

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:

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

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

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

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

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

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

Form Year

2017



Local Government Report Form

Required - Enter Your Local Government Name: Hildebran

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

COMPLETION AND SUBMISSION OF THIS REPORT WILL FULFILL THE ANNUAL REPORTING MANDATE TO THE STATE AS REQUIRED BY G.S. 130A-309.09A.

| | | Please submit this form to L | gteam@ncdenr.gov by Sep | tember 1, 2017. | |
|-----|---|--|--------------------------------|---------------------|-------------------------------------|
| | If you have ques | stions or need assistance compl | leting this form, please c | all 919-707-8121 | or 919-707-8139. |
| Per | son Completing This Repo | rt: Alice Sanders | | Title: Town Cle | erk/Tax Collector |
| Ma | iling Address: 109 South C | enter St. (effective 8/7/17) | City: Hildebran | | Zip: 28637 |
| Pho | one: 828-397-5801 | Fax: 828-397-7180 |) | Date: July | 24, 2017 |
| Em | ail: alice.sanders@hildebr | annc.org townhall@hildebrannc. | org | | |
| | | Ger | neral Instructions | | |
| | ase remember that the time a specific question. | period for the report is JULY 1, 2 | 016 through JUNE 30, 201 | 7. Please check "N | No" if you have nothing to report |
| 1. | Did your local governme | ent have a Recycling Coordinator of | or similar position for FY 1 | 6-17? Yes | ⊠ No |
| | Name Recycling Coordin | nator (if different from person con | ppleting this report.) | | |
| | Name: | | | Title: | |
| | Address: | | City: | | Zip: |
| | Telephone: | Fax: | Email: | | |
| 2. | Did your local governme | ent have a Solid Waste Director or | similar position for FY 16 | -17? Yes | No No |
| | If Yes, Name: | | | Title: | |
| | Address: | | City: | | Zip: |
| | Telephone: | Fax: | Email: | | |
| 3. | Did your local governme | ent have dedicated or part-time S | Solid Waste Enforcement S | taff for FY 16-17? | Yes No |
| | If Yes, Name: | | | Title: | |
| | Address: | | City: | | Zip: |
| | Telephone: | Fax: | Email: | | |
| 4. | Did your local governme all that apply) | ent have solid waste ordinances in | place addressing any of the | e following during | FY 16-17? (if yes, please check |
| | Disposal Bans | ☐ Illegal Dumping ☐ Litte | ering Other, Please D | escribe: | |
| 5. | Did your local governme mulching, composting)? | ent manage, provide or contract for | r any solid waste services is | n FY 16-17 (e.g., c | ollection, disposal, recycling, No |
| | If you an | swer "No" to question 5, the re | port is complete, please e | mail 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. Did your local government have a recycling program in place for collecting recyclable materials generated at Yes X No public buildings in FY 16-17? 7. Did your local government have any program or policy encouraging or requiring local agencies to X No purchase products with recycled content? Did your local government have a program in place to collect and recycle spent fluorescent lights X No | Yes generated from the public buildings and facilities that were operated by your government in FY 16-17? Part II. Waste Reduction and Recycling Programs Serving the Public SOURCE REDUCTION / REUSE Did your local government have a backyard composting program? Yes X No If yes, please check all backyard composting activities that apply: Education Demonstration site(s) Bin distribution/sales Number of Bins distributed? Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes X No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives? Did your local government offer a waste exchange or reuse program? Yes X No 13 If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public: Paint exchange Number of gallons recovered? Swap shop/shed Number of sheds in use? Other (e.g. pallet exchange, etc.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 2016 through June 30, 2017? My local government **DID operate or contract** for a recyclables recovery program. (please continue to question 15) My local government DID NOT operate or contract for recyclables recovery BUT DID participate in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; then go to Part IV on page 7.) With which local government did you participate? My local government **DID NOT operate**, contract or participate in a recycling program. (Go to Part IV on page 7.) If your local government **DID** operate or contract for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s). CURBSIDE RECYCLING PROGRAM Did your government operate a Curbside Recycling Program? X Yes No, skip to question # 25 Who collected the recyclable materials for your local government's curbside recycling program? 16. Local government employees Private contractor (please specify) Simply Green Franchised hauler (please specify) Other (please specify)

