

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



Required - Enter Your Local Government Name: Edenton

State of North Carolina

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

Local Government Report Form

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 Lgteam	@ncdenr.gov by Sept	ember 1, 2017.	
	If you have questions or ne	eed assistance completing	this form, please ca	ll 919-707-8121 (or 919-707-8139.
Person C	Completing This Report: Kristy C	Cullipher		Title: Administra	ative Assistant
Mailing A	Address: P.O. Box 300		City: Edenton		Zip: 27932
Phone: (2	252) 482-4111	Fax: (252) 482-0690		Date: 08/28	/17
Email: kr	risty.mannng@edenton.nc.gov				
_		General	Instructions		
	member that the time period for to	he report is JULY 1, 2016 the	hrough JUNE 30, 2017	. Please check "N	o" if you have nothing to report
1. Did	l your local government have a R	ecycling Coordinator or sim	ilar position for FY 16	-17? Xes	☐ No
Nar	me Recycling Coordinator (if diff	erent from person completing	ng this report.)		
Naı	me: Ralph Hollowell			Title: PCG Landf	ïll Supervisor
Ado	dress: P.O. Box 189		City: Elizabeth City		Zip: 27907-0189
Tel	lephone: 252-338-4490	Fax: 252-337-7909	Email: rho	ollowell@arhs-nc.o	org
2. Did	l your local government have a So	olid Waste Director or simil	ar position for FY 16-1	.7? Xes	No
If Y	Yes, Name: Lincoln Adams			Title: Sanitation/S	Street Supervisor
Ado	dress: P.O. Box 300		City: Edenton		Zip: 27932
Tel	lephone: 252-482-4111	Fax: 252-482-0690	Email: lin	coln.adams@eden	ton.nc.gov
3. Did	l your local government have ded	icated or part-time Solid V	Waste Enforcement Sta	ff for FY 16-17?	Yes No
If Y	Yes, Name: Janis Belch			Title: Code Enfor	cement
Ado	dress: P.O. Box 300		City: Edenton		Zip: 27932
Tel	lephone: 252-482-2155	Fax: 252-482-7377	Email: jar	nis.belch@edenton	nc.gov
	l your local government have soli that apply)	d waste ordinances in place	addressing any of the	following during F	Y 16-17? (if yes, please check
	∑ Disposal Bans ☐ Illega	Dumping Littering	Other, Please De	scribe:	
	your local government manage, lching, composting)?	provide or contract for any	solid waste services in	FY 16-17 (e.g., co	llection, disposal, recycling,
	If you answer ''No'	to question 5, the report i	is complete, please en	nail to Lgteam@n	cdenr.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 X No public buildings in FY 16-17? 7. Did your local government have any program or policy encouraging or requiring local agencies to 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, X Yes 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) Franchised hauler (please specify) Other (please specify)

	a. Total number of households in your jurisdiction? 2,195 b. Number of households eligible to participate in the curbside recycling program: 2,195 c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 500 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 What sector(s) of your community was served by the curbside recycling program? Residential Commercial Industrial
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 500 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 What sector(s) of your community was served by the curbside recycling program?
	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 What sector(s) of your community was served by the curbside recycling program?
	Is public participation in the franchise:
19.	
20.	If you checked commercial or industrial in question 19, please indicate the number of accounts served: 20
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)
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 S 65 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?
ELI	ECTRONICS RECYCLING PROGRAM
	se answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any
	rials 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 <u>local government</u> . The tonnage of any materials collected by the following programs should be listed in the "Other" column in the ycling Tonnages Chart on pg 5.
38. 39.	Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or dropoff recycling programs? Yes No Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner
	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 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? Yes No If yes, please check all materials that were recycled and report tonnages in tonnage table on page 5:
	☐ Clean Wood ☐ Brick, concrete, etc. ☐ Sheetrock ☐ Vinyl siding ☐ Shingles ☐ Metals ☐ Other
42.	Does your local government have an ordinance regulating the construction and demolition waste stream with the intention of encouraging or requiring waste reduction or recycling of these materials?
43.	Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 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
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

