

#### **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: Mineral Springs

## 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.

	Р	lease submit this form to Lgte	am@ncdenr.gov by <b>Septemb</b>	er 1, 2017.			
	If you have questions	or need assistance complete	ing this form, please call 9.	19-707-8121	or 919-707-8139.		
Per	son Completing This Report: Fro	ederick Becker III	Tit	le: Mayor & I	Finance Officer		
Ma	iling Address: PO Box 600		City: Mineral Springs, N	IC	Zip: 28108		
Pho	one: (704) 243-0505 x223	Fax: (704) 243-1705		Date: 8/28/	2017		
Em	ail: msncmayor @yahoo.com						
		Gener	ral Instructions				
	ase remember that the time period a specific question.	for the report is JULY 1, 201	6 through JUNE 30, 2017. Pl	ease check "N	o" if you have nothing to report		
1.	Did your local government hav	e a Recycling Coordinator or s	similar position for FY 16-17	Yes	No No		
	Name Recycling Coordinator (i	f different from person comple	eting this report.)				
	Name:		Tit	le:			
	Address:		City:		Zip:		
	Telephone:	Fax:	Email:				
2.	Did your local government hav	e a Solid Waste Director or sir	milar position for FY 16-17?	Yes	⊠ No		
	If Yes, Name:		Tit	le:			
	Address:		City:		Zip:		
	Telephone:	Fax:	Email:				
3.	Did your local government hav	e dedicated or part-time Soli	d Waste Enforcement Staff fo	or FY 16-17?	Yes No		
	If Yes, Name:		Title:				
	Address:		City:		Zip:		
	Telephone:	Fax:	Email:				
4.	Did your local government hav all that apply)	e solid waste ordinances in pla	ace addressing any of the follo	wing during F	FY 16-17? (if yes, please check		
	Disposal Bans I	llegal Dumping Litterin	g Other, Please Describ	be:			
5.	Did your local government mar mulching, composting)?	nage, provide or contract for an	ny solid waste services in FY	16-17 (e.g., co	ollection, disposal, recycling,		
	If you answer	'No'' to question 5, the repo	rt is complete, please email	to Lgteam@n	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. Did your local government have a recycling program in place for collecting recyclable materials generated at Yes No public buildings in FY 16-17? Did your local government have any program or policy encouraging or requiring local agencies to 7. No purchase products with recycled content? Did your local government have a program in place to collect and recycle spent fluorescent lights | 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? 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 phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives? Did your local government offer a waste exchange or reuse program? Yes 13 If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public: Paint exchange Number of gallons recovered? Swap shop/shed Number of sheds in use? Other (e.g. pallet exchange, etc.) PUBLIC RECYCLING SERVICES Which of the following responses best describes your recyclables recovery activities for the period July 1, 2016 through June 30, 2017? My local government **DID operate or contract** for a recyclables recovery program. (please continue to question 15) My local government DID NOT operate or contract for recyclables recovery BUT DID participate in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; then go to Part IV on page 7.) With which local government did you participate? My local government **DID NOT operate**, contract or participate in a recycling program. (Go to Part IV on page 7.) If your local government **DID** operate or contract for a recyclables recovery program, please indicate in the following sections the type of program in operation and provide specifics about your program(s). CURBSIDE RECYCLING PROGRAM Did your government operate a Curbside Recycling Program? 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)

1/.	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:    less than 50 gallon cart
DR	OP-OFF RECYCLING PROGRAM
25.	Did your government operate a Drop-off Recycling Program?  Yes  No, skip to question # 32
26.	Who collected the recyclable materials for your local government's drop-off recycling program?  Local government employees  Private contractor
	Other (please specify)
27.	Please describe the method / style of recyclable materials handling for your drop-off recycling program:  source-separated (citizens separate materials by type) single stream / commingled dual / two stream (paper separated from cans/bottles) don't know / other
28.	Please estimate the number of households served by your drop-off recycling program.
29.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial
30.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:
31.	How many of these locations were staffed with attendants?
EL	ECTRONICS RECYCLING PROGRAM
mate	use answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any erials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.
32.	
	If you did operate an electronics recycling program, please indicate style of program:
	Permanent - Curbside Collection Permanent - Drop-off Scheduled Collection Day or Event Part of HHW Program
	If you offer curbside collection of electronics is it:  by appointment or  unscheduled
	If you operate a drop-off electronics program, how many collection sites do you provide? Number of Sites:

33.	Did your electronics recycling program collect or accept televisions from (check all that apply):   Residences   Businesses
34.	Did your electronics recycling program collect or accept computer equipment from (check all that apply):   Residences  Businesses
35.	DEQ distributes Electronics Management Funds each February to eligible governments (G.S. 130A-309.137). If your government was eligible to receive proceeds from the State Electronics Management Fund in February of 2017, please provide the following information:
	Electronics Management Fund balance as of July 1, 2016: \$
	Electronics Management Funds received from DEQ during FY 16-17 (Feb 2017 distribution): \$
	Electronics Management Funds spent during FY 16-17: \$
	Electronics Management Fund balance as of June 30, 2017: \$
36.	Briefly explain how Electronics Management Funds were spent during FY 2016-17 (please list items purchased if applicable):
37.	If you did operate an electronics recycling program, please provide the following information about your vendor / contractor:  Name of electronics recycling vendor(s) during FY 16-17:
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?
OT	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? $\  \  \  \  \  \  \  \  \  \  \  \  \ $
	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 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	Curbside		Dr	Drop-off		er'' Programs	<b>Total Tons</b>
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.

This	s section concerns management of vegetative m							
	ermitted sites and it is illegal to burn. Composting							
	ut your management of vegetative materials. Do no				_			
49.	Does your local government operate a yard waste checking all that apply:  Collected curbside			-	•	ow yard waste is managed by vaste, compost, or LCID facil		
50.	Did a storm event significantly impact the amount				•	-		
51.								
	organic material (yard waste, brush, limbs, leaves, etc.) managed. For conversion purposes, use 400 lbs./cubic yd.  Check if To Check if Please Provide Name and Location of Facil							
	Destination	Check if used	Tons	Cubic Yards		Name and Location of Facility ng Vegetative Materials		
	End user (to farmer or home-owner)							
	Your local government's mulch or compost facility							
	Other public mulch or compost facility							
	Private mulch or compost facility							
	Land clearing and inert debris landfill (LCID)							
	Energy / Fuel Use (e.g. boiler fuel market)							
	Total							
	YARD WASTE MANAGEMENT FORMULA:							
	estimate yard waste volume. Calculate for each t volume managed by program in the appropriate by							
	XX					$yd^3$		
	Size of Truck (in yards) Avg. no. of times tru					TOTAL		
	Part V. S	Solid V	Vaste Colle	ection Serv	rices			
This	s section concerns your local government's provision							
52.	Please complete the following table about your government's solid waste collection system.							
	Insert Letter - see codes at right Insert # - see codes at right a. Local government employees 1. Once a week							
	Residential	Primary	Secondary		y Contract  2. Twice a week at house ranchise haulers  3. Convenience center/gr			
	Commercial	Primary	Secondary		Local government not involved in provision of 5. Daily			
	Industrial Primary Secondary F	Primary	Secondary		ce	6. Other		
53.	If you provide residential waste collection at sing	le-family	households in y	our jurisdiction	n, please answer th	e following questions:		
	What type of collection method is used?	Fully Aut	omated S	Semi-Automate	ed Manual	Don't know		
	What is the standard collection frequency?	What is the standard collection frequency?  Weekly Two times per week Other						
	What is the typical service point for single family household waste?   Curbside Back yard / Back door							
	What type of collection container is used?	Governme	ent-provided ca	rts Resid	dent-provided cont	ainer Bags		
	Do you offer bulky waste collection services?	Yes	☐ No					
54.	For municipalities - did your government collect			Yes	No			
	If so, were white goods delivered to the county for			No				
	Part VI. Solid Wa		• •	_				
55.	Did <b>your local government</b> have an education prissues / activities? Yes No (If	_	inform citizens o Part VII, page		out solid waste ma	inagement and / or recycling		
56.	Please estimate your annual budget for solid wast	te related o	education and o	utreach activiti	es: \$			
57.	Does your community produce recycling education	on and out	treach materials	in languages b	esides English? [	Yes No		
	If YES, please list other languages used:							
58.	Please provide your recycling website address an	d public ii	nformation pho	ne number if ap	plicable.			
	Website:				Phone #:			

