

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, 2018 - June 30, 2019

Submit this form to Lgteam@ncdenr.gov by September 1, 2019.

On the following pages, you will find the Local Government Solid Waste and Materials Management Annual Report Form for Fiscal Year 2018-2019. 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

You can download a blank copy of this form from this web site: http://deq.nc.gov/about/divisions/waste-management/solidwaste-section/annual-reporting

This form must be completed electronically using Adobe Reader. It is suggested that you complete the form using the latest version of Adobe Reader which can be downloaded for free at: https://get.adobe.com/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. Name the file Community Name LGAR 2018-19. For example, Aberdeen LGAR 2018-19.

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:

Sandy Skolochenko, phone: 919-707-8147, email: sandy.skolochenko@ncdenr.gov Matt James, phone: 919-707-8133, email: matt.james@ncdenr.gov

Form Year

2019



Local Government Report Form

Required: Select your Local Government Name YANCEYVILLE

State of North Carolina

Zip:

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

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, 2019.

If you have questions or need assistance completing this form, please call 919-707-8147 or 919-707-8133. Person Completing This Report: Brian Collie Title: Town Manager Mailing Address: PO Box 727 City: Yanceyville Zip: 27379 Phone: 336-694-5431 Date: 11/8/19 Email: townmanager@yanceyvillenc.gov **General Instructions** Please remember that the time period for the report is JULY 1, 2018 through JUNE 30, 2019. Please check "No" if you have nothing to report for a specific question. Did your local government have a Recycling Coordinator or similar position for FY 18-19? X No Name Recycling Coordinator (if different from person completing this report.) Name: Title:

City:

Email:

∠ Littering

No

2. Did your local government have a Solid Waste Director or similar position for FY 18-19? X No If Yes, Name: Address: City: Zip: Email: Telephone: Did your local government have **dedicated or part-time** Solid Waste Enforcement Staff for FY 18-19? If Yes, Name: Address: City: Zip: Telephone: Email: Did your local government have solid waste ordinances in place addressing any of the following during FY 18-19? (if yes, please check all that apply)

If you answer "No" to question 5, the report is complete, please email to Lgteam@ncdenr.gov.

Did your local government manage, provide or contract for any solid waste services in FY 18-19 (e.g., collection, disposal, recycling,

Construction & Demolition

Disposal Bans

mulching, composting)?

5.

☐ Illegal Dumping

X Yes

Address:

Telephone:

Other:

	Part I. Waste Reduction and Recycling Programs Serving Government Facilities
6.	Did your local government have a recycling program in place for collecting recyclable materials generated at public buildings in FY 18-19? Yes No
7.	Did your local government have any program or policy encouraging or requiring local agencies to purchase products with recycled content? Yes No
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 18-19? Yes No
	Part II. Waste Reduction and Recycling Programs Serving the Public
SO	URCE REDUCTION / REUSE
9.	Did your local government have a backyard composting program?
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, reduction of single use plastics, food waste reduction, or promoting reuse and donation? \square Yes \bowtie No
12.	Did your local government offer a waste exchange or reuse program?
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, 2018 through June 30, 2019? Choose ONE option that best applies.
	☐ 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.)
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)

17.	a. Total number of households in your jurisdiction?									
	b. Number of households eligible to participate in the curbside recycling program:									
	c. Provide the number of households that participate in the curbside recycling program (estimate if necessary):									
18.	If your curbside recycling program is operated through a <u>public franchise granted to a private company</u> then please answer the following: Is public participation in the franchise: Woluntary or Mandatory Does your franchise consist of: One service district or Multiple service districts									
19.	What sector(s) of your community was served by the curbside recycling program? Residential Commercial Industrial									
20.	If you checked commercial or industrial in question 19, please indicate the number of accounts served:									
21.	How frequently were the curbside recyclables collected? Once a week Every other week / biweekly Other									
22.	Please describe the collection containers used: Bins Blue bags Multi-bin system Roll-out carts									
23.	Please describe the method / style of recyclable materials handling: curb-sort (collector separates material as collected) single stream / commingled dual / two stream don't know / other									
DR	OP-OFF RECYCLING PROGRAM									
24.	Did your government operate a Drop-off Recycling Program? Yes No, skip to question # 31									
25.	Who collected the recyclable materials for your local government's drop-off recycling program? Local government employees Private contractor									
	Other (please specify)									
26.	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									
27.	Please estimate the number of households served by your drop-off recycling program.									
28.	What sector(s) of your community are served by the drop-off recycling program? Residential Commercial Industrial									
29.	How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites:									
30.	How many of these locations were staffed with attendants? All None Some please list # of staffed sites:									
EL	ECTRONICS RECYCLING PROGRAM									
31.	Did your community operate an electronics recycling program in FY 18-19? Yes No, skip to question # 37									
	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:									

