## **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, 2017 -- June 30, 2018

Please submit this form to Lgteam@ncdenr.gov by September 1, 2018.

On the following pages you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2017-2018. 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, 2018.

Options for obtaining a blank copy of this form:

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

This form must be completed electronically using Adobe Reader. Adobe Reader can be downloaded for free at the following web site: <u>https://get.adobe.com/reader/</u> - it is suggested that you complete the form using the latest version of Adobe Reader. Please **DO NOT** complete this form using Adobe Acrobat Pro.

Complete the form by entering responses in the appropriate fields using Adobe Reader. Please save a copy of the completed form to your computer for your records by using the "Save As" option and choosing an appropriate file name. When naming the file, please include your community's name as a part of the file name.

After completing the report form, please submit a copy electronically to the Division of Environmental Assistance and Customer Service by attaching the report file to an email to Lgteam@ncdenr.gov

If you need assistance completing or submitting this form, please feel free to contact one of the following Division of Environmental Assistance and Customer Service staff members:

Wendy Worley, phone: 919-707-8136, email: wendy.worley@ncdenr.gov Matt James, phone: 919-707-8133, email: matt.james@ncdenr.gov

Form Year



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

**State of North Carolina** 

Local Government Report Form

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

# Solid Waste and Materials Management Annual Report July 1, 2017 -- June 30, 2018

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

Please submit this form to Lgteam@ncdenr.gov by September 1, 2018.	Please submit this	form to Lgteam	@ncdenr.gov b	y <b>September</b>	1, 2018.
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If you have questions or need assistance completing this form, please call 919-707-8136 or 919-707-8133.

Pers	son Completing This Report: Jar	nes Minton		Title: Office Manager					
Mai	iling Address: PO Box 1056		City: Wilkesboro		Zip: 28697				
Pho	ne: 336-838-0188	Fax: 336-667-096	5	Date: 7/23/	18				
Em	ail: jmpwd@wilkes.net								
		Ge	eneral Instructions						
	se remember that the time period a specific question.	for the report is JULY 1, 2	2017 through JUNE 30, 2018.	Please check "N	o" if you have nothing to report				
1.	Did your local government have	e a Recycling Coordinator	or similar position for FY 17-	-18? Yes	🔀 No				
	Name Recycling Coordinator (i	f different from person con	mpleting this report.)						
	Name:			Title:					
	Address:		City:		Zip:				
	Telephone:	Fax:	Email:						
2.	Did your local government have	e a Solid Waste Director o	r similar position for FY $17-1$	8? Yes	No				
	If Yes, Name:			Title:					
	Address:		City:		Zip:				
	Telephone:	Fax:	Email:						
3.	Did your local government have	e dedicated or part-time	Solid Waste Enforcement Stat	ff for FY 17-18?	Yes No				
	If Yes, Name:			Title:					
	Address:		City:		Zip:				
	Telephone:	Fax:	Email:						
4.	Did your local government have all that apply)	e solid waste ordinances in	place addressing any of the f	following during F	Y 17-18? (if yes, please check				
	Disposal Bans	llegal Dumping 🛛 🗌 Litt	ering Other, Please Des	scribe:					
5.	Did your local government mar mulching, composting)?	age, provide or contract fo	or any solid waste services in I	FY 17-18 (e.g., co X Yes	llection, disposal, recycling,				
	If you answer '	'No'' to question 5, the r	eport is complete, please em	ail to Lgteam@n	ecdenr.gov.				

