

### **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: <a href="https://get.adobe.com/reader/">https://get.adobe.com/reader/</a> - it is suggested that you complete the form using the latest version of Adobe Reader. Please <a href="DO NOT">DO NOT</a> 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: Teachey

# 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 Lgte	am@ncdenr.gov by <b>Se</b>	ptember 1, 2017.	
If you have quest	tions or need assistance complet	ing this form, please	call 919-707-8121	or 919-707-8139.
Person Completing This Repor	t: Donna DeFalco-Dube		Title: Town Cle	erk
Mailing Address: PO Box 145		City: Teachey		Zip: 28464
Phone: 910-285-7564	Fax: 910-285-9118		Date: 9/1/2	2017
Email: donna@teacheytown.co	 m			
	Gener	al Instructions		
Please remember that the time I for a specific question.	period for the report is JULY 1, 201		17. Please check "I	No" if you have nothing to report
	nt have a Recycling Coordinator or s	similar position for FY	16-17? Yes	No No
Name Recycling Coordina	ator (if different from person compl	eting this report.)		
Name:			Title:	
Address:		City:		Zip:
Telephone:	Fax:	Email:		
2. Did your local governmen	nt have a Solid Waste Director or sin	milar position for FY 1	6-17? Yes	⊠ No
If Yes, Name:			Title:	
Address:		City:		Zip:
Telephone:	Fax:	Email:		
3. Did your local governmen	nt have dedicated or part-time Soli	id Waste Enforcement	Staff for FY 16-17?	☐ Yes ⊠ No
If Yes, Name:			Title:	
Address:		City:		Zip:
Telephone:	Fax:	Email:		
4. Did your local governmer all that apply)	nt have solid waste ordinances in pla	ace addressing any of the	ne following during	FY 16-17? (if yes, please check
Disposal Bans	☐ Illegal Dumping ☐ Litterin	g Other, Please	Describe:	
5. Did your local governmer mulching, composting)?	nt manage, provide or contract for a	ny solid waste services	in FY 16-17 (e.g., c ⊠ Yes	ollection, disposal, recycling,
If you are	wer "No" to question 5 the reno	ut is complete please	amail to I ataam@	nadann aou

### 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? 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)

17.	Please provide the following information about your community:  a. Total number of households in your jurisdiction?
	b. Number of households eligible to participate in the curbside recycling program:
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary):
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  Other
22.	Please describe the collection containers used:  Bins Blue bags Multi-bin system Roll-out carts
23.	Please describe the method / style of recyclable materials handling:  curb-sort (collector separates material as collected) single stream / commingled dual / two stream don't know / other
24.	If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used:    less than 50 gallon cart
DR	OP-OFF RECYCLING PROGRAM
25.	Did your government operate a Drop-off Recycling Program?
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
mate	Is answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any perials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.  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
37.	other than through your curbside or dropoff recycling programs? $\square$ Yes $\square$ No
40.	Does your local government provide recycling services to Alcoholic Beverage Commission permit holders?
	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

DDOCD 434	Cu	ırbside	Dr	op-off	All "Oth	er'' 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:							I
Textiles (clothes etc) Televisions							
Other Electronics							
C&D Materials Recycling							
Commingled tons-check all	1						
items collected above							
TOTAL TONS:					1		
OFFICE INC TONS	IACIE AC A I		DOLICY OD C				

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.

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. material from the public? Materials from Citizens by Material Type Please report in indicated units. sites Used Motor Oil Yes Used Oil Filters barrels, or lbs Yes No Used Antifreeze Yes No gallons # batteries, or Batteries, Lead Acid Yes No lbs Batteries, Dry Cell Yes No lbs Fluorescent Bulbs/Lights Containing Mercury Yes lbs, or # bulbs No Propane Tanks Yes No lbs, or # tanks Used Cooking Oil / Waste Vegetable Oil Yes No lbs, or gallons Other Special Wastes - please provide waste Yes No lbs type here: Pesticide Containers (NCDA Program, not # con-Yes ☐ No lbs, or pesticides themselves) tainers NCDA Pesticide Disposal Assistance Program Yes No lbs (for management of pesticides, not containers) Latex Paint (do not include paint collected at gals, □ No Yes lbs HHW event or by a paint exchange program) or Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event 48. Did your local government operate a household hazardous waste collection program or event in FY 16-17? No If Yes, please respond to the following questions: a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Temp. Event b. How many days was your HHW Program open to accept materials during this Fiscal Year? c. Did you partner or co-sponsor your HHW program with another <u>local government?</u> Yes Please list partner(s) d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year? e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? If yes, please estimate the amount of business material managed f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If data about individual materials is not available, please simply provide total quantity of materials collected by HHW program in 48g below. Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in question 47. Used Motor Oil (gal) \_\_\_\_\_ Used Oil Filters \_\_\_\_ # of Barrels, or \_\_\_\_ lbs. Used Antifreeze (gal)

