing to report				
1.		nave a Recycling Coordinator or simi	ilar position for FY 16-17?	Yes	No				
	Name Recycling Coordinator (if different from person completing this report.)								
	Name:		Title:						
	Address:		City:		Zip:				
	Telephone:	Fax:	Email:						
2.	Did your local government h	nave a Solid Waste Director or simila	ar position for FY 16-17?	Yes	🔀 No				
	If Yes, Name:		Titl	e:					
	Address:		City:		Zip:				
	Telephone:	Fax:	Email:						
3.	Did your local government have <b>dedicated or part-time</b> Solid Waste Enforcement Staff for FY 16-17?								
	If Yes, Name:		Titl	e:					
	Address:		City:		Zip:				
	Telephone:	Fax:	Email:						

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

Other, Please Describe:

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

Littering

	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 No public buildings in FY 16-17?
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 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, 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) Brady Enterprise
	Franchised hauler (please specify)
	Other (please specify)

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 789						
	b. Number of households eligible to participate in the curbside recycling program: 789						
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 750						
18.	If your curbside recycling program is operated through a public franchise granted to a private company then please answer the following:         Is public participation in the franchise:       Voluntary       Mandatory         Does your franchise consist of:       One service district       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: 222						
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 dual						
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 16-17? 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 program c	ollect 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
- 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 2017, please provide the following information:

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

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

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

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

Briefly explain how Electronics Management Funds were spent during FY 2016-17 (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 16-17:

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.	

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	t provide recycling	services to Alcoholic	Beverage Commission	permit holders?	Yes	No No
-----	----------------------------	---------------------	-----------------------	---------------------	-----------------	-----	-------

On-site collection services provided If on-site collection provided, please estimate # of ABC accounts serve	d:
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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.		overnment have an ordinand of encouraging or requiring	0 0			am Yes	No No

Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 16-17. 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 16-17. (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, 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 "Other" Programs		Total Tons	
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)	
GLASS:								
Clear		7					7	
Brown		4					4	
Green		0.5					0.5	
Mixed								
PLASTIC:								
PET #1		5					5	
HDPE #2		1.5					1.5	
All Plastic Bottles								
Other Plastic Containers								
Bulky Rigid Plastics								
METAL:	·							
Aluminum Cans		0.25					0.25	
Steel Cans		0.33					0.33	
White Goods								
Other Metal								
PAPER:								
Newsprint (ONP)		25					25	
Cardboard (OCC)		208					208	
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 tons-check all items collected above								
TOTAL TONS:		251.58					251.58	

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	<b>A H U</b>		<b>T</b> 1 1	36 / 13	<b><i>A</i> H A H</b>			<b>A H H</b>	D	
S	pecial	Waste	Collections	(Do Noi	t Include	Materials	Collected	as part ol	t an HHW	Collection	Program	or Event)
~				(								

4

47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		m collect this m the public?	# of sites	1	a on quantities collected / managed. Please report in indicated units.		
	Used Motor Oil	Yes	No No			_	gallons	
	Used Oil Filters	Yes	No No		barr	els, or		lbs
	Used Antifreeze	Yes	No No				gal	lons
	Batteries, Lead Acid	Yes	No No		# b	atteries, or	r	lbs
	Batteries, Dry Cell	Yes	No No		·			lbs
	Fluorescent Bulbs/Lights Containing Mercury	Yes	No No			lbs, or	# bu	llbs
	Propane Tanks	Yes	No No			lbs, or	# ta	anks
	Used Cooking Oil / Waste Vegetable Oil	Yes	No No			lbs, or	gal	lons
	Other Special Wastes - please provide waste type here:	Yes	No No					lbs
	Pesticide Containers (NCDA Program, not pesticides themselves)	Yes	No No			lbs, or		con- iners
	NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	Yes	No No					lbs
	Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	Yes	No No			gals, or		lbs
	<ul> <li>b. How many days was your HHW Program op</li> <li>c. Did you partner or co-sponsor your HHW pr</li> <li>Please list partner(s)</li> <li>d. Provide number of citizens / households that</li> <li>e. Did your program accept materials from sma</li> <li>If yes, please estimate the amount of business</li> <li>f. Amounts of individual materials collected by</li> <li>about individual materials is not available, p</li> <li>Note, materials listed here should only be the</li> <li>Used Motor Oil (gal)</li> <li>Used Antifreeze (gal)</li> </ul>	ogram with a participated all businesses is material ma y HHW Progi lease simply ose collected Use	another <u>local</u> g in your HHW (Conditionall anaged ram: if totals f provide total c at an HHW P	collectio y Exemp for indivi quantity rogram a	ent? Yes on program this ot Small Quantit dual materials a of materials coll and should not in _ # of Barrels,	ty Generat pounds are known lected by l nclude ma or	tors)? Ye please itemize HHW program terials listed in lbs.	below. If data in 48g below. question 47.
	Fluorescent Bulbs / Lights Containin						· /	
	<ul> <li>g. Provide Total Quantity of materials collected reported in 48f, please net the weight of thos</li> <li>h. Please list HHW Collection Contractor</li> </ul>	l by HHW Pr e materials o	rogram. If ind ut of the total	ividual r listed he	re.			pound
	i. Estimated cost of HHW / CESQG program of	or event(s) \$						

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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.

