# Environmental Quality

#### **State of North Carolina**

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

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

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

On the following pages you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2016-2017. Each North Carolina County and Municipality is required to complete this report annually. Completion and submission of this report will fulfill the annual reporting mandate to the state as required by G.S. 130A-309.09A. Failure to complete and submit this report could result in the local government being excluded from distributions of Solid Waste Disposal Tax Proceeds and other Department of Environmental Quality grants.

#### **Instructions:**

Each local government should determine which staff member is responsible for preparing and submitting the annual report and ensure that the report is completed and submitted before the reporting deadline on September 1, 2017.

Options for obtaining a blank copy of this form:

- $1-download\ a\ copy\ of\ the\ form\ from\ this\ web\ site:\ \underline{http://deq.nc.gov/about/divisions/waste-management/solid-waste-section/annual-reporting}$
- 2 call the Division of Environmental Assistance and Customer Service at 877-623-6748
- 3 request a copy of the form by sending an email to Lgteam@ncdenr.gov.

This form must be completed electronically using Adobe Reader. Adobe Reader can be downloaded for free at the following web site: <a href="https://get.adobe.com/reader/">https://get.adobe.com/reader/</a> - it is suggested that you complete the form using the latest version of Adobe Reader. Please <a href="DO NOT">DO NOT</a> 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: East Spencer

#### 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 L	gteam@ncdenr.gov by <b>Septer</b>	nber 1, 2017.	
	If you have questio	ns or need assistance comp	oleting this form, please call	919-707-8121	or 919-707-8139.
Per	son Completing This Report:	ShaTaira Bailey		Title: Acting To	wn Clerk
Ma	iling Address: 105 S. Long Str	reet	City: East Spencer		Zip: 28039
Pho	one: (704) 636-7111	Fax: (704) 639-77	34	Date: 9/19/	2017
Em	ail:				
			neral Instructions		
	ase remember that the time per a specific question.	iod for the report is JULY 1,	2016 through JUNE 30, 2017.	Please check "N	To" if you have nothing to report
1.	• •	nave a Recycling Coordinator	or similar position for FY 16-	17? Yes	No No
	Name Recycling Coordinate	or (if different from person con	mpleting this report.)		
	Name:			Title:	
	Address:		City:		Zip:
	Telephone:	Fax:	Email:		
2.	Did your local government l	nave a Solid Waste Director of	r similar position for FY 16-17	?? Yes	⊠ No
	If Yes, Name:			Title:	
	Address:		City:		Zip:
	Telephone:	Fax:	Email:		
3.	Did your local government l	nave dedicated or part-time	Solid Waste Enforcement Staf	f for FY 16-17?	Yes No
	If Yes, Name:			Title:	
	Address:		City:		Zip:
	Telephone:	Fax:	Email:		
4.	Did your local government lall that apply)	nave solid waste ordinances in	place addressing any of the fo	ollowing during I	FY 16-17? (if yes, please check
	Disposal Bans	☐ Illegal Dumping ☐ Litt	ering Other, Please Desc	cribe:	
5.	Did your local government in mulching, composting)?	nanage, provide or contract fo	or any solid waste services in F	Y 16-17 (e.g., co	ollection, disposal, recycling,  No
	If you answ	er "No" to question 5 the r.	enort is complete, please em	ail to Loteam@r	ncdenr oov

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

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  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:    less than 50 gallon cart
DR	OP-OFF RECYCLING PROGRAM
25.	Did your government operate a Drop-off Recycling Program?
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   Businesses
34.	Did your electronics recycling program collect or accept computer equipment from (check all that apply):   Residences  Businesses
35.	DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was eligible to receive proceeds from the State Electronics Management Fund in February of 2017, please provide the following information:
	Electronics Management Fund balance as of July 1, 2016: \$
	Electronics Management Funds received from DEQ during FY 16-17 (Feb 2017 distribution): \$
	Electronics Management Funds spent during FY 16-17: \$
	Electronics Management Fund balance as of June 30, 2017: \$
36.	Briefly explain how Electronics Management Funds were spent during FY 2016-17 (please list items purchased if applicable):
37.	If you did operate an electronics recycling program, please provide the following information about your vendor / contractor:  Name of electronics recycling vendor(s) during FY 16-17:
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?
OT	THER PUBLIC RECYCLING PROGRAMS
the	ase answer the following questions about local government sponsored recycling efforts. List only programs operated or contracted for by local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the ycling Tonnages Chart on pg 5.
38. 39.	Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or dropoff recycling programs?   Yes  No  Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner
٠,٠	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