| 1,, | Please provide the following information about your community: |
|-----|---|
| | a. Total number of households in your jurisdiction? 932 |
| | b. Number of households eligible to participate in the curbside recycling program: 318 |
| | c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 318 |
| 18. | If your curbside recycling program is operated through a <u>public franchise granted to a private company</u> then please answer the following Is public participation in the franchise: Voluntary or Mandatory Does your franchise consist of: One service district or Multiple service districts |
| 19. | What sector(s) of your community was served by the curbside recycling program? Residential Commercial Industrial |
| 20. | If you checked commercial or industrial in question 19, please indicate the number of accounts served: |
| 21. | How frequently were the curbside recyclables collected? Once a week Every other week / biweekly Other |
| 22. | Please describe the collection containers used: Bins Blue bags Multi-bin system Roll-out carts |
| 23. | Please describe the method / style of recyclable materials handling: Curb-sort (collector separates material as collected) single stream / commingled don't know / other |
| 24. | If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used: less than 50 gallon cart |
| DR | OP-OFF RECYCLING PROGRAM |
| 25. | Did your government operate a Drop-off Recycling Program? 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? |
| 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: |

| 33. | Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses |
|------------|---|
| 34. | Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses |
| 35. | DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was eligible to receive proceeds from the State Electronics Management Fund in February of 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: \$ |
| 36. | Briefly explain how Electronics Management Funds were spent during FY 2016-17 (please list items purchased if applicable): |
| | |
| 37. | If you did operate an electronics recycling program, please provide the following information about your vendor / contractor: Name of electronics recycling vendor(s) during FY 16-17: |
| | Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications? |
| OT | THER PUBLIC RECYCLING PROGRAMS |
| the | ase answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the ycling Tonnages Chart on pg 5. |
| 38. 39. | Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or dropoff recycling programs? $\ \ \ \ \ \ \ \ \ \ \ \ \ $ |
| | other than through your curbside or dropoff recycling programs? Yes 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 If yes, please check all materials that were recycled and report tonnages in tonnage table on page 5: |
| | ☐ Clean Wood ☐ Brick, concrete, etc. ☐ Sheetrock ☐ Vinyl siding ☐ Shingles ☐ Metals ☐ Other |
| 42. | Does your local government have an ordinance regulating the construction and demolition waste stream with the intention of encouraging or requiring waste reduction or recycling of these materials? |
| 43. | Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 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

| PROGRAM | 1 | urbside | | 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 | | 6.7 | | | | | 6.7 |
| PLASTIC: | | | | | | | |
| PET #1 | | | | | | | |
| HDPE #2 | | | | | | | |
| All Plastic Bottles | | 8.37 | | | | | 8.37 |
| Other Plastic Containers | | | | | | | |
| Bulky Rigid Plastics | | | | | | | |
| METAL: | | | | | | | |
| Aluminum Cans | | 1.3 | | | | | 1.3 |
| Steel Cans | | 1.1 | | | | | 1.1 |
| White Goods | | | | | | | |
| Other Metal | | | | | | | |
| PAPER: | | | | | | | |
| Newsprint (ONP) | | 31.17 | | | | | 31.17 |
| Cardboard (OCC) | | 10.98 | | | | | 10.98 |
| 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 | | | | | | | |
| | | | | | | | |
| | | | | | $\perp \perp$ | | |
| | | | | | | | |
| Commingled tons-check all items collected above | | | | | | | |
| TOTAL TONS: | | 59.62 | | | | | 59.62 |

46. RECYCLING TONNAGE AS A RESULT OF POLICY OR ORDINANCE: complete this section for materials that were recycled as a result of local government ordinances or policies but that were NOT collected or managed directly by your local government recycling program. E.g. a corrugated cardboard disposal ban supported by a reporting mechanism for collecting data on private recycling tonnages.

| Material Type | Tons Diverted | Describe the mechanism that caused these materials to be recovered and data collection method |
|---------------|---------------|---|
| | | |
| | | |

Part III. Special Waste Collections

This section concerns local government programs for managing materials that require special handling or that are banned from landfilling. Please provide responses and data as indicated below considering services provided to the public. Please do not include data on materials that were accepted and then disposed of in a landfill. Do not include materials generated exclusively by government operations (e.g. motorfleet services). Question 47 is about materials accepted outside of any Household Hazardous Waste (HHW) Program or event. If special wastes were only accepted as a part of an HHW Program or HHW event and were not collected by separate recycling efforts then do not record materials in question # 47 but instead report with HHW materials in question # 48.

