



Local Government

Required - Enter Your Local Government Name:

Centerville

State of North Carolina

Department of Environment and Natural Resources

Division of Waste Management &

Division of Environmental Assistance and Customer Service

Solid Waste and Materials Management Annual Report

July 1, 2012 -- June 30, 2013

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 September 1, 2013.

If you have questions about completing this form, please call 919-707-8121 or 919-707-8139. If you have questions about the reporting requirement, please call 919-707-8200, or contact your Regional Environmental Senior Specialist.

Person Completing This Report: Margaret Nelms Title: Mayor

Mailing Address: 3291 NC 58 City: Louisburg Zip: 27549

Phone: 919-497-6403 Fax: Date: 9-6-13

Email:

General Instructions

Please remember that the time period for the report is JULY 1, 2012 through JUNE 30, 2013. Please check "No" if you have nothing to report for a specific question.

1. Did your local government have a Recycling Coordinator or similar position for FY 12-13? Yes No

Name Recycling Coordinator (if different from person completing this report.)

Name: Title:

Address: City: Zip:

Telephone: Fax: Email:

2. Did your local government have a Solid Waste Director or similar position for FY 12-13? Yes No

If Yes, Name: Title:

Address: City: Zip:

Telephone: Fax: Email:

3. Did your local government have dedicated or part-time Solid Waste Enforcement Staff for FY 12-13? Yes No

If Yes, Name: Title:

Address: City: Zip:

Telephone: Fax: Email:

4. Did your local government have solid waste ordinances in place addressing any of the following during FY 12-13? (if yes, please check all that apply)

Disposal Bans Illegal Dumping Littering Other, Please Describe: _____

5. Did your local government manage, provide or contract for any solid waste services in FY 12-13 (e.g., collection, disposal, recycling, mulching, composting)? Yes No

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

Part I. Waste Reduction and Recycling Programs Serving Government Facilities

The following questions pertain to waste reduction and recycling activities / programs that serve local government facilities. An example of source reduction at government facilities is duplex copying.

6. Did your local government have an in-house waste reduction and / or recycling program in place for FY 12-13? Yes No
7. If yes, indicate what types of waste reduction activities were conducted:
 Source reduction / toxicity reduction Recycling Reuse
8. Did your local government have any program or policy encouraging or requiring local agencies to purchase products with recycled content? Yes No
9. Did your local government have a program in place to collect and recycle fluorescent lights from public buildings? Yes No

Part II. Waste Reduction and Recycling Programs Serving the Public

Source Reduction / Reuse

10. Did your local government have a backyard composting program? Yes No
11. If yes, please check all backyard composting activities that apply:
 Promotion Training Education
 Demonstration site(s) Bin distribution/sales Number of Bins distributed? _____
12. Did your local government have a source reduction program targeted to the public? Yes No
13. If yes, please indicate the types of source reduction activities promoted:
 Grasscycling Enviroshopping (shopping for source reduction) Junk Mail Reduction
 Phone Book Opt-Out through www.yellowpagesoptout.com Other _____
14. Did your local government offer a waste exchange or reuse program? Yes No
15. If yes, please indicate which programs were available to the public:
 Swap shop/shed Number of sheds in use? _____
 Paint exchange Number of gallons recovered? _____
 Waste exchange
 Pallet exchange Other _____

Recyclables Recovery

16. Which of the following responses best describes your recyclables recovery activities for the period July 1, 2012 through June 30, 2013?
- My local government **DID operate or contract** for a recyclables recovery program. (**Go to question 17 on page 3**)
- 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 what 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 you **DID operate or contract** for a recyclables recovery program, please indicate the type of program in operation and provide specifics about your program(s).

CURBSIDE RECYCLING PROGRAM

17. Did your government operate a Curbside Recycling Program? Yes No, skip to question # 28
18. Who collected the recyclable materials for your local government's curbside recycling program?
 Local government employees
 Private contractor _____
 Franchised hauler _____
 Other (please specify) _____
19. Please answer the following questions about your community.
a. Total number of households? _____
b. Number of households served by curbside recycling? _____
c. Please estimate the **number of households** that regularly participate in the program? _____
20. If your curbside recycling program is operated through a public franchise system, 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
21. What sector(s) of your community was served by the curbside recycling program?
 Residential Commercial Industrial
22. If you checked commercial or industrial in question 21, please indicate the number of accounts served: _____
23. How frequently were the curbside recyclables collected?
 Once a week Every other week / biweekly
 Other _____
24. Please describe the collection containers used:
 Bins Blue bags
 Multi-bin system Roll-out carts
25. 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
26. If you checked "Roll-out carts" in question 24, please indicate the approximate size (volume) of the carts used:
 less than 50 gallon cart 65 gallon cart
 95 gallon cart multiple sizes of cart available
27. If you use roll-out carts for curbside recycling, please indicate the calendar year you implemented service with carts: _____

