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: Marion

State of North Carolina

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

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

COMPLETION AND SUBMISSION OF THIS REPORT WILL FULFILL THE ANNUAL REPORTING MANDATE TO THE STATE AS REQUIRED BY G.S. 130A-309.09A.

		Please submit this form to Lgte	am@ncdenr.gov by Septo	ember 1, 2017.	
	If you have questic	ons or need assistance completi	ing this form, please ca	ll 919-707-8121	or 919-707-8139.
Per	son Completing This Report:	Jimmy Lewis		Title: Sanitation	Supervisor
Ma	iling Address: p.o box 700		City: Marion		Zip: 28752
Pho	one: 828-652-4224	Fax: 828-652-3843		Date:	
Em	ail: jlewis@marionnc.org				
		Gener	al Instructions		
	ase remember that the time pe a specific question.	riod for the report is JULY 1, 201	6 through JUNE 30, 2017	. Please check "N	o" if you have nothing to report
1.	Did your local government	have a Recycling Coordinator or s	similar position for FY 16	-17? X Yes	☐ No
	Name Recycling Coordinate	or (if different from person comple	eting this report.)		
	Name:			Title:	
	Address:		City:		Zip:
	Telephone:	Fax:	Email:		
2.	Did your local government	have a Solid Waste Director or sir	milar position for FY 16-1	7? Xes	☐ No
	If Yes, Name:			Title:	
	Address:		City:		Zip:
	Telephone:	Fax:	Email:		
3.	Did your local government	have dedicated or part-time Soli	d Waste Enforcement Sta	ff for FY 16-17?	⊠ Yes □ No
	If Yes, Name:			Title:	
	Address:		City:		Zip:
	Telephone:	Fax:	Email:		
4.	Did your local government all that apply)	have solid waste ordinances in pla	ace addressing any of the	following during F	Y 16-17? (if yes, please check
	□ Disposal Bans □	☐ Illegal Dumping ☐ Litterin	g Other, Please De	scribe:	
5.	Did your local government mulching, composting)?	manage, provide or contract for ar	ny solid waste services in	FY 16-17 (e.g., co	ollection, disposal, recycling, No
	If you answ	or "No" to question 5 the reno	rt is complete please en	— nail to Lateam@n	_

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 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 13 If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public: Paint exchange Number of gallons recovered? Swap shop/shed Number of sheds in use? Other (e.g. pallet exchange, etc.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 2016 through June 30, 2017? My local government **DID operate or contract** for a recyclables recovery program. (please continue to question 15) My local government DID NOT operate or contract for recyclables recovery BUT DID participate in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; then go to Part IV on page 7.) With which local government did you participate? My local government **DID NOT operate**, contract or participate in a recycling program. (Go to Part IV on page 7.) If your local government **DID** operate or contract for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s). CURBSIDE RECYCLING PROGRAM Did your government operate a Curbside Recycling Program? X Yes No, skip to question # 25 Who collected the recyclable materials for your local government's curbside recycling program? 16. □ Local government employees Private contractor (please specify) Franchised hauler (please specify) Other (please specify)

	Please provide the following information about your community:
	a. Total number of households in your jurisdiction? 3,018
	b. Number of households eligible to participate in the curbside recycling program: 3,018
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 1,535
18.	If your curbside recycling program is operated through a <u>public franchise granted to a private company</u> then please answer the following: Is public participation in the franchise: Voluntary or Mandatory Does your franchise consist of: One service district or Multiple service districts
19.	What sector(s) of your community was served by the curbside recycling program? Residential Commercial Industrial
20.	If you checked commercial or industrial in question 19, please indicate the number of accounts served:
21.	How frequently were the curbside recyclables collected? ☑ Once a week ☐ 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
mate	use 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.	
	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	HER PUBLIC RECYCLING PROGRAMS
<u>the</u> <u>l</u>	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.
	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? $\ \ \ \ \ \ \ \ \ \ \ \ \ $
39.	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? \square Yes \bowtie 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: 6
	Public drop-off recycling sites available for ABC On Premises Permit holders to use
41.	Does your local government operate a program to recycle Construction and Demolition materials? Yes No If yes, please check all materials that were recycled and report tonnages in tonnage table on page 5:
	☐ Clean Wood ☐ Brick, concrete, etc. ☐ Sheetrock ☐ Vinyl siding ☐ Shingles ☐ Metals ☐ Other
42.	Does your local government have an ordinance regulating the construction and demolition waste stream with the intention of encouraging or requiring waste reduction or recycling of these materials?
43.	Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 16-17. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)
	☐ Public Parks Recycling Program ☐ Athletic Field /Venue Recycling Program
	☐ 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.
	6