32.	Did your electronics recycling program collect or accept televisions from (check all that apply): Residences Businesses
33.	Did your electronics recycling program collect or accept computer equipment from (check all that apply): Residences Businesses
34.	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, 2018: \$
	Electronics Management Funds received from DEQ during FY 18-19 (Feb 2019 distribution): \$
	Electronics Management Funds spent during FY 18-19: \$
	Electronics Management Fund balance as of June 30, 2019: \$
35.	Briefly explain how Electronics Management Funds were spent during FY 2018-19 (please list items purchased if applicable):
36.	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 18-19:
	Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications?
OT	HER PUBLIC RECYCLING PROGRAMS
	only programs operated or contracted for <u>by the local government</u> . The tonnage of any materials collected by the following programs uld be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.
37.	Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or dropoff recycling programs? Yes No
38.	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? Yes No
39.	Does your local government provide recycling services to Alcoholic Beverage Commission permit holders? Yes 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
40.	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
41.	Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 18-19. (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
42.	Please identify all "Other" programs or services operated by your government during FY 18-19. (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

- 43. 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, 2018 through JUNE 30, 2019. 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 on page 6 in the SPECIAL WASTE section of this report.
 - c. If you collected single stream or other commingled materials, record tons in the "Commingled tons" row and then check the box for

PDO CD AN	Curbside ⊠ if Yes Tons		Dr	op-off	All "Oth	Total Tons	
PROGRAM			⊠ if Yes	Tons	⊠ if Yes Tons		(totals are calculated l
LASS:							,
lear							
rown							
reen							
lixed							
LASTIC:							
ET #1							
DPE #2							
ll Plastic Bottles							
ther Plastic Containers							
ulky Rigid Plastics							
ETAL:							
luminum Cans							
teel Cans							
APER:							
lewsprint (ONP)							
ardboard (OCC)							
fagazines (OMG)							
office Paper							
lixed / Other Paper							
artons / Aseptic Containers							
OOD:							
allets							
other Wood - DO NOT		Report all to	ns in Other colun	ın			
eport yard waste tons her	e						
THER MATERIALS:							
extiles (clothes etc)							
elevisions							
ther Electronics							
&D Materials Recycling	5	Report all to	ons in Other colun	1 <i>n</i>			
hite Goods		rieport ant to					
ther Metal							
ommingled tons-check a ems collected above*							
TOTAL TONS:							
*If you checked com	mingled, whic	h material reco	very facility do	es your comm	unity use:		

Material Type

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

Part III. Special Waste Collections

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 46 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 #46 but instead report with HHW materials in question #47.