No.

sites

Please report in indicated units.

gallons

Special Waste Collections (Do Not Include Materials Collected as part of an HHW Collection Program or Event) Did program collect this **Special Waste Programs for Collecting** # of Data on quantities collected / managed.

Yes

Materials from Citizens by Material Type

Used Motor Oil

material from the public?

| Yes Yes Yes | NoNo | | barrels, or | | lbs gallons | |
|--------------|---|--|--|--|--|---|
| | ⊠ No | | • | | gallons | |
| Yes | | | | | Sanons | |
| | ⊠ No | | # batteries | , or | lbs | |
| Yes | ⊠ No | | | | lbs | |
| Yes | ⊠ No | | lbs, or | # | bulbs | |
| Yes | ⊠ No | | lbs, or | | # tanks | |
| ☐ Yes | ⊠ No | | lbs, or | | gallons | |
| Yes | ⊠ No | | | | lbs | |
| Yes | ⊠ No | | lbs, or | | # containers | |
| Yes | ⊠ No | | | | lbs | |
| Yes | ⊠ No | | gals, or | | lbs | |
| rogram with | another <u>local</u> go | collection progra | Yes N | Year? | | |
| | | Exempt Small (| - | | Yes | No |
| lease simply | y provide total q | uantity of materia | als collected b | y HHW progr | am in 48g | below. |
| U | sed Oil Filters | # of Ba | arrels, or | lbs. | | |
| L | ead Acid Batteri | es (lbs) | Other B | atteries (lbs) | | |
| ng Mercury | (lbs) | | | | | |
| • | out of the total l | isted here. | | | | pound |
| or event(s) | | | | | | |
| | Yes | Yes No No Yes No Yes No Honally Exempt Small Quaterials during the participated in your HHW all businesses (Conditionally ass material managed yes HHW Program: if totals for elease simply provide total quose collected at an HHW Program: Lead Acid Batteriang Mercury (lbs) Hon Were No West No W | Yes No Yes Yes No Yes Yes No Yes Yes Yes No Yes | Yes No lbs, or Yes No lbs, or Yes No lbs, or Yes No lbs, or Yes No gals, or Honally Exempt Small Quantity Generator (CESQG) Penazardous waste collection program or event in FY 16-17 is: lary Event or at a Permanent HHW Collection Facility? Instruction of the control of the program with another local government? Yes No It participated in your HHW collection program this Fiscal all businesses (Conditionally Exempt Small Quantity Genesis material managed pounds by HHW Program: if totals for individual materials are knowlease simply provide total quantity of materials collected to ose collected at an HHW Program and should not include used Oil Filters # of Barrels, or Lead Acid Batteries (lbs) Other Busy Mercury (lbs) Other Busy Mercury (lbs) In dy Yes Individual materials were seem aterials out of the total listed here. Individual materials were seem aterials out of the total listed here. | Yes No lbs, or Yes No lbs, or Yes | Yes No lbs, or # tanks Yes No lbs, or gallons Yes No lbs, or # containers Yes No lbs, or # containers Yes No lbs lbs Yes No gals, or lbs Hoazardous waste collection program or event in FY 16-17? Yes No Is: Permanent HHW Collection Facility? Permanent Temporate or accept materials during this Fiscal Year? Frogram with another local government? Yes No It participated in your HHW collection program this Fiscal Year? No It participated in your HHW collection program this Fiscal Year? Yes Is smaterial managed pounds Is yHHW Program: If totals for individual materials are known please itemize below. Please simply provide total quantity of materials collected by HHW program in 48g ose collected at an HHW Program and should not include materials listed in question. It used Oil Filters # of Barrels, or lbs. Lead Acid Batteries (lbs) Other Batteries (lbs) In generators (lbs) Other Batteries (lbs) In generators (lbs) Other Batteries (lbs) |

