

#### **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



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

### **State of North Carolina**

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

# Local Government Report Form

## 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.

	Pl	ease submit this form to Lgtea	m@ncdenr.gov by Sep	otember 1, 2017.
	If you have questions o	er need assistance completin	g this form, please c	call 919-707-8121 or 919-707-8139.
Per	son Completing This Report: S. S	cott Hedgepeth		Title: Environmental Services Manager
Ma	iling Address: PO Box 10 - 1800 H	Ierring Ave	City: Wilson	Zip: 27894
Pho	one: 252 - 399 - 2425	Fax: 252- 399 - 2185		Date: August 23, 2017
Em	ail: shedgepeth@wilsonnc.org			
		Genera	l Instructions	
	ase remember that the time period a specific question.	for the report is JULY 1, 2016	through JUNE 30, 201	17. Please check "No" if you have nothing to report
1.	Did your local government have	a Recycling Coordinator or si	milar position for FY	16-17?
	Name Recycling Coordinator (if	different from person complete	ting this report.)	
	Name:			Title:
	Address:		City:	Zip:
	Telephone:	Fax:	Email:	
2.	Did your local government have	a Solid Waste Director or sim	ilar position for FY 16	5-17? X Yes No
	If Yes, Name: Timmy R. Far	mer & S. Scott Hedgepeth		Title: Environmental Services Manager
	Address: PO Box 10 - 1800 Her	ring Ave	City: Wilson	Zip: 27894
	Telephone: 252 - 399 - 2425	Fax: 252 - 399 - 2185	Email: s	shedgepeth@wilsonnc.org
3.	Did your local government have	dedicated or part-time Solid	Waste Enforcement S	Staff for FY 16-17? Yes No
	If Yes, Name:			Title:
	Address:		City:	Zip:
	Telephone:	Fax:	Email:	
4.	Did your local government have all that apply)	solid waste ordinances in plac	e addressing any of the	e following during FY 16-17? (if yes, please check
	☐ Disposal Bans ☐ III	legal Dumping Littering	Other, Please D	Describe:
5.	Did your local government mana mulching, composting)?	age, provide or contract for any	y solid waste services i	in FY 16-17 (e.g., collection, disposal, recycling,  Yes No
	If you answer "	No" to auestion 5 the repor	t is complete please e	email to Loteam@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 X No public buildings in FY 16-17? Did your local government have any program or policy encouraging or requiring local agencies to 7. 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, X 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? X Yes No 13 If you answered "yes" in question 12, please indicate which waste exchange and/or reuse programs were available to the public: Swap shop/shed Number of sheds in use? 1 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)

Please provide the following information about your community:  a. Total number of households in your jurisdiction? 20,017
b. Number of households eligible to participate in the curbside recycling program: 20,017
c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 10,600
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
What sector(s) of your community was served by the curbside recycling program?  Residential Commercial Industrial
If you checked commercial or industrial in question 19, please indicate the number of accounts served:
How frequently were the curbside recyclables collected?  ☑ Once a week ☐ Other
Please describe the collection containers used:  Bins Blue bags Multi-bin system Roll-out carts
Please describe the method / style of recyclable materials handling:  ☐ curb-sort (collector separates material as collected)
If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used:    less than 50 gallon cart
OP-OFF RECYCLING PROGRAM
Did your government operate a Drop-off Recycling Program?  Yes  No, skip to question # 32
Who collected the recyclable materials for your local government's drop-off recycling program?  Local government employees  Private contractor
Other (please specify)
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
Please estimate the number of households served by your drop-off recycling program.
What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial
How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:
How many of these locations were staffed with attendants?
ECTRONICS RECYCLING PROGRAM
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: Creative Recycling							
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications? Yes							
OT	HER PUBLIC RECYCLING PROGRAMS							
the l	use 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 welling Tonnages Chart on pg 5.							
	Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or dropoff recycling programs? $\  \  \  \  \  \  \  \  \  \  \  \  \ $							
39.	Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner other than through your curbside or dropoff recycling programs? $\square$ Yes $\boxtimes$ 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? $\square$ Yes							
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.)							
	Organics / Food Waste Recycling other than yard waste program							
	Oyster Shell Recycling Program							
	Other Programs (please specify)							
	Programs to manage Special Wastes are addressed in Part III on page 6, please do not include Special Waste programs above.							

