Required - Enter Your Local Government Name:
CLARKTON

State of North Carolina

Department of Environment and Natural Resources
Division of Waste Management &
Division of Environmental Assistance and Customer Service

Solid Waste and Materials Management Annual Report
July 1, 2014 -- June 30, 2015

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, 2015.**

If you have questions about completing this form, please call 919-707-8121 or 919-707-8139. If you have questions about the reporting requirement, please call 919-707-8200 or contact your Regional Environmental Senior Specialist.

Person Completing This Report: ANGIE B DORSETT Title: ASST TOWN CLERK

Mailing Address: PO BOX 307 City: CLARKTON Zip: 28433

Phone: 910-647-5961 Fax: 910-647-0013 Date: 09-24-15

Email: adorsett@townofclarktonnc.com

General Instructions

Please remember that the time period for the report is JULY 1, 2014 through JUNE 30, 2015. Please check "No" if you have nothing to report for a specific question.

1. Did your local government have a Recycling Coordinator or similar position for FY 14-15? ☐ Yes ☒ No

   Name Recycling Coordinator (if different from person completing this report.)

   Name: Title:

   Address: City: Zip:

   Telephone: Fax: Email:

2. Did your local government have a Solid Waste Director or similar position for FY 14-15? ☐ Yes ☒ No

   If Yes, Name: Title:

   Address: City: Zip:

   Telephone: Fax: Email:

3. Did your local government have **dedicated or part-time** Solid Waste Enforcement Staff for FY 14-15? ☐ Yes ☒ No

   If Yes, Name: Title:

   Address: City: Zip:

   Telephone: Fax: Email:

4. Did your local government have solid waste ordinances in place addressing any of the following during FY 14-15? (if yes, please check all that apply)

   ☐ Disposal Bans ☒ Illegal Dumping ☐ Littering ☐ Other, Please Describe:

5. Did your local government manage, provide or contract for any solid waste services in FY 14-15 (e.g., collection, disposal, recycling, mulching, composting)? ☒ Yes ☐ No

If you answer "No" to question 5, the report is complete, please email to lgteam@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. An example of source reduction at government facilities is duplex or two-sided copying.

6. Did your local government have an in-house / government building recycling program in place for FY 14-15? ☐ 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 public buildings? ☐ Yes ☒ No

Part II. Waste Reduction and Recycling Programs Serving the Public

SOURCE 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, phone book opt-out through www.yellowpagesoptout.com, or by promoting the use of non-toxic alternatives? ☐ Yes ☒ No

12. Did your local government offer a waste exchange or reuse program? ☐ Yes ☒ No

13 If yes, please indicate which waste exchange and/or reuse programs were available to the public:

☐ Swap shop/shed Number of sheds in use? _____ ☐ Paint exchange Number of gallons recovered? _____

☐ Other (e.g. pallet exchange, etc.) _____

PUBLIC RECYCLING SERVICES

14. Which of the following responses best describes your recyclables recovery activities for the period July 1, 2014 through June 30, 2015?

☐ 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 what 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 you **DID operate or contract** for a recyclables recovery program, please indicate the type of program in operation and provide specifics about your program(s).

CURBSIDE RECYCLING PROGRAM

15. Did your government operate a Curbside Recycling Program? ☐ Yes ☐ No, skip to question # 26

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. Please answer the following questions about your community.

a. Total number of households? _____

b. Number of households served by curbside recycling? _____

c. Please estimate the **number of households** that regularly participate in the program? _____

18. If your curbside recycling program is operated through a public franchise system then please answer the following:

Is public participation in the franchise: ☐ Voluntary or ☐ Mandatory

Does your franchise consist of: ☐ One service district or ☐ Multiple service districts

19. What sector(s) of your community was served by the curbside recycling program?

☐ Residential ☐ Commercial ☐ Industrial

20. If you checked commercial or industrial in question 19, please indicate the number of accounts served: _____

21. How frequently were the curbside recyclables collected?

☐ Once a week ☐ Every other week / biweekly

☐ Other _____

22. Please describe the collection containers used:

☐ Bins ☐ Blue bags

☐ Multi-bin system ☐ Roll-out carts

23. Please describe the method / style of recyclable materials handling:

☐ curb-sort (collector separates material as collected) ☐ single stream / commingled

☐ dual / two stream ☐ don't know / other

24. If you checked "Roll-out carts" in question 22, please indicate the approximate size (volume) of the carts used:

☐ less than 50 gallon cart ☐ 65 gallon cart

☐ 95 gallon cart ☐ multiple sizes of cart available

25. If you use roll-out carts for curbside recycling, please indicate the calendar year you implemented service with carts: _____

