

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:

Archdale

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.

		ease submit this form to Lgtea or need assistance completing				or 919-70	7-8139.
Pers	son Completing This Report: D.	J. Señeres, PE, PWLF, CSM		Title:	Stormwate	er Program	Manager
Mai	ling Address: P. O. Box 14068		City: Archdale	_		Zip: 2	7263
Pho	ne: (336) 434-7344	Fax: (336) 431-2130]	Date: Augu	ist 25, 2017	
Ema	nil: dseneres@archdale-nc.gov						
		Genera	al Instructions				
	se remember that the time period a specific question.	for the report is JULY 1, 2016	through JUNE 30, 201	17. Pleas	e check "N	lo" if you h	ave nothing to report
1.	Did your local government have	e a Recycling Coordinator or si	milar position for FY 1	16-17?	X Yes	☐ No	
	Name Recycling Coordinator (i	f different from person comple	ting this report.)				
	Name: D. J. Señeres, PE, PWL	F, CSM		Title:	Stormwate	r Program I	Manager
	Address: P. O. Box 14068		City: Archdale			Zip: 27	7263
	Telephone: (336) 434-7344	Fax: (336) 431-2130	Email: d	lseneres@	archdale-ı	nc.gov	
2.	Did your local government have	e a Solid Waste Director or sim	nilar position for FY 16	-17?	Yes	No No	
	If Yes, Name:			Title:			
	Address:		City:			Zip:	
	Telephone:	Fax:	Email:				
3.	Did your local government have	e dedicated or part-time Solid	l Waste Enforcement S	taff for F	Y 16-17?	Yes	No No
	If Yes, Name:			Title:			
	Address:		City:			Zip:	
	Telephone:	Fax:	Email:				
4.	Did your local government have all that apply)	e solid waste ordinances in place	ce addressing any of the	e followii	ng during F	FY 16-17? (if yes, please check
	Disposal Bans II	legal Dumping Littering	g Other, Please D	escribe:	Pet Waste		
5.	Did your local government man mulching, composting)?	age, provide or contract for an	y solid waste services i		17 (e.g., co	ollection, dis	sposal, recycling,
	If you answer '	No" to question 5, the repor	t is complete, please e	email to I	Lgteam@n	cdenr.gov.	

Part I. Waste Reduction and Recycling Programs Serving Government Facilities The following questions pertain to waste reduction and recycling activities / programs that serve local government facilities. Did your local government have a recycling program in place for collecting recyclable materials generated at X No public buildings in FY 16-17? 7. Did your local government have any program or policy encouraging or requiring local agencies to 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? X Yes 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: Swap shop/shed Number of sheds in use? Paint exchange Number of gallons recovered? E-Cycle Event - Stormwater Management Program Other (e.g. pallet exchange, etc.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 2016 through June 30, 2017? My local government **DID operate or contract** for a recyclables recovery program. (please continue to question 15) My local government DID NOT operate or contract for recyclables recovery BUT DID participate in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; then go to Part IV on page 7.) With which local government did you participate? My local government **DID NOT operate**, contract or participate in a recycling program. (Go to Part IV on page 7.) If your local government **DID** operate or contract for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s). CURBSIDE RECYCLING PROGRAM Did your government operate a Curbside Recycling Program? X Yes No, skip to question # 25 Who collected the recyclable materials for your local government's curbside recycling program? 16. Local government employees Private contractor (please specify) Republic (formerly Allied Waste) Franchised hauler (please specify) Other (please specify)

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 4,462						
	b. Number of households eligible to participate in the curbside recycling program: 3,851						
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary): 3,466						
18.							
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: 35						
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	Is answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any perials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5. 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
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: \$0
	Electronics Management Funds received from DEQ during FY 16-17 (Feb 2017 distribution): \$ 0
	Electronics Management Funds spent during FY 16-17: \$ 0
	Electronics Management Fund balance as of June 30, 2017: \$0
36.	Briefly explain how Electronics Management Funds were spent during FY 2016-17 (please list items purchased if applicable):
	Funded Synergy Recycling during Spring Clean Up \$1440.26
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: Synergy Recycling
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications? Yes No
OT	HER PUBLIC RECYCLING PROGRAMS
	ise answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by
	ocal 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? ∇Y_{es}
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? Yes No
40.	Does your local government provide recycling services to Alcoholic Beverage Commission permit holders? Yes No
	On-site collection services provided If on-site collection provided, please estimate # of ABC accounts served:
	Public drop-off recycling sites available for ABC On Premises Permit holders to use
41.	Does your local government operate a program to recycle Construction and Demolition materials? Yes 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.