	Part I. Waste Reduction and Recycling Programs Serving Government Facilities					
The	following questions pertain to waste reduction and recycling activities / programs that serve local government facilities.					
6.	Did your local government have a recycling program in place for collecting recyclable materials generated at Yes INO public buildings in FY 17-18?					
7.	Did your local government have any program or policy encouraging or requiring local agencies to Yes No purchase products with recycled content?					
8.	Did your local government have a program in place to collect and recycle spent fluorescent lights generated from the public buildings and facilities that were operated by your government in FY 17-18?					
	Part II. Waste Reduction and Recycling Programs Serving the Public					
SO	URCE REDUCTION / REUSE					
9.	Did your local government have a backyard composting program?  Yes  No					
10.	If yes, please check all backyard composting activities that apply:					
	Education Demonstration site(s) Bin distribution/sales Number of Bins distributed?					
11.	Did your local government operate a program to promote source reduction efforts such as junk mail reduction, Yes No phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives?					
12.	Did your local government offer a waste exchange or reuse program?  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? Paint exchange Number of gallons recovered?					
	Other (e.g. pallet exchange, etc.)					
PU	BLIC RECYCLING SERVICES					
14.	Which of the following responses best describes your recyclables recovery activities for the period July 1, 2017 through June 30, 2018?					
	My local government <b>DID operate or contract</b> for a recyclables recovery program. ( <b>please continue to question 15</b> )					
	My local government <b>DID NOT operate or contract</b> for recyclables recovery <b>BUT DID participate</b> in a recyclables recovery program sponsored by another local government. (Please identify the public agency/organization responsible for its operation; <b>then go to Part IV on page 7</b> .)					
	With which local government did you participate?					
	My local government <b>DID NOT operate, contract or participate</b> in a recycling program. ( <b>Go to Part IV on page 7</b> .)					
	our local government <b>DID operate or contract</b> for a recyclables recovery program, please indicate in the owing sections the type of program in operation and provide specifics about your program(s).					
CU	RBSIDE RECYCLING PROGRAM					
15.	Did your government operate a Curbside Recycling Program? 🔀 Yes 🗌 No, skip to question # 25					
16.	Who collected the recyclable materials for your local government's curbside recycling program?					
	Local government employees					
	Private contractor (please specify)					
	Franchised hauler (please specify)					
	Other (please specify)					

Other (please specify)	
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17.	Please provide the following information about your community: a. Total number of households in your jurisdiction? 1,828
	b. Number of households eligible to participate in the curbside recycling program: 1,150
	c. Provide the <b>number of households</b> that participate in the curbside recycling program (estimate if necessary): 1,200
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?
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?
	Other
22.	Please describe the collection containers used:         Bins       Blue bags         Multi-bin system       Roll-out carts
23.	Please describe the method / style of recyclable materials handling: Curb-sort (collector separates material as collected) Single stream / commingled dual / two stream Collected Collected
24.	If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used:          Iss than 50 gallon cart       65 gallon cart         95 gallon cart       multiple sizes of cart available
DR	OP-OFF RECYCLING PROGRAM
25.	Did your government operate a Drop-off Recycling Program? Xes No, skip to question # 32
26.	Who collected the recyclable materials for your local government's drop-off recycling program?  Local government employees  Private contractor Foothills Sanitation & Recycling, Inc.  Other (please specify)
27.	Please describe the method / style of recyclable materials handling for your drop-off recycling program:            [] source-separated (citizens separate materials by type)         [] dual / two stream (paper separated from cans/bottles)         [] don't know / other
28.	Please estimate the number of households served by your drop-off recycling program. 1,150
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: 3
31.	How many of these locations were staffed with attendants? All None Some please list # of staffed sites:
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 17-18? 🗌 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	n collect or accep	t televisions from	(check all that ap	oply):	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 2018, please provide the following information:

Electronics Management Fund balance as of July 1, 2017: \$

Electronics Management Funds received from DEQ during FY 17-18 (Feb 2018 distribution): \$

Electronics Management Funds spent during FY 17-18: \$

Electronics Management Fund balance as of June 30, 2018: \$

36. Briefly explain how Electronics Management Funds were spent during FY 2017-18 (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 17-18:

Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?

#### OTHER PUBLIC RECYCLING PROGRAMS

Please answer the following questions about local government sponsored recycling efforts. List only programs operated or contract	ted for <u>by</u>
the local government. The tonnage of any materials collected by the following programs should be listed in the "Other" column in the	he
Recycling Tonnages Chart on pg 5.	

