Environmental Quality

State of North Carolina

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

Solid Waste and Materials Management Annual Report July 1, 2016 -- June 30, 2017

Please submit this form to Lgteam@ncdenr.gov by September 1, 2017.

On the following pages you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2016-2017. Each North Carolina County and Municipality is required to complete this report annually. Completion and submission of this report will fulfill the annual reporting mandate to the state as required by G.S. 130A-309.09A. Failure to complete and submit this report could result in the local government being excluded from distributions of Solid Waste Disposal Tax Proceeds and other Department of Environmental Quality grants.

Instructions:

Each local government should determine which staff member is responsible for preparing and submitting the annual report and ensure that the report is completed and submitted before the reporting deadline on September 1, 2017.

Options for obtaining a blank copy of this form:

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

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

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

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

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

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

Form Year

2017



Local Government Report Form

Required - Enter Your Local Government Name: Murfreesboro

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 Lgteam@ncdenr.gov by September 1, 2017. If you have questions or need assistance completing this form, please call 919-707-8121 or 919-707-8139. Person Completing This Report: David M. Lane Title: Public Works Director Mailing Address: PO Box 6 City: Murfreesboro Zip: 27855 Date: 8-24-2017 Phone: 252-398-4888 Fax: 252-398-3156 Email: dlane@murfreesboronc.net **General Instructions** Please remember that the time period for the report is JULY 1, 2016 through JUNE 30, 2017. Please check "No" if you have nothing to report for a specific question. Did your local government have a Recycling Coordinator or similar position for FY 16-17? No Name Recycling Coordinator (if different from person completing this report.) Name: Address: Telephone: Fax: Email: Did your local government have a Solid Waste Director or similar position for FY 16-17? 2. If Yes, Name: Address: Telephone: Fax: Email: Did your local government have **dedicated or part-time** Solid Waste Enforcement Staff for FY 16-17? 3. If Yes, Name: Address: Telephone: Fax: Email: Did your local government have solid waste ordinances in place addressing any of the following during FY 16-17? (if yes, please check all that apply) X Littering Other, Please Describe: Did your local government manage, provide or contract for any solid waste services in FY 16-17 (e.g., collection, disposal, recycling, mulching, composting)? 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. Did your local government have a recycling program in place for collecting recyclable materials generated at Yes X No public buildings in FY 16-17? 7. Did your local government have any program or policy encouraging or requiring local agencies to X No purchase products with recycled content? Did your local government have a program in place to collect and recycle spent fluorescent lights X No | Yes generated from the public buildings and facilities that were operated by your government in FY 16-17? Part II. Waste Reduction and Recycling Programs Serving the Public SOURCE REDUCTION / REUSE Did your local government have a backyard composting program? Yes X No If yes, please check all backyard composting activities that apply: Education Demonstration site(s) Bin distribution/sales Number of Bins distributed? Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes X No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives? Did your local government offer a waste exchange or reuse program? Yes X No 13 If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public: Paint exchange Number of gallons recovered? Swap shop/shed Number of sheds in use? Other (e.g. pallet exchange, etc.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 2016 through June 30, 2017? My local government **DID operate or contract** for a recyclables recovery program. (please continue to question 15) My local government DID NOT operate or contract for recyclables recovery BUT DID participate in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; then go to Part IV on page 7.) With which local government did you participate? My local government **DID NOT operate**, contract or participate in a recycling program. (Go to Part IV on page 7.) If your local government **DID** operate or contract for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s). **CURBSIDE RECYCLING PROGRAM** Did your government operate a Curbside Recycling Program? X Yes No, skip to question # 25 Who collected the recyclable materials for your local government's curbside recycling program? 16. Local government employees Private contractor (please specify) Republic Services Franchised hauler (please specify) Other (please specify)