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

Clear	Curbs		ırbside		Drop-off	All "C	Other'' Programs	Total Tons	
Clear	PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)	
Brown	GLASS:							24342)	
Brown	Clear								
Green	Brown								
PLASTIC:	Green								
PLASTIC:	Mixed								
HDPE #2	PLASTIC:	<u> </u>							
HDPE #2	PET #1								
All Plastic Bottles	HDPE #2								
Other Plastic Containers	All Plastic Bottles								
Bulky Rigid Plastics	Other Plastic Containers								
METAL: Aluminum Cans	Bulky Rigid Plastics								
Steel Cans		<u> </u>							
Steel Cans	Aluminum Cans								
White Goods □ □ □ PAPER: □	Steel Cans								
Other Metal ☐ <t< td=""><td>White Goods</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>	White Goods								
PAPER: Newsprint (ONP) □	Other Metal								
Cardboard (OCC) Imagazines (OMG) Imagazines (OMG) </td <td>PAPER:</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	PAPER:								
Cardboard (OCC) Imagazines (OMG) Imagazines (OMG) </td <td>Newsprint (ONP)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Newsprint (ONP)								
Magazines (OMG)	Cardboard (OCC)								
Office Paper □ <	Magazines (OMG)								
Mixed / Other Paper	Office Paper								
Cartons / Aseptic Containers	Mixed / Other Paper								
Pallets	Cartons / Aseptic Containers								
Other Wood - DO NOT report yard waste tons here OTHER MATERIALS: Textiles (clothes etc) Televisions Other Electronics C&D Materials Recycling Commingled tons-check all items collected above	WOOD:								
report yard waste tons here OTHER MATERIALS: Textiles (clothes etc) Televisions Other Electronics C&D Materials Recycling Commingled tons-check all items collected above	Pallets								
OTHER MATERIALS: Textiles (clothes etc)									
Textiles (clothes etc)									
Televisions									
Other Electronics									
C&D Materials Recycling									
Commingled tons-check all items collected above							4.02	4.02	
items collected above	C&D Materials Recycling								
items collected above									
items collected above									
items collected above									
			771.52					771.52	
			771.52				48.12	819.64	

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?

