

### **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: Goldsboro

## 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 f  | form to Lgteam@ncdenr.gov by Se       | ptember 1, 2017.      |                                     |
|---|---------------------------------------|-----------------------|-------------------------------------|
| If you have questions or need assistant   | ce completing this form, please       | call 919-707-8121     | or 919-707-8139.                    |
| Person Completing This Report: Tomey Jones  |                                       | Title: Solid Was      | te Superintendent                   |
| Mailing Address: 1601 Clingman Street   | City: Goldsboro                       |                       | Zip: 27534                          |
| Phone: (919) 739-7412 Fax: (919)  | 739-7442                              | Date: July            | 12, 2017                            |
| Email: tjones@goldsboronc.gov   |                                       |                       |                                     |
|   | General Instructions                  |                       |                                     |
| Please remember that the time period for the report is J for a specific question. | ULY 1, 2016 through JUNE 30, 20       | 17. Please check "N   | No" if you have nothing to report   |
| 1. Did your local government have a Recycling Coo                                 | rdinator or similar position for FY   | 16-17? Xes            | ☐ No                                |
| Name Recycling Coordinator (if different from pe                                  | erson completing this report.)        |                       |                                     |
| Name: Carlos Wooten   |                                       | Title: Solid Was      | te Supervisor                       |
| Address: 1601 Clingman Street   | City: Goldsboro                       |                       | Zip: 27534                          |
| Telephone: (919) 739-7431 Fax: (919)  | 739-7442 Email:                       | ewooten@goldsboro     | onc.gov                             |
| 2. Did your local government have a Solid Waste Di                                | rector or similar position for FY 1   | 6-17? Xes             | No                                  |
| If Yes, Name: Tomey Jones   |                                       | Title: Solid Wast     | e Superintendent                    |
| Address: 1601 Clingman Street   | City: Goldsboro                       |                       | Zip: 27534                          |
| Telephone: (919)739-7412 Fax: (919)   | 739-7442 Email:                       | tjones@goldsboronc    | e,gov                               |
| 3. Did your local government have <b>dedicated or pa</b>                          | rt-time Solid Waste Enforcement       | Staff for FY 16-17?   | ∑ Yes □ No                          |
| If Yes, Name: Kelly Best, Gaston Lopez  |                                       | Title: Code Enfo      | rcement Officers                    |
| Address: P. O. Drawer A   | City: Goldsboro                       |                       | Zip: 27534                          |
| Telephone: (919) 580-4313 Fax: (919).   | 580-4434 Email:                       | kbest@goldsboronc.    | gov                                 |
| 4. Did your local government have solid waste ordinall that apply)                | nances in place addressing any of the | ne following during I | FY 16-17? (if yes, please check     |
| ☐ Disposal Bans ☐ Illegal Dumping   | Littering Other, Please               | Describe:             |                                     |
| 5. Did your local government manage, provide or comulching, composting)?          | entract for any solid waste services  | in FY 16-17 (e.g., co | ollection, disposal, recycling,  No |
| If you answer "No" to question  | 5 the varietie complete place         | amail to Lateam@s     | andone con                          |

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

| 1/. | Please provide the following information about your community:  |
|-----|---|
|     | a. Total number of households in your jurisdiction? 14,965  |
|     | b. Number of households eligible to participate in the curbside recycling program: 13,875   |
|     | c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 13,875   |
| 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 Nulti-bin system Roll-out carts   |
| 23. | Please describe the method / style of recyclable materials handling:  curb-sort (collector separates material as collected)   |
| 24. | If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used:  ☐ less than 50 gallon cart ☐ 65 gallon cart ☐ multiple sizes of cart available  |
| 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   |
|     | se 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 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.<br>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 AM   | Cu       | ırbside  |          | Drop-off | All "C   | Other'' 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:   |          |          |          |          | 2_3      |                  |                                 |
| 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:   |          |          |          |          |          |                  |                                 |
| Textiles (clothes etc)   |          |          |          |          |          |                  |                                 |
| Televisions  |          |          |          |          |          |                  |                                 |
| Other Electronics  |          |          |          |          |          |                  |                                 |
| C&D Materials Recycling  |          |          |          |          |          |                  |                                 |
|  |          |          |          |          |          |                  |                                 |
|  |          |          |          |          |          |                  |                                 |
|  |          |          |          |          |          |                  |                                 |
| Commingled tons-check al items collected above   |          | 1,110.54 |          |          |          |                  | 1,110.54                        |
| TOTAL TONS:  |          | 1,110.54 |          |          |          |                  | 1,110.54                        |
| Part of the second seco |          |          |          |          | -        |                  |                                 |

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

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

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

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

No.

sites

Please report in indicated units.

gallons

Special Waste Collections (Do Not Include Materials Collected as part of an HHW Collection Program or Event) Did program collect this **Special Waste Programs for Collecting** # of Data on quantities collected / managed.