Lead Acid Batteries (lbs)

Other Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) g. Provide Total Quantity of materials collected by HHW Program. If individual materials were pounds reported in 48f, please net the weight of those materials out of the total listed here. h. Please list HHW Collection Contractor i. Estimated cost of HHW / CESQG program or event(s) \$

Pages 3 through 6 should have only been completed by governments indicating in question # 14 that they DO provide recycling services. All governments answering "Yes" to question # 5 on page 1 should complete the rest of the report with the exception of PART VIII which is only to be completed by Counties.

	Part IV. Yard Was				~ ~	
	section concerns management of vegetative i			•	•	
	ermitted sites and it is illegal to burn. Compost ut your management of vegetative materials. Do to					
49.					_	ow yard waste is managed by
47.	checking all that apply: Collected curbside				•	
50.	Did a storm event significantly impact the amount				•	
51.						
	organic material (yard waste, brush, limbs, le	eaves, etc.)	managed. For	conversion purp		<del>-</del>
	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 facility	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 abov	X X	iruck x 5 days/v	=	$yd^3$
		ruck fills each	<del></del>	s truck is used durin	y vear	TOTAL
				ction Servi		
This	section concerns your local government's provis					
52.						
	Sector Who Collects Solid Waste?	II		I WIII CU	llects Solid Waste?	How is Solid Waste Collected?
	Insert Letter - see codes at right	<del> </del>	- see codes at r	a. Locai		es 1. Once a week at household
	Residential Primary b Secondary		1 Secondary	b. By Co	ontract nise haulers	<ul><li>2. Twice a week at household</li><li>3. Convenience center/greenbox</li></ul>
	Commercial Primary d Secondary	Primary	Secondary		government not red in provision of	<ul><li>4. As needed or by request</li><li>5. Daily</li></ul>
	Industrial Primary d Secondary	Primary	Secondary	servic		6. Other
53.	If you provide residential 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 🔀 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 family	ly househol	ld waste?	Curbside [	Back yard / Ba	ack door
	What type of collection container is used?	Governme	ent-provided car	rts Reside	ent-provided cont	ainer Bags
	Do you offer bulky waste collection services?	Yes	No No			
54.	For municipalities - did your government collect				No	
	If so, were white goods delivered to the county			⊠ No		
	Part VI. Solid W		•	-		
55.	Did <b>your local government</b> have an education issues / activities? Yes No (I		inform citizens o Part VII, page		ut 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 educate	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 phor	ne number if app	olicable.	
	Website:				Phone #:	

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

	ficient resources availab estions deal with funding					these programs.	The following
59.	Did your local governm With regards to funding Tipping fees	nent operate an Entog sources, check all s	erprise Fund for sol that apply to your I Volume/we	lid waste services in local government: eight-based fees (e.g	g. PAYT)	Yes No ire tax Thite Goods tax isposal Tax	)
61.	NC Solid Waste Dispos According to GS 105-1	sal Tax proceeds are 87.63 these funds r	e distributed to elignust be used by a ci		ents on a quarterly ba	sis by the Departn	
62	How are disposal tax d  If applicable, please pr	•		(e.g. a. \$45.00 per	vear per household :	for solid waste)	
02.					<u>year</u> per <u>nousenota</u> j		2
		_		-			
	c.\$	per		per		for yard waste	;
	d. \$	per		per		for bulky was	te
	e. \$	per		per		availability fee	<u>e</u>
	f. \$	per		per		total charge	
63.	Did your local governmare charged a fee by we			•		16-17? (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	eport the annual contr	ract amount.	
	\$		_ For solid waste s	services per year			
	\$		For recycling per	r year			
	Φ.		OR				
	\$		_	ract (solid waste, an			
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	and yard waste inc	luding materials co			
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)
N	Iunicipal Solid Waste*	179	154.77			24,001.11	155
	Recycling Program**						
	Yard Waste Program						
		(calculated by form):				24,001.11	155
66.	*for materials collected and **for materials collected by If your government operacility operations (round proportionately. Land	y public recycling progrerates a landfill, trained to nearest dollar lill Budget:	ams including those servinsfer station, yard v  in If budgets for diff  \$	vices offered to commerc vaste /compost facil fferent facilities are	cial and industrial generate ity or recycling facili combined, please att	ty, please provide empt to allocate co	total budget for
		sfer Station 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	in 16-17? \$24,001	.11