Used Oil Filters	+						
	Yes	No _	barre.	ls, or		lbs	
Used Antifreeze	Yes	⊠ No				gallons	
Batteries, Lead Acid	Yes	⊠ No _	# ba	tteries,	or	lbs	
Batteries, Dry Cell	Yes	No _			·	lbs	
Fluorescent Bulbs/Lights Containing Mercury	Yes	⊠ No _	11	bs, or	#	bulbs	
Propane Tanks	Yes	⊠ No _	1	bs, or _		# tanks	
Used Cooking Oil / Waste Vegetable Oil	Yes	⊠ No _	1	bs, or _		gallons	
Other Special Wastes - please provide waste type here:	Yes	⊠ No				lbs	
Pesticide Containers (NCDA Program, not pesticides themselves)	Yes	⊠ No	I	bs, or		# containers	
NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	Yes	⊠ No				lbs	
Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	Yes Yes	No _	g	gals, or _		lbs	
Did your local government operate a household If Yes, please respond to the following question a. Was HHW collected at a permitted Temporate by How many days was your HHW Program of	ns: ary Event or	at a Permanent HF	IW Collection Facility		Yes Permanent	⊠ No	np. Event
If Yes, please respond to the following question a. Was HHW collected at a permitted Temporab. How many days was your HHW Program oc. Did you partner or co-sponsor your HHW p	ns: ary Event or pen to accep	at a Permanent HF ot materials during t	IW Collection Facility		Permanent		
If Yes, please respond to the following question a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program of c. Did you partner or co-sponsor your HHW program of please list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from sm	ns: ary Event or pen to accep rogram with t participate all businesse	at a Permanent HF of materials during to another <u>local gove</u> d in your HHW col	IW Collection Facility his Fiscal Year? rnment? Yes lection program this I xempt Small Quantity	y?	Permanent o Year?		
If Yes, please respond to the following question a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program of c. Did you partner or co-sponsor your HHW p Please list partner(s) d. Provide number of citizens / households that	ary Event or pen to accept rogram with t participate all businesses material ray HHW Problease simply	at a Permanent HF of materials during to another local gove d in your HHW col es (Conditionally E managed gram: if totals for it y provide total quar	IW Collection Facility his Fiscal Year? rnment? Yes lection program this I xempt Small Quantity findividual materials ar htity of materials collection	Fiscal Y Gener Counds The known of the kno	Permanent Year? ators)?	Yes [ize below am in 48]	np. Event No W. If data g below.
If Yes, please respond to the following question a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program of c. Did you partner or co-sponsor your HHW p Please list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from sm If yes, please estimate the amount of busine f. Amounts of individual materials collected b about individual materials is not available, p	ary Event or pen to accept rogram with t participate all businesses ss material r by HHW Pro- please simply	at a Permanent HF of materials during to another local gove d in your HHW col es (Conditionally E managed gram: if totals for it y provide total quar	IW Collection Facility his Fiscal Year? rnment? Yes lection program this I exempt Small Quantity findividual materials ar antity of materials collection and should not in	Fiscal Y Gener counds we know exted by clude m	Permanent Year? ators)? n please item HHW prograterials listed	Yes [ize below am in 48]	np. Event No W. If data g below.
 If Yes, please respond to the following question a. Was HHW collected at a permitted Temporab. How many days was your HHW Program of c. Did you partner or co-sponsor your HHW perplease list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from sm. If yes, please estimate the amount of busines f. Amounts of individual materials collected be about individual materials is not available, provide, materials listed here should only be the 	ary Event or pen to accept rogram with t participate all businesses material ruy HHW Problease simply tose collecte	at a Permanent HI of materials during to another local gove d in your HHW coles (Conditionally Emanaged gram: if totals for it y provide total quand at an HHW Progressed Oil Filters	IW Collection Facility his Fiscal Year? rnment? Yes lection program this I exempt Small Quantity findividual materials ar ntity of materials colle ram and should not in # of Barrels, o	Fiscal Y Gener Founds Fie know Fiected by Colude m	Permanent Year? ators)? n please item HHW prograterials listed	Yes ize below am in 48	No W. If data g below. tion 47.
If Yes, please respond to the following question a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program of c. Did you partner or co-sponsor your HHW p Please list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from sm If yes, please estimate the amount of busine f. Amounts of individual materials collected b about individual materials is not available, p Note, materials listed here should only be the Used Motor Oil (gal)	ary Event or pen to acceprogram with t participate all businesses material ruy HHW Problease simply tose collecte	at a Permanent HF of materials during to another local gove d in your HHW col es (Conditionally E managed gram: if totals for in y provide total quan d at an HHW Programs ead Acid Batteries (ead Acid Batteries)	IW Collection Facility his Fiscal Year? rnment? Yes lection program this I exempt Small Quantity findividual materials ar ntity of materials colle ram and should not in # of Barrels, o	Fiscal Y Gener Founds Fie know Fiected by Colude m	Permanent o 'ear? ators)? n please item HHW prograterials listed lbs.	Yes ize below am in 48	No W. If data g below. tion 47.
If Yes, please respond to the following question a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program of c. Did you partner or co-sponsor your HHW p Please list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from sm If yes, please estimate the amount of busine f. Amounts of individual materials collected b about individual materials is not available, p Note, materials listed here should only be the Used Motor Oil (gal) Used Antifreeze (gal)	ary Event or pen to accept rogram with t participate all businesses material ray HHW Problease simply tose collected to the collected of the c	at a Permanent HI of materials during to another local gove do in your HHW colles (Conditionally Emanaged gram: if totals for it y provide total quand at an HHW Programsed Oil Filters grad Acid Batteries (lbs) Program. If individent out of the total lister	IW Collection Facility his Fiscal Year? rnment? Yes lection program this I exempt Small Quantity findividual materials are ntity of materials collection and should not in find # of Barrels, of (lbs) O	Fiscal Y Gener younds the know ected by clude m r ther Bat	Permanent Year? ators)? In please item HHW prograterials listed lbs. tteries (lbs)	Yes ize below am in 48, 1 in quest	No W. If data g below. tion 47.
If Yes, please respond to the following question a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program of c. Did you partner or co-sponsor your HHW p Please list partner(s) d. Provide number of citizens / households that e. Did your program accept materials from sm If yes, please estimate the amount of busine f. Amounts of individual materials collected be about individual materials is not available, p Note, materials listed here should only be the Used Motor Oil (gal) Used Antifreeze (gal) Fluorescent Bulbs / Lights Containing	ary Event or pen to accept rogram with t participate all businesses material ray HHW Problease simply nose collecte ULang Mercury	at a Permanent HF of materials during to another local gove d in your HHW col es (Conditionally E managed gram: if totals for it y provide total quar d at an HHW Progr sed Oil Filters ead Acid Batteries ((lbs)	IW Collection Facility his Fiscal Year? rnment? Yes lection program this I exempt Small Quantity findividual materials are antity of materials collection and should not in the program	Fiscal Y Gener Founds Fie know Fiected by Colude m	Permanent o 'ear? ators)? n please item HHW prograterials listed lbs.	Yes ize below am in 48	No W. If day g belove tion 47