Yes

Materials from Citizens by Material Type

Used Motor Oil

material from the public?

| Yes Yes Yes  | <ul><li>No</li><li>No</li></ul>         |  | barrels, or  |   | lbs<br>gallons                           |  |
|--------------|---|--|--|---|--|--|
|              | ⊠ No                                    |  | -  |   | gallons                                  |  |
| Yes          |   |  |  |   | Sanons                                   |  |
|              | ⊠ No                                    |  | # batteries  | , or  | lbs                                      |  |
| Yes          | ⊠ No                                    |  |  |   | lbs                                      |  |
| Yes          | ⊠ No                                    |  | lbs, or  | #   | bulbs                                    |  |
| Yes          | ⊠ No                                    |  | lbs, or  |   | # tanks                                  |  |
| Yes          | ⊠ No                                    |  | lbs, or  |   | gallons                                  |  |
| Yes          | ⊠ No                                    |  |  |   | lbs                                      |  |
| Yes          | ⊠ No                                    |  | lbs, or  |   | # containers                             |  |
| Yes          | ⊠ No                                    |  |  |   | lbs                                      |  |
| Yes          | ⊠ No                                    |  | gals,<br>or  |   | lbs                                      |  |
| rogram with  | another <u>local</u> go                 | collection progra  | Yes N  | Year?   |  |  |
|              |   | Exempt Small (   | -  |   | Yes                                      | No   |
| lease simply | y provide total q                       | uantity of materia   | als collected b  | y HHW progr   | am in 48g                                | below.   |
| U            | sed Oil Filters                         | # of Ba  | arrels, or   | lbs.  |  |  |
| L            | ead Acid Batteri                        | es (lbs)   | Other B  | atteries (lbs)  |  |  |
| ng Mercury   | (lbs)                                   |  |  |   |  |  |
| •            | out of the total l                      | isted here.  |  |   |  | pound  |
| or event(s)  |   |  |  |   |  | ,  |
|              | Yes | Yes No  No  Yes No  Yes No  Honally Exempt Small Quaterials during the participated in your HHW all businesses (Conditionally ass material managed yes HHW Program: if totals for elease simply provide total quose collected at an HHW Program: Lead Acid Batteriang Mercury (lbs)  Hon Were No  West No  W | Yes No Yes Yes No Yes Yes No Yes Yes Yes No Yes | Yes       No       lbs, or         Yes       No       lbs, or         Yes       No       lbs, or         Yes       No       lbs, or         Yes       No       gals, or         Honally Exempt Small Quantity Generator (CESQG) Penazardous waste collection program or event in FY 16-17 is:       lary Event or at a Permanent HHW Collection Facility?         Instruction of the control of the program with another local government?       Yes       No         It participated in your HHW collection program this Fiscal all businesses (Conditionally Exempt Small Quantity Genesis material managed pounds by HHW Program: if totals for individual materials are knowlease simply provide total quantity of materials collected to lose collected at an HHW Program and should not include one collected at an HHW Program and should not include one collected at an HHW Program and should not include to lead Acid Batteries (lbs)       Other Busy Mercury (lbs)         In g Mercury (lbs)       Other Busy Mercury (lbs) | Yes No lbs, or   Yes No lbs, or      Yes | Yes       No       lbs, or       # tanks         Yes       No       lbs, or       gallons         Yes       No       lbs, or       # containers         Yes       No       lbs, or       # containers         Yes       No       lbs       lbs         Yes       No       gals, or       lbs         Hoazardous waste collection program or event in FY 16-17?       Yes       No         Is:       Permanent HHW Collection Facility?       Permanent       Temporent o accept materials during this Fiscal Year?         Frogram with another local government?       Yes       No         It participated in your HHW collection program this Fiscal Year?       No         It participated in your HHW collection program this Fiscal Year?       Yes         Is smaterial managed       pounds         Is yHHW Program: If totals for individual materials are known please itemize below.       Permanent of the permanent |