RECYCLING TONNAGES FROM PUBLIC PROGRAMS

- 45. a. Enter data in the table below for ALL recycling programs operated or contracted for by your local government. Provide TONNAGES (or estimates) for each material collected for the period JULY 1, 2016 through JUNE 30, 2017. DO NOT include materials that were not collected or managed by your local government either directly or under contract to a private service provider.
 - b. Do NOT report YARD WASTE, TIRES, HHW, USED OIL, OIL FILTERS, ANTI-FREEZE, BATTERIES or other SPECIAL WASTE tonnages on this page - these items should be reported in other sections of report form. See page 6 for SPECIAL WASTES.
 - c. Please report materials collected in tons only. Please only extend numbers to two decimal places (x.xx).
 - d. If you collected single stream or other commingled materials, record Tons in the "Commingled tons" row and then check the box for

DD OCD AND	Cu	ırbside		Drop-off	All "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:	<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:					2		
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		2,032.94					2,032.94
TOTAL TONS:		2,032.94					2,032.94
					-		

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	NoNo		barrels, or		lbs gallons	
	⊠ No		-		gallons	
Yes					Sanons	
	⊠ No		# batteries	, or	lbs	
Yes	⊠ No				lbs	
Yes	⊠ No		lbs, or	#	bulbs	
☐ Yes	⊠ No		lbs, or		# tanks	
Yes	⊠ No		lbs, or		gallons	
Yes	⊠ No				lbs	
Yes	⊠ No		lbs, or		# con- tainers	
Yes	⊠ No				lbs	
Yes	⊠ No		gals, or		lbs	
rogram with	another <u>local</u> go	collection progra	Yes N	Year?		
		Exempt Small (-		Yes	No
lease simply	y provide total q	uantity of materia	als collected b	y HHW progr	am in 48g	below.
U	sed Oil Filters	# of Ba	arrels, or	lbs.		
L	ead Acid Batteri	es (lbs)	Other B	atteries (lbs)		
ng Mercury	(lbs)					
•	out of the total l	isted here.				pound
or event(s)						,
	Yes	Yes No No Yes No Yes No Honally Exempt Small Quaterial Small Quate	Yes No Yes Yes No Yes Yes No Yes Yes Yes No Yes	Yes No lbs, or Yes No lbs, or Yes No lbs, or Yes No lbs, or Yes No gals, or Honally Exempt Small Quantity Generator (CESQG) Penazardous waste collection program or event in FY 16-17 is: lary Event or at a Permanent HHW Collection Facility? Instruction of the control of the program with another local government? Yes No It participated in your HHW collection program this Fiscal all businesses (Conditionally Exempt Small Quantity Genesis material managed pounds by HHW Program: if totals for individual materials are knowlease simply provide total quantity of materials collected to ose collected at an HHW Program and should not include used Oil Filters # of Barrels, or Lead Acid Batteries (lbs) Other Busy Mercury (lbs) Other Busy Mercury (lbs) In dy Yes Individual materials were seem aterials out of the total listed here. Individual materials were seem aterials out of the total listed here.	Yes No lbs, or Yes No lbs, or Yes	Yes No lbs, or # tanks Yes No lbs, or gallons Yes No lbs, or # containers Yes No lbs, or # containers Yes No lbs lbs Yes No gals, or lbs Hoazardous waste collection program or event in FY 16-17? Yes No Is: Permanent HHW Collection Facility? Permanent Temporate or accept materials during this Fiscal Year? Frogram with another local government? Yes No It participated in your HHW collection program this Fiscal Year? No It participated in your HHW collection program this Fiscal Year? Yes Is smaterial managed pounds Is yHHW Program: If totals for individual materials are known please itemize below. Please simply provide total quantity of materials collected by HHW program in 48g ose collected at an HHW Program and should not include materials listed in question. It used Oil Filters # of Barrels, or lbs. Lead Acid Batteries (lbs) Other Batteries (lbs) In generators (lbs) Other Batteries (lbs) In generators (lbs) Other Batteries (lbs)

