## **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: <u>http://deq.nc.gov/about/divisions/waste-management/solid-waste-section/annual-reporting</u>
- 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: <u>https://get.adobe.com/reader/</u> - 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

Environmental Quality

**Required** - Enter Your Local Government Name: Carolina Beach

**State of North Carolina** 

Department of Environmental Quality Local Government Report Form Division of Waste Management & Division of Environmental Assistance and Customer Service

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

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U	MANDA	TE TO THE STATE A					
	Pl	ease submit this form to Lgtea	am@ncdenr.gov by Septem	oer 1, 2017.			
	If you have questions of	or need assistance completi	ng this form, please call 9	019-707-8121 d	or 919-707-8139.		
Perso	on Completing This Report: Bria	an Stanberry	Ti	tle: Assistant C	Operations Director		
Maili	ing Address: 121 North Lake Par	k Blvd.	City: Carolina Beach		Zip: 28428		
Phon	e: 910-443-1837	Fax: 910-458-2528		Date: 9-11-1	17		
Emai	l: brian.stanberry@carolinabeacl	h.org					
		Gener	al Instructions				
	e remember that the time period	for the report is JULY 1, 2010	6 through JUNE 30, 2017. F	lease check "No	o" if you have nothing to report		
	specific question. Did your local government have	a Recycling Coordinator or s	imilar position for FY 16-17	? 🛛 Yes	No		
			*	. 105			
	Name Recycling Coordinator (if different from person completing this report.)						
	Name:		Title:				
	Address:		City:		Zip:		
	Telephone:	Fax:	Email:				
2.	Did your local government have	a Solid Waste Director or sin	nilar position for FY 16-17?	Xes Yes	No		
	If Yes, Name: Vacant		Title: Public Works Supervisor				
	Address: 1121 North Lake Park	Blvd.	City: Carolina Beach		Zip: 28428		
	Telephone: 910-604-8403	Fax: 910-458-2528	Email: NA				
3.	Did your local government have	dedicated or part-time Soli	d Waste Enforcement Staff f	or FY 16-17?	Yes No		
	If Yes, Name:		Title:				
	Address:		City:		Zip:		
	Telephone:	Fax:	Email:				
	Did your local government have all that apply)	solid waste ordinances in pla	ce addressing any of the foll	owing during F	Y 16-17? (if yes, please check		
	🔀 Disposal Bans 🛛 🕅 Il	legal Dumping 🛛 🗌 Litterin	g Other, Please Descri	be:			
	Did your local government mana mulching, composting)?	age, provide or contract for ar	ny solid waste services in FY	7 16-17 (e.g., col ⊠ Yes	llection, disposal, recycling,		

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	The following questions pertain to waste reduction and recycling activities / programs that serve local government facilities.									
6.	Did your local government have a recycling program in place for collecting recyclable materials generated at Yes INO public buildings in FY 16-17?									
7.	Did your local government have any program or policy encouraging or requiring local agencies to Yes No purchase products with recycled content?									
8.	Did your local government have a program in place to collect and recycle spent fluorescent lights 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									
SO	URCE REDUCTION / REUSE									
9.	Did your local government have a backyard composting program?  Yes  No									
10.	If yes, please check all backyard composting activities that apply:									
	Education Demonstration site(s) Bin distribution/sales Number of Bins distributed?									
11.	Did your local government operate a program to promote source reduction efforts such as junk mail reduction, 🗌 Yes 🕅 No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives?									
12.	Did your local government offer a waste exchange or reuse program? 🗌 Yes 🕅 No									
13	If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public:									
	Swap shop/shed Number of sheds in use? Paint exchange Number of gallons recovered?									
	Other (e.g. pallet exchange, etc.)									
PU	BLIC RECYCLING SERVICES									
14.	Which of the following responses best describes your recyclables recovery activities for the period July 1, 2016 through June 30, 2017?									
	My local government <b>DID operate or contract</b> for a recyclables recovery program. ( <b>please continue to question 15</b> )									
	My local government <b>DID NOT operate or contract</b> for recyclables recovery <b>BUT DID participate</b> in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; <b>then go to Part IV on page 7</b> .)									
	With which local government did you participate?									
	My local government <b>DID NOT operate, contract or participate</b> in a recycling program. ( <b>Go to Part IV on page 7</b> .)									
	our local government <b>DID operate or contract</b> for a recyclables recovery program, please indicate in the owing sections the type of program in operation and provide specifics about your program(s).									
CU	RBSIDE RECYCLING PROGRAM									
15.	Did your government operate a Curbside Recycling Program? 🔀 Yes 🗌 No, skip to question # 25									
16.	Who collected the recyclable materials for your local government's curbside recycling program?									
	Local government employees									
	Private contractor (please specify)									
	Franchised hauler (please specify)   Waste Industries									
	Other (please specify)									