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 Was | | | | | |
|------|--|-----------------|--------------------------------------|-----------------------|---------------------------------------|---|
| | section concerns management of vegetative in | | | | • | |
| | ermitted sites and it is illegal to burn. Compost ut your management of vegetative materials. Do | | | | | |
| 49. | | | | | _ | ow yard waste is managed by |
| 17. | checking all that apply: Collected curbside | | | | • | |
| 50. | Did a storm event significantly impact the amou | | | | • | - |
| 51. | | | | | | |
| | organic material (yard waste, brush, limbs, lo | | | conversion purp | | - |
| | Destination | Check if used | Tons | Cubic Yards | | Name and Location of Facility ng Vegetative Materials |
| | End user (to farmer or home-owner) | | | | | |
| | Your local government's mulch or compost faci | lity 🗌 | | | | |
| | 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 | | | | | |
| | estimate yard waste volume. Calculate for each volume managed by program in the appropriate | | | | | |
| | X | boxes above | X X | Truck x 5 days/v | = | yd^3 |
| | | ruck fills each | | s truck is used durin | g vear | TOTAL |
| | | | | ection Servi | | |
| This | section concerns your local government's provis | | | | | |
| 52. | Please complete the following table about your | | | | | |
| | Sector Who Collects Solid Waste? | II | | WING CO | ollects Solid Waste? | How is Solid Waste Collected? |
| | Insert Letter - see codes at right | | - see codes at r | a. Locai | | es 1. Once a week at household |
| | Residential | | 1 | | nise haulers | 2. Twice a week at household3. Convenience center/greenbox |
| | Commercial Primary d Secondary | Primary | Secondary | | government not red in provision of | 4. As needed or by request5. Daily |
| | Industrial Primary d Secondary | Primary | Secondary | servic | e | 6. Other |
| 53. | If you provide <u>residential</u> waste collection at sin | ngle-family | households in y | our jurisdiction, | , please answer th | e following questions: |
| | What type of collection method is used? | Fully Aut | omated 3 | Semi-Automated | d Manual | Don't know |
| | What is the standard collection frequency? | Weekly | Two tim | nes per week | Other | |
| | What is the typical service point for single fami | ly househol | ld waste? | Curbside [| Back yard / Ba | ack door |
| | What type of collection container is used? | Governme | ent-provided ca | rts Reside | ent-provided cont | tainer Bags |
| | Do you offer bulky waste collection services? | Yes | No No | | | |
| 54. | For municipalities - did your government collect | | | Yes | No | |
| | If so, were white goods delivered to the county | | | ☐ No | | |
| | Part VI. Solid W | | • • | _ | | |
| 55. | Did your local government have an education issues / activities? $\qquad \qquad Yes \qquad \bigotimes No \qquad (I$ | | inform citizens to Part VII, page | | out solid waste ma | inagement and / or recycling |
| 56. | Please estimate your annual budget for solid wa | ste related | education and o | utreach activitie | s: \$ | |
| 57. | Does your community produce recycling educat | tion and out | treach materials | in languages be | sides English? [| Yes No |
| | If YES, please list other languages used: | | | | | |
| 58. | Please provide your recycling website address a | and public in | nformation pho | ne number if app | olicable. | |
| | Website: | | | | Phone #: | |