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.

	section concerns management of vegetative n	naterials.	Yard waste ma	y not be d	disposed in sanita	ry landfills, incinerators, or	
	ermitted sites and it is illegal to burn. Composti ut your management of vegetative materials. Do t						M
			v	v	0		
49.	Does your local government operate a yard wast checking all that apply: \bigotimes Collected curbside			_	• •	e how yard waste is managed by	-
50.	Did a storm event significantly impact the amou					1	
51.	What quantities of materials were managed by y	•			•		
	organic material (yard waste, brush, limbs, le						
	Destination	Check if used	Tons	Cubic Ya		ide Name and Location of Facility viving Vegetative Materials	
	End user (to farmer or home-owner)						
	Your local government's mulch or compost facil	ity 🗌					
	Other public mulch or compost facility						
	Private mulch or compost facility						
	Land clearing and inert debris landfill (LCID)						
	Energy / Fuel Use (e.g. boiler fuel market)						
	Total						
	YARD WASTE MANAGEMENT FORMULA:						
	estimate yard waste volume. Calculate for each volume managed by program in the appropriate			_	1 0	0	
	Volume managed by program in the appropriate X					yd ³	
	Size of Truck (in yards) Avg. no. of times tr					TOTAL	
			Vaste Colle				
This	section concerns your local government's provisi						
52.	· · · · · · · · · · · · · · · · · · ·						
	Sector Who Collects Solid Waste?	ī		ootod?	ho Collects Solid Wast	te? How is Solid Waste Collected	?
	Insert Letter - see codes at right			ight a.	Local government empl	loyees 1. Once a week at household	_
	Residential		1 Secondary	c. 1	By Contract Franchise haulers	2. Twice a week at household3. Convenience center/greenbox	
	Commercial	Primary	Secondary		Local government not involved in provision of	4. As needed or by request5. Daily	
	Industrial Primary d Secondary	Primary	Secondary		service	6. Other	
53.	If you provide <u>residential</u> waste collection at sin	gle-family	households in y	our jurisdio	ction, please answe	r the following questions:	
	What type of collection method is used?	Fully Aut	omated S	Semi-Autor	nated 🔀 Manu	al Don't know	
	What is the standard collection frequency? \square	Weekly	Two tim	nes per wee	k Other		
	What is the typical service point for single famil	y househol	ld waste?	Curbside	e 🔀 Back yard	Back door	
	What type of collection container is used?	Governm	ent-provided ca	rts 🔀 R	Resident-provided c	container Bags	
	Do you offer bulky waste collection services?	Yes Yes	☐ No				
54.	For municipalities - did your government collect If so, were white goods delivered to the county f	_		∑ Yes	No		
	Part VI. Solid Wa			No Educe	tional Activi	tios	
55.	Did your local government have an education		• •	_			_
55.			o Part VII, page		y about sond waste	management and / or recycling	3
56.	Please estimate your annual budget for solid was	ste related	education and o	utreach acti	ivities: \$		
57.	Does your community produce recycling educat	ion and ou	treach materials	in languag	es besides English	? Yes No	
	If YES, please list other languages used:						
58.	Please provide your recycling website address an	nd public in	nformation phoi	ne number i			
	Website:				Phone #:		

