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: Clayton

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 Lgtea | nm@ncdenr.gov by Se | otember 1, 2017. | |
|--|--------------------------------------|----------------------------|-----------------------|-------------------------------------|
| If you have question | ns or need assistance completi | ng this form, please o | call 919-707-8121 | or 919-707-8139. |
| Person Completing This Report: | Timothy S. Simpson | | Title: Public Wo | orks & Utilities Director |
| Mailing Address: PO Box 879 | | City: Clayton | | Zip: 27528 |
| Phone: 919-553-1530 | Fax: 919-553-1541 | | Date: Aug | ust 28, 2017 |
| Email: tsimpson@townofclaytonr | nc.org | | | |
| | Genero | al Instructions | | |
| Please remember that the time per for a specific question. | iod for the report is JULY 1, 2016 | 6 through JUNE 30, 20 | 17. Please check "N | No" if you have nothing to report |
| 1. Did your local government h | nave a Recycling Coordinator or s | imilar position for FY | 16-17? Yes | ⊠ No |
| Name Recycling Coordinato | or (if different from person comple | eting this report.) | | |
| Name: N/A | | | Title: N/A | |
| Address: N/A | | City: N/A | | Zip: N/A |
| Telephone: N/A | Fax: N/A | Email: 1 | N/A | |
| 2. Did your local government h | nave a Solid Waste Director or sin | nilar position for FY 16 | 5-17? Yes | ⊠ No |
| If Yes, Name: N/A | | | Title: N/A | |
| Address: N/A | | City: N/A | | Zip: N/A |
| Telephone: N/A | Fax: N/A | Email: 1 | N/A | |
| 3. Did your local government h | nave dedicated or part-time Solid | d Waste Enforcement S | Staff for FY 16-17? | ⊠ Yes □ No |
| If Yes, Name: Karen Dur | ham | | Title: Code Enfo | rcement Official |
| Address: PO Box 879 | | City: Clayton | | Zip: 27528 |
| Telephone: 919-553-5002 | Fax: 919-553-8919 | Email: 1 | kdurham@townofcl | aytonnc.org |
| 4. Did your local government hall that apply) | nave solid waste ordinances in place | ce addressing any of th | e following during l | FY 16-17? (if yes, please check |
| Disposal Bans | Illegal Dumping Littering | g Other, Please I | Describe: | |
| 5. Did your local government r mulching, composting)? | nanage, provide or contract for an | y solid waste services | in FY 16-17 (e.g., co | ollection, disposal, recycling, No |
| If you arous | er "No" to question 5 the renor | t is complete please. | omail to Lateam@ | nedenn con |

Part I. Waste Reduction and Recycling Programs Serving Government Facilities The following questions pertain to waste reduction and recycling activities / programs that serve local government facilities. Did your local government have a recycling program in place for collecting recyclable materials generated at X □ No public buildings in FY 16-17? 7. Did your local government have any program or policy encouraging or requiring local agencies to X No purchase products with recycled content? Did your local government have a program in place to collect and recycle spent fluorescent lights X Yes No 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) Waste Management Franchised hauler (please specify) Other (please specify)