1/.	Please provide the following information about your community:							
	a. Total number of households in your jurisdiction? 896							
	b. Number of households eligible to participate in the curbside recycling program: 896							
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 300							
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:							
19.	What sector(s) of your community was served by the curbside recycling program? Residential Commercial Industrial							
20.	If you checked commercial or industrial in question 19, please indicate the number of accounts served:							
21.	How frequently were the curbside recyclables collected? Once a week Every other week / biweekly Other							
22.	Please describe the collection containers used: Bins Blue bags Multi-bin system Roll-out carts							
23.	Please describe the method / style of recyclable materials handling: ☐ curb-sort (collector separates material as collected)							
24.	If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used: less than 50 gallon cart							
DR	OP-OFF RECYCLING PROGRAM							
25.	Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 32							
26.	Who collected the recyclable materials for your local government's drop-off recycling program? Local government employees Private contractor							
	Other (please specify)							
27.	Please describe the method / style of recyclable materials handling for your drop-off recycling program: source-separated (citizens separate materials by type) single stream / commingled dual / two stream (paper separated from cans/bottles) don't know / other							
28.	Please estimate the number of households served by your drop-off recycling program.							
29.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial							
30.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:							
31.	How many of these locations were staffed with attendants?							
EL	ECTRONICS RECYCLING PROGRAM							
	se answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any erials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.							
32.	Did your community operate an electronics recycling program in FY 16-17? Yes No, skip to question # 38							
	If you did operate an electronics recycling program, please indicate style of program:							
	☐ Permanent - Curbside Collection ☐ Permanent - Drop-off ☐ Scheduled Collection Day or Event ☐ Part of HHW Program							
	If you offer curbside collection of electronics is it: by appointment or unscheduled							
	If you operate a drop-off electronics program, how many collection sites do you provide? Number of Sites:							

33.	Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses							
34.	Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses							
35.	DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was eligible to receive proceeds from the State Electronics Management Fund in February of 2017, please provide the following information:							
	Electronics Management Fund balance as of July 1, 2016: \$							
	Electronics Management Funds received from DEQ during FY 16-17 (Feb 2017 distribution): \$							
	Electronics Management Funds spent during FY 16-17: \$							
	Electronics Management Fund balance as of June 30, 2017: \$							
36.	Briefly explain how Electronics Management Funds were spent during FY 2016-17 (please list items purchased if applicable):							
37.	If you did operate an electronics recycling program, please provide the following information about your vendor / contractor: Name of electronics recycling vendor(s) during FY 16-17:							
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?							
OT	THER PUBLIC RECYCLING PROGRAMS							
the i	use answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the ycling Tonnages Chart on pg 5.							
38. 39.	Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or dropoff recycling programs? 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 No On-site collection services provided If on-site collection provided, please estimate # of ABC accounts served:							
	Public drop-off recycling sites available for ABC On Premises Permit holders to use							
41.	Does your local government operate a program to recycle Construction and Demolition materials? Yes If yes, please check all materials that were recycled and report tonnages in tonnage table on page 5:							
	☐ Clean Wood ☐ Brick, concrete, etc. ☐ Sheetrock ☐ Vinyl siding ☐ Shingles ☐ Metals ☐ Other							
42.	Does your local government have an ordinance regulating the construction and demolition waste stream with the intention of encouraging or requiring waste reduction or recycling of these materials? \square Yes							
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 AND	Curbside			Drop-off	All "(Other" Programs	Total Tons
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							
Clear							
Brown							
Green							
Mixed							
PLASTIC:	<u> </u>						
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		59.72					59.72
TOTAL TONS:		59.72					59.72