38.	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? $\forall Yes $
	Did your local government operate a recycling program to serve commercial or institutional members of your community in a manner
	other than through your curbside or dropoff recycling programs? $\Box$ Yes $\boxtimes$ No

40.	Does yo	our lo	cal govern	iment pro	ovide recy	cling	service	es to A	Alcol	holic Bever	age Co	ommi	ssion permit hold	lers?	Yes	🔀 No	
						TC	•	11					" CLDC				

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?	Vac	

41.	Does your local government operate a program to recycle Construction and Demolition materials?	Yes	🔀 No	
	If yes, please check all materials that were recycled and report tonnages in tonnage table on page 5:			

	Clean Wood	Brick, concrete, etc.	Sheetrock	Vinyl siding	Shingles	Metals	Other
42.		overnment have an ordinand of encouraging or requiring	0 0			am Yes	No No

43. Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 17-18. (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 17-18. (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, 2017 through JUNE 30, 2018. 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.

PROCRAM	Curbside			Drop-off	All "C	ther" Programs	Total Tons
PROGRAM	⊠ if Yes	Tons	⊠ if Yes	Tons	🛛 if Yes	Tons	(totals are calculated by form)
GLASS:							
Clear							
Brown							
Green							
Mixed		18.602	$\square$	33.668			52.27
PLASTIC:							
PET #1		21.476	$\square$	39.9875			61.4635
HDPE #2							
All Plastic Bottles							
Other Plastic Containers							
Bulky Rigid Plastics							
METAL:							
Aluminum Cans		8.24	$\square$	10.512			18.752
Steel Cans		7.31		16.833			24.143
White Goods							
Other Metal							
PAPER:							
Newsprint (ONP)							
Cardboard (OCC)		16.802	$\square$	25.262			42.064
Magazines (OMG)							
Office Paper							
Mixed / Other Paper		66.23	$\square$	84.178			150.408
Cartons / Aseptic Containers							
WOOD:							
Pallets							
Other Wood - DO NOT							
report yard waste tons here							
OTHER MATERIALS:							
Textiles (clothes etc)							
Televisions							
Other Electronics							
C&D Materials Recycling							
Commingled tons-check all items collected above			$\square$				
TOTAL TONS:		138.66		210.4405			349.1005

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

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

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

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

a		**7 4	<b>A H U</b>			36 / 13	<b>A H A H</b>			<b>A H H</b>	D	
S	pecial	Waste	Collections	(Do No	t Include	Materials	Collected	as part of	t an HHW	Collection	<b>Program</b>	or Event)