| 1/. | Please provide the following information about your community: | | | | | | |
|-----|--|--|--|--|--|--|--|
| | a. Total number of households in your jurisdiction? 6,648 | | | | | | |
| | b. Number of households eligible to participate in the curbside recycling program: 6,648 | | | | | | |
| | c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 6,648 | | | | | | |
| 18. | Is public participation in the franchise: Does your franchise consist of: Woluntary or Mandatory One service district or Multiple service districts | | | | | | |
| 19. | What sector(s) of your community was served by the curbside recycling program? ☐ Residential ☐ Commercial ☐ Industrial | | | | | | |
| 20. | If you checked commercial or industrial in question 19, please indicate the number of accounts served: | | | | | | |
| 21. | How frequently were the curbside recyclables collected? Once a week Every other week / biweekly Other | | | | | | |
| 22. | Please describe the collection containers used: ☐ Bins ☐ Blue bags ☐ Multi-bin system ☐ Roll-out carts | | | | | | |
| 23. | Please describe the method / style of recyclable materials handling: curb-sort (collector separates material as collected) | | | | | | |
| 24. | If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used: less than 50 gallon cart | | | | | | |
| DR | OP-OFF RECYCLING PROGRAM | | | | | | |
| 25. | Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 32 | | | | | | |
| 26. | Who collected the recyclable materials for your local government's drop-off recycling program? Local government employees Private contractor | | | | | | |
| | Other (please specify) | | | | | | |
| 27. | Please describe the method / style of recyclable materials handling for your drop-off recycling program: source-separated (citizens separate materials by type) single stream / commingled dual / two stream (paper separated from cans/bottles) don't know / other | | | | | | |
| 28. | Please estimate the number of households served by your drop-off recycling program. | | | | | | |
| 29. | What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial | | | | | | |
| 30. | How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites: | | | | | | |
| 31. | How many of these locations were staffed with attendants? | | | | | | |
| EL | ECTRONICS RECYCLING PROGRAM | | | | | | |
| | se answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any erials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5. | | | | | | |
| 32. | Did your community operate an electronics recycling program in FY 16-17? Yes No, skip to question # 38 | | | | | | |
| | If you did operate an electronics recycling program, please indicate style of program: | | | | | | |
| | ☐ Permanent - Curbside Collection ☐ Permanent - Drop-off ☐ Scheduled Collection Day or Event ☐ Part of HHW Program | | | | | | |
| | If you offer curbside collection of electronics is it: by appointment or unscheduled | | | | | | |
| | If you operate a drop-off electronics program, how many collection sites do you provide? Number of Sites: | | | | | | |

| 33. | Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses |
|------------|---|
| 34. | Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses |
| 35. | DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was eligible to receive proceeds from the State Electronics Management Fund in February of 2017, please provide the following information: |
| | Electronics Management Fund balance as of July 1, 2016: \$ |
| | Electronics Management Funds received from DEQ during FY 16-17 (Feb 2017 distribution): \$ |
| | Electronics Management Funds spent during FY 16-17: \$ |
| | Electronics Management Fund balance as of June 30, 2017: \$ |
| 36. | Briefly explain how Electronics Management Funds were spent during FY 2016-17 (please list items purchased if applicable): |
| | |
| 37. | If you did operate an electronics recycling program, please provide the following information about your vendor / contractor: Name of electronics recycling vendor(s) during FY 16-17: |
| | Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications? |
| OT | THER PUBLIC RECYCLING PROGRAMS |
| the | ase answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the ycling Tonnages Chart on pg 5. |
| 38. 39. | Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or dropoff recycling programs? $\ \ \ \ \ \ \ \ \ \ \ \ \ $ |
| | other than through your curbside or dropoff recycling programs? Yes No |
| 40. | Does your local government provide recycling services to Alcoholic Beverage Commission permit holders? Yes 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 |
| | |
| 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).
 - If you collected single stream or other commingled materials, record Tons in the "Commingled tons" row and then check the box for

| | Curbside | | Drop-off | | All "C | Other" Programs | Total Tons |
|--|----------|----------|----------|------|----------|-----------------|---------------------------------|
| PROGRAM | ⊠ if Yes | Tons | ⊠ if Yes | Tons | ⊠ if Yes | Tons | (totals are calculated by form) |
| GLASS: | | | | | | | |
| Clear | | | | | | | |
| Brown | | | | | | | |
| Green | | | | | | | |
| Mixed | | | | | | | |
| PLASTIC: | | | | | | | |
| PET #1 | | | | | | | |
| HDPE #2 | | | | | | | |
| All Plastic Bottles | | | | | | | |
| Other Plastic Containers | | | | | | | |
| Bulky Rigid Plastics | | | | | | | |
| METAL: | | | | | | | |
| Aluminum Cans | | | | | | | |
| Steel Cans | | | | | | | |
| White Goods | | | | | | | |
| Other Metal | | | | | | | |
| PAPER: | | | | | | | |
| Newsprint (ONP) | | | | | | | |
| Cardboard (OCC) | | | | | | | |
| Magazines (OMG) | | | | | | | |
| Office Paper | | | | | | | |
| Mixed / Other Paper | | | | | | | |
| Cartons / Aseptic Containers | | | | | | | |
| WOOD: | | | | | | | |
| Pallets | | | | | | | |
| Other Wood - DO NOT | | | | | | | |
| report yard waste tons here | | | | | | | |
| OTHER MATERIALS: | | | | | | | |
| Textiles (clothes etc) | | | | | | | |
| Televisions | | | | | | | |
| Other Electronics | | | | | | | |
| C&D Materials Recycling | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Commingle 1 | | | | | | | |
| Commingled tons-check al items collected above | | 1,020.27 | | | | | 1,020.27 |
| TOTAL TONS: | | 1,020.27 | | | | | 1,020.27 |