# Part VII. Resources for Solid Waste Management and Full Cost Accounting Sufficient resources available to solid waste management programs are essential for continued success of these programs. The following questions deal with funding of your community's solid waste and materials management programs. 59. Did your local government operate an Enterprise Fund for solid waste services in FY 16-17? Yes No 60. With regards to funding sources, check all that apply to your local government:

que	siions aeai wiin junaing	oj your community	s sona wasie ana r	naieriais manageme	em programs.		
59.	Did your local government	nent operate an Ent	erprise Fund for sol	lid waste services in	FY 16-17?	Yes 🔀 N	lo
60.	With regards to funding	g sources, check all	that apply to your	local government:			
	Tipping fees	3	Volume/we	eight-based fees (e.g	g. PAYT) Tin	e tax	
		es / general fund	Sale of rec	yclables		hite Goods tax	
	Per househo	0	Grants			sposal Tax	
61.	NC Solid Waste Dispos According to GS 105-1						
	How are disposal tax d	istributions being u	ised?				
62.	If applicable, 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> fo	or solid waste)	
	a. \$	per		per		for solid was	te
	b. \$	per		per		for recycling	
	c. \$	per		per		for yard wast	te
	d. \$	per		per		for bulky wa	ste
	e.\$	per		per		availability f	<u>ee</u>
	f. \$	per		per		total charge	
	are charged a fee by we cording to GS 130A-309 orm users of such costs.	9.08, local governi				No y and to develo	p a system to
64.	If your local government	nt contracts for soli	d waste or recyclin	g services, please re	eport the annual contra	act amount.	
	\$		For solid waste s	-			
	\$		<del>_</del>				
	Φ		For recycling pe	r year			
	Φ.		OR				
	\$		_ Combined Conti	ract (solid waste, an	d recycling)		
65.	Collection Programs: P		0	•		•	•
	collection programs for	•	•	-			full cost analysis i
	not available, please r		aget in Total Cost	column.		Total Cost	Cost Per Ton
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	including overhead	Managed (calculated by form
N	Iunicipal Solid Waste*						
	Recycling Program**						
	Yard Waste Program						
	Totals	(calculated by form):					
	*for materials collected and	sent for eventual dispo	sal in a Municipal Solid	Waste or Construction a	and Demolition Landfill.		1
	**for materials collected by						
66.	If your government operations (round proportionately. Land	nd to nearest dollar		fferent facilities are		mpt to allocate	
	Trans	sfer Station Budget	: \$				_
	Yard	Waste / Compost l	Facility Budget: \$				-
	Recy	cling Facility Budg	get: \$				_
67.	What was your governr	nent's total combin	ed annual budget fo	or all solid waste an	d recycling services in	n 16-17? \$	