DROP-OFF RECYCLING PROGRAM

28. Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 35
29. Who collected the recyclable materials for your local government's drop-off recycling program?
 Local government employees
 Private contractor _____
 Other (please specify) _____
30. 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
31. Please estimate the number of households served by your drop-off recycling program. _____
32. What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial

33. How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites: _____

34. How many of these locations were staffed with attendants? All None Some please list # of staffed sites: _____

OTHER RECYCLING PROGRAMS

DO NOT include services for governments buildings below. List only programs operated or contracted for by the local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.

35. Did your community operate an electronics recycling program in FY 12-13? Yes No

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

36. Did your program collect or accept televisions from (check all that apply): Residences Businesses

37. Did your program collect or accept computer equipment from (check all that apply): Residences Businesses

38. DENR 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, please provide the following information:

Electronics Management Fund balance as of July 1, 2012: \$ _____

Electronics Management Funds received from DENR during FY 12-13: \$ _____

Electronics Management Funds spent during FY 12-13: \$ _____

Electronics Management Fund balance as of June 3, 2013: \$ _____

39. Please explain how Electronics Management Funds were spent during FY 2012-13 (please list items purchased if applicable):

40. If you did operate an electronics recycling program, please provide the following information about your vendor / contractor:

Name of electronics recycling vendor(s): _____

Does your electronics recycling vendor hold either the e-Steward or R2 certifications? Yes No

41. Did your local government operate a recycling program to serve multifamily residential units? Yes No

42. 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

43. Does your local government provide recycling services to Alcoholic Beverage Commission permit holders? Yes No

On-site collection services provided Estimated number of ABC accounts: _____

Public drop-off recycling sites available for ABC On Premises Permit holders to use

44. 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

45. 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? Yes No

46. Please identify all "Other" programs or services operated by your government during FY 12-13. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)

Public School Recycling Program Scheduled Collection Drives (quarterly, once a year, etc.)

Public Parks Recycling Program Athletic Field /Venue Recycling Program

Pedestrian Recycling Program Recycling Service for Special Events / Festivals

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

47. 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, 2012 through JUNE 30, 2013. 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	Curbside		Drop-off		All "Other" Programs		Total Tons (totals are calculated by form)
	Collect? <input type="checkbox"/> if Yes	Tons	Collect? <input type="checkbox"/> if Yes	Tons	Collect? <input type="checkbox"/> if Yes	Tons	
GLASS:							
Clear	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Brown	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Green	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Mixed	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
PLASTIC:							
PET #1	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
HDPE #2	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
All Plastic Bottles	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Other Plastic Containers	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Bulky Rigid Plastics	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
METAL:							
Aluminum Cans	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Steel Cans	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
White Goods	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Other Metal	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
PAPER:							
Newsprint (ONP)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Cardboard (OCC)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Magazines (OMG)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Office Paper	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Mixed Paper	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Other Paper	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
WOOD:							
Pallets	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Other Wood - DO NOT report yard waste tons here	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
OTHER MATERIALS:							
Textiles (clothes etc...)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Televisions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Other Electronics	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
C&D Recovery	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Commingled tons-check all items collected above	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
TOTAL TONS:							

48. If you have a reliable mechanism for gathering data, complete this section for materials that were recycled as a direct 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.

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

Part III. Special Wastes

This section concerns your local government's provisions for managing waste materials that require special handling or are banned from landfilling. Please answer the questions and complete the table below indicating whether you accept these materials from the public for recycling. Please do not include materials that were accepted and then disposed of in a landfill, and please do not include tires (which are reported by counties only in PART VIII (page 10)).

Please do not include information on programs managing materials generated by government operations (i.e. motor-fleet services). Only information on services provided to the public should be included below. Information about Electronics Recycling Programs should not be included here (see page 4 instead), and electronics recycling tons should be reported on page 5.

If special wastes were only accepted as a part of an Household Hazardous Waste (HHW) Program or HHW event and not as a separate recycling effort then please do not record materials in the chart below but instead report combined with HHW materials (see question # 50).