All governments answering "Yes" to question # 5 on page 1 should complete the rest of the report with the exception of PART VIII which is only to be completed by Counties.

		Part IV Vard Wasta	Mul	ching and (Compostin	a Managama	o n t	
Thic	section concer	Part IV. Yard Waste, ms management of vegetative mate						ors or in
ınpe	rmitted sites an	d it is illegal to burn. Composting	and mu	llching are popi	ular manageme	nt options. Please	answer the questi	ions below
abou		nent of vegetative materials. Do not			•			
19.	-	l government operate a yard waste p	_		•	-	w yard waste is ma	
50.	_	at apply:				•	-	CID facil. No
51.		s of materials were managed by your	•		_	•		
	organic mater	ial (yard waste, brush, limbs, leave	es, etc.)	managed. For	conversion purp		<u> </u>	
		Destination	Check if used	Tons	Cubic Yards		Name and Location of Vegetative Materia	
	End user (to fa	rmer or home-owner)	\boxtimes	1,560				
	Your local gov	ernment's mulch or compost facility	\boxtimes	156				
	Other public m	ulch or compost facility						
	Private mulch	or compost facility						
	Land clearing a	and inert debris landfill (LCID)						
	Energy / Fuel U	Jse (e.g. boiler fuel market)						
		Total		1716				
		E MANAGEMENT FORMULA: If						
		vaste volume. Calculate for each tru ed by program in the appropriate box						otal
	10	\mathbf{X} 3	ies abov	X 52	Truck x 3 aays/v	$vk \ x \ 10 \ wks = 480$ = 1560	yu	vd^3
	Size of Truc		fills each		truck is used durin		TOTAL	_ / ~
		Part V. So	olid V	Vaste Colle	ction Servi	ices		
This	section concern	s your local government's provision						
52.	Please complet	e the following table about your gov				1.		
	Sector	Who Collects Solid Waste? Insert Letter - see codes at right		lid Waste Colle - see codes at ri	ight Will Co	ollects Solid Waste?	How is Solid Waste	
	Residential		nary	Secondary Secondary	b. By Co	ontract	s 1. Once a week at hou 2. Twice a week at ho	
	Commercial		nary	Secondary		hise haulers government not	3. Convenience center4. As needed or by rec	_
	Industrial			Secondary	involv servic	ved in provision of e	5. Daily6. Other	
53.		residential waste collection at single						ns:
	What type of co	ollection method is used?	ılly Aut	omated S	Semi-Automated	d Manual	Don't know	
	* *	ndard collection frequency? X W	•	<u> </u>	ies per week	Other		
		ical service point for single family h	•		Curbside	Back yard / Back	ck door	
	What type of c	ollection container is used? X G	overnme	ent-provided car		=		
	Do you offer b	ulky waste collection services?	Yes	□ No		•		
54.	For municipali	ties - did your government collect w	hite goo	ds at the curb?	Yes	∑ No		
	If so, were whi	te goods delivered to the county for		0	☐ No			
		Part VI. Solid Wast			_			
55.	Did your local issues / activities	government have an education proges? Yes No (If No	_	inform citizens o Part VII, page		out solid waste mai	nagement and / or i	recycling
56.		es? \bigcirc Yes \bigcirc No (If No eyour annual budget for solid waste	-			s: \$500		
57.		imunity produce recycling education					Yes No	
	•	list other languages used: Spanish	and Out		iunguuges oe	Zigeo Ziigiioii.	7 1 to 110	
58.	-	your recycling website address and	public i	nformation phor	ne number if apr	olicable.		
	r-0.130	,, . o addition and		P.1.01				