#### RECYCLING TONNAGES FROM PUBLIC PROGRAMS

- 45. a. Enter data in the table below for ALL recycling programs operated or contracted for by your local government. Provide TONNAGES (or estimates) for each material collected for the period JULY 1, 2016 through JUNE 30, 2017. DO NOT include materials that were not collected or managed by your local government either directly or under contract to a private service provider.
  - b. Do NOT report YARD WASTE, TIRES, HHW, USED OIL, OIL FILTERS, ANTI-FREEZE, BATTERIES or other SPECIAL WASTE tonnages on this page - these items should be reported in other sections of report form. See page 6 for SPECIAL WASTES.
  - c. Please report materials collected in tons only. Please only extend numbers to two decimal places (x.xx).
  - d. If you collected single stream or other commingled materials, record Tons in the "Commingled tons" row and then check the box for each individual material type that was commingled.

	Curbside		Drop-off		All "Ot	her'' Programs	<b>Total Tons</b>	
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	⊠ if Yes	Tons	(totals are calculated by form)	
GLASS:							24342)	
Clear	$\boxtimes$							
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)	$\boxtimes$							
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 a items collected above		1,705					1,705	
TOTAL TONS:		1,705					1,705	

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.

Materials <u>from</u> <u>Citizens</u> by Material Type		m collect this om the public?	# of sites			ollected / mana ndicated units	_
Used Motor Oil	Yes Yes	☐ No				425 gallo	ons
Used Oil Filters	Yes	⊠ No		barre	els, or		lbs
Used Antifreeze	Yes	⊠ No					gallons
Batteries, Lead Acid	Xes	☐ No		# b	atteries,	or 3	90 lbs
Batteries, Dry Cell	Yes	⊠ No				•	lbs
Fluorescent Bulbs/Lights Containing Mercury	⊠ Yes	☐ No			lbs, or	375 #	bulbs
Propane Tanks	Yes	⊠ No			lbs, or		# tanks
Used Cooking Oil / Waste Vegetable Oil	⊠ Yes	☐ No			lbs, or	96	gallons
Other Special Wastes - please provide waste type here:	Yes	⊠ No					lbs
Pesticide Containers (NCDA Program, not pesticides themselves)	Yes	⊠ No			lbs, or		# con- tainers
NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	Yes	⊠ No					lbs
Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	X Yes	□ No		20	gals, or		lbs
sehold Hazardous Waste (HHW) and Conditional Did your local government operate a household If Yes, please respond to the following questions a. Was HHW collected at a permitted Tempora	hazardous w s:	vaste collection	prograi	n or event in FY	7 16-17	_	ent No
Did your local government operate a household If Yes, please respond to the following questions a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program op c. Did you partner or co-sponsor your HHW program elist partner(s)  d. Provide number of citizens / households that e. Did your program accept materials from sma If yes, please estimate the amount of busines f. Amounts of individual materials collected by	hazardous was:  ry Event or accept ogram with  participated all businesses s material may HHW Prog	at a Permanent materials during another local grant in your HHW is (Conditionall lanaged gram: if totals f	HHW (ong this Fovernment)  collecting Exemptor indivision	collection Faciliciscal Year?  ent? Yes  on program this pt Small Quantiticidual materials a	T16-179  tty?   N  Fiscal Y  y Gene  pounds  re know	Permanent  O Year? rators)?	No ☐ Tem ☐ Yes ☐ ize below
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Did your local government operate a household If Yes, please respond to the following questions a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program op c. Did you partner or co-sponsor your HHW program elist partner(s)  d. Provide number of citizens / households that e. Did your program accept materials from sma If yes, please estimate the amount of busines f. Amounts of individual materials collected by about individual materials is not available, pl Note, materials listed here should only be the	hazardous was:  ry Event or accept ogram with  participated all businesses s material may HHW Prog lease simply ose collected  Us  Le	at a Permanent materials during another local grams if totals for provide total can HHW Ped Oil Filters and Acid Batterian	HHW (ong this Fovernment)  collecting Exemple or individuantity rogram and the collection of the colle	Collection Facili Fiscal Year? ent? Yes  on program this pt Small Quantit idual materials a of materials coll and should not in # of Barrels,	ty?   No.   No.	Permanent  O Year? rators)?  why please item y HHW progra materials listed lbs.	No ☐ Tem Yes ☐ ize below am in 48g I in questi
Did your local government operate a household If Yes, please respond to the following questions a. Was HHW collected at a permitted Tempora b. How many days was your HHW Program op c. Did you partner or co-sponsor your HHW program op Please list partner(s)  d. Provide number of citizens / households that e. Did your program accept materials from smalf yes, please estimate the amount of busines f. Amounts of individual materials collected by about individual materials is not available, please the Note, materials listed here should only be the Used Motor Oil (gal)  Used Antifreeze (gal)	hazardous was: ry Event or a seen to accept ogram with  participated all businesses as material may HHW Proglease simply ose collected Us  Leag Mercury (	at a Permanent materials during another local grammanaged grammanaged at an HHW Pred Oil Filters and Acid Batterials)	HHW (ong this I overnment of the collecting of t	collection Faciliciscal Year?ent? Yes  on program this pt Small Quantite addual materials and should not in # of Barrels, of and should not in # of Barrels, of and should not in # of Barrels, of and enterials were	Tiscal Y  Fiscal Y  Ty Generative Knowlected by Include r  Other Ba	Permanent  O Year? rators)?  In the programaterials listed list.  Interies (lbs)	No ☐ Tem ☐ Yes ☐ ☐ ize below ☐ am in 48g ☐ in questi