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 4,379
	b. Number of households eligible to participate in the curbside recycling program: 4,379
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 4,379
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?         Image: Sector Secto
20.	If you checked commercial or industrial in question 19, please indicate the number of accounts served: 177
21.	How frequently were the curbside recyclables collected? Once a week  Other
22.	Other
23.	Please describe the method / style of recyclable materials handling:         □ curb-sort (collector separates material as collected)       □ single stream / commingled         □ dual / two stream       □ don't know / other
24.	If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used:          Iss than 50 gallon cart       65 gallon cart         95 gallon cart       multiple sizes of cart available
DR	OP-OFF RECYCLING PROGRAM
25.	Did your government operate a Drop-off Recycling Program? Yes Xo, 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? All None Some please list # of staffed sites:
EL	ECTRONICS RECYCLING PROGRAM
	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.	Did your community operate an electronics recycling program in FY 16-17? Yes Xo, 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 colle	et or accept televisions from	(check all that apply):	X Residences	Businesses

- 34. Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses
- DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was 35. 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: \$

Briefly explain how Electronics Management Funds were spent during FY 2016-17 (please list items purchased if applicable): 36.

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? No

#### OTHER PUBLIC RECYCLING PROGRAMS

Please answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by
the local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the
Recycling Tonnages Chart on pg 5.

38.	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? $\Box$ Yes $\boxtimes$ No
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? $\Box$ Yes $\boxtimes$ No

40.	Does your local government provide recy	cling services to Alcoholic Beverage Commission permit holders? Xes	No No
	On-site collection services provided	If on-site collection provided, please estimate # of ABC accounts served: 17	

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.		overnment have an ordinance of encouraging or requiring	0 0			am 🛛 Yes	No

- Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 16-17. 43. (check all that apply and if possible indicate tonnages on page 5 in "Other" column)
  - Athletic Field /Venue Recycling Program Public Parks Recycling Program
  - Recycling Service for Special Events / Festivals Pedestrian Recycling Program
- Please identify all "Other" programs or services operated by your government during FY 16-17. (check all that apply and if possible 44 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 each individual material type that was commingled.

DDOCDAM	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	$\square$							
Brown	$\square$							
Green	$\square$							
Mixed	$\square$							
PLASTIC:								
PET #1	$\square$							
HDPE #2	$\square$							
All Plastic Bottles	$\square$							
Other Plastic Containers	$\square$							
Bulky Rigid Plastics	$\square$							
METAL:								
Aluminum Cans	$\square$							
Steel Cans	$\square$							
White Goods								
Other Metal	$\square$							
PAPER:								
Newsprint (ONP)	$\square$							
Cardboard (OCC)	$\square$							
Magazines (OMG)	$\square$							
Office Paper	$\square$							
Mixed / Other Paper	$\square$							
Cartons / Aseptic Containers	$\square$							
WOOD:								
Pallets								
Other Wood - DO NOT								
report yard waste tons here <b>OTHER MATERIALS</b> :								
Textiles (clothes etc)								
Televisions								
Other Electronics								
C&D Materials Recycling								
Commingled tons-check all items collected above		980.56					980.56	
TOTAL TONS:		980.56					980.56	

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 <u>only</u> 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.

a		**7 4	<b>A H U</b>			36 / 13				<b>A H H</b>	D	
S	pecial	Waste	Collections	(Do No	t Include	Materials	Collected	as part of	t an HHW	Collection	<b>Program</b>	or Event)