Website: www.archdale-nc.gov

Phone #: (336) 434-7338 or 7339

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

	ficient resources availat estions deal with funding					these programs.	The following			
•	Did your local government			0	1 0	Yes No)			
60.	With regards to funding	_		•		_				
	Tipping fee			eight-based fees (e.g	_	ire tax				
	Property tax Per househo	kes / general fund	Sale of recy Grants	yciables		hite Goods tax isposal Tax				
61.	NC Solid Waste Dispo	sal Tax proceeds ar	e distributed to elig		nts on a quarterly ba	sis by the Departn				
	According to GS 105-1		•	ity of county solely	for solid waste mana	igement programs	and services.			
	How are disposal tax d	_		4.5.00		2 11 1				
62.	If applicable, please pr									
	a. \$ \frac{12}{2}						<u> </u>			
	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 government are charged a fee by we					16-17? (a system v] No	where residents			
	cording to GS 130A-30 orm users of such costs	~	ments are required	to conduct full cos	t accounting annual	lly and to develop	a system to			
64.	If your local governme	ent contracts for soli	d waste or recycling	g services, please re	port the annual contr	act amount.				
	\$		_ For solid waste s	services per year						
	\$ <u>137,335.85</u>		_ For recycling per	r year						
			OR							
	\$		_ Combined Contr	ract (solid waste, and	d recycling)					
65.	Collection Programs: F collection programs for not available, please r	r waste, recyclables	and yard waste inc	luding materials col		•	_			
	, F	# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)			
N	Iunicipal Solid Waste*	4,462	3,398.7	528,837.57	128,351.44	657,189.01	193			
	Recycling Program**	3,851	771.52	137,335.85		137,335.85	178			
	Yard Waste Program	4,157	405.4	34,180	5,698.6	39,878.6	98			
	Totals	s (calculated by form):	4,575.62	700,353.42	134,050.04	834,403.46	182			
	*for materials collected and	=	=							
66	**for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for									
00.	facility operations (rou	nd to nearest dollar								
	proportionately. Land	dfill Budget:								
		sfer Station Budget								
	Yard	d Waste / Compost l	Facility Budget: \$							
		ycling Facility Budg								
67.	What was your governs	ment's total combin	ed annual budget fo	or all solid waste and	d recycling services	in 16-17? \$834,40	3.46			