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

| | ficient resources availab stions deal with funding | | | * | - | these programs. T | The following |
|-----|--|--|-----------------------|---|-----------------------------------|--|---|
| _ | Did your local governm | | | _ | | Yes No | • |
| | With regards to funding Tipping fees | g sources, check all s es / general fund | that apply to your | local government: eight-based fees (e.g | g. PAYT) T | ire tax /hite Goods tax isposal Tax | |
| 61. | NC Solid Waste Dispos According to GS 105-1 | sal Tax proceeds are | e distributed to elig | | ents on a quarterly ba | sis by the Departm | |
| | How are disposal tax d | • | | | | | |
| 62. | If applicable, please pro | • | | • | | | |
| | a. \$ | per | | per | | for solid waste | ; |
| | b. \$ | per | | per | | for recycling | |
| | c. \$ | per | | per | | for yard waste | |
| | d. \$ | per | | per | | for bulky wast | e |
| | e. \$ | per | | per | | availability fee | 2 |
| | f. \$ | per | | per | | total charge | |
| 63. | Did your local governmare charged a fee by we | | | • | | 16-17? (a system v No | where residents |
| | cording to GS 130A-309 orm users of such costs. | | ments are required | to conduct full cos | st accounting annual | lly and to develop | a system to |
| 64. | If your local governmen | nt contracts for soli | d waste or recycling | g services, please re | port the annual contr | ract amount. | |
| | \$67,380.8 | | _ For solid waste s | services per year | | | |
| | \$18,960 | | For recycling per | r year | | | |
| | | | OR | | | | |
| | \$ | | _ Combined Contr | act (solid waste, and | d recycling) | | |
| 65. | Collection Programs: P collection programs for not available, please re | waste, recyclables | and yard waste inc | luding materials col | | | |
| | , | # of Households served | Tons Collected | Collection Cost | Disposal Cost (tipping fees paid) | Total Cost including overhead | Cost Per Ton Managed (calculated by form) |
| N | Iunicipal Solid Waste* | 756 | 545 | | | 67,380.8 | 123 |
| | Recycling Program** | 318 | 59.62 | | | 18,960 | 318 |
| | Yard Waste Program | | | | | | |
| | Totals | (calculated by form): | 604.62 | | | 86,340.8 | 142 |
| | *for materials collected and | | _ | | | | |
| 66. | **for materials collected by If your government ope facility operations (roun proportionately. Land | erates a landfill, tran | nsfer station, yard w | vaste /compost facil ferent facilities are | ity or recycling facil | ity, please provide empt to allocate co | total budget for |
| | Trans | sfer Station Budget | : \$ | | | | |
| | Yard | Waste / Compost F | Facility Budget: \$ | | | | |
| | Recy | cling Facility Budg | set: \$ | | | | |
| 67. | What was your government | ment's total combine | ed annual budget fo | or all solid waste and | d recycling services | in 16-17? \$ <u>86,831</u> | |

Part VIII. County Mandated Programs

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

| WH | ITE GOODS | | | | | |
|-----|--|--------------------|-----------|------------------------|------------------------|---------------------|
| 68. | Please provide name, address, phone number, and | l e-mail of person | responsi | _ | program. | |
| | Name: | | | Title: | | |
| | Address: | Ci | ty: | | Zip: | |
| | Telephone: Fax: | | | Email: | | |
| 69. | Please provide the physical address of the primary | y county white goo | ods colle | ection site. | | |
| | Street 1: | | | | | |
| | Street 2: | | | | | |
| | City: | | | | Zip: | |
| 70. | Please provide the name of the business or person Name: | | | | m white goods. | |
| | Street: | | | | | |
| | City: | | | | | |
| | Phone: Fax: | | Email: | | | |
| 71. | Give amounts / types of CFCs removed. Attach re | ecords of CFC rem | oval, ar | nd copy of certificati | on of person(s) perfor | ming extraction. |
| | Type of CFC Removed | | | | Amount | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 72. | CFCs may be recycled or sent for destruction. Give | | | | | |
| | Firm | Mo | ethod of | f Disposal | Amount Earned | Amount Spent |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 73. | Please report the tonnage of white goods collected white goods tonnage reported on page 5? Yes | - | 17 in th | e Recycling Tonnag | es table on page 5 (qu | estion # 45). Was |
| 74. | List the amount of revenue for the white goods pr | ogram by source: | | | | |
| | Revenue collected from sale of scrap: | \$ | | | | |
| | Revenue collected from White Goods Tax Distrib | outions: \$ | | | | |
| | Revenue from other source (e.g. grants): | \$ | | | | |
| | Total Revenue: | \$ | | | | |
| 75. | According to the White Goods Law, White Good expenditures White Good Tax Distributions were | | | | | mounts and types of |
| | Operational Expenses: \$ | | | | | |
| | Capital Improvements: \$ | | | | | |
| | Clean-up of Illegal White Goods Dumps: \$ | | | | | |
| | Total Expenditures: \$ | | | | | |