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about individual materials <u>is not</u> available, please simply provide total quantity of materials collected by HHW program in 48g below Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in question 47 Used Motor Oil (gal) Used Oil Filters # of Barrels, or lbs. Used Antifreeze (gal) Lead Acid Batteries (lbs) Other Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) g. Provide Total Quantity of materials collected by HHW Program. If individual materials were	47.	Special Waste Programs for Collecting Materials <u>from Citizens</u> by Material Type	n collect this m the public?	# of sites	Data on quantities collected / managed. Please report in indicated units.						
Used Antifreeze       □       yes       No      gallons         Batteries, Lead Acid       □       Yes       No		Used Motor Oil	Yes	🛛 No				gallons	5		
Batteries, Lead Acid       Yes       No       # batteries, or       bbs         Batteries, Dry Cell       Yes       No       Ibs       ibs         Fluorescent Bulbs/Lights Containing Mercury       Yes       No       Ibs, or       # bulbs         Propane Tanks       Yes       No       Ibs, or       # bulbs         Other Special Wastes - please provide waste       Yes       No       Ibs, or       # anks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       Ibs, or       # anks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       Ibs, or       # anks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       Ibs, or       # anks         Use hore:       Yes       No       Ibs, or       # con- tainers         NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       Ibs         Huwerhold Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48.       Did your local government operate a household hazardous waste collection program or event in FY 17-18?       Yes       No         If Yes, please respond to the following questions:       a.       Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility?       Permane		Used Oil Filters	Yes	🛛 No		barı	rels, or		lbs		
Batteries, Dry Cell       Yes       No		Used Antifreeze	Yes	🛛 No				ga	llons		
Pluorescent Bulbs/Lights Containing Mercury       Yes       No       ibs. or       # bulbs         Propane Tanks       Yes       No       ibs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       ibs. or       # tanks         Used Cooking Oil / Waste Vegetable Oil       Yes       No       ibs. or       # tanks         Other Special Wastes - please provide waste       Yes       No       ibs. or       # tanks         Pesticide Containers (NCDA Program, not       Yes       No       ibs. or       # compesticides themselves)         NDDA Pesticide Disposal Assistance Program       Yes       No       ibs       # compesticides.not containers)         Itares Paint (do not include paint collected at HHW event or by a paint exchange program)       Yes       No       gals. or       ibs         Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48. Did your local government operate a household hazardous waste collection program or event in FY 17-18?       Yes       No         If Yes, please respond to the following questions:       a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Focility?       Permanent       Temp. Eve         b. Ho your program accept materials and using this Fiscal Year?       .       Did your program accept materials and any and bu		Batteries, Lead Acid	Yes	🛛 No		#t	patteries, or	r	lbs		
Propane Tanks		Batteries, Dry Cell	Yes	🛛 No					lbs		
Used Cooking Oil / Waste Vegetable Oil       Yes       No       Ibs, or       gallons         Other Special Wastes - please provide waste type here:       Yes       No       Ibs, or       gallons         Pesticide Containers (NCDA Program, not pesticides themselves)       Yes       No       Ibs, or       galos, or       galos, or         NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       gals, or       ibs         HHW event or by a paint exchange program       Yes       No       gals, or       ibs         HUW event or by a paint exchange program       Yes       No       gals, or       ibs         HUW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility?       Permanent       Temp. Eve         b. How many days was your HHW program open to accept materials during this Fiscal Year?       No       Pesse ist partner(s)         d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year?       No       Pesse itemp opum as         f. Amounts of individual materials form small businesses (Conditionally Exempt Small Quantity of materials are known please itemize below. If da about individual materials iscollected by HHW Program: if totals for individual materials instel were may       Yes       No         e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity of		Fluorescent Bulbs/Lights Containing Mercury	Yes	🛛 No			lbs, or	# b	ulbs		
Other Special Wastes - please provide waste type here:       Yes       No       Ibs         Other Special Wastes - please provide waste type here:       Yes       No       Ibs         Pesticide Containers (NCDA Program, not pesticides themselves)       Yes       No       Ibs, or       Its         NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       Ibs       Ibs         Latex Paint (do not include paint collected at HHW event or by a paint exchange program)       Yes       No       gals,       Ibs         Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       48       Did your local government operate a household hazardous waste collection program or event in FY 17-18?       Yes       No         If Yes, please respond to the following questions:       a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility?       Permanent       Temp. Eve         b. How many days was your HHW program open to accept materials during this Fiscal Year?       Eoid you partner or co-sponsor your HHW program with another local government?       Yes       No         Please list partner(s)		Propane Tanks	Yes	No No			lbs, or	#	tanks		