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: \$					

Name:	SC.	RAP TIRES						
Address: City: State: Finail: 7. Please provide the physical address of the primary county scrap tires collection site. Street 1: Street 2: State: North Carolina	76.	•						
Telephone: Fax: Email: 77. Please provide the physical address of the primary county scrap tires collection site. Street 1: Street 2: City: State: North Carolina						Zip:		
Street 1: Street 2: City: State: North Carolina Zip: 78. Tonnage/Number of scrap tires disposed July 1, 2016-June 30, 2017 (excluding tires from cleamp of nuisance sites) Tons or Number of tires 79. Tonnage/Number of scrap tires disposed from cleamp of state or county designated misance sites 79. Tonnage/Number of scrap tires disposed from cleamp of state or county designated misance sites 79. Tonnage/Number of scrap tires disposed from cleamp of state or county designated misance sites 79. Tonnage/Number of scrap tires disposed from cleamp of state or county designated misance sites 79. Number of tires 80. Indicate the types of tires collected by the county: Passenger % Heavy Truck % Large Off-Road % 81. List the amount of revenue for the scrap tire program by source: Revenue from Scrap Tire Tax Distributions; \$ Revenue from Scrap Tire Clean-up Reimbursements; \$ Revenue from Scrap Tire Clean-up Reimbursements; \$ Total Revenue: \$ S 82. County's total scrap tire program contract expenditure (contract disposal/hauling costs), \$ scrabding costs of nuisance tire cleanups, for FY 16-17. 83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$ Size Cost Other \$ describe Other: 84. County's contract cost for scrap tire disposal. \$ / Tor; \$ / Tire 85. Hauling cost or fuel surcharge, if not included in contract cost above. \$ / Tor; \$ / Tire 86. Total inpring fees collected not cligible for free disposal. 87. Total number of tires collected not cligible for free disposal. 88. If scrap tires were not hauled off size by contracted service provider, were they cut and disposed in a local landfill? Yes No 89. Name of tire disposal/recycling firm(s): **TEMPORARY DISASTER DEBRIS STAGING SITES** 90. Does your local government have a plan in place for management of disaster debris? Yes No If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: S Inna-alone Inconjunction your local g				Emai	1:			
Street 2: City: State: North Carolina	77.	Please provide the physical address of the primary	county scrap tire	s collection sit	e.			
City: State: North Carolina Zip: 78. Tonnage/Number of scrap tires disposed July 1, 2016-June 30, 2017 (excluding tires from cleanup of nuisance sites) Number of tires 79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites Number of tires 80. Indicate the types of tires collected by the county; Passenger		Street 1:						
78. Tonnage/Number of scrap tires disposed July 1, 2016-June 30, 2017 (excluding tires from cleanup of nuisance sites) Tons or Number of tires 79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites Tons or Number of tires 80. Indicate the types of tires collected by the county: Passenger								
Tons or Number of tires 79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites Tons or Number of tires 80. Indicate the types of tires collected by the county: Passenger		City:		State: North	n Carolina	Zip:		
Tons or Number of tires	78.		16-June 30, 2017 or	7 (excluding tin	res from cleanup of nu _Number of tires	isance sites)		
Passenger	79.	· · · · · · · · · · · · · · · · · · ·		ounty designate				
Revenue from Scrap Tire Tax Distributions: Revenue from Tire Fees: Revenue from Scrap Tire Clean-up Reimbursements: Revenue from Scrap Tire Clean-up Reimbursements: Revenue from Scrap Tire Cost-Overrun Grants: Secounty's total Scrap tire program contract expenditure (contract disposal/hauling costs), seculuding costs of nuisance tire cleanups, for FY 16-17. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor Secounty's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor Secounty's contract cost for scrap tire disposal. Secounty's contract cost above. Secounty's contract cost and the second describe Other: 84. County's contract cost for scrap tire disposal. Secounty second disposal for free disposal. Second describe Other: 85. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Second No. 86. Total number of tires collected not eligible for free disposal: 87. Total number of tires disposal/recycling firm(s): 88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Second No. 89. Name of tire disposal/recycling firm(s): 89. Does your local government have a plan in place for management of disaster debris? Second In conjunction In conjunction with local government agencies: Stand-alone In conjunction In conjunction with local government agencies: Second In conjunction In conjunction Second In	80.	Indicate the types of tires collected by the county: Passenger	Fruck	%	Large Off-Road	%		