- Does your local government operate a yard waste program? Yes No If yes please indicate how yard waste is managed by 49. checking all that apply: Collected curbside Collected at convenience center Received at yard waste, compost, or LCID facil.
- Did a storm event significantly impact the amount of yard waste your government managed during FY 16-17? Yes 50. No
- What quantities of materials were managed by your yard waste program? Provide information in TONS OR CUBIC YARDS of 51.
  - 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 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 truck fills each week	# of weeks truck is used during yea	r	TOTAL	
		Part V. Solid Was	te Collection Services	5		
This	section concerns your local g	overnment's provision of solid wast	te (garbage) collection services			
52.	Please complete the followin	ng table about your government's so	lid waste collection system.			

	Sector		Insert Letter - see codes at right			Insert # - see codes at right				Who Collects Solid Waste?	How is Solid Waste Collected?	
		Insert L	.etter -		s at right		rt # - s		right	a. Local government employees	1. Once a week at household	
	Residential	Primary	В	Secondary		Primary	1	Secondary		5	<ol> <li>Twice a week at household</li> <li>Convenience center/greenbox</li> </ol>	
	Commercial	Primary	В	Secondary		Primary	4	Secondary		d. Local government not	<ul><li>4. As needed or by request</li><li>5. Daily</li></ul>	
	Industrial	Primary	В	Secondary		Primary	4	Secondary		Ĩ	6. Other	
53.	If you provide residential waste collection at single-family households in your jurisdiction, please answer the following ques					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? 🛛 🖾 Curbside 🗌 Back yard / Back door											
	What type of collection container is used? 🗌 Government-provided carts 🔀 Resident-provided container 🗌 Bags											
	Do you offer b	ulky was	ste coll	ection ser	vices?	Y	es	No				
54.	For municipali If so, were whi		•	-			-			Yes 🖾 No No		
		]	Part	VI. So	lid W	aste a	nd I	Recyclin	g Edı	icational Activities		
55.	Did <b>your local</b> issues / activiti	-	ment l		-			orm citizens art VII, pag	-	cally about solid waste man	agement and / or recycling	
56.	Please estimate	e your an	inual b	udget for	solid wa	ste relat	ed edu	cation and o	outreach	activities: \$		
57.	Does your com	munity	produc	e recyclir	ng educat	ion and	outrea	ch materials	s in lang	guages besides English?	Yes No	
	If YES, please	list othe	r langu	ages used	1:							
58.	Please provide	your rec	cycling	website a	address a	nd publi	ic info	rmation pho	ne num	ber if applicable.		
	Website:									Phone #:		

	Part VII	. Resources f	or Solid Was	te Manageme	nt and Full Co	ost Account	ing
	ficient resources availab stions deal with funding					these programs.	The following
•	Did your local governm	0 0 0		Ũ		Yes 🕅 N	lo.
	With regards to funding	-	-				10
00.	Tipping fees			eight-based fees (e.g.	PAYT) 🗌 Ti	re tax	
		es / general fund				hite Goods tax	
	Per househo		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 16-1	7 household fees.	(e.g., a. <u>\$45.00</u> per	<u>year</u> per <u>household</u> f	or solid waste)	
	a.\$	per		per		for solid was	te
	b. \$	per		per		for recycling	
	c. \$	per		per		for yard was	e
	d. \$	per		per		for bulky wa	ste
	e.\$						ee
	f. \$	per		per		total charge	
63.	Did your local governm are charged a fee by we					6-17? (a system No	where residents
Aco	cording to GS 130A-309	9.08, local governi	nents are required	to conduct full cost	t accounting annual	ly and to develo	p a system to
info	orm users of such costs.						
64.	If your local government	nt contracts for soli	d waste or recyclin	g services, please rep	port the annual contr	act amount.	
	\$76,850		For solid waste				
	\$		<ul> <li>For recycling pe</li> </ul>				
	Ψ		OR	i year			
	\$76,850				1		
	\$70,830		_ Combined Conti	cact (solid waste, and	recycling)		
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	and yard waste inc	luding materials coll			
		# of Households	Tons Collected	Collection Cost	Disposal Cost	Total Cost including	Cost Per Ton Managed
		served			(tipping fees paid)	overhead	(calculated by form)
N	Iunicipal Solid Waste*	789		88,015.05			
	<b>Recycling Program**</b>						_
	Yard Waste Program						_
	Totals	(calculated by form):		88,015.05			
	*for materials collected and	l sent for eventual dispo	sal in a Municipal Solid	Waste or Construction an	nd Demolition Landfill.		
66.	**for materials collected by If your government oper facility operations (rour	erates a landfill, trai	nsfer station, yard v	vaste /compost facili	ty or recycling facili	ty, please provid	e total budget for
	proportionately. Land	Ifill Budget:	\$		, F	-	-
	Trans	sfer Station Budget	: \$				_
	Yard	Waste / Compost I	Facility Budget: \$				-
	Recy	cling Facility Budg	get: \$				_
67.	What was your governme	ment's total combin	ed annual budget fo	or all solid waste and	recycling services i	n 16-17? \$ <u>88,01</u>	5
20	16-2017 Local Governm	ent Annual Report	Report Due Date	e: September 1, 2017	7 Submit to: Lgtea	m@ncdenr.gov	Page 8 of 11