DDOCD 434	Cu	ırbside	Dr	op-off	All "Oth	er'' Programs	Total Tons
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)
GLASS:							
Clear							
Brown							
Green							
Mixed							
PLASTIC:							
PET #1							
HDPE #2							
All Plastic Bottles							
Other Plastic Containers							
Bulky Rigid Plastics							
METAL:							
Aluminum Cans							
Steel Cans							
White Goods							
Other Metal							
PAPER:							
Newsprint (ONP)							
Cardboard (OCC)							
Magazines (OMG)							
Office Paper							
Mixed / Other Paper							
Cartons / Aseptic Containers							
WOOD:							
Pallets							
Other Wood - DO NOT							
report yard waste tons here							
OTHER MATERIALS:							I
Textiles (clothes etc) Televisions							
Other Electronics							
C&D Materials Recycling							
Commingled tons-check all	1						
items collected above							
TOTAL TONS:					1		
OFFICE INC TONS	IACIE AC A I		DOLICY OD C				

46. **RECYCLING TONNAGE AS A RESULT OF POLICY OR ORDINANCE:** complete this section for materials that were recycled as a result of local government ordinances or policies but that were NOT collected or managed directly by your local government recycling program. E.g. a corrugated cardboard disposal ban supported by a reporting mechanism for collecting data on private recycling tonnages.

Material Type	Tons Diverted	Describe the mechanism that caused these materials to be recovered and data collection method

## **Part III. Special Waste Collections**

This section concerns local government programs for managing materials that require special handling or that are banned from landfilling. Please provide responses and data as indicated below considering services provided to the public. Please do not include data on materials that were accepted and then disposed of in a landfill. Do not include materials generated exclusively by government operations (e.g. motorfleet services). Question 47 is about materials accepted outside of any Household Hazardous Waste (HHW) Program or event. If special wastes were only accepted as a part of an HHW Program or HHW event and were not collected by separate recycling efforts then do not record materials in question #47 but instead report with HHW materials in question #48.

Special Waste Collections (Do Not Include Materials Collected as part of an HHW Collection Program or Event) Did program collect this **Special Waste Programs for Collecting** # of Data on quantities collected / managed. material from the public? Materials from Citizens by Material Type Please report in indicated units. sites Used Motor Oil Yes Used Oil Filters barrels, or lbs Yes No Used Antifreeze Yes No gallons # batteries, or Batteries, Lead Acid Yes No lbs Batteries, Dry Cell Yes No lbs Fluorescent Bulbs/Lights Containing Mercury Yes lbs, or # bulbs No Propane Tanks Yes No lbs, or # tanks Used Cooking Oil / Waste Vegetable Oil Yes No lbs, or gallons Other Special Wastes - please provide waste Yes No lbs type here: Pesticide Containers (NCDA Program, not # con-Yes ☐ No lbs, or pesticides themselves) tainers NCDA Pesticide Disposal Assistance Program Yes No lbs (for management of pesticides, not containers) Latex Paint (do not include paint collected at gals, □ No Yes lbs HHW event or by a paint exchange program) or Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event 48. Did your local government operate a household hazardous waste collection program or event in FY 16-17? No If Yes, please respond to the following questions: a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Temp. Event b. How many days was your HHW Program open to accept materials during this Fiscal Year? c. Did you partner or co-sponsor your HHW program with another <u>local government?</u> Yes Please list partner(s) d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year? e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? If yes, please estimate the amount of business material managed f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If data about individual materials is not available, please simply provide total quantity of materials collected by HHW program in 48g below. Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in question 47. Used Motor Oil (gal) \_\_\_\_\_ Used Oil Filters \_\_\_\_ # of Barrels, or \_\_\_\_ lbs. Used Antifreeze (gal)

Lead Acid Batteries (lbs)

Other Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) g. Provide Total Quantity of materials collected by HHW Program. If individual materials were pounds reported in 48f, please net the weight of those materials out of the total listed here. h. Please list HHW Collection Contractor i. Estimated cost of HHW / CESQG program or event(s) \$

Pages 3 through 6 should have only been completed by governments indicating in question # 14 that they DO provide recycling services. All governments answering "Yes" to question # 5 on page 1 should complete the rest of the report with the exception of PART VIII which is only to be completed by Counties.