Special Waste Collections (Do Not Include Materials Collected as part of an HHW Collection Program or Event) Did program collect this **Special Waste Programs for Collecting** # of Data on quantities collected / managed. material from the public? Materials from Citizens by Material Type Please report in indicated units. sites Used Motor Oil Yes gallons Used Oil Filters barrels, or lbs Yes Used Antifreeze Yes gallons # batteries, or Batteries, Lead Acid Yes lbs Batteries, Dry Cell Yes lbs Fluorescent Bulbs/Lights Containing Mercury Yes lbs, or # bulbs **Propane Tanks** Yes lbs, or # tanks Used Cooking Oil / Waste Vegetable Oil Yes lbs, or gallons Other Special Wastes - please provide waste Yes llbs type here: Pesticide Containers (NCDA Program, not # con-Yes lbs, or pesticides themselves) tainers NCDA Pesticide Disposal Assistance Program Yes lbs (for management of pesticides, not containers) Latex Paint (do not include paint collected at gals, Yes lbs HHW event or by a paint exchange program) Household Hazardous Waste (HHW) and Very Small Quantity Generator (VSQG) Program or Event 47. Did your local government operate a household hazardous waste collection program or event in FY 18-19? No If Yes, please respond to the following questions: a. Was HHW collected at a permitted Temporary Event or at a Permanent HHW Collection Facility? Permanent Temp. Event b. How many days was your HHW Program open to accept materials during this Fiscal Year? c. Did you partner or co-sponsor your HHW program with another <u>local government?</u> Yes Please list partner(s) d. Provide number of citizens / households that participated in your HHW collection program this Fiscal Year? e. Did your program accept materials from small businesses (Very Exempt Small Quantity Generators)? If yes, please estimate the amount of business material managed f. Amounts of individual materials collected by HHW Program: if totals for individual materials are known please itemize below. If data about individual materials is not available, please simply provide total quantity of materials collected by HHW program in 47g below. Note, materials listed here should only be those collected at an HHW Program and should not include materials listed in question 46. Used Motor Oil (gal) _____ Used Oil Filters ____ # of Barrels, or ____ lbs. Used Antifreeze (gal) Lead Acid Batteries (lbs) Other Batteries (lbs) Fluorescent Bulbs / Lights Containing Mercury (lbs) g. Provide Total Quantity of materials collected by HHW Program. If individual materials were pounds reported in 47f, please net the weight of those materials out of the total listed here. h. Please list HHW Collection Contractor i. Estimated cost of HHW / VSQG program or event(s) \$ Pages 3 through 6 should have only been completed by governments indicating in question # 14 that they DO provide recycling services.

All governments answering "Yes" to question #5 on page 1 should complete the rest of the report with the exception of Questions #66 - #88 which are for Counties only.

		Part IV	. Yard Waste,	Mul	ching and	l C	omposting	g Managemo	ent	
		be disposed in	<u></u>	inerato					ı. Do not include informatio	
1 8.	•	•	perate a yard waste prollected curbside	_				•	w yard waste is managed by aste, compost, or LCID faci	
1 9.	Did a storm ev	ent significantl	y impact the amount of	of yard	waste your go	ven	nment managed	d during FY 18-19	9? Yes No	
50.			vere managed by your e, brush, limbs, leave						OR CUBIC YARDS of /cubic yd.	
		Destinatio	n	Check if used	Tons		Cubic Yards	Facility	Name and Location	
	End user (to fa	rmer or home-o	owner)			or				
	Your local gov	ernment's mulc	h or compost facility			or				
	Other public m	ulch or compos	st facility			or				
	Private mulch	or compost faci	lity			or				
	Land clearing a	and inert debris	landfill (LCID)			or				
	Energy / Fuel U	Jse (e.g. boiler	fuel market)			or				
		Total				or				
	volume manag	ed by program	in the appropriate box X Avg. no. of times truck	kes abov	ve. Ex. 10 ci	ıbic	yard truck x 3	days/wk x 16 wks =	en enter the grand total $z = 480 \text{ cubic yards}$ $\underline{\qquad \qquad cubic yards}$ $\underline{\qquad \qquad TOTAL}$	
	Size of Truc	ck (in yards)							TOTAL	
			Part V. So	mu v	vaste Col	lec	tion Servi	ces		
51.	Please complet	Please complete the following table about your government's solid waste (garbage) collection system.								
	Sector		ll l		olid Waste Co		10 C01	llects Solid Waste?	How is Solid Waste Collected?	
	Residential	Primary b		nary	1 Secondary		b. By Con	ntract	s 1. Once a week at household 2. Twice a week at household	
	Commercial	Primary d	Secondary Prir	nary	Secondary			ise haulers government not	3. Convenience center/greenbox4. As needed or by request	
	Industrial	Primary d	Secondary Prin	nary	Secondary		involve service	ed in provision of	5. Daily6. Other	
52.	If you provide	residential was	te collection at single	-family	households in	ı yo	ur jurisdiction,	please answer the	e following questions:	
	• •	If you provide <u>residential</u> waste collection at single-family households in your jurisdiction, please answer the following questions: What type of collection method is used? Fully Automated Semi-Automated Manual Don't know								
	• 1			eekly			s per week	Other		
		What is the standard collection frequency? Weekly Two times per week Other What is the typical service point for single family household waste? Curbside Back yard / Back door								
	What type of c	•			ent-provided			ent-provided conta		
	* *		ection services?	Yes	No No		<u> </u>	r		
53.	For municipali	ties - did your g	government collect w	– hite goo	ds at the curb	?		No		
	If so, were whi		ered to the county for				No No	T A 4° *4°		
54.	Did your local issues / activiti	government h	* '	gram to		ns s	pecifically abou		S nagement and / or recycling	
55.	Please estimate		udget for solid waste	_	-	_		s: \$		
56.	Does your com	munity produc	e recycling education	and out	treach materia	ıls iı	n languages bes	sides English?	Yes No	
	If YES, please	list other langu	ages used:							