DROP-OFF RECYCLING PROGRAM

26. Did your government operate a Drop-off Recycling Program? ☐ Yes ☐ No, skip to question # 33

27. Who collected the recyclable materials for your local government's drop-off recycling program?

☐ Local government employees

☐ Private contractor _____

☐ Other (please specify) _____

28. 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

29. Please estimate the number of households served by your drop-off recycling program. _____

30. What sector(s) of your community are served by the drop-off recycling program? ☐ Residential ☐ Commercial ☐ Industrial

31. How many drop-off locations did you provide for the citizens in your jurisdiction? Number of Sites: _____

32. How many of these locations were staffed with attendants? ☐ All ☐ None ☐ Some please list # of staffed sites: _____

PUBLIC ELECTRONICS RECYCLING PROGRAM

Please answer the following questions about local government sponsored efforts to collect electronics from the public. The tonnage of any materials collected by the electronics recycling programs should be listed in the "Other" column in the Recycling Tonnages Chart on pg 5.

33. Did your community operate an electronics recycling program in FY 14-15? ☐ Yes ☐ No, skip to question # 39

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

34. Did your electronics recycling program collect or accept televisions from (check all that apply): ☐ Residences ☐ Businesses

35. Did your electronics recycling program collect or accept computer equipment from (check all that apply): ☐ Residences ☐ Businesses

36. DENR 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, please provide the following information:

Electronics Management Fund balance as of July 1, 2014: $_____

Electronics Management Funds received from DENR during FY 14-15: $_____

Electronics Management Funds spent during FY 14-15: $_____

Electronics Management Fund balance as of June 30, 2015: $_____

37. Please explain how Electronics Management Funds were spent during FY 2014-15 (please list items purchased if applicable):

38. 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 14-15: _____

Does the electronics recycling vendor(s) listed above hold either the e-Steward or R2 certifications? ☐ Yes ☐ No

OTHER PUBLIC RECYCLING PROGRAMS

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

39. Did your local government operate a multifamily recycling collection program that provides on-property recycling service for residents of multifamily properties in a manner other than through your curbside or dropoff recycling programs? ☐ Yes ☐ No

40. 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

41. 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

42. 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

43. 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? ☐ Yes ☐ No

44. Please identify all Away From Home / Recycling On The Go programs or services operated by your government during FY 14-15. (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

45. Please identify all "Other" programs or services operated by your government during FY 14-15. (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

46. 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, 2014 through JUNE 30, 2015. 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.

PROGRAM	Curbside		Drop-off		All "Other" Programs		Total Tons (totals are calculated by form)
	Collect? ☒ if Yes	Tons	Collect? ☒ if Yes	Tons	Collect? ☒ if Yes	Tons	
GLASS:							
Clear	☐		☐		☐		
Brown	☐		☐		☐		
Green	☐		☐		☐		
Mixed	☐		☐		☐		
PLASTIC:							
PET #1	☐		☐		☐		
HDPE #2	☐		☐		☐		
All Plastic Bottles	☐		☐		☐		
Other Plastic Containers	☐		☐		☐		
Bulky Rigid Plastics	☐		☐		☐		
METAL:							
Aluminum Cans	☐		☐		☐		
Steel Cans	☐		☐		☐		
White Goods	☐		☐		☐		
Other Metal	☐		☐		☐		
PAPER:							
Newsprint (ONP)	☐		☐		☐		
Cardboard (OCC)	☐		☐		☐		
Magazines (OMG)	☐		☐		☐		
Office Paper	☐		☐		☐		
Mixed / Other Paper	☐		☐		☐		
Cartons / Aseptic Containers	☐		☐		☐		
WOOD:							
Pallets	☐		☐		☐		
Other Wood - DO NOT report yard waste tons here	☐		☐		☐		
OTHER MATERIALS:							
Textiles (clothes etc...)	☐		☐		☐		
Televisions	☐		☐		☐		
Other Electronics	☐		☐		☐		
C&D Recovery	☐		☐		☐		
	☐		☐		☐		
	☐		☐		☐		
	☐		☐		☐		
Commingled tons-check all items collected above	☐		☐		☐		
TOTAL TONS:							

47. If you have a reliable mechanism for gathering data, complete this section for materials that were recycled as a direct 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.

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

Part III. Special Wastes

This section concerns local government programs for managing materials that require special handling or that are banned from landfilling. Please answer the questions and complete the table below indicating whether you operate programs to accept these materials from the public for recycling. Please do not include materials that were accepted and then disposed of in a landfill, and please do not include tires which should be reported by counties only in PART VIII (page 10).