DD OCD AND	Cu	ırbside		Drop-off	All "(Other" Programs	Total Tons
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							
Clear							
Brown							
Green							
Mixed							
PLASTIC:	·						
PET #1							
HDPE #2							
All Plastic Bottles							
Other Plastic Containers							
Bulky Rigid Plastics							
METAL:							
Aluminum Cans							
Steel Cans							
White Goods							
Other Metal							
PAPER:							
Newsprint (ONP)							
Cardboard (OCC)							
Magazines (OMG)							
Office Paper							
Mixed / Other Paper							
Cartons / Aseptic Containers							
WOOD:							
Pallets							
Other Wood - DO NOT							
report yard waste tons here							
OTHER MATERIALS:							
Textiles (clothes etc)							
Televisions							
Other Electronics							
C&D Materials Recycling							
Commingled tons-check al items collected above		440.23					440.23
TOTAL TONS:		440.23					440.23
	-				•	=	

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 Yes Yes Yes Yes Yes Yes	No No No No No No No No No			batteries	, or	lbs gallons lbs	-
Yes Yes Yes Yes	No No No		#		, or	lbs	-
Yes Yes Yes	⊠ No ⊠ No		#		, or]
Yes Yes	No No			1 1		lbs	
Yes							1
	⊠ No			lbs, or		# bulbs	1
Yes		II-		lbs, or		# tanks	5
	⊠ No			lbs, or		gallons	5
Yes	⊠ No					lbs	
Yes	⊠ No			lbs, or		# con- tainers	
Yes	⊠ No					lbs	
Yes	⊠ No			gals, or		lbs	
gram with a	nother <u>local</u>	governmen	t? Yes				
businesses	(Conditional			tity Gene	rators)?	Yes	☐ No
HHW Prograse simply	am: if totals provide total	quantity of	materials co	are know ollected b	wn please iter y HHW prog	ram in 4	48g below.
Use	d Oil Filters		# of Barrels	s, or	lbs.		
Lea	d Acid Batte	ries (lbs)		Other B	atteries (lbs)		
Mercury (l	os)						
materials o	it of the total	listed here					pounds
	Yes Yes Yes Yes Yes Azardous was a Event or a an to accept in gram with a articipated a businesses material management of the collected of the	Yes No Yes No Yes No No Yes No N	Yes No Yes No No Yes No No The properties of the total for individuals as simply provide total quantity of exactly collected at an HHW Program and the collected at an HH	Yes No Yes No Yes No No Tally Exempt Small Quantity Generator (CF azardous waste collection program or event in Formation to accept materials during this Fiscal Year? Gram with another local government? Yes articipated in your HHW collection program the businesses (Conditionally Exempt Small Quantity and Exempt Small Quantity Program: if totals for individual materials are simply provide total quantity of materials case collected at an HHW Program and should not to the Lead Acid Batteries (lbs) Mercury (lbs) Wercury (lbs) Yes Wercury (lbs) Wercury (lbs) Wercury (lbs) Wercury (lbs) Wercury (lbs) Wercury (lbs) Wercury (lbs)	Yes No	Yes No	Yes No