Revenue from Tire Fees: \$ Revenue from Scrap Tire Clean-up Reimbursements: \$ Revenue from Scrap Tire Cost-Overrun Grants: \$ Revenue from Scrap Tire Cost-Overrun Grants: \$ Total Revenue: \$ Revenue from Scrap Tire Cost-Overrun Grants: \$ Total Revenue: \$ S Revenue from Scrap Tire Cost-Overrun Grants: \$ Total Revenue: \$ S Revenue from Scrap Tire program contract expenditure (contract disposal/hauling costs), \$ Revenue from Scrap tire program expenditure (contract disposal/hauling costs), \$ Revenue from Scrap tire program expenditure (i.e. labor, convenience center cost), if any.	81.	i i c	,					
Revenue from Scrap Tire Clean-up Reimbursements: \$ Revenue from Scrap Tire Cost-Overrun Grants: \$ Total Revenue: \$ Scounty's total scrap tire program contract expenditure (contract disposal/hauling costs), \$ excluding costs of nuisance tire cleanups, for FY 16-17. 83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$ Site Cost \$ Other \$ describe Other: 84. County's contract cost for scrap tire disposal. \$ If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No 89. Name of tire disposal/recycling firm(s): Temporary Disaster Debris Staging of the person of disaster debris? Yes No If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: D. J. Señeres, PE, PWLF, CSM Name: Name: Name: Phone: Phone:		•						
Revenue from Scrap Tire Cost-Overrun Grants: \$ Total Revenue: \$ Total Revenue: \$ Secontry's total scrap tire program contract expenditure (contract disposal/hauling costs), \$ excluding costs of nuisance tire cleanups, for FY 16-17. Sounty's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$ Site Cost \$ Other \$ County's contract cost for scrap tire disposal. \$ Total viping fees collected for tires not eligible for free disposal. \$ Total tipping fees collected for tires not eligible for free disposal. \$ Revenue from Scrap tire disposal firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES 90. Does your local government have a plan in place for management of disaster debris? Yes No If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction 11. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: D. J. Señeres, PE, PWLF, CSM Name: Name: Phone: '336) 434-7344 Phone: Phone:								
82. County's total scrap tire program contract expenditure (contract disposal/hauling costs), excluding costs of nuisance tire cleanups, for FY 16-17. 83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$ Site Cost \$ Other \$ describe Other: 84. County's contract cost for scrap tire disposal. \$ Hauling cost or fuel surcharge, if not included in contract cost above. \$ / Ton; \$ / Tire 85. Hauling cost or fuel surcharge, if not included in contract cost above. \$ / Ton; \$ / Ton; \$ / Ton / Total tipping fees collected for tires not eligible for free disposal. \$ / Total number of tires collected not eligible for free disposal. \$ // Total number of tires collected not eligible for free disposal. \$ // Total number of tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No // Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES			ts: \$					
82. County's total scrap tire program contract expenditure (contract disposal/hauling costs), sexcluding costs of nuisance tire cleanups, for FY 16-17. 83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any. Labor \$ Site Cost \$ Other \$ County's contract cost for scrap tire disposal. \$ Ton; \$ Tire 84. County's contract cost for scrap tire disposal. \$ Total tipping fees collected for tires not eligible for free disposal. \$ Total number of tires collected not eligible for free disposal. \$ 87. Total number of tires collected not eligible for free disposal: 88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES 90. Does your local government have a plan in place for management of disaster debris? Yes No If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction 91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: D. J. Señeres, PE, PWLF, CSM Name: Name: Name: Phone: Phone:								
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Labor \$ Site Cost \$ Other \$ describe Other: 84. County's contract cost for scrap tire disposal. \$	82.	County's total scrap tire program contract expendite excluding costs of nuisance tire cleanups, for FY 10	ure (contract disp 5-17.	oosal/hauling c	eosts), \$			
describe Other:	83.	T 1	•	enience center	cost), if any.			