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

|                   | Part IV. Yard Waste   | e, Mule                         | ching and (                                     | Compostin  | g Management  |
|-------------------|---|---------------------------------|---|--|---|
| ипре              | section concerns management of vegetative ma<br>ermitted sites and it is illegal to burn. Composting<br>tt your management of vegetative materials. Do no   | g and mi                        | ılching are popi                                | ular manageme                                    | nt options. Please answer the questions below   |
| 49.<br>50.<br>51. | Does your local government operate a yard waste checking all that apply:   Collected curbside   Did a storm event significantly impact the amount  What quantities of materials were managed by you | Collect of yard ward ward ware  | ted at convenien waste your gove vaste program? | ce center 🔯 R<br>rnment manage<br>Provide inform | d during FY 16-17? Yes No No Nation in TONS OR CUBIC YARDS of   |
|                   | organic material (yard waste, brush, limbs, leav  | ves, etc.)                      | managed. For                                    | conversion purp                                  | <u> </u>  |
|                   | Destination  End user (to farmer or home-owner)   | Check if used                   | Tons  | Cubic Yards                                      | Please Provide Name and Location of Facility<br>Receiving Vegetative Materials                                      |
|                   | ,   |                                 | 40.00   |  |   |
|                   | Your local government's mulch or compost facility   |                                 | 10,296  |  | City of Goldsboro Compost Plant   |
|                   | 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   |                                 | 10296   |  |   |
|                   | YARD WASTE MANAGEMENT FORMULA: I estimate yard waste volume. Calculate for each tr volume managed by program in the appropriate bo  | uck used                        | in your yard wave. Ex. $10 \text{ yd}^3$        | iste managemen                                   | at program, and then enter the grand total $wk \times 16 wks = 480 yd^3$  |
|                   | X   |                                 | X   |  | $yd^3$  |
|                   | Size of Truck (in yards)  Avg. no. of times truc  |                                 |   |  | g your  |
|                   | section concerns your local government's provision Please complete the following table about your go  | n of solid                      |   | ) collection serv                                | vices.  |
| ·                 | Sector Who Collects Solid Waste? Insert Letter - see codes at right   | Iow is So<br>Insert #           |   | ected? Who Co                                    | bllects Solid Waste? How is Solid Waste Collected? government employees 1. Once a week at household                 |
|                   | Commercial Primary c Secondary a Pr   |                                 | 1 Secondary 4 Secondary Secondary               | 4 d. Local                                       | hise haulers government not ded in provision of  3. Convenience center/greenbox 4. As needed or by request 5. Daily |
| 53.               | What is the standard collection frequency?  What is the typical service point for single family What type of collection container is used?  | Fully Aut<br>Weekly<br>househol | comated $\boxtimes$ S                           | Semi-Automated les per week Curbside             |   |
| 54.               | For municipalities - did your government collect was If so, were white goods delivered to the county for  | _                               |   | Yes [ No   | No  |
|                   | Part VI. Solid Was  | ste and                         | d Recycling                                     | g Education                                      | nal Activities  |
| 55.               | Did <b>your local government</b> have an education pro issues / activities?   | _                               | inform citizens<br>to Part VII, page            |  | out solid waste management and / or recycling   |
| 56.               | Please estimate your annual budget for solid waste  | e related                       | education and or                                | utreach activitie                                | s: \$   |
| 57.               | Does your community produce recycling educatio  | n and ou                        | treach materials                                | in languages be                                  | esides English? Yes No  |
|                   | If YES, please list other languages used:   |                                 |   |  |   |
| 58.               | Please provide your recycling website address and   | l public in                     | nformation phor                                 | ne number if app                                 | olicable.   |
|                   | Website:  | -                               | •   | 11   | Phone #:  |
|                   |   |                                 |   |  |   |