49. Special Waste Programs for Collecting Materials from Citizens by Waste Type	Did your local government provide public collection of this material outside of an HHW Program?		Please list # of sites	Provide data on quantities collected / managed. Please report in indicated units.			Could businesses use service?
	<input type="checkbox"/> Yes	<input type="checkbox"/> No					
Used Motor Oil	<input type="checkbox"/> Yes	<input type="checkbox"/> No				gallons	<input type="checkbox"/> Yes
Used Oil Filters	<input type="checkbox"/> Yes	<input type="checkbox"/> No			Barrels, or	lbs	<input type="checkbox"/> Yes
Used Antifreeze	<input type="checkbox"/> Yes	<input type="checkbox"/> No				gallons	<input type="checkbox"/> Yes
Batteries, Lead Acid	<input type="checkbox"/> Yes	<input type="checkbox"/> No			# batteries, or	lbs	<input type="checkbox"/> Yes
Batteries, Dry Cell	<input type="checkbox"/> Yes	<input type="checkbox"/> No				lbs	<input type="checkbox"/> Yes
Fluorescent Bulbs/Lights Containing Mercury	<input type="checkbox"/> Yes	<input type="checkbox"/> No			lbs, or	# bulbs	<input type="checkbox"/> Yes
Propane Tanks	<input type="checkbox"/> Yes	<input type="checkbox"/> No			lbs, or	# tanks	<input type="checkbox"/> Yes
Used Cooking Oil / Waste Vegetable Oil	<input type="checkbox"/> Yes	<input type="checkbox"/> No			lbs, or	gallons	<input type="checkbox"/> Yes
Other Special Wastes - please provide waste type here: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No				lbs	<input type="checkbox"/> Yes
Pesticide Containers (NCDA Program, not pesticides themselves)	<input type="checkbox"/> Yes	<input type="checkbox"/> No				lbs	n/a
NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	<input type="checkbox"/> Yes	<input type="checkbox"/> No				lbs	n/a
Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			gals, or	lbs	<input type="checkbox"/> Yes

Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event

50. Did your local government provide specifically for the collection of household hazardous waste? Yes No

If Yes, please respond to the following questions:

- Was it collected at a permanent site? Yes No
- Did you partner or co-sponsor your HHW program with another local government? Yes No
Partner(s) _____
- Did your HHW Program accept paint? Yes No
- Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? Yes No
If so, please estimate the amount of business material managed (in pounds) _____ pounds
- Total quantity of materials collected by HHW / CESQG Program (in pounds) _____ pounds
- Frequency of collection _____
- Contractor(s) involved _____
- Estimated cost of the program \$ _____

Pages 3 through 6 should have only been completed by those governments that indicated on question # 16 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 Waste, Mulching and Composting Management

Yard waste may not be disposed in sanitary landfills, incinerators, or in unpermitted sites and it is illegal to burn. Composting and mulching are popular management options. Please do not include information on food waste recycling in this section.

51. Does your local government collect yard waste at curbside? Yes No

If YES, where is collected yard waste taken? _____

52. Does your local government provide a drop-off site for yard waste collection? Yes No

53. What quantities of materials were managed by your yard waste program? **Provide information in TONS OR CUBIC YARDS of material managed.** For conversion purposes, use 400 lbs./cubic yd.

Destination	Check box if destination is used	Organic Debris (yard waste, brush, limbs, etc.)	
		Tons	Cubic Yards
End user (to farmer or home-owner)	<input type="checkbox"/>		
Your own local government's mulch or compost facility	<input type="checkbox"/>		
Other public mulch or compost facility	<input type="checkbox"/>		
Private mulch or compost facility	<input type="checkbox"/>		
Land clearing and inert debris landfill (LCID)	<input type="checkbox"/>		
Total			

YARD WASTE MANAGEMENT FORMULA: If yard waste quantities are not tracked, you may use this formula to help you estimate yard waste volume. Calculate for each truck used in your yard waste management program. Put the grand total for all trucks in the appropriate boxes above. *Ex. 10 yd³ truck x 3 days/wk x 16 wks = 480 yd³*

$$\begin{array}{ccccccc}
 \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = & \underline{\hspace{2cm}} \text{ yd}^3 \\
 \text{Size of Truck (in yards)} & & \text{Avg. no. of times truck fills each week} & & \text{\# of weeks truck is used during year} & & \text{TOTAL}
 \end{array}$$

Part V. Solid Waste Collection & Disposal

54. Please estimate the population of your community _____

55. Please complete the following table regarding your solid waste collection (curbside or drop-off programs) and disposal program.