		ns management of vegetative mat	erials.	Yard waste ma	y not b	e dispos	sed in sanitary i	landfills, inciner	
		d it is illegal to burn. Composting tent of vegetative materials. Do not							
	Does your local checking all that Did a storm ever What quantities	I government operate a yard waste part apply: Collected curbside cent significantly impact the amount of materials were managed by you tal (yard waste, brush, limbs, leav	orogram Collect of yard v r yard w	? Yes ted at convenien waste your gove yaste program?	No ce cente rnment <b>Provide</b>	If yes per Remanaged	please indicate ho eceived at yard w I during FY 16-1' ation in TONS Q	w yard waste is a saste, compost, or 7? Yes DR CUBIC YAR	managed by LCID facil ☑ No
	g	Destination	Check if used	Tons		Yards	Please Provide N	Name and Location g Vegetative Mater	
	End user (to far	rmer or home-owner)					Receiving	5 vegetative mater	
	Your local gove	ernment's mulch or compost facility							
	Other public m	ulch or compost facility	$\boxtimes$	30					
	Private mulch o	or compost facility							
	Land clearing a	and inert debris landfill (LCID)							
	Energy / Fuel U	Use (e.g. boiler fuel market)							
		Total		30					
	estimate yard w	E MANAGEMENT FORMULA: If vaste volume. Calculate for each trued by program in the appropriate box	ick used xes abov	in your yard wave. $Ex$ . $10 \text{ yd}^3$	aste man	nagement 3 days/w	t program, and the $k \times 16$ wks = $480$	en enter the grand	d total
	Size of Truck	X Avg. no. of times truck						TOTAL	$\underline{}$ $yd^3$
	Size of Truci			Vaste Colle				TOTAL	
his	section concerns	s your local government's provision							
		e the following table about your gov							
		Insert Letter - see codes at right	Insert #		I	a. Local g	llects Solid Waste? government employee		nousehold
	Residential		mary	Secondary			ise haulers	<ul><li>2. Twice a week at</li><li>3. Convenience cer</li></ul>	nter/greenbox
	Commercial		mary	Secondary		involv	government not ed in provision of	<ul><li>4. As needed or by</li><li>5. Daily</li></ul>	request
	Industrial	Primary Secondary Prin	mary	Secondary		service	•	6. Other	
3.	If you provide 1	residential waste collection at single	-family	households in y	our juris	sdiction,	please answer the	e following quest	tions:
	What type of co	ollection method is used?	ully Aut	comated 🔀 S	Semi-Au	ıtomated	Manual	Don't know	V
	What is the star	ndard collection frequency? X	/eekly	Two tim	ies per v	veek	Other		
	What is the type	ical service point for single family h	ousehol	ld waste?	Curb	side	Back yard / Ba	ck door	
	What type of co	ollection container is used? 🔀 G	overnme	ent-provided car	rts	Reside	nt-provided conta	niner Bag	gs .
	Do you offer bu	alky waste collection services?	Yes	☐ No					
54.		ies - did your government collect w te goods delivered to the county for	_			es 🔀	No		
		Part VI. Solid Was	te and	d Recycling	g Edu	cation	nal Activities	S	
5.	Did <b>your local</b> issues / activities	<b>government</b> have an education pro es? $\square$ Yes $\square$ No (If N	_	inform citizens to Part VII, page	•	ally abo	ut solid waste ma	nagement and / c	or recycling
6.	Please estimate	your annual budget for solid waste	related e	education and or	utreach	activities	s: \$		
7.	Does your com	munity produce recycling education	and out	treach materials	in langı	uages be	sides English?	Yes No	)
	If YES, please	list other languages used:							
8.	Please provide	your recycling website address and	public ii	nformation phor	ne numb	er if app	licable.		
	Website:						Phone #:		