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

	ficient resources availab stions deal with funding					these programs. T	The following
	Did your local governm With regards to funding Tipping fees Property tax Per househo	g sources, check all s ses / general fund	that apply to your l	local government: eight-based fees (e.g	. PAYT) T	Yes No Tire tax White Goods tax Disposal Tax	
61.	NC Solid Waste Dispos According to GS 105-1	sal Tax proceeds are	e distributed to elig		nts on a quarterly ba	asis by the Departn	
<i>c</i> 2	How are disposal tax d	_				C 1: 1	
02.	If applicable, please pr a. \$			e.g., a. <u>\$43.00</u> per per			
							,
				per			
	c. \$	per		per		for yard waste	
	d. \$	per		per		for bulky wast	e
	e.\$	per		per		availability fee	<u> </u>
	f. \$	per		per		total charge	
63.	Did your local governmare charged a fee by we					16-17? (a system v] No	where residents
	cording to GS 130A-309 orm users of such costs.		ments are required	to conduct full cos	t accounting annua	lly and to develop	a system to
64.	If your local government	nt contracts for soli	d waste or recycling	g services, please rej	port the annual cont	ract amount.	
	\$		_ For solid waste s	services per year			
	\$		For recycling per	r year			
	¢		OR	. (1:1	1 1')		
	\$			act (solid waste, and			
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	and yard waste inc	luding materials col			
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)
M	Iunicipal Solid Waste*	3,018	3,853.37	273,964	93,605	367,569	9:
	Recycling Program**	3,018	296.03	41,238		41,238	139
	Yard Waste Program	3,018	501.33	58,477	14,041	72,518	144
		(calculated by form):	4,650.73	373,679		481,325	103
66.	*for materials collected and **for materials collected by If your government operacility operations (round proportionately. Land	y public recycling progra erates a landfill, tran nd to nearest dollar)	ams including those servinsfer station, yard w 1. If budgets for diff \$	vices offered to commerc vaste /compost facili	ial and industrial generat ity or recycling facil combined, please att	ity, please provide tempt to allocate co	total budget for
	Yard	Waste / Compost I	Facility Budget: \$				
		cling Facility Budg					
67.	What was your government	ment's total combine	ed annual budget fo	or all solid waste and	d recycling services	in 16-17? \$ <u>738,91</u> 3	3

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 TIKES				
76.	Please provide name, address, phone number, and Name:	•	•		
	Address:				
	Telephone: Fax:		Emai	1:	
77.	Please provide the physical address of the primary	county scrap tire	es collection site	e.	
	Street 1:				
	Street 2:				
	City:		State: North	Carolina	Zip:
78.	Tonnage/Number of scrap tires disposed July 1, 2 Tons	016-June 30, 201 s or	7 (<u>excluding</u> tir	res from cleanup of nu_ Number of tires	iisance sites)
79.	Tonnage/Number of scrap tires disposed from cle		ounty designate	ed nuisance sites Number of tires	
80.	Indicate the types of tires collected by the county: Passenger % Heavy		%	Large Off-Road	%
81.	List the amount of revenue for the scrap tire progr	•			
	Revenue from Scrap Tire Tax Distributions:				
	Revenue from Tire Fees:				
	Revenue from Scrap Tire Clean-up Reimburseme	ents: \$			
	Revenue from Scrap Tire Cost-Overrun Grants:				
	Total Revenue:	\$			
82.	County's total scrap tire program contract expendi excluding costs of nuisance tire cleanups, for FY	ture (contract dis 16-17.	posal/hauling c	osts), \$	
83.	County's additional scrap tire program expenditur Labor \$		renience center	cost), if any.	
	Site Cost \$				
	Other \$	de	scribe Other: _		
84.	County's contract cost for scrap tire disposal. \$ _		/ Ton; \$	/ Tire	
85.	Hauling cost or fuel surcharge, if not included in	contract cost abo	ove. \$	/ Ton; \$	/ Tire
86.	Total tipping fees collected for tires not eligible fe	or free disposal. S	S		
87.	Total number of tires collected not eligible for fre				
88.	If scrap tires were not hauled off site by contracte	d service provide	r, were they cut	and disposed in a loc	eal landfill? Yes No
89.	Name of tire disposal/recycling firm(s):				
TE	MPORARY DISASTER DEBRIS STAC				
90.	Does your local government have a plan in place	for management	of disaster debri	is? Xes	☐ No
	If yes, indicate if the plan is a stand-alone plan or	in conjunction w	ith local govern	ment agencies:	Stand-alone
91.	If you indicated having a plan, has the plan been requirements for public assistance reimbursement			nnagement or FEMA t	to ensure it meets the basic No
92.	Please list the name, contact numbers(s), and e-ma	ail address of the	person(s) in cha	arge of the disaster de	ebris management program for
	your local government: Name: Brant Sikes Name:	ame: jimmy lewi	S	Name:	
		one: 828652422			
		mail: jlewis@mario		 E-mail:	
	<u> </u>				