Sector	Who Collects Solid Waste? Insert Letter - see codes at right				How is Solid Waste Collected? Insert No. - see codes at right				Who Collects Solid Waste?	How is Solid Waste Collected?
	Primary		Secondary		Primary		Secondary			
Residential									a. Local government employees	1. Once a week at household
Commercial									b. By Contract	2. Twice a week at household
Industrial									c. Franchise haulers	3. Convenience center/greenbox
									d. Local government not involved in provision of service	4. As needed or by request
										5. Daily
										6. Other

56. If you provide residential waste collection, what type of collection method is used?
 Fully Automated Semi-Automated Manual Don't know

57. For municipalities - do you offer bulky waste collection services? Yes No

58. For municipalities - did your government collect white goods at the curb? Yes No
 If so, were white goods delivered to the county for marketing? Yes No

Part VI. Solid Waste and Recycling Educational Activities

59. Did **your local government** have an education program to inform citizens specifically about solid waste management and / or recycling issues / activities? Yes No (If No, skip to Part VII, page 8)

60. Please estimate your annual budget for solid waste related education and outreach activities: \$ _____

61. Does your community produce recycling education and outreach materials in languages besides English? Yes No

If YES, please list other languages used: _____

62. Please provide your recycling website address and public information phone number if applicable.

Website: _____ Hotline: _____

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

Sufficient resources available to solid waste management programs are essential for continued success of these programs. The following questions deal with resources allocated to solid waste management programs.

63. Did your local government operate an Enterprise Fund for solid waste services in FY 12-13? Yes No

64. With regards to funding sources, check all that apply to your local government:

- | | | |
|--|---|--|
| <input type="checkbox"/> Tipping fees | <input type="checkbox"/> Volume/weight-based fees (e.g. PAYT) | <input type="checkbox"/> Tire tax |
| <input type="checkbox"/> Property taxes / general fund | <input type="checkbox"/> Sale of recyclables | <input type="checkbox"/> White Goods tax |
| <input type="checkbox"/> Per household charges | <input type="checkbox"/> Grants | <input type="checkbox"/> Disposal Tax |

65. NC Solid Waste Disposal Tax proceeds are distributed to eligible local governments on a quarterly basis by the Department of Revenue. According to GS 105-187.63 these funds must be used by a city or county solely for solid waste management programs and services.

How are disposal tax distributions being used? _____

66. If applicable, please provide your FY 12-13 household fees. (e.g., a. \$45.00 per year per household for solid waste)

a. \$ _____ per _____ per _____ for solid waste

b. \$ _____ per _____ per _____ for recycling

c. \$ _____ per _____ per _____ for yard waste

d. \$ _____ per _____ per _____ for bulky waste

e. \$ _____ per _____ per _____ availability fee

f. \$ _____ per _____ per _____ total charge

67. Did your local government have a Pay-As-You-Throw program for residential garbage? (Residents are charged by weight or volume for the amount of trash disposed.) Yes No

According to GS 130A-309.08, local governments are required to conduct full cost accounting annually and to develop a system to inform users of such costs.

68. If your local government contracts for solid waste or recycling services, please report the annual contract amount.

\$ _____ For solid waste services per year

\$ _____ For recycling per year

OR

\$ _____ Combined Contract (solid waste and recycling)

69. Collection Programs: Please complete the following table to the best of your ability to display the full costs of your local government's various collection programs. **If full cost analysis is not available, please report program budget in Total Cost column.**

	# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Calculated Cost Per Ton Managed
Municipal Solid Waste*	_____	_____	_____	_____	_____	_____
Recycling Program**	_____	_____	_____	_____	_____	_____
Yard Waste Program	_____	_____	_____	_____	_____	_____
Calculated Totals:	_____	_____	_____	_____	_____	_____

*for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill, or through incineration

**for materials collected by public recycling programs including those services offered to commercial and industrial generators

70. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations. If budgets are combined, please attempt to allocate costs proportionately.