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 Waste,	, Mulo	ching and G	Compost	ing Managem	ent
		ns management of vegetative mat					
		d it is illegal to burn. Composting nent of vegetative materials. Do not					
		ll government operate a yard waste p				_	ow yard waste is managed by
т).		at apply: Collected curbside				•	
50.		ent significantly impact the amount					
51.		s of materials were managed by you					
	organic mater	ial (yard waste, brush, limbs, leav	es, etc.)	managed. For	conversion p	-	
		Destination	Check if used	Tons	Cubic Yar	de I	Name and Location of Facility ag Vegetative Materials
	End user (to fa	rmer or home-owner)					
	Your local gov	ernment's mulch or compost facility			1,3	Town of Murfreesboro	Yard Debris Site
	Other public m	ulch or compost facility					
	Private mulch	or compost facility					
	Land clearing a	and inert debris landfill (LCID)					
	Energy / Fuel U	Use (e.g. boiler fuel market)					
		Total			13	00	
		E MANAGEMENT FORMULA: If					
		vaste volume. Calculate for each tru					
	volume manage	ed by program in the appropriate box X	xes abov	Ye. Ex. 10 ya ³ X	тиск х з аа	$\sqrt{s}/\sqrt{w} \times \sqrt{s} = 480$	vd ³
	Size of Truc		fills each		truck is used d	uring year	TOTAL ya
	Size of True			Vaste Colle			
This	section concern	s your local government's provision					
52.		te the following table about your gov					
	Sector	Who Collects Solid Waste? Ho	ow is So	lid Waste Colle	ected? Who	Collects Solid Waste?	How is Solid Waste Collected?
	Sector			- see codes at ri	ight a. Lo	ocal government employed	es 1. Once a week at household
	Residential		mary	1 Secondary		y Contract anchise haulers	2. Twice a week at household3. Convenience center/greenbox
	Commercial		mary	1 Secondary		ocal government not volved in provision of	4. As needed or by request5. Daily
	Industrial	Primary c Secondary Prim	mary	1 Secondary	se	rvice	6. Other
53.	If you provide	residential waste collection at single	e-family	households in y	our jurisdict	on, please answer th	e following questions:
	What type of c	ollection method is used?	ully Aut	omated S	Semi-Autom	ated Manual	Don't know
	What is the sta	ndard collection frequency? X	Veekly	Two tim	es per week	Other	
	What is the typ	pical service point for single family h	nousehol	d waste?	Curbside	Back yard / Ba	ick door
	What type of c	ollection container is used?	overnme	ent-provided car	rts Re	sident-provided cont	ainer Bags
	Do you offer b	ulky waste collection services?	Yes	No No			
54.		ties - did your government collect w te goods delivered to the county for	_		Yes No	⊠No	
	,	Part VI. Solid Was		0		ional Activitie	S
55.	Did vour local	government have an education pro		• •	_		
	issues / activiti	_	_	o Part VII, page		acout some waste me	magement und , or reejemig
56.	Please estimate	e your annual budget for solid waste	related e	education and or	utreach activ	ities: \$	
57.	Does your com	munity produce recycling education	n and out	treach materials	in languages	s besides English?	Yes No
		list other languages used:					
58.	•	your recycling website address and	public ir	nformation phor	ne number if		
	Website:					Phone #:	