84. County's contract cost for scrap tire disposal. \$/Ton; \$/Tire 85. Hauling cost or fuel surcharge, if not included in contract cost above. \$/Ton; \$/Tire 86. Total tipping fees collected for tires not eligible for free disposal. \$ 87. Total number of tires collected not eligible for free disposal: 88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes		Site Cost \$						
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86. Total tipping fees collected for tires not eligible for free disposal. \$ 87. Total number of tires collected not eligible for free disposal: 88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES	84.	County's contract cost for scrap tire disposal. \$	/	Ton; \$	/ Tire			
87. Total number of tires collected not eligible for free disposal: 88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES	85.	Hauling cost or fuel surcharge, if not included in co	ontract cost above	ve. \$	/ Ton; \$	/ Tire		
88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? Yes No 89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES 90. Does your local government have a plan in place for management of disaster debris? Yes No If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction 91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No 92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: D. J. Señeres, PE, PWLF, CSM Name: Phone: Phone: Phone: Phone:	86.	Total tipping fees collected for tires not eligible for	free disposal. \$					
89. Name of tire disposal/recycling firm(s): TEMPORARY DISASTER DEBRIS STAGING SITES 90. Does your local government have a plan in place for management of disaster debris? Yes No If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction 91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No 92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: Name: Name: Name: Phone: Phone: Phone: Phone:	87.	Total number of tires collected not eligible for free	disposal:					
TEMPORARY DISASTER DEBRIS STAGING SITES 90. Does your local government have a plan in place for management of disaster debris?	88.	If scrap tires were not hauled off site by contracted	service provider	, were they cu	t and disposed in a loc	al landfill? Yes No		
90. Does your local government have a plan in place for management of disaster debris? Yes No If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction 91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No 92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: D. J. Señeres, PE, PWLF, CSM Name: Phone: Phone: Phone: Phone: Phone: Phone: Name: Phone: Name: Phone: Phone: Name: Phone: Phone: Name: Phone: Name: Phone: Phone: Name: Phone: Phone: Name: Phone: Name: Phone: Name: Phone: Phone: Phone: Name: Phone: Phone: Name: Phone:	89.	Name of tire disposal/recycling firm(s):						
If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: Stand-alone In conjunction 91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No 92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: D. J. Señeres, PE, PWLF, CSM Name: Phone: Phone: Phone:	TE	MPORARY DISASTER DEBRIS STAGE	ING SITES					
91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? Yes No 92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: D. J. Señeres, PE, PWLF, CSM Name: Phone: Phone: Phone:	90.		•			No		
requirements for public assistance reimbursement in a declared disaster event? Yes No No Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government: Name: D. J. Señeres, PE, PWLF, CSM Name: Phone: (336) 434-7344 Phone: Phone:			· ·	•				
your local government: Name: D. J. Señeres, PE, PWLF, CSM Name: Name: Mame: Name: Na	91.	requirements for public assistance reimbursement i	n a declared disa	ster event?	X Yes	☐ No		
Name: D. J. Señeres, PE, PWLF, CSM Name: Name: Phone: (336) 434-7344 Phone: Phone:	92.		l address of the j	person(s) in ch	arge of the disaster de	bris management program for		
Phone: (336) 434-7344 Phone: Phone:		•	ne:		Name:			
		Phone: (336) 434-7344 Pho			Dl			
		E-mail: dseneres@archdale-nc.gov E-n	-					

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
1	English Farm Temporary Site		
	35.902473 N - 79.977965 W		
	Inactive 3/14/2014		

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? Yes	No	•							
MA	NAGEMENT OF ABANDONED MANUFACTURED]	HOMES BY COU	NTIES						
96.	Has your county considered whether to implement a program for the	n	nanagement of abandor	ned manufactured homes	? Yes No					
	If yes, has your county developed a written plan for the management	t o	f abandoned manufact	ured homes? Yes	☐ No					
	D ANY C									

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.

Temporary Disaster Site is used for week to week collection of debris and for mulching of debris. Mulched debris is transferred to controlled School Road site for citizen free pick up of mulch when requested.

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