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

## **Part VIII. County Mandated Programs**

The following questions pertain to programs mandated by N.C. statute to be provided by each county. 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.						
	Name:			Title:		
	Address:	Ci	ty:		Zip:	
	Telephone: Fax:			Email:		
69.	Please provide the physical address of the primary	y county white goo	ods colle	ection site.		
	Street 1:					
	Street 2:					
	City:				Zip:	
70.	Please provide the name of the business or person Name:				m white goods.	
	Street:					
	City:					
	Phone: Fax:		Email:			
71.	Give amounts / types of CFCs removed. Attach re	ecords of CFC rem	oval, ar	nd copy of certificati	on of person(s) perfor	ming extraction.
	Type of CFC Removed				Amount	
72.	CFCs may be recycled or sent for destruction. Give					
	Firm	Mo	ethod of	f Disposal	Amount Earned	Amount Spent
73.	Please report the tonnage of white goods collected white goods tonnage reported on page 5? Yes	-	17 in th	e Recycling Tonnag	es table on page 5 (qu	estion # 45). Was
74.	List the amount of revenue for the white goods pr	ogram by source:				
	Revenue collected from sale of scrap:	\$				
	Revenue collected from White Goods Tax Distrib	outions: \$				
	Revenue from other source (e.g. grants):	\$				
	Total Revenue:	\$				
75.	According to the White Goods Law, White Good expenditures White Good Tax Distributions were					mounts and types of
	Operational Expenses: \$					
	Capital Improvements: \$					
	Clean-up of Illegal White Goods Dumps: \$					
	Total Expenditures: \$					

SC	RAP TIRES			
76.	Please provide name, address, phone number, and e-ma		1 0	
	Name:		Title:	
	Address:	City:		Zip:
	Telephone: Fax:	Email:		
77.	Please provide the physical address of the primary coun	nty scrap tires collection site.		
	Street 1:			
	Street 2:			
	City:	State: North Caro	olina	_ Zip:
78.	Tonnage/Number of scrap tires disposed July 1, 2016-J Tons or		om cleanup of nuisanber of tires	ance sites)
79.	Tonnage/Number of scrap tires disposed from cleanup Tons or	, ,	sance sites aber of tires	
80.	Indicate the types of tires collected by the county: Passenger % Heavy Truc	k % Lε	arge Off-Road	%
81.	List the amount of revenue for the scrap tire program b	y source:		
	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 16-17	(contract disposal/hauling costs),	\$	
83.	County's additional scrap tire program expenditure (i.e. Labor \$		if any.	
	Site Cost \$			
	Other \$	describe Other:		
84.	County's contract cost for scrap tire disposal. \$	/ Ton; \$	/ Tire	
85.	Hauling cost or fuel surcharge, if not included in contra	act cost above. \$/	Ton; \$	/ Tire
86.	Total tipping fees collected for tires not eligible for fre	e disposal. \$		
87.	Total number of tires collected not eligible for free dis	posal:		
88.	If scrap tires were not hauled off site by contracted serv	vice provider, were they cut and o	disposed in a local	landfill? Yes No
89.	Name of tire disposal/recycling firm(s):			
TE	MPORARY DISASTER DEBRIS STAGING	G SITES		
90.	Does your local government have a plan in place for m	anagement of disaster debris?	Yes	No
	If yes, indicate if the plan is a stand-alone plan or in co	njunction with local government	agencies: Sta	and-alone
91.	If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a continuous continuous accordance in the plan been review requirements for public assistance reimbursement in a continuous continuou		ment or FEMA to e	ensure it meets the basic No
92.	Please list the name, contact numbers(s), and e-mail ad your local government:			
	E-mail: E-mail:		E-mail:	

94. Does your plan address the management of household hazardous waste and white goods following a disaster?			Cita Nama	npting to obtain FEMA reimbursement. Att  Disaster Site #						
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 $This form \ is \ to \ be \ submitted \ electronically. \ If \ you \ require \ assistance, \ please \ contact \ one \ of \ these \ NC \ DEACS \ staff \ members:$ 

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 <a href="https://deq.nc.gov/conservation/recycling/local-government-recycling-assistance">https://deq.nc.gov/conservation/recycling-assistance</a> or e-mail us at Lgteam@ncdenr.gov

