## **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



Local Government Report Form

**Required** - Enter Your Local Government Name: Rowland

**State of North Carolina** 

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

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

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

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

 If you have questions or need assistance completing this form, please call 919-707-8121 or 919-707-8139.

 Person Completing This Report:
 David Townsend, III
 Title: Town Clerk

 Mailing Address: P. O. Box 127
 City: Rowland
 Zip: 28383

 Phone:
 910-422-3333
 Fax: 910-422-8191
 Date: 10/02/2017

 Email: dtownsend@townofrowland.com
 Fax: 910-422-8191
 Date: 10/02/2017

Email: dtownsend@townofrowland.com **General Instructions** Please remember that the time period for the report is JULY 1, 2016 through JUNE 30, 2017. Please check "No" if you have nothing to report for a specific question. Did your local government have a Recycling Coordinator or similar position for FY 16-17? Yes 1. No No Name Recycling Coordinator (if different from person completing this report.) Name: N/A Title Address: City: Zip: Telephone: Fax: Email: Did your local government have a Solid Waste Director or similar position for FY 16-17? 2. No No Yes If Yes, Name: N/A Title: Zip: Address: City: Telephone: Fax: Email: Did your local government have **dedicated or part-time** Solid Waste Enforcement Staff for FY 16-17? 3. Yes X No If Yes, Name: N/A Title: Zip: Address: City: Telephone: Fax: Email: Did your local government have solid waste ordinances in place addressing any of the following during FY 16-17? (if yes, please check 4. all that apply) Disposal Bans X Illegal Dumping Littering Other, Please Describe:

Did your local government manage, provide or contract for any solid waste services in FY 16-17 (e.g., collection, disposal, recycling, mulching, composting)?
 Yes No

If you answer "No" to question 5, the report is complete, please email to Lgteam@ncdenr.gov.

	Part I. Waste Reduction and Recycling Programs Serving Government Facilities				
The	following questions pertain to waste reduction and recycling activities / programs that serve local government facilities.				
6.	Did your local government have a recycling program in place for collecting recyclable materials generated at Yes No 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.	2. Did your local government offer a waste exchange or reuse program? 🗌 Yes 🛛 No				
13	3 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. (please continue to question 15)				
	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)				
	Other (please specify)				

17.	Please provide the following information about your community: a. Total number of households in your jurisdiction?
	b. Number of households eligible to participate in the curbside recycling program:
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary):
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)       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? Xes 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 Waster Management, Fayetteville, NC  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)         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. 535
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: 1
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 🛛 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 c	ollect 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
- 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? Yes No

#### OTHER PUBLIC RECYCLING PROGRAMS

Please answer the following questions about local government sponsored recycling efforts. List only programs operated or contract	ted for <u>by</u>
the local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the	he
Recycling 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? Yes
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	t provide recycling	services to Alcoholic	Beverage Commission	permit holders?	Yes	No No
-----	----------------------------	---------------------	-----------------------	---------------------	-----------------	-----	-------

On-site collection services provided If on-site collection provided, please estimate # of ABC accounts serve	d:
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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 ordinand 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)

Public Parks Recycling Program	Athletic Field /Venue Recycling Program

- Pedestrian Recycling Program Recycling Service for Special Events / Festivals
- 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.

DDOCDAN	Curbside		Drop-off		All "Other" Programs		Total Tons	
PROGRAM	⊠ if Yes	Tons	🛛 if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)	
GLASS:								
Clear			$\square$					
Brown			$\square$					
Green			$\square$					
Mixed			$\square$					
PLASTIC:								
PET #1								
HDPE #2								
All Plastic Bottles			$\square$					
Other Plastic Containers			$\square$					
Bulky Rigid Plastics								
METAL:								
Aluminum Cans			$\square$					
Steel Cans			$\square$					
White Goods								
Other Metal								
PAPER:								
Newsprint (ONP)			$\square$					
Cardboard (OCC)			$\square$					
Magazines (OMG)			$\square$					
Office Paper			$\square$					
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 all items collected above			$\square$	15			15	
TOTAL TONS:				15			15	
				15			15	

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>		<b>T</b> 1 1	36 / 13	<b><i>A</i> H A H</b>			<b>A H H</b>	D	
S	pecial	Waste	Collections	(Do No)	t Include	Materials	Collected	as part ol	t an HHW	Collection	Program	or Event)
~				(								

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47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type		m collect this m the public?	# of sites	1	Data on quantities collected / managed. Please report in indicated units.		
	Used Motor Oil	Yes	No No			_	gallons	
	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, or	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 Containin						· /	
	<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) \$						

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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	$\boxtimes$	260		Town Yard Debris Site
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		260		

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		=	$yd^3$
Size of Truck (in yards)	Avg. no. of times truck fills each week	# of weeks truck is used during year	TOTAL	
	Part V. Solid Was	te 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	SectorWho Collects Solid Waste? Insert Letter - see codes at rightHow is Solid Was Insert # - see codes					Who Collects Solid Waste?	How is Solid Waste Collected?				
	Residential	Primary	b	Secondary	0	Primary		Secondary	4	a. Local government employees b. By Contract	<ol> <li>S 1. Once a week at household</li> <li>Twice a week at household</li> <li>Convenience center/greenbox</li> <li>As needed or by request</li> <li>Daily</li> </ol>	
	Commercial	Primary	b	Secondary		Primary		Secondary		<ul> <li>c. Franchise haulers</li> <li>d. Local government not involved in provision of</li> </ul>		
	Industrial	Primary	b	Secondary		Primary		Secondary		service	6. Other	
53.	If you provide	residenti	<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	od 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	ice po	int for sin	gle famil	y house	hold w	vaste?	Curł	oside 🗌 Back yard / Bac	k door	
	What type of co	ollection	conta	iner is use	ed?	Govern	nment-	provided ca	irts	Resident-provided conta	iner 🗌 Bags	
	Do you offer be	ulky was	te coll	ection sei	vices?	X Ye	es	No				
54.	For municipalit If so, were whi									Yes No 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 mar	nagement and / or recycling	
56.	Please estimate	your an	nual b	udget for	solid wa	ste relate	ed edu	cation and o	outreach	activities: \$		
57.	Does your com	munity p	produc	e recyclir	ng educat	ion and	outrea	ch materials	s in lang	guages besides English?	Yes No	
	If YES, please	list other	r langu	ages used	1:							
58.	Please provide	your rec	ycling	website a	address a	nd publi	c infor	mation pho	ne num	ber if applicable.		
	Website:									Phone #:		