| SC | RAP TIRES | | | |
|-----|--|------------------------------------|----------------------------------|------------------------------|
| 76. | Please provide name, address, phone number, and e-ma | | 1 0 | |
| | Name: | | Title: | |
| | Address: | City: | | Zip: |
| | Telephone: Fax: | Email: | | |
| 77. | Please provide the physical address of the primary coun | nty scrap tires collection site. | | |
| | Street 1: | | | |
| | Street 2: | | | |
| | City: | State: North Caro | olina | _ Zip: |
| 78. | Tonnage/Number of scrap tires disposed July 1, 2016-J Tons or | | om cleanup of nuisanber of tires | ance sites) |
| 79. | Tonnage/Number of scrap tires disposed from cleanup Tons or | , , | sance sites aber of tires | |
| 80. | Indicate the types of tires collected by the county: Passenger % Heavy Truc | k % Lε | arge Off-Road | % |
| 81. | List the amount of revenue for the scrap tire program b | y source: | | |
| | Revenue from Scrap Tire Tax Distributions: | \$ | | |
| | Revenue from Tire Fees: | \$ | | |
| | Revenue from Scrap Tire Clean-up Reimbursements: | \$ | | |
| | Revenue from Scrap Tire Cost-Overrun Grants: | \$ | | |
| | Total Revenue: | \$ | | |
| 82. | County's total scrap tire program contract expenditure (excluding costs of nuisance tire cleanups, for FY 16-17 | (contract disposal/hauling costs), | \$ | |
| 83. | County's additional scrap tire program expenditure (i.e. Labor \$ | | if any. | |
| | Site Cost \$ | | | |
| | Other \$ | describe Other: | | |
| 84. | County's contract cost for scrap tire disposal. \$ | / Ton; \$ | / Tire | |
| 85. | Hauling cost or fuel surcharge, if not included in contra | act cost above. \$/ | Ton; \$ | / Tire |
| 86. | Total tipping fees collected for tires not eligible for fre | e disposal. \$ | | |
| 87. | Total number of tires collected not eligible for free dis | posal: | | |
| 88. | If scrap tires were not hauled off site by contracted serv | vice provider, were they cut and o | disposed in a local | landfill? Yes No |
| 89. | Name of tire disposal/recycling firm(s): | | | |
| TE | MPORARY DISASTER DEBRIS STAGING | G SITES | | |
| 90. | Does your local government have a plan in place for m | anagement of disaster debris? | Yes | No |
| | If yes, indicate if the plan is a stand-alone plan or in co | njunction with local government | agencies: Sta | and-alone |
| 91. | If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a continuous continuous and the plan been review requirements for public assistance reimbursement in a continuous continuo | | ment or FEMA to e | ensure it meets the basic No |
| 92. | Please list the name, contact numbers(s), and e-mail ad your local government: | | | |
| | | | | |
| | | | | |
| | E-mail: E-mail: | | E-mail: | |

| | Disaster Site # | Site Name | Disaster Site # | Site Name |
|---------|---------------------------------|------------------------------------|------------------------------------|--|
| | | | | |
| | | | | |
| | | | | |
| | • • | | us waste and white goods following | g a disaster? Yes No |
| | Does your plan address mass | | ∐ No | |
| | | | RED HOMES BY COUNTI | |
| | • | 1 1 0 | or the management of abandoned n | |
|] | If yes, has your county develo | oped a written plan for the manage | ement of abandoned manufactured | homes? Yes No |
| | | Part IX | . Comments | |
| Lice th | nis section to elaborate on any | | | ur comments about this report or other |
| | | | | |
| | rs regarding solid waste mana | agement in North Carolina. Thank | k you for your time. You may subn | |
| | rs regarding solid waste mana | gement in North Carolina. Thank | c you for your time. You may subn | |
| | rs regarding solid waste mana | agement in North Carolina. Thank | c you for your time. You may subn | |
| | rs regarding solid waste mana | ngement in North Carolina. Thank | c you for your time. You may subn | |
| | rs regarding solid waste mana | gement in North Carolina. Thank | c you for your time. You may subn | |
| | rs regarding solid waste mana | ngement in North Carolina. Thank | c you for your time. You may subn | |
| | rs regarding solid waste mana | ngement in North Carolina. Thank | k you for your time. You may subn | |
| | rs regarding solid waste mana | ngement in North Carolina. Thank | k you for your time. You may subn | |
| | rs regarding solid waste mana | ngement in North Carolina. Thank | k you for your time. You may subn | |

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 https://deq.nc.gov/conservation/ recycling/local-government-recycling-assistance or e-mail us at Lgteam@ncdenr.gov