type here:       Image: Second S		Used Cooking Oil / Waste Vegetable Oil	Yes	No No			lbs, or	ga	llons		
pesticides themselves)       Image restricted Disposal Assistance Program (for management of pesticides, not containers)       Yes       No       Its         Latex Paint (do not include paint collected at HHW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program)       Yes       No       gals, or       Its         HUW event or by a paint exchange program       Yes       No       Permanent FY 17-18?       Yes       No         If Yes, please respond to the following questions:       a.       Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility?       Permanent       Temp. Event         b. How many days was your HHW program open to accept materials during this Fiscal Year?			Yes	No No					lbs		
(for management of pesticides, not containers)       Yes       No       Its         Latex Paint (do not include paint collected at HHW event or by a paint exchange program)       Yes       No       gals, or       Its         Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event       10s       No       Its         48. Did your local government operate a household hazardous waste collection program or event in FY 17-18?       Yes       No       Its         a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility?       Permanent       Temp. Eve         b. How many days was your HHW program open to accept materials during this Fiscal Year?       .       .         c. Did you partner or co-sponsor your HHW program with another local government?       Yes       No         Please list partner(s)			Yes	No No			lbs, or				
HHW event or by a paint exchange program)       Yes       Image: No       or       Image: No       If Yes, please respond to the following questions:       a.       Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility?       Permanent       Temp. Event       b.       How many days was your HHW Program open to accept materials during this Fiscal Year?       Image: No       Please list partner(s)       Image: No       Please list Hest isto in usinesses (Conditionally Exempt Small Qua			Yes	No No					lbs		
<ul> <li>48. Did your local government operate a household hazardous waste collection program or event in FY 17-18? Yes No If Yes, please respond to the following questions: <ul> <li>a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Temp. Event b. How many days was your HHW program open to accept materials during this Fiscal Year?</li> <li>c. Did you partner or co-sponsor your HHW program with another local government? Yes No</li> <li>Please list partner(s)</li> <li>d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year?</li> <li>e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? Yes No</li> <li>If yes, please estimate the amount of business material managed pounds</li> <li>f. Amounts of individual materials collected by HHW Program: if totals for individual materials collected by HHW Program. If total quantity of materials listed in question 47 Used Motor Oil (gal)</li> <li>Used Oil Filters # of Barrels, or bls.</li> <li>Used Antifreeze (gal)</li> <li>Event Lead Acid Batteries (lbs)</li> <li>Fluorescent Bulbs / Lights Containing Mercury (lbs)</li> <li>g. Provide Total Quantity of materials collected by HHW Program. If individual materials were reported in 48f, please net the weight of those materials out of the total listed here.</li> <li>h. Please list HHW Collection Contractor</li> <li>i. Estimated cost of HHW / CESQG program or event(s) \$</li> </ul></li></ul>		· · · · · ·	Yes	No No					lbs		
Fluorescent Bulbs / Lights Containing Mercury (lbs)		<ul> <li>Please list partner(s)</li> <li>d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year?</li> <li>e. Did your program accept materials from small businesses (Conditionally Exempt Small Quantity Generators)? Yes No If yes, please estimate the amount of business material managed pounds</li> <li>f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If data about individual materials is not available, please simply provide total quantity of materials collected by HHW program in 48g below. Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in question 47.</li> </ul>									
<ul> <li>g. Provide Total Quantity of materials collected by HHW Program. If individual materials were reported in 48f, please net the weight of those materials out of the total listed here.</li> <li>h. Please list HHW Collection Contractor</li> <li>i. Estimated cost of HHW / CESQG program or event(s) \$</li> </ul>							Other Batte	eries (lbs)			
<ul> <li>h. Please list HHW Collection Contractor</li> <li>i. Estimated cost of HHW / CESQG program or event(s) \$</li> </ul>		g. Provide Total Quantity of materials collected	d by HHW Pr	ogram. If ind	ividual 1				pound		
i. Estimated cost of HHW / CESQG program or event(s) \$											
		i. Estimated cost of HHW / CESQG program	or event(s) \$								
rages 5 intough 6 should have only been completed by governments indicating in question # 14 that they DO provide recycling servic	Pag						hat they D	O provide red	cycling services		