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	ste, Mulo	ching and (Compostin	g Managem	ent	
ипре	section concerns management of vegetative ermitted sites and it is illegal to burn. Composat your management of vegetative materials. Do	ting and mu	dching are popi	ular manageme	nt options. Pleas	e answer the questions be	
49. 50. 51.	Does your local government operate a yard was checking all that apply: Collected curbside Did a storm event significantly impact the amo What quantities of materials were managed by organic material (yard waste, brush, limbs,	Collect unt of yard v your yard w	ed at convenien waste your gove aste program?	ce center Remarks Rema	eceived at yard w d during FY 16-1 ation in TONS	7? Yes No No OR CUBIC YARDS of	-
	Destination	Check if used	Tons	Cubic Yards		Name and Location of Faciling Vegetative Materials	у
	End user (to farmer or home-owner)						
	Your local government's mulch or compost fac	ility 🗵		7,820	Town of Edenton, Dep	artment of Public Works	
	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			7820			
	YARD WASTE MANAGEMENT FORMULA estimate yard waste volume. Calculate for each volume managed by program in the appropriate X	h truck used	in your yard wa	aste managemen	t program, and th	en enter the grand total	
		truck fills each		truck is used during	g vear	TOTAL ya	
				ction Servi			
This	section concerns your local government's provi.						
52.	Please complete the following table about your						
	Sector Who Collects Solid Waste? Insert Letter - see codes at right	Insert #	- see codes at ri	ight a. Local		How is Solid Waste Collectes 1. Once a week at household	<u>ed?</u>
	Residential Primary A Secondary	Primary	Secondary	b. By Co	ontract hise haulers	2. Twice a week at household3. Convenience center/greenb	ЭX
	Commercial Primary A Secondary		4 Secondary		government not red in provision of	4. As needed or by request5. Daily	
	Industrial Primary D Secondary	Primary	Secondary	servic	-	6. Other	
53.	If you provide <u>residential</u> waste collection at si	ngle-family	households in y	our jurisdiction,	, please answer th	e following questions:	
	What type of collection method is used?	Fully Aut	omated S	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 fam	ily househol	d waste?	Curbside	Back yard / Ba	ack door	
	What type of collection container is used?	Governme	ent-provided car	rts Reside	ent-provided cont	rainer Bags	
	Do you offer bulky waste collection services?	Yes	No No				
54.	For municipalities - did your government collection of so, were white goods delivered to the county	_		Yes [No	No		
	Part VI. Solid W	aste and	l Recycling	g Education	nal Activitie	es	
55.	Did your local government have an education issues / activities?		inform citizens o Part VII, page	•	out solid waste ma	anagement and / or recycli	ng
56.	Please estimate your annual budget for solid wa	aste related e	education and or	utreach activitie	s: \$500		_
57.	Does your community produce recycling education	ation and out	reach materials	in languages be	sides English? [Yes No	
	If YES, please list other languages used:						
58.	Please provide your recycling website address	and public in	nformation phor	ne number if app	olicable.		
	Website: www.townofedenton.com				Phone #: 252-4	82-4111	

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

	ficient resources availab stions deal with funding			v	v	these programs.	The following
•	Did your local governm			· ·		Yes No)
	With regards to funding						
	Tipping fees	S	☐ Volume/we	eight-based fees (e.g	g. PAYT)	ire tax	
		es / general fund		yclables	_	hite Goods tax	
<i>c</i> 1	Per househo	•	Grants	3.1. 1 1		isposal Tax	
61.	NC Solid Waste Dispos According to GS 105-1	87.63 these funds r	nust be used by a ci				
<i>c</i> 2	How are disposal tax d	•		¢45.00	1 11.	C 1. 1	
62.	If applicable, please pr						
							2
	c. \$	per		per		for yard waste	
	d. \$	per		per		for bulky wast	e
	e. \$	per		per		availability fee	e
	f. \$	per		per		total charge	
63.	Did your local governmare charged a fee by we					6-17? (a system v	where residents
	cording to GS 130A-309 orm users of such costs.	_	ments are required	to conduct full cos	st accounting annual	ly and to develop	a system to
64.	If your local government	nt contracts for soli	d waste or recycling	g services, please re	port the annual contr	act amount.	
			•	-	•		
	\$		 For recycling per 				
	*		OR	i your			
	\$			act (solid waste, an	d recycling)		
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	following table to t and yard waste inc	he best of your abil luding materials co	ity to display the full		
	, 1	# 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*	2,195	2,823.77		126,053.09	427,408	15
	Recycling Program**	2,195					
	Yard Waste Program	2,195					
	Totals	(calculated by form):	2,823.77		126,053.09	427,408	151
	*for materials collected and	_	_			D (1.1.1	. 1
66	**for materials collected by If your government open						
00.	facility operations (roun						
	proportionately. Land	Ifill Budget:	\$				
	Trans	sfer Station Budget					
	Yard	Waste / Compost I	Facility Budget: \$				
		cling Facility Budg					
67.	What was your government	ment's total combin	ed annual budget fo	or all solid waste an	d recycling services i	n 16-17? \$427,40	8