65	What was your govern	mantia tatal aambin	d ammual hudaat fa	111: 44	d maayalima aamiiaaa i	in 10 102 \$				
	Recy	cling Facility Budg	et: \$							
	Yard	Waste / Compost F	Facility Budget: \$							
		sfer Station Budget:								
64.	*for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill. **for materials collected by public recycling programs including those services offered to commercial and industrial generators. Do not include special waste services. 4. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations (round to nearest dollar). If budgets for different facilities are combined, please attempt to allocate costs proportionately. Landfill Budget: \$									
	Totals	(calculated by form):	242.8			60,500	249			
	Yard Waste Program									
	Recycling Program**									
M	[unicipal Solid Waste*	615	242.8		(upping 1000 pull)	overhead 60,500	(calculated by form) 249			
	not available, please r				Disposal Cost (tipping fees paid)	Total Cost including	Cost Per Ton Managed			
63.	Collection Programs: P collection programs for									
	\$		OR Combined Contr	ract (solid waste, an	d recycling)					
	\$		For recycling per	r year						
02.	\$60,500	in contracts for some	For solid waste s		port the annual cond	act amount.				
info	cording to GS 130A-309 orm users of such costs. If your local government	9.08, local governm	nents are required	to conduct full cos	st accounting annual		a system to			
61.	Did your local governmare charged a fee by we					18-19? (a system v	where residents			
					old					
	e. \$ per			per		availability fee	<u> </u>			
		_		-		-				
	a. \$ 5.5	ner month		ner househ	old					
60.	If applicable, please prex: \$ \$75.00	ovide your FY 18-1. per		1 0		for solid waste	?			
	Tipping fees	s es / general fund	☐ Volume/we	eight-based fees (e.g	· —	ire tax hite Goods tax				
59.	What other funding sou				ices					
	Did your local government of yes, how are disposa		-			Yes No)			
	According to GS 105-1	87.63 these funds n	nust be used by a ci	ity or county solely	for solid waste mana	gement programs	and services.			
	Did your local governm NC Solid Waste Dispos	-	•		_	Yes ⊠ No sis by the Departm				
							-			

Part VIII. Mandated Programs

The following questions pertain to programs mandated by NC statute. <u>Only Counties</u> need to complete questions 66 through 88. Failure to complete Part VIII may result in non-eligibility for grant funding. <u>Municipalities</u> should skip to question 89 on page 10.

WH	ITE GOODS						
66.	Please provide name, address, phone number		•	•	Title.	s program.	
	Name:					Zip:	
	Telephone: Fax:						
67.	Please provide the physical address of the pri						
	Street 1:	-	-				
	Street 2:						
	City:			State:	North Carolina	Zip:	
68.	Please provide the name of the business or pe			_	• • •	•	
	Street:						
	City:					Zip:	
	Phone: Fax:			Email	:		
69.	Give amounts / types of CFCs removed. Atta		ds of CFC remo	oval, ar	nd copy of certificat	. ,,,,	rming extraction.
	Type of CFC Remove	d				Amount	
70.	CFCs may be recycled or sent for destruction	Give n	ame of firm di	l snosal :	method and amount	earned / spent for CF0	⊂ disnosal
70.	Firm	a. Give in			f Disposal	Amount Earned	Amount Spent
71.	Please report the tonnage of white goods collewhite goods tonnage reported on page 5?	ected du	ring FY 2018-1	9 in th	e Recycling Tonnaş	ges table on page 5 (qu	estion # 43). Was
72.	List the amount of revenue for the white good	ds progra	nm by source:				
	Revenue collected from sale of scrap:		\$				
	Revenue collected from White Goods Tax Di	istributio	ons: \$				
	Revenue from other source (e.g. grants):		\$				
	Total Revenue:		\$				
73.	According to the White Goods Law, White C expenditures White Good Tax Distributions v						mounts and types of
	Clean-up of Illegal White Goods Dumps: \$						
	Total Expenditures: \$						