2017-2018 Local Government Annual Report *Report Due Date: September 1, 2018* Submit to: Lgteam@ncdenr.gov

is only to be completed by Counties.

## Part IV. Yard Waste, Mulching and Composting Management

This section concerns management of vegetative materials. Yard waste may not be disposed in sanitary landfills, incinerators, or in unpermitted sites and it is illegal to burn. Composting and mulching are popular management options. Please answer the questions below about your management of vegetative materials. Do not include information on food waste or non-vegetative materials in this section.

- Does your local government operate a yard waste program? Xes No If yes please indicate how yard waste is managed by 49. checking all that apply: 🔀 Collected curbside 🗌 Collected at convenience center 🔀 Received at yard waste, compost, or LCID facil.
- Did a storm event significantly impact the amount of yard waste your government managed during FY 17-18? Xes 50. No
- What quantities of materials were managed by your yard waste program? Provide information in TONS OR CUBIC YARDS of 51.
  - organic material (yard waste, brush, limbs, leaves, etc.) managed. For conversion purposes, use 400 lbs./cubic yd.

		Des	tinati	on		Check used	if	Tons	Cubi	c Yards	Please Provide N Receiving	Vame and Loca g Vegetative N	
	End user (to fa	rmer or l	nome-	owner)									
	Your local gov	ernment'	s mul	ch or com	post facilit	y 🖂				3,116	Town of Wilkesboro Co	ompost Center	
	Other public m	ulch or c	ompo	st facility									
	Private mulch	or compo	ost fac	ility									
	Land clearing a	and inert	debri	s landfill (	LCID)								
	Energy / Fuel U	Jse (e.g.	boile	fuel mark	ket)								
	Total							3116					
	estimate yard v	vaste vol	ume.	Calculate	for each tr	uck use	d in	your yard v	vaste ma	nagemer	ou may use this for at program, and the $vk \ x \ 16 \ wks = 480$ = 1200	en enter the g	
	Size of Truc	k (in yards	)	Avg. no.	of times true	ck fills ea	ch we	ek # of wee	ks truck is	used durin	g year	TOTAL	·
				Pa	art V. S	Solid `	Wa	ste Coll	ectior	Servi	ices		
52.	section concerns your local government's provision         Please complete the following table about your go         Sector       Who Collects Solid Waste?         Insert Letter - see codes at right						ernment's solid waste collection w is Solid Waste Collected?						
	Residential	Primary	А	Secondary	Pr	rimary	1	Secondary		b. By Co		2. Twice a wee	
	Commercial	Primary	А	Secondary	Pr	rimary	1	Secondary		d. Local	government not	4. As needed o	U
	Industrial	Primary	D	Secondary	Pr	rimary	6	Secondary		involv servic	ved in provision of e	<ol> <li>5. Daily</li> <li>6. Other</li> </ol>	
3.	If you provide	residenti	<u>al</u> was	ste collecti	on at singl	le-famil	y ho	useholds in	your jur	isdiction	, please answer the	e following q	uestions:
	What type of c	ollection	meth	od is used	?	Fully A	utom	ated 🖂	Semi-A	utomate	d Manual	Don't k	now
	What is the sta					Weekly		<u>.                                    </u>	mes per		Other		
	What is the typ	ical serv	ice po	oint for sin		•			Curl		Back yard / Ba	ck door	
	What type of c	ollection	conta	iner is use	ed? 🖂 (	Governi	nent	-provided c	arts	Resid	ent-provided conta	uiner	Bags
	Do you offer b					X Yes		No		_	-		-
4.	For municipali If so, were whi	ties - did	your	governme	nt collect v	white go	ods	at the curb		Yes [ No	No		

### Part VI. Solid Waste and Recycling Educational Activities

55.	. Did your local government have an education program to inform citizens specifically about solid waste management and / or recycling							
	issues / activities? Yes No (If No, skip to Part VII, page 8)							
56.	Please estimate your annual budget for solid waste related education and outreach activities: \$							
57.	Does your community produce recycling education and outreach materials in languages besides English? 🗌 Yes 🛛 🔀 No							
	If YES, please list other languages used:							
58.	Please provide your recycling website address and public information phone number if applicable.							

Website: Phone #:

2017-2018 Local Government Annual Report Report Due Date: September 1, 2018 Submit to: Lgteam@ncdenr.gov