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)

| Used Used Batte Batte Fluo Prop Used Othe ty Pest pesti NCI (for Late HHV Househo 48. Did If Ye a. V | d Motor Oil d Oil Filters d Antifreeze | ⊠ Yes | No | 1 | Please report in | | |
|--|---|---|---|--------------------------------|---|-----------------|-------------|
| Used Batte Fluo Prop Used Othe ty Pest pesti NCI (for Late HHV Househo 48. Did If Ye a. V | | | | 1 | | 15 gallons | |
| Batte Fluo Prop Usec Othe ty Pest pesti NCI (for Late HHV Househo 48. Did If Ye a. V | d Antifraeze | Yes | ⊠ No | | barrels, or | | lbs |
| Prop Used Othe ty Pest: pest: NCI (for Late HHV Household 18. Did If Year. | u Alluliceze | Yes | ⊠ No | | | gall | lons |
| Prop Used Other ty Pest pest NCI (for Late HHV Household 18. Did If You | teries, Lead Acid | ⊠ Yes | ☐ No | _ 1 | | s, or | lbs |
| Prop Used Othe ty Pest pesti NCI (for Late HHV Household 18. Did If You | teries, Dry Cell | Yes | ⊠ No | | | | lbs |
| Used Othe ty Pest: pest: NCI (for Late HHV Househo 18. Did If Yo a. V | prescent Bulbs/Lights Containing Mercury | Yes | ⊠ No | | lbs, or | # bu | lbs |
| Pestipesti NCI (for Late HHV 48. Did If Year. V | pane Tanks | Yes | ⊠ No | | lbs, or | # ta | ınks |
| Pesti pesti NCI (for Late HHV Househo 18. Did If You | d Cooking Oil / Waste Vegetable Oil | Yes | ⊠ No | | lbs, or | gall | lons |
| pesti NCI (for Late HHV Househo 8. Did If You | er Special Wastes - please provide waste pe here: | Yes | ⊠ No | | | | lbs |
| Late HHV Househo 8. Did If You | icide Containers (NCDA Program, not icides themselves) | Yes | ⊠ No | | lbs, or | | con- |
| HHV Househo 8. Did If Yo a. V | DA Pesticide Disposal Assistance Program management of pesticides, not containers) | ☐ Yes | ⊠ No | | | | lbs |
| 8. Did If Yo a. V | ex Paint (do not include paint collected at W event or by a paint exchange program) | Yes | ⊠ No | | gals, or | | lbs |
| c. I F d. F e. I | es, please respond to the following question was HHW collected at a permitted Tempora How many days was your HHW Program of Did you partner or co-sponsor your HHW propragate list partner(s) Provide number of citizens / households that Did your program accept materials from small yes, please estimate the amount of business. | ry Event or a pen to accept a rogram with a a participated all businesses as material ma | materials durinother local gin your HHW (Conditionall | ng this Fovernment collections | ent? Yes on program this Fiscal of Small Quantity Gen | erators)? | |
| a | Amounts of individual materials collected by about individual materials <u>is not</u> available, p Note, materials listed here should only be the | lease simply | provide total c | quantity | of materials collected | by HHW program | in 48g belo |
| | Used Motor Oil (gal) | Use | d Oil Filters | | # of Barrels, or | lbs. | |
| | Used Antifreeze (gal) | Lea | d Acid Batter | ies (lbs) | Other E | Batteries (lbs) | |
| | Fluorescent Bulbs / Lights Containir | ng Mercury (l | bs) | | _ | | |
| r | Provide Total Quantity of materials collected reported in 48f, please net the weight of those Please list HHW Collection Contractor | • | ut of the total | listed he | | | pou |
| i. E | | | | | | | |