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	Part VII	. Resources f	or Solid Was	te Manageme	ent and Full C	Cost Account	ing
				ns are essential for o naterials manageme		f these programs.	The following
•		• •		lid waste services in		Yes 🕅 No	0
-	-	g sources, check all	-				
	Tipping fee	8	Volume/we	eight-based fees (e.g	. PAYT)	Fire tax	
		tes / general fund		yclables		White Goods tax	
(1 NO 9	Per househo	U	Grants	1.1.1		Disposal Tax	
				tible local governme ity of county solely			
	-	istributions being u	-				
62. If app	olicable, please pr	ovide your FY 16-1	7 household fees.	(e.g., a. <u>\$45.00</u> per	<u>year</u> per <u>household</u>	for solid waste)	
a. \$	23.5	per Month	1	per Househ	old	for solid wast	e
b. \$							
υ. φ		per		per			
c. \$		per		per		for yard waste	3
d. \$		per		per		for bulky was	te
e. \$		per		per		availability fe	e
f. \$				per Househ			
		nent operate a Pay- eight or volume for		gram for residential 1 they discard)		16-17? (a system √ No	where residents
			ments are required	to conduct full cos			o a system to
inform us	ers of such costs	•					
64. If you	•		•	g services, please re	port the annual con	tract amount.	
<u> </u>	\$		_ For solid waste	services per year			
9	\$		For recycling pe	r year			
			OR				
	\$113,813		_ Combined Contr	ract (solid waste, and	d recycling)		
				he best of your abili			
		r waste, recyclables <b>eport program bu</b>		luding materials col	lected from conven	ience centers. If fu	ıll cost analysis is
not a	valiable, please f		uget in 10tal COSt		Diseased Court	Total Cost	Cost Per Ton
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	including	Managed
M		525				overhead	(calculated by form)

\*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: \$6,000

Recycling Facility Budget:

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

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\$

### 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						
68.	Please provide name, address, phone numb	-		s program.			
	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: \$						
201	6-2017 Local Government Annual Report	Report Due Date: S	eptember 1, 2017 Submit to:	Lgteam@ncdenr.gov	Page 9 of 11		

76.	· · ·	and e-mail of person responsible for scrap tires program.							
	Name:								
	Address:								
	Telephone: Fax:								
7.	Please provide the physical address of the primary course Street 1:	• I							
	Street 2:								
	City:		North (	Carolina	Zip:				
8.	Tonnage/Number of scrap tires disposed July 1, 2016-J Tons or		<u>ling</u> tires	s from cleanup of nui					
9.	Tonnage/Number of scrap tires disposed from cleanup Tons or		signated	nuisance sites					
0.	Indicate the types of tires collected by the county: Passenger % Heavy Truc		%	Large Off-Road	%	, D			
31.	List the amount of revenue for the scrap tire program b Revenue from Scrap Tire Tax Distributions:	¢.							
	Revenue from Tire Fees:	*							
	Revenue from Scrap Tire Clean-up Reimbursements:								
	Revenue from Scrap Tire Cost-Overrun Grants:	¢							
	Total Revenue:	\$							
32.	County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 16-17	(contract disposal/hat 7.	uling cos	sts), §					
33.	County's additional scrap tire program expenditure (i.e Labor \$	,	center co	ost), if any.					
	Site Cost \$								
	Other \$	describe Ot	ther:						
4.	County's contract cost for scrap tire disposal. \$	/ Ton; \$		/ Tire					
85.	Hauling cost or fuel surcharge, if not included in contr	act cost above. \$		/ Ton; \$	/ Tire				
86.	Total tipping fees collected for tires not eligible for fre	e disposal. \$							
37.	Total number of tires collected not eligible for free dis	maaalu							
38.	If scrap tires were not hauled off site by contracted services	vice provider, were th	ney cut a	nd disposed in a loca	ll landfill? 🗌 Yes 🛛	No			
39.	Name of tire disposal/recycling firm(s):								
r El	MPORARY DISASTER DEBRIS STAGINO								
0.	Does your local government have a plan in place for m		er debris	? Xes	No				
	If yes, indicate if the plan is a stand-alone plan or in co	njunction with local	governn	nent agencies: 🔀 S	Stand-alone In cor	njunctio			
1.	If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a			agement or FEMA to	ensure it meets the bas	sic			
	Please list the name, contact numbers(s), and e-mail ad your local government:	ldress of the person(s	) in char	ge of the disaster deb	oris management progra	am for			
92.	vour iocai government.			Name:					
92.	Name: David Townsend, III Name:			Ivallie.					
92.				Phone:					

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.

	<i>y y y y y y y y y y</i>								
Disaster Site #	Site Name		Disaster Site #	Site Name					

94.	. 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? $\Box$ Yes $\boxtimes$ No						
MA	ANAGEMENT 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

#### 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



No