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

				nanagement program y's solid waste and n				these programs. T	The following
59.	59. Did your local government operate an Enterprise Fund for solid waste services in FY 16-17? ☐ Yes ☐ No 60. With regards to funding sources, check all that apply to your local government: ☐ Tipping fees ☐ Volume/weight-based fees (e.g. PAYT) ☐ Tire tax ☐ Property taxes / general fund ☐ Sale of recyclables ☐ White Goods tax ☐ Per household charges ☐ Grants ☐ Disposal Tax								
61.				re distributed to elig must be used by a c	_				
		-	istributions being						
62.				17 household fees. (-				
	a. \$		per Mon	th	per	enoid		for solid waste	
	b. \$		per		per			for recycling	
	c. \$		per		per			for yard waste	
	d. \$		per		per			for bulky wast	e
	e. \$		per		per			availability fee	<u>; </u>
	f. \$	19	per Mon	th	per Hous	sehold		total charge	
63.	Did yo	our local governn	nent operate a Pay-	-As-You-Throw pro	gram for resident		e during FY 1		
		g to GS 130A-30g ers of such costs		iments are required	to conduct full	cost accou	nting annual	ly and to develop	a system to
64.	If you	r local governme	nt contracts for sol	id waste or recyclin	g services, please	report the	annual contr	act amount.	
	\$	5		For solid waste s	services per year	•			
	\$								
				OR					
	\$	204,000		Combined Contr	ract (solid waste,	and recycl	ing)		
65.	collect	tion programs for	waste, recyclable	e following table to to s and yard waste incudget in Total Cost	luding materials	•		•	•
			# of Households served	Tons Collected	Collection Cos	T 1	osal Cost g fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)
M	lunicip	al Solid Waste*	865	1,237.93	183,709	68	57,352.83	241,062.51	194
	Recyc	ling Program**	865	59.72		0			
	Yard '	Waste Program	865	260					
		Totals	(calculated by form)	1,557.65	183,709	68	57,352.83	241,062.51	154
66.	*for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill. **for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs								
	proportionately. Landfill Budget: \$ Transfer Station Budget: \$								
			sfer Station Budge						
				Facility Budget: \$					
	***	-	cling Facility Bud					1 < 150 00 < 100	
6/.	What	was your governi	ment's total combi	ned annual budget fo	or all solid waste	and recycl	ing services i	n 16-1/? \$264,000	J

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.							
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: \$						