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.

| TI. | · · | | v. Yard vvaste | | | | | |
|------|---|------------------|---|---------------|-------------------------------------|--------------------|---|---|
| | | | | | | | | landfills, incinerators, or i se answer the questions belo |
| | | | | | | | | iterials in this section. |
| 49. | Does your local | l government | operate a yard waste j | program? | Yes |] No If y | es please indicate h | ow yard waste is managed by |
| | | | | _ | | | | waste, compost, or LCID faci |
| 50. | | - | ly impact the amount | • | | | • | |
| 51. | | | were managed by you te, brush, limbs, leav | | | | | OR CUBIC YARDS of |
| | organic materi | Destinati | | Check if used | Tons | Cubic Yard | Please Provide | Name and Location of Facility ng Vegetative Materials |
| | End user (to far | rmer or home | -owner) | | | | | |
| | Your local gove | ernment's mu | lch or compost facility | , | | | | |
| | Other public m | ulch or compo | ost facility | | 528.43 | | Johnston County Yard | Waste Facility |
| | Private mulch or compost facility | | | | | | | |
| | Land clearing a | and inert debri | is landfill (LCID) | | | | | |
| | Energy / Fuel U | Jse (e.g. boile | r fuel market) | | | | | |
| | | Total | | | 528.43 | | | |
| | | | | | | | | formula below to help you |
| | | | | | | | | nen enter the grand total |
| | volume manage | ed by program | n in the appropriate bo X | xes abov | e. <i>Ex. 10 ya</i> ³ X | тиск х 3 аау | $S/WK \times 10 WKS = 480$ | 0 ya³ yd³ |
| | Size of Truck | k (in vards) | Avg. no. of times trucl | c fills each | | s truck is used du | ring year | TOTAL |
| | Size of Trues | k (iii yaras) | | | aste Colle | | | |
| This | section concerns | s your local g | overnment's provision | | | | | |
| 52. | | - | g table about your go | | | | | |
| | Sector | | cts Solid Waste? H | | | 77110 | Collects Solid Waste? | How is Solid Waste Collected? |
| | | | | | - see codes at r | a. Lo | cal government employer Contract | ees 1. Once a week at household 2. Twice a week at household |
| | Residential | . 0 | | 1 | | c. Fra | anchise haulers | 3. Convenience center/greenbox |
| | Commercial | Primary d | | mary | Secondary | | cal government not volved in provision of | 4. As needed or by request5. Daily |
| | Industrial | Primary d | Secondary Pri | mary | Secondary | sei | vice | 6. Other |
| 53. | If you provide 1 | residential wa | ste collection at single | e-family l | households in y | our jurisdicti | on, please answer th | ne following questions: |
| | What type of co | ollection meth | nod is used? | ully Auto | omated S | Semi-Automa | ted Manual | Don't know |
| | What is the star | ndard collection | on frequency? 🛛 V | Veekly | Two tim | nes per week | Other | |
| | What is the type | ical service po | oint for single family l | nousehol | d waste? | Curbside | Back yard / B | ack door |
| | What type of co | ollection conta | ainer is used? 🔀 C | overnme | ent-provided ca | rts Res | sident-provided con | tainer Bags |
| | Do you offer bu | ılky waste co | llection services? | Yes | ☐ No | | | |
| 54. | For municipalit | ies - did your | government collect w | hite good | ds at the curb? | X Yes | No | |
| | If so, were whit | te goods deliv | ered to the county for | marketir | ng? Xes | No | | |
| | | | t VI. Solid Was | | • | _ | | |
| 55. | Did your local issues / activities | | - | _ | inform citizens o Part VII, page | | about solid waste ma | anagement and / or recycling |
| 56. | Please estimate | your annual | budget for solid waste | related e | ducation and o | utreach activi | ties: \$1,000 | |
| 57. | Does your com | munity produ | ce recycling education | and out | reach materials | in languages | besides English? | Yes No |
| | If YES, please | list other lang | uages used: | | | | | |
| 58. | Please provide | your recycling | g website address and | public in | nformation pho | ne number if | applicable. | |
| | Website: | | | | | | Phone #: | |