4

47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		m collect this m the public?	# of sites	# of sitesData on quantities collected / managed Please report in indicated units.					
	Used Motor Oil	Yes	No No			gallo				
	Used Oil Filters	Yes	No No		barr	els, or		lbs		
	Used Antifreeze	Yes	No No				gal	lons		
	Batteries, Lead Acid	Yes	No No		# b	atteries, o	r	lbs		
	Batteries, Dry Cell	Yes	No No		·		_	lbs		
	Fluorescent Bulbs/Lights Containing Mercury	Yes	No No			lbs, or	# bu	llbs		
	Propane Tanks	Yes	No No			lbs, or	# ta	anks		
	Used Cooking Oil / Waste Vegetable Oil	Yes	No No			lbs, or	gal	lons		
	Other Special Wastes - please provide waste type here:	Yes	No No					lbs		
	Pesticide Containers (NCDA Program, not pesticides themselves)	Yes	No No			lbs, or		con- iners		
	NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	Yes	No No					lbs		
	Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	Yes	No No			gals, or		lbs		
	<ul> <li>b. How many days was your HHW Program op</li> <li>c. Did you partner or co-sponsor your HHW pr</li> <li>Please list partner(s)</li> <li>d. Provide number of citizens / households that</li> <li>e. Did your program accept materials from sma</li> <li>If yes, please estimate the amount of business</li> <li>f. Amounts of individual materials collected by</li> <li>about individual materials is not available, p</li> <li>Note, materials listed here should only be the</li> <li>Used Motor Oil (gal)</li> <li>Used Antifreeze (gal)</li> </ul>	ogram with a participated all businesses is material ma y HHW Progi lease simply ose collected Use	another <u>local</u> g in your HHW (Conditionall anaged ram: if totals f provide total c at an HHW P ed Oil Filters	collectio y Exemp for indivi quantity rogram a	ent? Yes on program this ot Small Quantit dual materials a of materials coll and should not in _ # of Barrels,	ty Generat pounds are known lected by l nclude ma or	tors)? Ye please itemize HHW program terials listed in lbs.	below. If data in 48g below. question 47.		
	Fluorescent Bulbs / Lights Containing Mercury (lbs)									
	<ul> <li>g. Provide Total Quantity of materials collected reported in 48f, please net the weight of thos</li> <li>h. Please list HHW Collection Contractor</li> </ul>	l by HHW Pr e materials o	rogram. If ind ut of the total	ividual r listed he	re.			pound		
	i. Estimated cost of HHW / CESQG program of	or event(s) \$								

2016-2017 Local Government Annual Report *Report Due Date: September 1, 2017* Submit to: Lgteam@ncdenr.gov

is only to be completed by Counties.

#### Part IV. Yard Waste, Mulching and Composting Management

This section concerns management of vegetative materials. Yard waste may not be disposed in sanitary landfills, incinerators, or in unpermitted sites and it is illegal to burn. Composting and mulching are popular management options. Please answer the questions below about your management of vegetative materials. Do not include information on food waste or non-vegetative materials in this section.

- 49. Does your local government operate a yard waste program? ⊠ Yes □ No If yes please indicate how yard waste is managed by checking all that apply: ⊠ Collected curbside □ Collected at convenience center □ Received at yard waste, compost, or LCID facil.
- 50. Did a storm event significantly impact the amount of yard waste your government managed during FY 16-17? 🗌 Yes 🛛 No
- 51. What quantities of materials were managed by your yard waste program? Provide information in TONS OR CUBIC YARDS of
  - organic material (yard waste, brush, limbs, leaves, etc.) managed. For conversion purposes, use 400 lbs./cubic yd.

Destination	Check if used	Tons	Cubic Yards	Please Provide Name and Location of Facility Receiving Vegetative Materials
End user (to farmer or home-owner)				
Your local government's mulch or compost facility				
Other public mulch or compost facility				
Private mulch or compost facility				
Land clearing and inert debris landfill (LCID)	$\boxtimes$	240.61		New Hanover County Landfill
Energy / Fuel Use (e.g. boiler fuel market)				
Total		240.61		

YARD WASTE MANAGEMENT FORMULA: If yard waste quantities are not tracked, you may use this formula below to help you estimate yard waste volume. Calculate for each truck used in your yard waste management program, and then enter the grand total volume managed by program in the appropriate boxes above. *Ex.* 10 yd<sup>3</sup> truck x 3 days/wk x 16 wks = 480 yd<sup>3</sup>

	_ X	X	Κ	=		$yd^3$
Size of Truck (in yards)	Avg. no. of times	truck fills each week	# of weeks truck is used during year		TOTAL	
	Part V	. Solid Wast	e Collection Services			

This section concerns your local government's provision of solid waste (garbage) collection services.