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

|     | ficient resources availab<br>estions deal with funding |                           |                     |                       | -                                     | these programs.                | The following                |
|-----|--|---------------------------|---------------------|-----------------------|---------------------------------------|--------------------------------|------------------------------|
| _   | Did your local government                              | •                         |                     |                       |                                       | Yes No                         | )                            |
|     | With regards to funding                                | _                         | _                   |                       |                                       | <u> </u>                       |                              |
|     | Tipping fees   |                           |                     | eight-based fees (e.g | · —                                   | ire tax                        |                              |
|     | ☐ Property tax ☐ Per househo                           | xes / general fund        |                     | yclables              |                                       | hite Goods tax<br>risposal Tax |                              |
| 61. | NC Solid Waste Dispo                                   | •                         |                     | ible local governme   | · · · · · · · · · · · · · · · · · · · | -                              | nent of Revenue.             |
|     | According to GS 105-1                                  |                           |                     |                       |                                       |                                |                              |
|     | How are disposal tax d                                 | · ·                       |                     |                       |                                       |                                |                              |
| 62. | If applicable, please pr                               | •                         |                     |                       |                                       |                                |                              |
|     | a. \$ 22   | per month                 | 1                   | per nousen            | old                                   | for solid waste                | 2                            |
|     | b. \$  | per                       |                     | per                   |                                       | for recycling                  |                              |
|     | c. \$  | per                       |                     | per                   |                                       | for yard waste                 |                              |
|     | d. \$  | per                       |                     | per                   |                                       | for bulky wast                 | te                           |
|     | e. \$  | per                       |                     | per                   |                                       | availability fee               | <u>e</u>                     |
|     | e. \$<br>f. \$   | per month                 | 1                   | per househo           | old                                   | total charge                   |                              |
| 63. | Did your local government                              |                           |                     |                       |                                       |                                |                              |
|     | are charged a fee by we                                |                           |                     |                       |                                       | ] No                           |                              |
|     | cording to GS 130A-30, orm users of such costs         |                           | ments are required  | to conduct full cos   | st accounting annual                  | lly and to develop             | a system to                  |
|     | If your local governme                                 |                           | d waste or recyclin | o services inlease re | enort the annual contr                | ract amount                    |                              |
| 04. | \$3,600  | nt contracts for son      | For solid waste s   | -                     | port the annual conti                 | ract amount.                   |                              |
|     | \$   |                           | For recycling per   |                       |                                       |                                |                              |
|     | Ψ  |                           | OR                  | r year                |                                       |                                |                              |
|     | \$   |                           |                     | act (solid waste, an  | d recycling)                          |                                |                              |
| 65  | Collection Programs: P                                 | Please complete the       |                     |                       |                                       | costs of your loca             | 1 government's               |
| 05. | collection programs for                                | r waste, recyclables      | and yard waste inc  | luding materials co   |                                       |                                |                              |
|     | not available, please r                                | eport program bu          | dget in Total Cost  | column.               |                                       | Total Cost                     | Cost Per Ton                 |
|     |  | # of Households<br>served | Tons Collected      | Collection Cost       | Disposal Cost (tipping fees paid)     | including<br>overhead          | Managed (calculated by form) |
| N   | Iunicipal Solid Waste*                                 | 14,965                    | 10,642.74           |                       | 335,246.31                            | 3,580,489                      | 336                          |
|     | Recycling Program**                                    | 14,965                    | 1,110.54            |                       |                                       |                                | 0                            |
|     | Yard Waste Program                                     | 14,965                    | 10,296              |                       |                                       |                                | 0                            |
|     | Totals   | (calculated by form):     | 22,049.28           |                       | 335,246.31                            | 3,580,489                      | 162                          |
|     | *for materials collected and                           | =                         | _                   |                       |                                       |                                |                              |
|     | **for materials collected b                            |                           | _                   |                       | _                                     | _                              |                              |
| 00. | If your government operacility operations (rou         |                           |                     |                       |                                       |                                |                              |
|     | proportionately. Land                                  |                           | \$                  |                       | , <b>1</b>                            | •                              |                              |
|     | Tran   | sfer Station Budget       | : \$                |                       |                                       |                                |                              |
|     | Yard   | l Waste / Compost l       | Facility Budget: \$ |                       |                                       |                                |                              |
|     |  | cling Facility Budg       |                     |                       |                                       |                                |                              |
| 67. | What was your govern                                   | ment's total combin       | ed annual budget fo | or all solid waste an | d recycling services                  | in 16-17? \$                   |                              |

## **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: \$   |                    |           |                        |                        |                     |

| 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<br>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 and the plan been review requirements for public assistance reimbursement in a continuous continuo |                                    | 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:                          |                              |

|         | Disaster Site #                 | Site Name                          | Disaster Site #                    | Site Name                              |
|---------|---------------------------------|------------------------------------|------------------------------------|--|
|         |                                 |                                    |                                    |  |
|         |                                 |                                    |                                    |  |
|         |                                 |                                    |                                    |  |
|         | • •                             |                                    | us waste and white goods following | g a disaster? Yes No                   |
|         | Does your plan address mass     |                                    | ∐ No                               |  |
|         |                                 |                                    | RED HOMES BY COUNTI                |  |
|         | •                               | 1 1 0                              | or the management of abandoned n   |  |
| ]       | If yes, has your county develo  | oped a written plan for the manage | ement of abandoned manufactured    | homes? Yes No                          |
|         |                                 | Part IX                            | . Comments                         |  |
| Lice th | nis section to elaborate on any |                                    |                                    | ur comments about this report or other |
|         |                                 |                                    |                                    |  |
|         | rs regarding solid waste mana   | agement in North Carolina. Thank   | k you for your time. You may subn  |  |
|         | rs regarding solid waste mana   | gement in North Carolina. Thank    | c you for your time. You may subn  |  |
|         | rs regarding solid waste mana   | agement in North Carolina. Thank   | c you for your time. You may subn  |  |
|         | rs regarding solid waste mana   | ngement in North Carolina. Thank   | c you for your time. You may subn  |  |
|         | rs regarding solid waste mana   | gement in North Carolina. Thank    | c you for your time. You may subn  |  |
|         | rs regarding solid waste mana   | ngement in North Carolina. Thank   | c you for your time. You may subn  |  |
|         | rs regarding solid waste mana   | ngement in North Carolina. Thank   | k you for your time. You may subn  |  |
|         | rs regarding solid waste mana   | ngement in North Carolina. Thank   | k you for your time. You may subn  |  |
|         | rs regarding solid waste mana   | ngement in North Carolina. Thank   | k you for your time. You may subn  |  |

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