	Part VII	. Resources f	or Solid Was	te Manageme	ent and Full Co	ost Account	ting	
	ficient resources availab stions deal with funding					these programs.	The following	
59. 60.	Did your local governm With regards to funding	nent operate an Ente g sources, check all s ses / general fund old charges sal Tax proceeds are	erprise Fund for sol that apply to your Volume/we Sale of rec Grants e distributed to elig	lid waste services in local government: eight-based fees (e.g yclables ;ible local governme	FY 17-18?	re tax hite Goods tax isposal Tax sis by the Depart	ment of Revenue.	
	How are disposal tax d	•						
62. If applicable, please provide your FY 17-18 household fees. (e.g., a. <u>\$45.00 per year per household for solid waste</u> )								
	a. \$	per		per		for solid was	te	
	b. \$	per		per		for recycling		
	c. \$	per		per		for yard wast	te	
	d. \$	per		per		for bulky wa	ste	
	e. \$	per		per		availability f	ee	
63.	Did your local governm are charged a fee by we	nent operate a Pay-A	As-You-Throw prog	gram for residential	garbage during FY 1		where residents	
	cording to GS 130A-309 orm users of such costs.	~	ments are required	to conduct full cos	at accounting annual	ly and to develo	op a system to	
64.	If your local governments \$\$ \$\$	nt contracts for soli	For solid wastes For recycling pe OR	services per year	-	act amount.		
65.	Collection Programs: P collection programs for not available, please r	waste, recyclables	and yard waste inc	luding materials col		ence centers. If f	full cost analysis is	
		# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	<u>Total Cost</u> including overhead	Cost Per Ton Managed (calculated by form)	
N	Iunicipal Solid Waste*	1,150	1,091.47	44,750.27	53,561.82		0	
	<b>Recycling Program</b> **		141.35				0	
	Yard Waste Program							
		(calculated by form):	1,232.82	44,750.27	53,561.82		0	
66.	*for materials collected and **for materials collected by If your government ope facility operations (rour proportionately. Lan	y public recycling progra erates a landfill, trar	ams including those servines of the servine station, yard w	vices offered to commerc vaste /compost facil fferent facilities are	tial and industrial generate	ty, please provid empt to allocate	e total budget for	
	Tran	sfer Station Budget	: \$				_	
	Yard	Waste / Compost H	Facility Budget: \$	10,000			_	
	Recy	cling Facility Budg	get: \$				_	
67.	What was your governme	ment's total combine	ed annual budget fo	or all solid waste and	d recycling services i	n 17-18? \$63,56	1.82	

2017-2018 Local Government Annual Report *Report Due Date: September 1, 2018* Submit to: Lgteam@ncdenr.gov

## Part VIII. County Mandated Programs

The following questions pertain to programs mandated by N.C. statute to be provided by each county. <u>Only county governments need to</u> <u>complete this section (questions 68 through 96)</u>. Municipalities should skip to Part IX on page 11. Counties - failure to complete Part VIII may result in non-eligibility for grant requests.

WH	IITE GOODS						
68.	Please provide name, address, phone nur		-	-	• • •	m.	
	Name:			<u> </u>	Title:		
	Address:			City:			
	Telephone: Fa	ıx:		Email:			
69.	Please provide the physical address of th	e primary co	ounty white go	oods collection site.			
	Street 1:						
	Street 2:						
	City:			_ State: North Carol	lina	Zip:	
70.	Please provide the name of the business Name:	-			Cs) from whit	e goods.	
	Street:						
	City:				ina	Zip:	
	Phone: Fax:						
71.	Give amounts / types of CFCs removed.						
	Type of CFC Ren					ount	
72.	CFCs may be recycled or sent for destru-	ction Give r	name of firm	disposal method and a	mount earned	/ spent for CE(	7 disposal
12.	Firm			Iethod of Disposal		ount Earned	Amount Spent
73.	Please report the tonnage of white goods white goods tonnage reported on page 5		uring FY 2017		Fonnages table	e on page 5 (qu	estion # 45). Was
74.	List the amount of revenue for the white	goods progr	am by source	:			
	Revenue collected from sale of scrap:		\$				
	Revenue collected from White Goods Ta	ax Distributi					
	Revenue from other source (e.g. grants):						
	Total Revenue:						
75.	According to the White Goods Law, Whee expenditures White Good Tax Distribute						mounts and types of
	Operational Expenses:	\$			_		
	Capital Improvements:						
	Clean-up of Illegal White Goods Dumps						
	Total Expenditures:	\$			-		
201	17-2018 Local Government Annual Report	Report D	ue Date: Sep	tember 1, 2018 Subr	- mit to: Lgteam	@ncdenr.gov	Page 9 of 11