52. Please complete the following table about your government's solid waste collection system.

	Sector			ts Solid V see codes				Waste Collee codes at 1		Who Collects Solid Waste? a. Local government employees	How is Solid Waste Collected?	
	Residential	Primary	С	Secondary		Primary	1	Secondary		<ul> <li>b. By Contract</li> <li>c. Franchise haulers</li> </ul>	<ol> <li>2. Twice a week at household</li> <li>3. Convenience center/greenbox</li> </ol>	
	Commercial	Primary	С	Secondary		Primary	4	Secondary			4. As needed or by request	
	Industrial	Primary		Secondary		Primary		Secondary		service	<ol> <li>5. Daily</li> <li>6. Other</li> </ol>	
53.	If you provide	residenti	i <u>al</u> was	te collecti	ion at sin	gle-fam	ily hou	seholds in	your jur	isdiction, please answer the	following questions:	
	What type of co	ollection	metho	d is used	?	Fully A	Autom	ated 🔀	Semi-A	utomated 🗌 Manual	Don't know	
	What is the star	ndard co	llectio	n frequen	cy? 🖂	Weekl	у [	Two tir	nes per	week Other		
	What is the typ	ical serv	vice po	int for sin	gle famil	y house	hold w	vaste?	🛛 Curł	oside 🗌 Back yard / Bac	k door	
	What type of co	ollection	contai	ner is use	ed?	Gover	nment-	provided ca	urts	Resident-provided conta	iner 🗌 Bags	
	Do you offer be	ulky was	ste coll	ection sei	vices?	X Y	es	No				
54.	For municipalities - did your government collect white goods at the curb? $\square$ Yes $\square$ No If so, were white goods delivered to the county for marketing? $\square$ Yes $\square$ No											
		]	Part	VI. So	lid W	aste a	nd F	Recyclin	g Edu	icational Activities		
55.	Did <b>your local</b> issues / activitie	-						orm citizens art VII, pag	-	cally about solid waste man	agement and / or recycling	
56.	Please estimate	your an	inual b	udget for	solid wa	ste relat	ed edu	cation and o	outreach	activities: \$		
57.	Does your com	munity j	produc	e recyclir	ng educat	ion and	outrea	ch materials	s in lang	uages besides English?	Yes No	
	If YES, please	list other	r langu	ages used	l:							
58.	Please provide	your rec	cycling	website a	address a	nd publi	c info	rmation pho	ne num	ber if applicable.		
	Website:									Phone #:		

Part VII. Resources fo	or Solid Waste Mana	agement and Full Cos	t Accounting
Sufficient resources available to solid waste ma questions deal with funding of your community's			ese programs. The following
		0 1 0	
59. Did your local government operate an Enter	*		s 🛛 No
60. With regards to funding sources, check all t	that apply to your local govern	nment:	
Tipping fees	Volume/weight-based	fees (e.g. PAYT)	tax
Property taxes / general fund	Sale of recyclables	Whi	te Goods tax
$\boxtimes$ Per household charges	Grants		osal Tax
61. NC Solid Waste Disposal Tax proceeds are			
According to GS 105-187.63 these funds m			
How are disposal tax distributions being us	sed? Trash and recycle cans an	nd informational signage at the p	bublic accesses
62. If applicable, please provide your FY 16-17	<sup>7</sup> household fees. (e.g., a. <u>\$4.</u>	<u>5.00</u> per <u>year</u> per <u>household</u> for	solid waste)
a. \$ <u>12.12</u> per <u>month</u>	per	household	for solid waste
b. \$ 3.87 per month	per	household	for recycling
c. \$ per	per		for yard waste
d. \$ <u>30</u> per <u>item</u>	per	call	for bulky waste
e.\$per	per		availability fee
f. \$ <u>18.9</u> per <u>month</u>	per	household	total charge
63. Did your local government operate a Pay-A are charged a fee by weight or volume for t			-
According to GS 130A-309.08, local government inform users of such costs.	ents are required to conduct	t full cost accounting annually	and to develop a system to
64. If your local government contracts for solid	I waste or recycling services,	please report the annual contract	t amount.
\$	_ For solid waste services per	year	
\$	For recycling per year		
	OR		
\$1,454,800	Combined Contract (solid w	vaste, and recycling)	

65. Collection Programs: Please complete the following table to the best of your ability to display the full costs of your local government's <u>collection programs</u> for waste, recyclables and yard waste including materials collected from convenience centers. **If full cost analysis is not available, please report program budget in Total Cost column.** 

	# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)
Municipal Solid Waste*	4,379	2,967.11				0
Recycling Program**	4,379	980.56				0
Yard Waste Program	4,379	240.61				0
Totals (calculated by form):		4,188.28				0

\*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.
 66. 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:

\$\_\_\_\_\_

Yard Waste / Compost Facility Budget: \$

Recycling Facility Budget:

67. What was your government's total combined annual budget for all solid waste and recycling services in 16-17? \$1,454,800

\$

2016-2017 Local Government Annual Report *Due Date: September 1, 2017* Submit to: Lgteam@ncdenr.gov