Name:	5 C.	RAP TIRES				
Address: City: Email: Telephone: Fax: Email: Telephone: Fax: Email: Telephone: Fax: Email: Telephone: Fax: Email: Telephone: Street 1: Street 2: State: North Carolina Zip: Telephone: State: North Caro	76.	•	-	-		
Telephone: Fax: Email: 77. Please provide the physical address of the primary county scrap tires collection site. Street 1: Street 2: City: State: North Carolina Zip: 78. Tonnage/Number of scrap tires disposed July 1, 2016-June 30, 2017 (excluding tires from cleanup of nuisance sites) Tons or Number of tires 79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites 80. Indicate the types of tires collected by the county: Passenger W. Henvy Truck W. Large Off-Road % 81. List the amount of revenue for the scrap tire program by source: Revenue from Scrap Tire Tax Distributions: \$ Revenue from Scrap Tire Clean-up Reimbursements: \$ Revenue from Scrap Tire Cost-Overrun Grants: \$ Revenue from Scrap Tire clean-up Reimbursements: \$ Revenue from Scrap Tire clean-up Reimbursements: \$ Revenue from Scrap Tire Cost-Overrun Grants: \$						Zip:
Street 1: Street 2:				Emai	1:	
Street 2: City: State: North Carolina	77.	Please provide the physical address of the primary of	county scrap tire	es collection sit	e.	
City: State: North Carolina Zip: 78. Tonnage/Number of scrap tires disposed July 1, 2016-June 30, 2017 (excluding tires from cleanup of nuisance sites) Number of tires 79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites Number of lires 80. Indicate the types of tires collected by the county; Passenger		Street 1:				
78. Tonnage/Number of scrap tires disposed July 1, 2016-June 30, 2017 (excluding tires from cleanup of nuisance sites) Tons or Number of tires 79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites Number of tires 80. Indicate the types of tires collected by the county: Passenger						
Tons or Number of tires 79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites 80. Indicate the types of tires collected by the county: Passenger		City:		State: North	n Carolina	Zip:
Tons or Number of tires	78.		16-June 30, 201 or	7 (<u>excluding</u> tin	res from cleanup of nu _Number of tires	tisance sites)
Passenger	79.			ounty designate		
Revenue from Scrap Tire Tax Distributions: Revenue from Tire Fees: Revenue from Scrap Tire Clean-up Reimbursements: Revenue from Scrap Tire Clean-up Reimbursements: Revenue from Scrap Tire Cost-Overrun Grants: Revenue from Scrap Tire Cost-Overrun Grants: Revenue from Scrap Tire Cost-Overrun Grants: Seculuting costs of nuisance tire cleanups, for FY 16-17. County's total scrap tire program contract expenditure (contract disposal/hauling costs), seculuding costs of nuisance tire cleanups, for FY 16-17. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor Seculuting costs of nuisance tire cleanups, for FY 16-17. describe Other: 4. County's contract cost for scrap tire disposal. Seculuting costs or fuel surcharge, if not included in contract cost above. Seculuting costs or fuel surcharge, if not included in contract cost above. Seculuting costs or fuel surcharge, if not included in contract cost above. Seculuting costs or fuel surcharge, if not included in contract cost above. Seculuting costs or fuel surcharge, if not included in contract cost above. Seculuting costs or fuel surcharge, if not included in contract cost above. Seculuting costs or fuel surcharge, if not included in contract cost above. Seculuting costs or fuel surcharge, if not included in contract cost above. Seculuting costs or fuel surcharge, if not included in contract cost above. Seculuting costs or fuel surcharge, if not included in contract cost above. Seculuting costs or fuel surcharge, if not included in contract cost above. Seculuting costs of fuel surcharge, if not included in contract cost above. Seculuting costs of fuel surcharge, if not included in contract cost above. Seculuting costs. Secul	80.	Indicate the types of tires collected by the county: Passenger % Heavy T	ruck	%	Large Off-Road	%
Revenue from Tire Fees: \$ Revenue from Scrap Tire Clean-up Reimbursements: \$ Revenue from Scrap Tire Cost-Overrun Grants: \$ Revenue from Scrap Tire Cost-Overrun Grants: \$ Total Revenue: \$ \$ 82. County's total scrap tire program contract expenditure (contract disposal/hauling costs), excluding costs of nuisance tire cleanups, for FY 16-17. 83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$ Site Cost \$ Other \$ describe Other: 84. County's contract cost for scrap tire disposal. \$ / Ton; \$ / Tire 85. Hauling cost or fuel surcharge, if not included in contract cost above. \$ / Ton; \$ / Tire 86. Total tipping fees collected for tires not eligible for free disposal. \$ 87. Total number of tires collected not eligible for free disposal: 88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No 89. Name of tire disposal/recycling firm(s): **TEMPORARY DISASTER DEBRIS STAGING SITES** 90. Does your local government have a plan in place for management of disaster debris? Yes No 16 yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction of 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 92. 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: David M.Lane Name: Name: Name: Phone: 252-398-4888 Phone: Phone:	81.	1 1 0	•			
Revenue from Scrap Tire Clean-up Reimbursements: \$ Revenue from Scrap Tire Cost-Overrun Grants: \$ Total Revenue: \$ Scounty's total scrap tire program contract expenditure (contract disposal/hauling costs), \$ excluding costs of nuisance tire cleanups, for FY 16-17. 83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$ Site Cost \$ Other \$ County's contract cost for scrap tire disposal. \$ Ton; \$ Tire 84. County's contract cost for scrap tire disposal. \$ Total tipping fees collected for tires not eligible for free disposal. \$ 87. Total number of tires collected not eligible for free disposal: 88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES 90. Does your local government have a plan in place for management of disaster debris? Yes No 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 91. 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: David M.Lane Name: Name: Phone: 252-398-4888 Phone: Phone:		•				
Revenue from Scrap Tire Cost-Overrun Grants: \$ Total Revenue: \$ Total Revenue: \$ Secontry's total scrap tire program contract expenditure (contract disposal/hauling costs), \$ excluding costs of nuisance tire cleanups, for FY 16-17. Socontry's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$ Site Cost \$ Other \$ Accounty's contract cost for scrap tire disposal. \$ Accounty's contract occurs of the clisposal. \$ Accounty is additional scrap tire disposal. \$ Accounty's additional scrap tire disposal. \$ Accounty's additional scrap tire disposal. \$ Accounty's additional scrap tire disposal/hauling costs), if any. Accounty's additional scrap tire disposal/hauling costs, if any. Accounty's additional scrap tire disposal/hauling costs. \$ Accounty's additional scrap tire disposal/hauling. Accounty's additional scrap tire disposal/hauling. Accounty's additional scrap tire dispo						