Disaster Site #	cause difficulty for local governments when at Site Name	Disaster Site #	Site Name
Does your plan address	the management of household hazard	ous waste and white goods follow	ing a disaster?
Does your plan address	mass animal mortality? Yes	☐ No	
	ABANDONED MANUFACTU	DED HOMES BY COLIN	TIEC
•	ered whether to implement a program	9	
	developed a written plan for the mana	9	
If yes, has your county of	developed a written plan for the mana $\operatorname{\textbf{Part}} \mathbf{D}$	gement of abandoned manufacture C. Comments	ed homes? Yes No
If yes, has your county of this section to elaborate of	developed a written plan for the mana	gement of abandoned manufacture Comments necessary. We would appreciate	ed homes? Yes No
If yes, has your county of this section to elaborate of	developed a written plan for the mana Part IX on any info provided in your report as	gement of abandoned manufacture Comments necessary. We would appreciate	ed homes? Yes No
If yes, has your county of this section to elaborate of	developed a written plan for the mana Part IX on any info provided in your report as	gement of abandoned manufacture Comments necessary. We would appreciate	ed homes? Yes No
If yes, has your county of this section to elaborate of	developed a written plan for the mana Part IX on any info provided in your report as	gement of abandoned manufacture Comments necessary. We would appreciate	ed homes? Yes No
If yes, has your county of this section to elaborate of	developed a written plan for the mana Part IX on any info provided in your report as	gement of abandoned manufacture Comments necessary. We would appreciate	ed homes? Yes No
If yes, has your county of this section to elaborate of	developed a written plan for the mana Part IX on any info provided in your report as	gement of abandoned manufacture Comments necessary. We would appreciate	ed homes? Yes No
If yes, has your county of this section to elaborate of	developed a written plan for the mana Part IX on any info provided in your report as	gement of abandoned manufacture Comments necessary. We would appreciate	ed homes? Yes No
If yes, has your county of this section to elaborate of	developed a written plan for the mana Part IX on any info provided in your report as	gement of abandoned manufacture Comments necessary. We would appreciate	ed homes? Yes No
If yes, has your county of this section to elaborate of	developed a written plan for the mana Part IX on any info provided in your report as	gement of abandoned manufacture Comments necessary. We would appreciate	ed homes? Yes No
If yes, has your county of this section to elaborate of	developed a written plan for the mana Part IX on any info provided in your report as	gement of abandoned manufacture Comments necessary. We would appreciate	ed homes? Yes No
If yes, has your county of this section to elaborate of	developed a written plan for the mana Part IX on any info provided in your report as	gement of abandoned manufacture Comments necessary. We would appreciate	ed homes? Yes No

This form is to be submitted electronically. If you require assistance, please contact one of these NC DEACS staff members:

Joseph Fitzpatrick, email: joseph.fitzpatrick@ncdenr.gov phone 919-707-8121

Rob Taylor, email: rob.taylor@ncdenr.gov phone: 919-707-8139

The Division of Environmental Assistance and Customer Service Local Government Assistance Team is ready to assist you in any way we can. Please visit our Web site at https://deq.nc.gov/conservation/ recycling/local-government-recycling-assistance or e-mail us at Lgteam@ncdenr.gov