### Part VIII. County Mandated Programs

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

WH	IITE GOODS Please provide name, address, phone numb					
68.						
	Name:					
	Address:					
	Telephone: Fax:		Email:			
69.	Please provide the physical address of the p	primary county white	e goods collection site.			
	Street 1:					
	Street 2:					
	City:		State: North Carolina	Zip:		
70.	Please provide the name of the business or Name:	-		om white goods.		
	Street:					
	City:			Zip:		
	Phone: Fax:					
71.	Give amounts / types of CFCs removed. At					
	Type of CFC Remov	ved		Amount		
72.	CFCs may be recycled or sent for destruction	on. Give name of firi	m, disposal method and amount	t earned / spent for CF	C disposal.	
	Firm		Method of Disposal	Amount Earned	Amount Spent	
73.	Please report the tonnage of white goods co white goods tonnage reported on page 5?	Ilected during FY 20     Yes		ges table on page 5 (qu	estion # 45). Was	
74.	List the amount of revenue for the white go	oods program by sour	rce:			
	Revenue collected from sale of scrap:	\$				
	Revenue collected from White Goods Tax					
	Revenue from other source (e.g. grants):	\$				
	Total Revenue:					
75.	According to the White Goods Law, White expenditures White Good Tax Distributions				mounts and types of	
	Operational Expenses: \$	S				
	Capital Improvements: \$					
	Clean-up of Illegal White Goods Dumps: \$					
	Total Expenditures: \$					
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76. Please provide name, address, phone number, and e-mail of person responsible for scrap tires program.         Name:							
	Address:						
	Telephone: Fax:			Email:			
77.	Please provide the physical address of the primary cour Street 1:	•		tion site			
	Street 2:						
	City:		State:	North	Carolina	Zip:	
78.	Tonnage/Number of scrap tires disposed July 1, 2016-J Tons or	une 30, 20	017 ( <u>exclue</u>	<u>ling</u> tire	s from cleanup of nu Number of tires	isance sites)	
79.	Tonnage/Number of scrap tires disposed from cleanup Tons or	of state or	county de	signated	nuisance sites Number of tires		
80.	Indicate the types of tires collected by the county: Passenger% Heavy Truck	k		%	Large Off-Road		%
81.	List the amount of revenue for the scrap tire program by Revenue from Scrap Tire Tax Distributions:	Ф					
	Revenue from Tire Fees:	<b></b>					
	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 d	isposal/ha	uling co	sts), \$		
83.	County's additional scrap tire program expenditure (i.e. Labor \$	<i>,</i>	venience	center c	ost), if any.		
	Site Cost \$						
	Other \$	d	lescribe O	ther:			
84.	County's contract cost for scrap tire disposal. \$		/ Ton; \$		/ Tire		
85.	Hauling cost or fuel surcharge, if not included in contra	act cost ab	ove. \$		/ Ton; \$	/ Tire	
86.	Total tipping fees collected for tires not eligible for free	e disposal.	\$				
87.	Total number of tires collected not eligible for free disp	oosal:					
88.	If scrap tires were not hauled off site by contracted serv	vice provid	ler, were tl	ney cut a	and disposed in a loc	al landfill? 🗌 Y	es No
89.	Name of tire disposal/recycling firm(s):						
TE	MPORARY DISASTER DEBRIS STAGINO	SITES					
90.	Does your local government have a plan in place for ma	anagement	t of disaste	er debris	? 🛛 Yes [	No	
	If yes, indicate if the plan is a stand-alone plan or in con-	ijunction v	with local	governn	nent agencies:	Stand-alone 🔀	In conjunction
91.	If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a c				agement or FEMA to	o ensure it meets	the basic
92.	Please list the name, contact numbers(s), and e-mail advour local government:	dress of th	e person(s	) in cha	rge of the disaster de	bris management	program for
	your local government: Name: Michael Cramer Name:	Brian Star	nberry		Name:		
		910-443-1	-		Phone:		
		brian stanbe	rry@carolina	beach or	E-mail:		

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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				
DS65-027	WWTP							

94.	4. Does your plan address the management of household hazardous waste and white goods following a disaster? 🛛 🖄 Yes 🗌 No						
95.	Does your plan address mass animal mortality? Xes No						
MA	MANAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES						
96.	Has your county considered whether to implement a program for the management of abandoned manufactured homes? 🗌 Yes 🔀 No						
	If yes, has your county developed a written plan for the management of abandoned manufactured homes? Yes No						

#### Part IX. Comments

Use this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this report or other matters regarding solid waste management in North Carolina. Thank you for your time. You may submit 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 <u>https://deq.nc.gov/conservation/</u>recycling/local-government-recycling-assistance or e-mail us at Lgteam@ncdenr.gov