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: \$					

5 C.	KAP TIKES					
76.	Please provide name, address, phone number, and e-m Name:					
	Address:				Zip:	
	Telephone: Fax:		Email	:		
77.	Please provide the physical address of the primary countries 1:	-				
	Street 2:					
	City:	Sta	ate: North	Carolina	Zip:	
78.	Tonnage/Number of scrap tires disposed July 1, 2016- Tons or	June 30, 2017 (<u>ex</u>	cluding tire	es from cleanup of nu Number of tires	nisance sites)	
79.	Tonnage/Number of scrap tires disposed from cleanup Tons or	of state or county	designate	d nuisance sites Number of tires		
80.	Indicate the types of tires collected by the county: Passenger % Heavy Tru	ck	%	Large Off-Road		_ %
81.	List the amount of revenue for the scrap tire program	•				
	Revenue from Scrap Tire Tax Distributions:					
	Revenue from Tire Fees:					
	Revenue from Scrap Tire Clean-up 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 16-1	(contract disposal 7.	/hauling co	osts),		
83.	County's additional scrap tire program expenditure (i.e. Labor \$		ice center o	cost), if any.		
	Site Cost \$					
	Other \$	describe	e Other:			
84.	County's contract cost for scrap tire disposal. \$	/ Ton	; \$	/ Tire		
85.	Hauling cost or fuel surcharge, if not included in cont	ract cost above. \$		/ Ton; \$	/ Tire	
86.	Total tipping fees collected for tires not eligible for fr	ee disposal. \$				
87.	Total number of tires collected not eligible for free di					
88.	If scrap tires were not hauled off site by contracted ser	vice provider, we	re they cut	and disposed in a loc	eal landfill? Yes	No
89.	Name of tire disposal/recycling firm(s):					
TE	MPORARY DISASTER DEBRIS STAGIN					
90.	Does your local government have a plan in place for n	nanagement of dis	aster debri	s? Yes	☐ No	
	If yes, indicate if the plan is a stand-alone plan or in co	onjunction with lo	cal governi	ment agencies:	Stand-alone In	conjunction
91.	If you indicated having a plan, has the plan been revier requirements for public assistance reimbursement in a			nagement or FEMA t	to ensure it meets the	basic
92.	Please list the name, contact numbers(s), and e-mail a	ddress of the perso	on(s) in cha	arge of the disaster de	bris management pro	ogram for
	your local government: Name: Lincoln Adams Name:	Anne-Marie Kni	ghton	Name:		
		· 252-482-2155	=			
		: anne-marie.knighton	@edenton.nc			
						

Does your plan address mass animal mortality? Yes No ANAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES	Disaster Site #	Site Name	Disaster Site #	Site Name
Does your plan address mass animal mortality?				
Does your plan address mass animal mortality?				
Does your plan address mass animal mortality?				
ANAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES Has your county considered whether to implement a program for the management of abandoned manufactured homes? Yes If yes, has your county developed a written plan for the management of abandoned manufactured homes? No Part IX. Comments this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this report or comments.	Does your plan address the m	nanagement of household hazardous	waste and white goods following	ng a disaster? Xes No
Has your county considered whether to implement a program for the management of abandoned manufactured homes? Yes If yes, has your county developed a written plan for the management of abandoned manufactured homes? No Part IX. Comments this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this report or of the section to elaborate on any info provided in your report as necessary.	Does your plan address mass	animal mortality? Yes	No	
If yes, has your county developed a written plan for the management of abandoned manufactured homes? Yes No Part IX. Comments this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this report or or the section to elaborate on any info provided in your report as necessary.	NAGEMENT OF ABA	NDONED MANUFACTUR	ED HOMES BY COUNT	TIES
Part IX. Comments this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this report or	Has your county considered v	whether to implement a program for	the management of abandoned	manufactured homes? Yes
this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this report or of	If yes, has your county develo	oped a written plan for the managen	nent of abandoned manufactured	l homes? Yes No
this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this report or of		Part IX.	Comments	

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