SC.	RAP TIRES						
76.	Please provide name, address, phone number, and e-ma	-	•				
	Name:				Title:		
	Address:						
	Telephone: Fax:						
77.	Please provide the physical address of the primary cour Street 1:	v 1					
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
	Street 2:			North	Carolina	7in:	
78.	Tonnage/Number of scrap tires disposed July 1, 2017-J	une 30, 201	8 (exclud	<u>ling</u> tire			
79.	Tonnage/Number of scrap tires disposed from cleanup	of state or c	ounty des	signated			
80.	Indicate the types of tires collected by the county: Passenger% Heavy Truc			%	Large 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 17-18	contract dis	sposal/hau	iling co	sts), \$		
83.	County's additional scrap tire program expenditure (i.e. Labor \$	,	venience	center c	ost), if any.		
	Site Cost \$						
	Other \$	de	scribe Ot	her:			
84.	County's contract cost for scrap tire disposal. \$		/ Ton; \$		/ Tire		
85.	Hauling cost or fuel surcharge, if not included in contra	act cost abo	ove. \$		/ Ton; \$	/ Tire	
86.	Total tipping fees collected for tires not eligible for fre	e disposal. S	\$				
87.	Total number of tires collected not eligible for free disp	oosal:					
88.	If scrap tires were not hauled off site by contracted serv	vice provide	er, were th	ney cut	and disposed in a lo	ocal landfill? 🗌 Y	Yes No
89.	Name of tire disposal/recycling firm(s):						
TE	MPORARY DISASTER DEBRIS STAGINO						
90.	Does your local government have a plan in place for m	anagement	of disaste	r debris	? Xes	No No	
	If yes, indicate if the plan is a stand-alone plan or in co	njunction w	ith local	governr	nent agencies:	Stand-alone	In conjunction
91.	If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a c				nagement or FEMA	to ensure it meets	the basic
92.	Please list the name, contact numbers(s), and e-mail ad	dress of the	person(s	) in cha	rge of the disaster d	lebris management	program for
	your local government: Name: Brian Severt Name:				Name:		
	Phone: 336-927-6056 Phone:				Phone:		
	E-mail: bsevert@wilkes.net E-mail:				E-mail:		

2017-2018 Local Government Annual Report Report Due Date: September 1, 2018 Submit to: Lgteam@ncdenr.gov

Page 10 of 11

93. Please list the temporary disaster debris staging sites in your county or municipality which have been reviewed for conflicts with the Natural Heritage Program (NHP) and the State Historic Preservation Office (SHPO) through coordination with the Solid Waste Section. *Please note that the vetting of a site prior to a disaster is advantageous to local governments because a staging site which is found to have impacted federal or state resources after a disaster may cause difficulty for local governments when attempting to obtain FEMA reimbursement.* Attach extra sheets, if needed.

Disaster Site #	Site Name		Disaster Site #	Site Name							
YWN97004	Wilkesboro Yard Waste Facility										

00	TT / '1 1 1 /1 / ' 1 /		
MANAGEMENT OF ABANDONED MANUFACTURED HOMES BY COUNTIES			
95.	Does your plan address mass animal mortality?	Yes	No No
94.	Does your plan address the management of househo	old hazardo	ous waste and white goods following a disaster? Use Xes No

96. Has your county considered whether to implement a program for the management of abandoned manufactured homes? 🗌 Yes 🔀 No

If yes, has your county developed a written plan for the management of abandoned manufactured homes? Yes

#### Part IX. Comments

Use this section to elaborate on any info provided in your report as necessary. We would appreciate your comments about this report or other matters regarding solid waste management in North Carolina. Thank you for your time. You may submit additional sheets if needed.

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

Matt James, email: matt.james@ncdenr.gov phone 919-707-8133 Wendy Worley, email: wendy.worley@ncdenr.gov phone: 919-707-8136

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



No