When completing the table below, please do not include materials generated exclusively by government operations (e.g. motor-fleet services). Only information on services provided to the public should be included below. Do not include information about Electronics Recycling Programs in this section, see page 3 and 4 instead, and please report electronics recycling tons on page 5.

If special wastes were only accepted as a part of an Household Hazardous Waste (HHW) Program or event and were not collected by separate recycling efforts then do not record materials in the chart below but instead report with HHW materials in question # 49.

48.

Special Waste Programs for Collecting Materials from Citizens by Material Type	Did your local government provide public collection of this material outside of an HHW Program?		Please list # of sites	Provide data on quantities collected / managed. Please report in indicated units.					Could businesses use service?
Used Motor Oil	☐ Yes	☐ No	_____	_____	gallons				☐ Yes
Used Oil Filters	☐ Yes	☐ No	_____	_____	Barrels, or	_____	lbs		☐ Yes
Used Antifreeze	☐ Yes	☐ No	_____	_____	gallons				☐ Yes
Batteries, Lead Acid	☐ Yes	☐ No	_____	_____	# batteries, or	_____	lbs		☐ Yes
Batteries, Dry Cell	☐ Yes	☐ No	_____	_____	lbs				☐ Yes
Fluorescent Bulbs/Lights Containing Mercury	☐ Yes	☐ No	_____	_____	lbs, or	_____	# bulbs		☐ Yes
Propane Tanks	☐ Yes	☐ No	_____	_____	lbs, or	_____	# tanks		☐ Yes
Used Cooking Oil / Waste Vegetable Oil	☐ Yes	☐ No	_____	_____	lbs, or	_____	gallons		☐ Yes
Other Special Wastes - please provide waste type here: _____	☐ Yes	☐ No	_____	_____	lbs				☐ Yes
Pesticide Containers (NCDA Program, not pesticides themselves)	☐ Yes	☐ No	_____	_____	lbs, or	_____	# con-tainers		n/a
NCDA Pesticide Disposal Assistance Program (for management of pesticides, not containers)	☐ Yes	☐ No	_____	_____	lbs				n/a
Latex Paint (do not include paint collected at HHW event or by a paint exchange program)	☐ Yes	☐ No	_____	_____	gals, or	_____	lbs		☐ Yes

Household Hazardous Waste (HHW) and Conditionally Exempt Small Quantity Generator (CESQG) Program or Event

49. Did your local government operate a household hazardous waste collection program or event in FY 14-15? ☐ Yes ☐ No

If Yes, please respond to the following questions:

a. Was HHW collected at a permanent/ongoing program or a temporary/one-day collection event? ☐ Permanent ☐ Temp. Event

b. How many days did your HHW Program operate during the year? _____

c. Did you partner or co-sponsor your HHW program with another local government? ☐ Yes ☐ No

Please list partner(s) _____

d. How many participants did your HHW collection program serve? _____

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 (in pounds) _____ pounds

f. Total quantity of materials collected by HHW / CESQG Program (in pounds) _____ pounds

g. Contractor(s) involved _____

h. Estimated cost of HHW / CESQG program or event(s) $ _____

Pages 3 through 6 should have only been completed by those governments that indicated on 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, Mulching and Composting Management

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 do not include information on food waste recycling in this section.

50. Does your local government collect yard waste at curbside? ☐ Yes ☒ No

51. Did a storm event significantly impact the amount of yard waste your government managed during FY 14-15? ☐ Yes ☒ No

52. What quantities of materials were managed by your yard waste program? **Provide information in TONS OR CUBIC YARDS of organic material (yard waste, brush, limbs, leaves, etc.) managed**. For conversion purposes, use 400 lbs./cubic yd.

Destination	Check if used	Tons	Cubic Yards	Please Provide Name of Destination
End user (to farmer or home-owner)	☐			
Your local government's mulch or compost facility	☐			
Other public mulch or compost facility	☐			
Private mulch or compost facility	☐			
Land clearing and inert debris landfill (LCID)	☐			
Energy / Fuel Use (e.g. boiler fuel market)	☐			
Total				

YARD WASTE MANAGEMENT FORMULA: If yard waste quantities are not tracked, you may use this formula below to help you estimate yard waste volume. Calculate for each truck used in your yard waste management program, and then enter the grand total volume managed by program in the appropriate boxes above. *Ex. 10 yd^3 truck x 3 days/wk x 16 wks = 480 yd^3*

_____ X _____ X _____ = _____ yd^3

Size of Truck (in yards) | Avg. no. of times truck fills each week | # of weeks truck is used during year | TOTAL

Part V. Solid Waste Collection & Disposal

Please answer the following questions regarding your local government's provision of solid waste collection and disposal services.