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

| 00 | icient resources availab ctions deal with funding | | 0 1 0 | | | v | these programs. T | The following |
|-----|--|-----------------------------------|---------------------------|-----------------|------------|--|-------------------------------------|--|
| - | Did your local governm | • • | | | - | | Yes No | |
| 60. | With regards to funding Tipping fees | | | local govern | | PAYT) T | ire tax | |
| | | es / general fund | | • | ees (e.g. | _ | hite Goods tax | |
| - 1 | Per househo | • | Grants | | | | isposal Tax | |
| | NC Solid Waste Dispos According to GS 105-1 | 87.63 these funds n | nust be used by a ci | | | | | |
| | How are disposal tax d | _ | | | | | | |
| 62. | If applicable, please pr | | | | | <u>vear</u> per <u>household j</u> ld | | |
| | | | | | | | | |
| | | | | | | ld | | |
| | c. \$ <u>36.84</u> | per <u>year</u> | | per | nouseho | ld | for yard waste | |
| | d. \$ | per | | per | | | for bulky wast | e |
| | e. \$ | per | | per | | | availability fee | <u>} </u> |
| | f. \$ \(\frac{210.72}{} | per year | | per [| househo | ld | total charge | |
| | Did your local governmare charged a fee by we | | | | | | 16-17? (a system v] No | where residents |
| | ording to GS 130A-309 rm users of such costs. | | ments are required | to conduct | full cost | t accounting annual | lly and to develop | a system to |
| 64. | If your local government | nt contracts for soli | d waste or recycling | g services, p | lease rep | port the annual contr | act amount. | |
| | \$1,084,357 | | For solid waste s | services per | year | | | |
| | \$341,803 | | For recycling per | r year | | | | |
| | | | OR | | | | | |
| | \$ | | _ Combined Contr | act (solid wa | aste, and | l recycling) | | |
| | Collection Programs: P collection programs for not available, please r | waste, recyclables | and yard waste inc | luding mater | | | | |
| | not a vanasie, preuse 1 | # of Households served | Tons Collected | Collection | ı Cost | Disposal Cost (tipping fees paid) | Total Cost including overhead | Cost Per Ton Managed (calculated by form) |
| M | unicipal Solid Waste* | 6,648 | 5,691.28 | 5 | 69,946 | 261,952 | 831,898 | 146 |
| | Recycling Program** | 6,648 | 1,020.27 | 3 | 341,803 | | 341,803 | 335 |
| | Yard Waste Program | 6,648 | 528.43 | 2 | 252,459 | | 252,459 | 477 |
| | Totals | (calculated by form): | 7,239.98 | 1,1 | 64,208 | 261,952 | 1,426,160 | 196 |
| | *for materials collected and | = | _ | | | | | |
| 66 | **for materials collected by If your government open | | | | | | | |
| | facility operations (rou | nd to nearest dollar) |). If budgets for dif | fferent facilit | ties are o | combined, please att | empt to allocate co | |
| | proportionately. Land | itill Budget: sfer Station Budget | | | | | | |
| | | • | . Ψ Facility Rudget: Φ | | | | | |
| | | cling Facility Budg | | | | | | |
| | - | | | | aste and | l recycling services i | in 16-17? \$ | |

Part VIII. County Mandated Programs

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

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

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

| Does your plan address the man | agement of household hazardous | s waste and white goods following | a disaster? Yes No |
|----------------------------------|-----------------------------------|--|--|
| Does your plan address mass an | imal mortality? Yes | No | |
| NAGEMENT OF ABANI | DONED MANUFACTUR | ED HOMES BY COUNTI | ES |
| Has your county considered who | ether to implement a program for | r the management of abandoned m | nanufactured homes? Yes N |
| If yes, has your county develope | ed a written plan for the manager | ment of abandoned manufactured | homes? Yes No |
| | Part IX. | Comments | |
| | | cessary. We would appreciate you you for your time. You may subm | or comments about this report or other it 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 https://deq.nc.gov/conservation/recycling-assistance or e-mail us at Lgteam@ncdenr.gov