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.

	Part IV. Yard Waste,	, Mul	ching and <b>(</b>	Composting	g Management
ипре	section concerns management of vegetative mat ermitted sites and it is illegal to burn. Composting at your management of vegetative materials. Do not	and mi	ulching are popi	ılar managemet	nt options. Please answer the questions below
49. 50. 51.	Does your local government operate a yard waste per checking all that apply:   Collected curbside   Did a storm event significantly impact the amount  What quantities of materials were managed by your	Collectory	ted at convenien waste your gove vaste program? 1	ce center R rnment manage Provide inform	d during FY 16-17? Yes No ation in TONS OR CUBIC YARDS of
	organic material (yard waste, brush, limbs, leav	es, etc.)	managed. For	conversion purp	
	Destination	Check if used	Tons	Cubic Yards	Please Provide Name and Location of Facility Receiving Vegetative Materials
	End user (to farmer or home-owner)				
	Your local government's mulch or compost facility				
	Other public mulch or compost facility		8,518		Wilson County Landfill
	Private mulch or compost facility				
	Land clearing and inert debris landfill (LCID)		693		Wilson County Landfill
	Energy / Fuel Use (e.g. boiler fuel market)				
	Total		9211		
	YARD WASTE MANAGEMENT FORMULA: If estimate yard waste volume. Calculate for each tru volume managed by program in the appropriate box	ck used	in your yard wave. $Ex. 10 yd^3$	ste managemen	t program, and then enter the grand total $vk \times 16 \text{ wks} = 480 \text{ yd}^3$
	X		X		$yd^3$
	Size of Truck (in yards)  Avg. no. of times truck				· ·
TI.			Vaste Colle		
1 nis 52.	section concerns your local government's provision Please complete the following table about your gov				
<i>52</i> .	Who Collects Solid Weste? He			otod2	llects Solid Waste? How is Solid Waste Collected?
			- see codes at ri	aht	government employees 1. Once a week at household
	Residential Primary a Secondary a Prin	mary	1 Secondary	4 b. By Co	ontract 2. Twice a week at household is haulers 3. Convenience center/greenbox
	Commercial Primary d Secondary Prin	mary	Secondary		government not 4. As needed or by request ed in provision of 5. Daily
	Industrial Primary d Secondary Prim	mary	Secondary	service	
53.	If you provide <u>residential</u> waste collection at single	-family	households in y	our jurisdiction,	please answer the following questions:
	What type of collection method is used?	ully Aut	tomated X S	Semi-Automated	Manual Don't know
	What is the standard collection frequency?   W	/eekly	Two tim	es per week	Other
	What is the typical service point for single family h	nousehol	Id waste?	Curbside	Back yard / Back door
	What type of collection container is used?	overnm	ent-provided car		ent-provided container Bags
		₹ Yes	□No		
54.	For municipalities - did your government collect w If so, were white goods delivered to the county for	_		∑ Yes ☐	No
	Part VI. Solid Was				nal Activities
55.	Did your local government have an education pro	gram to	•	specifically abo	
56.	Please estimate your annual budget for solid waste	-			s: \$5,000
57.	Does your community produce recycling education				
	If YES, please list other languages used: Spanish			2 2	
58.	Please provide your recycling website address and	public i	nformation phon	e number if app	olicable.
	Website:		_		Phone #:

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

	ficient resources availab estions deal with funding				*	f these programs. T	The following
_	Did your local governr	• •				Yes No	<b>.</b>
	With regards to funding	=	_			103	,
	Tipping fee	_		eight-based fees (e.g	. PAYT)	Tire tax	
	Property tax	xes / general fund	Sale of rec	yclables		White Goods tax	
	Per househo	old charges	Grants		$\boxtimes$ I	Disposal Tax	
61.	NC Solid Waste Dispo According to GS 105-1						
	How are disposal tax of	listributions being u	sed?				
62.	If applicable, please pr				_		
	a. \$ \frac{20}{}	per month	1	per househo	per household per		2
	b. \$	per		per			
	c. \$	per		per		for yard waste	
				per			
	e. \$	per		per		availability fee	<u>e</u>
	f. \$ \(\frac{20}{}\)	per month	l	per househo	old	total charge	
63.	Did your local government are charged a fee by we					16-17? (a system v ☑ No	where residents
	cording to GS 130A-30 orm users of such costs		ments are required	to conduct full cos	t accounting annua	ally and to develop	a system to
64.	If your local governme	ent contracts for soli	d waste or recyclin	g services, please re	port the annual cont	tract amount.	
	\$516,264		For solid waste s		•		
	\$ For recycling per year						
	T		OR	i year			
	\$			act (solid waste, and	d recycling)		
65.	Collection Programs: F collection programs for not available, please r	r waste, recyclables	and yard waste inc	luding materials col			
	, <del>-</del>	# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Cost Per Ton Managed (calculated by form)
N	Iunicipal Solid Waste*	20,017	23,080	2,588,814	960,707	3,549,521	153
	Recycling Program**	20,017	1,705	656,315	50,664	706,979	414
	Yard Waste Program	20,017	9,211	1,157,890	249,205	1,407,095	152
	Totals	(calculated by form):	33,996	4,403,019	1,260,576	5,663,595	166
	*for materials collected and	_	=				
	**for materials collected b		_			_	
66.	If your government operations (row						
	facility operations (rou proportionately. Land		). If budgets for dif \$		combined, please at	_	OSIS
		sfer Station Budget	•				
	Yard	l Waste / Compost I	Facility Budget: \$				
	Recy	ycling Facility Budg	get: \$				
67.	What was your govern	ment's total combine	ed annual budget fo	or all solid waste and	l 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 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 contract of the plan been review requirements for public assistance reimbursement in a contract of the plan been review requirements for public assistance reimbursement in a contract of the plan been review requirements for public assistance reimbursement in a contract of the plan been review requirements for public assistance reimbursement in a contract of the plan been review requirements for public assistance reimbursement in a contract of the plan been review requirements for public assistance reimbursement in a contract of the plan been review requirements for public assistance reimbursement in a contract of the plan been review requirements for public assistance reimbursement in a contract of the plan been review requirements for public assistance reimbursement in a contract of the plan been review requirements for the plan been review requirements for the plan been review requirements for the plan been requirements for the plan been represented by the plan		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	
-						
						_
94. D	oes your plan address the m	anagement of household hazardou	ıs waste and	l white goods follo	owing a disaster? Yes No	
95. D	oes your plan address mass	animal mortality? Yes [	☐ No			
MAN	AGEMENT OF ABAI	NDONED MANUFACTUR	RED HO	MES BY COU	NTIES	
96. H	las your county considered w	hether to implement a program for	or the mana	gement of abandor	ned manufactured homes? Yes	N
If	yes, has your county develo	ped a written plan for the manage	ement of aba	andoned manufacti	ured homes? Yes No	
		Part IX.	. Comm	ents		
					te your comments about this report or oth submit additional sheets if needed.	ie
		y both fully-automated and semi-a				
		h semi-automated rear loaders and or biweekly: commingled at the c			one on a weekly schedule while 96 gallo	n
roll-ou	t carts are serviced biweekly	•				
		s) of small equipment (non-automourb side and taken to the County I				
* \$20.0	00 Solid Waste Fee is assess	ed to each household monthly and				
	mi-annual paint swap is held ons of electronics were collec	for the collection of latex paint.				
		out the Wilson County School Sys	stem and at	various public eve	ents and festivals.	
	ort Line #64 is cost of contra	cted service for Multi-family comp	plexes (incl	udes collection and	d disposal).	
* Repo	ort Line #65 - Total Cost - re	1 1 1 .				

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