82. County's total scrap tire program contract expenditure (contract disposal/hauling costs), sexcluding costs of nuisance tire cleanups, for FY 16-17. 83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$ Site Cost \$ Other \$ describe Other: 84. County's contract cost for scrap tire disposal. \$ Hauling cost or fuel surcharge, if not included in contract cost above. \$ / Ton; \$ / Tire 85. Hauling cost or fuel surcharge, if not included in contract cost above. \$ / Ton; \$ / Toris \$ / Torial number of tires collected for tires not eligible for free disposal. \$ / Total tipping fees collected not eligible for free disposal. \$ / Total number of tires collected not eligible for free disposal. \$ // Total number of tires collected not eligible for free disposal. \$ // Total number of tires disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES			ts: \$			
82. County's total scrap tire program contract expenditure (contract disposal/hauling costs), sexcluding costs of nuisance tire cleanups, for FY 16-17. 83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$ Site Cost \$ Other \$ describe Other: 84. County's contract cost for scrap tire disposal. \$ Hauling cost or fuel surcharge, if not included in contract cost above. \$ / Ton; \$ / Tire 85. Hauling cost or fuel surcharge, if not included in contract cost above. \$ / Ton; \$ / Toris \$ / Torial tipping fees collected for tires not eligible for free disposal. \$ // Total number of tires collected not eligible for free disposal. \$ // Total number of tires collected not eligible for free disposal. \$ // Total number of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES						
83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$ Site Cost \$ Other \$ describe Other: 84. County's contract cost for scrap tire disposal. \$ Hauling cost or fuel surcharge, if not included in contract cost above. \$ Total tipping fees collected for tires not eligible for free disposal. \$ Total number of tires collected not eligible for free disposal: 85. Hauling cost or fuel surcharge, if not included in contract cost above. \$ Total tipping fees collected for tires not eligible for free disposal. \$ Total number of tires collected not eligible for free disposal: 86. Total tipping fees collected not eligible for free disposal: 87. Total number of tire disposal/recycling firm(s): 88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No 89. Name of tire disposal/recycling firm(s): 89. Does your local government have a plan in place for management of disaster debris? Yes No 89. If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction 80. 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 80. 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: 81. Name: Name: Name: Name: Name: 82. Phone: Phone:			· —			
Labor \$ Site Cost \$ Other \$ describe Other: 84. County's contract cost for scrap tire disposal. \$	82.	County's total scrap tire program contract expenditue excluding costs of nuisance tire cleanups, for FY 16	re (contract dis 5-17.	posal/hauling c	osts), \$	
Other \$ describe Other:	83.	T -1		renience center	cost), if any.	
84. County's contract cost for scrap tire disposal. \$ / Ton; \$ / Tire 85. Hauling cost or fuel surcharge, if not included in contract cost above. \$ / Ton; \$ / Tire 86. Total tipping fees collected for tires not eligible for free disposal. \$ 87. Total number of tires collected not eligible for free disposal: 88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill?		Site Cost \$				
85. Hauling cost or fuel surcharge, if not included in contract cost above. \$/Ton; \$/Tire 86. Total tipping fees collected for tires not eligible for free disposal. \$ 87. Total number of tires collected not eligible for free disposal: 88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill?YesNo 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES 90. 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 91. 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 92. 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:		Other \$	de	scribe Other: _		
86. Total tipping fees collected for tires not eligible for free disposal. \$ 87. Total number of tires collected not eligible for free disposal: 88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES	84.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire	
87. Total number of tires collected not eligible for free disposal: 88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? \[Yes \] No 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES	85.	Hauling cost or fuel surcharge, if not included in co	ontract cost abo	ove. \$	/ Ton; \$	/ Tire
88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? No 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES 90. 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 91. 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 92. 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: Name: Phone: Phone: Phone:	86.	Total tipping fees collected for tires not eligible for	free disposal.	S		
89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES 90. 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 91. 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 92. 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: Name: Phone: 252-398-4888 Phone: Phone: Phone:	87.	Total number of tires collected not eligible for free	disposal:			
TEMPORARY DISASTER DEBRIS STAGING SITES 90. Does your local government have a plan in place for management of disaster debris?	88.	If scrap tires were not hauled off site by contracted	service provide	r, were they cut	t and disposed in a loc	al landfill? Yes No
90. 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 on the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction on the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction on the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction on the plan is a stand-alone plan or in conjunction with local government or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No 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: Phone: Phone: No	89.	Name of tire disposal/recycling firm(s):				
If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction 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 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: Phone: Phone: Phone: Name: Phone: Name: Phone: Name: Phone: Phone: Phone: Name: N	TE	MPORARY DISASTER DEBRIS STAGI	NG SITES			
91. 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 92. 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: David M.Lane Name: Name: Phone: 252-398-4888 Phone: Phone:	90.		•			No
requirements for public assistance reimbursement in a declared disaster event? Yes No No 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: David M.Lane Name: Name: Phone: Phone:		•	•	•	• 🗀	
your local government: Name: David M.Lane Name: Name: Name: Phone: 252-398-4888 Phone: Phone:	91.					
Name: David M.Lane Name: Name: Phone: 252-398-4888 Phone: Phone:	92.		l address of the	person(s) in ch	arge of the disaster de	bris management program for
Phone: 252-398-4888 Phone: Phone:		•	ne:		Name:	
		Phone: 252-398-4888 Pho				