Landfill Budget: \$ _____

Transfer Station Budget: \$ _____

Yard Waste / Compost Facility Budget: \$ _____

Recycling Facility Budget: \$ _____

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 71 through 98).** *Municipalities should skip to Part IX on page 11. Counties - failure to complete this Part may result in non-eligibility for grant requests.*

WHITE GOODS

71 Give name, address, phone number, and e-mail of person responsible for white goods program.

Name: _____ Title: _____
 Address: _____ City: _____ Zip: _____
 Telephone: _____ Fax: _____ Email: _____

72. Please provide the physical address of the primary county white goods collection site.

Street 1: _____
 Street 2: _____
 City: _____ State: North Carolina Zip: _____

73. Please provide the name of the business or person that removes the refrigerant gases (CFCs) from white goods.

Name: _____
 Street: _____
 City: _____ State: North Carolina Zip: _____
 Phone: _____ Fax: _____ Email: _____

74. Give amounts and types of CFCs removed. Attach any records of CFC removal, and copy of certification of person(s) performing extraction.

Type of CFC Removed	Amount

75. Reclaimed CFCs may be sold to recyclers or sent for destruction. Give name of firm, method of disposal of CFCs, and total amount earned or spent for CFC disposal.

Firm	Method of Disposal	Amount Earned	Amount Spent

76. Tonnage of White Goods Collected (include scrap metal): _____

77. List the amount of revenue for the white goods program by source:

Revenue collected from sale of scrap: \$ _____
 Revenue collected from White Goods Tax Distributions: \$ _____
 Revenue from other source (e.g. grants): \$ _____
 Total Revenue: \$ _____

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

Operational Expenses: \$ _____

Capital Improvements: \$ _____

Clean-up of Illegal White Goods Dumps: \$ _____

Total Expenditures: \$ _____

SCRAP TIRES

79. Give name, address, phone number, and e-mail of person responsible for scrap tires program.

Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

80. Please provide the physical address of the primary county scrap tires collection site.

Street 1: _____

Street 2: _____

City: _____ State: North Carolina Zip: _____

81. Tonnage/Number of scrap tires disposed July 1, 2012-June 30, 2013 (excluding tires from cleanup of nuisance sites)
_____ Tons or _____ Number of tires

82. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites
_____ Tons or _____ Number of tires

83. Indicate the types of tires collected by the county:
Passenger _____ % Heavy Truck _____ % Large Off-Road _____ %

84. List the amount of revenue for the scrap tire program by 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: \$ _____

85. County's total scrap tire program contract expenditure (contract disposal/hauling costs), excluding costs of nuisance tire cleanups, for FY12-13. \$ _____

86. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any.

Labor \$ _____

Site Cost \$ _____

Other \$ _____ describe Other: _____

87. County's contract cost for scrap tire disposal. \$ _____ / Ton; \$ _____ / Tire

88. Hauling cost or fuel surcharge, if not included in contract cost above. \$ _____ / Ton; \$ _____ / Tire

89. Total tipping fees collected for tires not eligible for free disposal. \$ _____

90. Total number of tires collected not eligible for free disposal: _____

91. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No

92. Name of tire disposal/recycling firm(s): _____

TEMPORARY DISASTER DEBRIS STAGING SITES

93. Does your local government have a plan in place for management of disaster debris? Yes No
 If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction
94. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No
95. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:
 Name: _____ Name: _____ Name: _____
 Phone: _____ Phone: _____ Phone: _____
 E-mail: _____ E-mail: _____ E-mail: _____
96. Please list the temporary disaster debris staging sites in your county or municipality which have been reviewed for conflicts with the Natural Heritage Program (NHP) and the State Historic Preservation Office (SHPO) through coordination with the Solid Waste Section. *Please note that the vetting of a site prior to a disaster is advantageous to local governments because a staging site which is found to have impacted federal or state resources after a disaster may cause difficulty for local governments when attempting to obtain FEMA reimbursement. Attach extra sheets, if needed.*

Disaster Site #	Site Name	Disaster Site #	Site Name

97. Does your plan address the management of household hazardous waste and white goods following a disaster? Yes No
98. Does your plan address mass animal mortality? Yes No

Part IX. Comments

Use this section to elaborate on any info provided in your report in necessary. We would appreciate your comments about this report or other matters regarding solid waste management in North Carolina. Thank you for your time. Attach additional sheets if needed.

This form is to be submitted electronically. If you require assistance, please contact one of these NC DEACS staff members:
 Joseph Fitzpatrick, email: joseph.fitzpatrick@ncdenr.gov phone 919-707-8121
 Rob Taylor, email: rob.taylor@ncdenr.gov phone: 919-707-8139

The Division of Environmental Assistance and Customer Service Local Government Assistance Team is ready to assist you in any way we can. Please visit our Web site at <http://portal.ncdenr.org/web/deao/recycling/localgov> or e-mail us at lgteam@ncdenr.gov