tember 1, 2017 Submit to: I t Due Date: Sept \_gteam@ncde ep p

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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 numb	-		s program.	
	Name:				
	Address:				
	Telephone: Fax:		Email:		
69.	Please provide the physical address of the p	primary county white	e goods collection site.		
	Street 1:				
	Street 2:				
	City:		State: North Carolina	Zip:	
70.	Please provide the name of the business or Name:	-		om white goods.	
	Street:				
	City:			Zip:	
	Phone: Fax:				
71.	Give amounts / types of CFCs removed. At				
	Type of CFC Remov	ved		Amount	
72.	CFCs may be recycled or sent for destruction	on. Give name of firi	m, disposal method and amount	t earned / spent for CF	C disposal.
	Firm		Method of Disposal	Amount Earned	Amount Spent
73.	Please report the tonnage of white goods co white goods tonnage reported on page 5?	Ilected during FY 20     Yes		ges table on page 5 (qu	estion # 45). Was
74.	List the amount of revenue for the white go	oods program by sour	rce:		
	Revenue collected from sale of scrap:	\$			
	Revenue collected from White Goods Tax				
	Revenue from other source (e.g. grants):	\$			
	Total Revenue:				
75.	According to the White Goods Law, White expenditures White Good Tax Distributions				mounts and types of
	Operational Expenses: \$	S			
	Capital Improvements: \$				
	Clean-up of Illegal White Goods Dumps: \$				
	Total Expenditures: \$				
201	6-2017 Local Government Annual Report	Report Due Date: S	eptember 1, 2017 Submit to:	Lgteam@ncdenr.gov	Page 9 of 11

6.	Please provide name, address, phone number, and Name:	-						
				11tle:				
	Address:							
	Telephone: Fax:		Ema	ail:				
7.	Please provide the physical address of the primary	•	ap tires collection s	ite.				
	Street 1:							
	Street 2:							
	City:							
3.	Tonnage/Number of scrap tires disposed July 1, 20 Tons	16-June 30	0, 2017 ( <u>excluding</u> t	ires from cleanup of n Number of tires	uisance sites)			
9.	Tonnage/Number of scrap tires disposed from clea	nup of stat or	e or county designa	ted nuisance sites Number of tires				
).	Indicate the types of tires collected by the county: Passenger% Heavy	Fruck	%	Large Off-Road	%			
1.	List the amount of revenue for the scrap tire progra	m by sour	ce:					
	Revenue from Scrap Tire Tax Distributions:	\$						
	Revenue from Tire Fees:	\$						
	Revenue from Scrap Tire Clean-up Reimbursemen	nts: \$						
	Revenue from Scrap Tire Cost-Overrun Grants:	<i>•</i>						
	Total Revenue:	\$						
2.	County's total scrap tire program contract expendit excluding costs of nuisance tire cleanups, for FY 1	ure (contra 6-17.	act disposal/hauling	costs), \$				
3.	County's additional scrap tire program expenditure Labor \$			r cost), if any.				
	Site Cost \$		_					
	Other \$		describe Other:					
1.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire				
5.	Hauling cost or fuel surcharge, if not included in c	ontract cos	st above. \$	/ Ton; \$	/ Tire			
5.	Total tipping fees collected for tires not eligible for	r free disp	osal. \$					
<i>'</i> .	Total number of tires collected not eligible for free	-						
3.	If scrap tires were not hauled off site by contracted	service pr	rovider, were they cu	ut and disposed in a lo	cal landfill? Yes No			
Э.	Name of tire disposal/recycling firm(s):							
E	MPORARY DISASTER DEBRIS STAG	ING SIT	TES					
).	Does your local government have a plan in place f	or manage	ment of disaster deb	ris? 🗌 Yes	No			
	If yes, indicate if the plan is a stand-alone plan or i	n conjunct	ion with local gover	rnment agencies:	Stand-alone In conjuncti			
l.	If you indicated having a plan, has the plan been re requirements for public assistance reimbursement			Ianagement or FEMA	to ensure it meets the basic			
2.	Please list the name, contact numbers(s), and e-ma your local government:		of the person(s) in c	harge of the disaster de	ebris management program for			
		me:						
	Phone: Pho	one:		Phone:				
	E-mail: E-1	nail:		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.

j								
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?
MA	NAGEMENT 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: 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