## **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, phor	ne number, and e-1	mail of person	respons	_	program.	
	Name:				Title: _		
	Address:		C	ity:		Zip:	
	Telephone:						
69.	Please provide the physical address	of the primary co	ounty white go	ods colle	ection site.		
	Street 1:						
	Street 2:						
	City:			_ State:	North Carolina	Zip:	
70.	Please provide the name of the busi					m white goods.	
	Street:						
	City:			State:	North Carolina	Zip:	
	Phone: I						
71.	Give amounts / types of CFCs remo		rds of CFC ren	noval, aı	nd copy of certificati		rming extraction.
	Type of CFC	Removed				Amount	
				+			
				+			
				+			
72.	CFCs may be recycled or sent for d	lastination Civan	ana of firm	liamaga1	mathed and amount	and / mant for CE	C diamagal
12.	Firm	lestruction. Give i			f Disposal	Amount Earned	Amount Spent
					-		_
73.	Please report the tonnage of white g white goods tonnage reported on pa		uring FY 2016	-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 progr	am by source:				
	Revenue collected from sale of scra	ap:	\$				
	Revenue collected from White Goo	ods Tax Distributi					
	Revenue from other source (e.g. gr	rants):	\$				
	Total Revenue:		\$				
75.	According to the White Goods Lav expenditures White Good Tax Distr						mounts and types of
	Operational Expenses:	\$					
	Capital Improvements:						
	Clean-up of Illegal White Goods D						
	Total Expenditures:	\$					

<b>5</b> C.	RAP TIRES					
76.	Please provide name, address, phone number, and e-n Name:	•	-			
	Address:				Zip:	
	Telephone: Fax:		Emai	1:		
77.	Please provide the physical address of the primary constreet 1:	-				
	Street 2:					
	City:		State: North	n Carolina	Zip:	
78.	Tonnage/Number of scrap tires disposed July 1, 2016 Tons or	-June 30, 201	7 ( <u>excluding</u> tin	res from cleanup of nu Number of tires	iisance sites)	
79.	Tonnage/Number of scrap tires disposed from cleanu Tons or		ounty designate	ed nuisance sites  Number of tires		
80.	Indicate the types of tires collected by the county: Passenger % Heavy True	ick	%	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	e (contract dis	posal/hauling c	osts), \$		
83.	County's additional scrap tire program expenditure (i. Labor \$		renience center	cost), if any.		
	Site Cost \$					
	Other \$	de	scribe Other: _			
84.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire		
85.	Hauling cost or fuel surcharge, if not included in cont	tract cost abo	ove. \$	/ Ton; \$	/ Tire	
86.	Total tipping fees collected for tires not eligible for fi	ree disposal. §	S			
87.	Total number of tires collected not eligible for free di					
88.	If scrap tires were not hauled off site by contracted se	rvice provide	r, were they cu	t and disposed in a loc	al 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 i	nanagement o	of disaster debr	is? Yes	No No	
	If yes, indicate if the plan is a stand-alone plan or in c	onjunction w	ith local govern	nment agencies:	Stand-alone In conju	unction
91.	If you indicated having a plan, has the plan been revier requirements for public assistance reimbursement in a			anagement or FEMA t	to ensure it meets the basic	С
92.	Please list the name, contact numbers(s), and e-mail a	ddress of the	person(s) in ch	arge of the disaster de	bris management program	n for
	your local government: Name: Name	:		Name:		
				<del></del>		
	E-mail: E-mai					

Does your plan address the management of household hazardous waste and white goods following a disaster?	Disaster Site #	y cause difficulty for local governments when 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?				
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 of the section to elaborate on any info provided in your report as necessary.	Does your plan address	the management of household hazar	dous waste and white goods follow	ing a disaster? Yes No
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 of the provided in your report as necessary.	Does vour plan address	mass animal mortality?	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.		<u> </u>	TIDED HOMES BY COUN	TIEC
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 of the section to elaborate on any info provided in your report as necessary.				
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	mas your county consic	iered whether to implement a program	in for the management of abandoned	u manufactured nomes! res
this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this report or or				
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	developed a written plan for the mar	agement of abandoned manufacture	ed homes? Yes No
ters regarding solid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed.	If yes, has your county			ed homes? Yes No
		Part I	X. Comments	
	this section to elaborate	Part I on any info provided in your report a	X. Comments as necessary. We would appreciate	your comments about this report or or
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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