93.	Please list the temporary disaster debris staging sites in your county or municipality which have been reviewed for conflicts with the Natural Heritage Program (NHP) and the State Historic Preservation Office (SHPO) through coordination with the Solid Waste Section. Please note that the vetting of a site prior to a disaster is advantageous to local governments because a staging site which is found to have impacted federal or state resources after a disaster may cause difficulty for local governments when attempting to obtain FEMA reimbursement. Attach extra sheets, if needed.									
	Disaster Site #	Site Name		Disaster Site #	Site Name					
0.4					· · · · · · · · · · · · · · · · · · ·					
94.	• •	the management of household hazardous	was N		owing a disaster? Yes No					
	J 1									
		BANDONED MANUFACTUR								
96.		ered whether to implement a program for								
	If yes, has your county d	eveloped a written plan for the managen	nent	of abandoned manufact	rured homes? Yes No					
		Part IX.	Coi	mments						
					te your comments about this report or other					
matte	ers regarding solid waste	management in North Carolina. Thank	you f	for your time. You may	submit additional sheets if needed.					
to re	eport. Murfreesboro com tronics recycler for at leas	mingles TVs with electronics and the vo	lume	es are historically small.	nd last year it was not full and had no tons. The town has been using an uncertified Past communications with town staff - DH					
volu	mes of yard waste origina		2015	were in error according	54 US -258 North, Murfreesboro, NC. The g to Mary Whaley at the NC Division of testion # 51 IS CORRECT.					
	TT1 1 0 1 1 7 7		• .	•	All NGDELCG : 22					
	inis form is to be subi	Joseph Fitzpatrick, email: joseph.fitzpa	atricl	@ncdenr.gov phone 9						
		Rob Taylor, email: rob.taylor@	ncde	nr.gov phone: 919-707	7-8139					

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-assistance or e-mail us at Lgteam@ncdenr.gov