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

				anagement program			continued success of nt programs.	these programs. T	The following
	With reg	gards to funding  Tipping fees	g sources, check all s es / general fund	<del></del>	local gover eight-based	nment:	. PAYT)	Yes	
61.							nts on a quarterly ba for solid waste mana		
		-	istributions being u						
62.					-		<u>year</u> per <u>household j</u> Id		
	a. \$ _	0.55	per mond	1	per	Houseno	ıld	for solid waste	;
	b. \$ _		per		per			for recycling	
	c. \$ _		per		per			for yard waste	
	d. \$		per		per			for bulky wast	e
	e. \$ _		per		per			availability fee	<u>-</u>
	f. \$ 1	6.33	per montl	h	per	househo	ld	total charge	
63.	Did you	r local governn	nent operate a Pay-		gram for re	sidential	garbage during FY		where residents
		o GS 130A-309 s of such costs.		ments are required	to conduct	t full cos	t accounting annual	lly and to develop	a system to
64.	If your 1	ocal governme	nt contracts for sol	id waste or recyclin	g services,	please re	port the annual contr	ract amount.	
	\$62	2,168.85		For solid waste s	services per	year			
	\$			For recycling pe	r year				
				OR					
	\$ <u>62</u>	2,168.85		Combined Contr	ract (solid w	vaste, and	l recycling)		
65.	collection	on programs for	waste, recyclables		luding mate		ty to display the full lected from conveni		
		, <b>,</b>	# of Households served	Tons Collected	Collection	on Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)
N	<b>[unicipal</b>	Solid Waste*	528	403		68,000		68,000	168
	Recyclin	ng Program**							
	Yard W	aste Program	528	30	_	7,500		7,500	250
		Totals	(calculated by form):	433		75,500		75,500	174
			_	osal in a Municipal Solid rams including those serv			nd Demolition Landfill.	ors. Do not include spec	cial waste services.
66.	facility of		nd to nearest dollar	). If budgets for dif	fferent facil	ities are	ty or recycling facilicombined, please att	empt to allocate co	
		Tran	sfer Station Budge						
		Yard	Waste / Compost						
			cling Facility Bud						
67.	What wa	as your governi	ment's total combin	ned annual budget fo	or all solid	waste and	l recycling services	in 16-17? \$ <u>75,500</u>	

## **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: \$					

<b>SC</b> .	RAP TIRES					
76.	Please provide name, address, phone number, and e-n Name:	•	-			
	Address:				Zip:	
	Telephone: Fax:		Emai	1:		
77.	Please provide the physical address of the primary con Street 1:	-				
	Street 2:					
	City:		State: North	n Carolina	Zip:	
78.	Tonnage/Number of scrap tires disposed July 1, 2016 Tons or	-June 30, 201	7 ( <u>excluding</u> tin	res from cleanup of nu Number of tires	iisance sites)	
79.	Tonnage/Number of scrap tires disposed from cleanu Tons or		ounty designate	ed nuisance sites  Number of tires		
80.	Indicate the types of tires collected by the county: Passenger % Heavy True	ick	%	Large Off-Road	%	
81.	List the amount of revenue for the scrap tire program	-				
	Revenue from Scrap Tire Tax Distributions:					
	Revenue from Tire Fees:					
	Revenue from Scrap Tire Clean-up Reimbursements:					
	Revenue from Scrap Tire Cost-Overrun Grants:					
	Total Revenue:	\$				
82.	County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 16-1	e (contract dis	posal/hauling c	osts), \$		
83.	County's additional scrap tire program expenditure (i. Labor \$		renience center	cost), if any.		
	Site Cost \$					
	Other \$	de	scribe Other: _			
84.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire		
85.	Hauling cost or fuel surcharge, if not included in cont	tract cost abo	ove. \$	/ Ton; \$	/ Tire	
86.	Total tipping fees collected for tires not eligible for fi	ree disposal. §	S			
87.	Total number of tires collected not eligible for free di					
88.	If scrap tires were not hauled off site by contracted se	rvice provide	r, were they cu	t and disposed in a loc	al landfill? Yes	No
89.	Name of tire disposal/recycling firm(s):					
TE	MPORARY DISASTER DEBRIS STAGIN					
90.	Does your local government have a plan in place for i	nanagement o	of disaster debr	is? Yes	No No	
	If yes, indicate if the plan is a stand-alone plan or in c	onjunction w	ith local govern	nment agencies:	Stand-alone In conju	unction
91.	If you indicated having a plan, has the plan been revier requirements for public assistance reimbursement in a			anagement or FEMA t	to ensure it meets the basic	С
92.	Please list the name, contact numbers(s), and e-mail a	ddress of the	person(s) in ch	arge of the disaster de	bris management program	n for
	your local government: Name: Name	:		Name:		
				<del></del>		
	E-mail: E-mai					

Disaster Site #	Site Name	Disaster Site #	Site Name
Does your plan address the i	management of household hazardou	is waste and white goods following	g a disaster? Yes No
Does your plan address mas	s animal mortality? Yes [	☐ No	
NAGEMENT OF ABA	ANDONED MANUFACTUR	RED HOMES BY COUNTI	ES
	whether to implement a program for		
	loped a written plan for the manage		
ii yes, has your county deve			nomes: 105 140
	Part IX.	Comments	
	ny info provided in your report as ne		
ers regarding solid waste mar	nagement in North Carolina. Thank	you for your time. You may subn	nit additional sheets if needed.

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

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

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

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