	RAP TIRES											
74.	Please provide name, address, phone number, and e-ma	•	1	1 1 0	m.							
	Address:		City:		Zip:							
	Telephone: Fax:		Email:									
75.	Please provide the physical address of the primary cour	nty scrap t	ires collection site.									
	Street 1:											
	Street 2:											
	City:		State: North C	Carolina	Zip:							
76	Tonnage/Number of scrap tires disposed July 1, 2018-3	June 30, 20	019 (<u>excluding</u> tires	from cleanup of Number of tires	f nuisance sites)							
77.	Tonnage/Number of scrap tires disposed from cleanup Tons or	of state or		nuisance sites Number of tires								
78.	Indicate the types of tires collected by the county: Passenger % Heavy Truck		Large Off-Road		Agricultural	%						
79.	List the amount of revenue for the scrap tire program b											
	Revenue from Scrap Tire Tax Distributions:											
	Revenue from Scrap Tire Fees:											
	Revenue from Scrap Tire Clean-up Reimbursements:	\$			_							
	Revenue from Scrap Tire Cost-Overrun Grants:	\$			_							
	Total Revenue:	\$			_							
80.	County's total scrap tire program contract expenditure excluding costs of nuisance tire cleanups, for FY 18-19	(contract o	lisposal/hauling cos	ts), \$								
81.	County's additional scrap tire program expenditure (i.e Labor \$		nvenience center co	est), if any.								
	Site Cost \$											
	Other \$		describe Other:									
82.	County's contract cost for scrap tire disposal. \$		/ Ton; \$	/ Tire								
83.	Hauling cost or fuel surcharge, if not included in contr	act cost a	bove. \$	/ Ton; \$	/ Tire							
84.	Total tipping fees collected for tires not eligible for fre	e disposal	. \$									
85.	Total number of tires collected not eligible for free dis	posal:										
86.	If scrap tires were not hauled off site by contracted ser	vice provi										
87.	Name of tire disposal/recycling firm(s):											
MA	NAGEMENT OF ABANDONED MANUFA	ACTUR	ED HOMES BY	Y COUNTIES	S							
88.	Has your county considered whether to implement a pr	ogram for	the management of	f abandoned man	nufactured homes?	Yes No						
	If yes, has your county developed a written plan for the	e managen	nent of abandoned r	nanufactured ho	omes? Yes] No						
TE	MPORARY DISASTER DEBRIS STAGINO	G SITES	S - Counties and	l Municipalit	ies							
89.	Does your local government have a plan in place for m	_			⊠ No							
	If yes, indicate if the plan is a stand-alone plan or in co			١		In conjunction						
90.	If you indicated having a plan, has the plan been review requirements for public assistance reimbursement in a			agement or FEM Yes	A to ensure it meets No	the basic						

91.	Please list the name, co your local government:	ontact numbers(s), and e-mail address of the	pe	rson(s) in charge of the	disaster debris management program for			
	Name:	Name:			Name:			
	Phone:	Phone:			Phone:			
	E-mail:	E-mail:			E-mail:			
92.	Natural Heritage Progra Please note that the vetting of	ry disaster debris staging sites in your count am (NHP) and the State Historic Preservation of a site prior to a disaster is advantageous to local go by cause difficulty for local governments when attempt	on (Office (SHPO) through ments because a staging site	gh coordination with the Solid Waste Section. ite which is found to have impacted federal or state			
	Disaster Site #	Site Name		Disaster Site #	Site Name			
93. Does your plan address the management of: Household hazardous waste Mass animal mortality								
		Abandoned vesse	ls	White go	ods			
94.	Does your plan include	coordination with NC DOT on clearing ro	ads	and waste in the right of	of way? Yes No			
		Part IX. (Cor	nments				

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: Sandy Skolochenko, email: sandy.skolochenko@ncdenr.gov phone: 919-707-8147

Matt James, email: matt.james@ncdenr.gov phone 919-707-8133

THIS FORM IS DUE SEPTEMBER 1, 2019

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-assistance or e-mail us at Lgteam@ncdenr.gov