53. Please complete the following table regarding your solid waste collection (curbside or drop-off programs) and disposal program.

Sector	Who Collects Solid Waste? Insert Letter - see codes at right				How is Solid Waste Collected? Insert No. - see codes at right			
Residential	Primary	b	Secondary		Primary	1	Secondary	
Commercial	Primary	b	Secondary		Primary	1	Secondary	
Industrial	Primary		Secondary		Primary		Secondary	

Who Collects Solid Waste?
a. Local government employees
b. By Contract
c. Franchise haulers
d. Local government not involved in provision of service

How is Solid Waste Collected?
1. Once a week at household
2. Twice a week at household
3. Convenience center/greenbox
4. As needed or by request
5. Daily
6. Other

54. If you provide residential 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

What is the standard collection frequency? ☒ Weekly ☐ Two times per week ☐ Other

What is the typical service point for single family household waste? ☒ Curbside ☐ Back yard / Back door

What type of collection container is used? ☒ Government-provided carts ☐ Resident-provided container ☐ Bags

Do you offer bulky waste collection services? ☐ Yes ☒ No

55. For municipalities - did your government collect white goods at the curb? ☐ Yes ☒ No
If so, were white goods delivered to the county for marketing? ☐ Yes ☐ No

Part VI. Solid Waste and Recycling Educational Activities

56. 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)

57. Please estimate your annual budget for solid waste related education and outreach activities: $_____

58. Does your community produce recycling education and outreach materials in languages besides English? ☐ Yes ☐ No

If YES, please list other languages used: _____

59. Please provide your recycling website address and public information phone number if applicable.

Website: _____ Hotline: _____

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

Sufficient resources available to solid waste management programs are essential for continued success of these programs. The following questions deal with resources allocated to solid waste management programs.

60. Did your local government operate an Enterprise Fund for solid waste services in FY 14-15? ☐ Yes ☒ No

61. With regards to funding sources, check all that apply to your local government:

☐ Tipping fees	☐ Volume/weight-based fees (e.g. PAYT)	☐ Tire tax
☐ Property taxes / general fund	☐ Sale of recyclables	☐ White Goods tax
☐ Per household charges	☐ Grants	☐ Disposal Tax

62. NC Solid Waste Disposal Tax proceeds are distributed to eligible local governments on a quarterly basis by the Department of Revenue. According to GS 105-187.63 these funds must be used by a city of county solely for solid waste management programs and services.

How are disposal tax distributions being used? _____

63. *If applicable, please provide your FY 14-15 household fees. (e.g., a. $45.00 per year per household for solid waste)*

a. $ 204 per year per household for solid waste

b. $ _____ per _____ per _____ for recycling

c. $ _____ per _____ per _____ for yard waste

d. $ _____ per _____ per _____ for bulky waste

e. $ _____ per _____ per _____ availability fee

f. $ 204 per year per household total charge

64. Did your local government have a Pay-As-You-Throw program for residential garbage? (Residents are charged by weight or volume for the amount of trash disposed.) ☐ Yes ☒ No

According to *GS 130A-309.08*, local governments are required to conduct full cost accounting annually and to develop a system to inform users of such costs.

65. If your local government contracts for solid waste or recycling services, please report the annual contract amount.

$70,054 For solid waste services per year

$ _____ For recycling per year

OR

$70,054 Combined Contract (solid waste and recycling)

66. Collection Programs: Please complete the following table to the best of your ability to display the full costs of your local government's various collection programs. **If full cost analysis is not available, please report program budget in Total Cost column.**

	# of Households served	Tons Collected	Collection Cost	Disposal Cost (tipping fees paid)	Total Cost including overhead	Calculated Cost Per Ton Managed
Municipal Solid Waste*	552					
Recycling Program**						
Yard Waste Program						
Calculated Totals:						

*for materials collected and sent for eventual disposal in a Municipal Solid Waste or Construction and Demolition Landfill, or through incineration

**for materials collected by public recycling programs including those services offered to commercial and industrial generators

67. If your government operates a landfill, transfer station, yard waste /compost facility or recycling facility, please provide total budget for facility operations. If budgets are combined, please attempt to allocate costs proportionately.

Landfill Budget: $ _____

Transfer Station Budget: $ _____

Yard Waste / Compost Facility Budget: $ _____

Recycling Facility Budget: $ _____

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 this Part may result in non-eligibility for grant requests.*

WHITE GOODS

68. Give name, address, phone number, and e-mail of person responsible for white goods program.

Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

69. Please provide the physical address of the primary county white goods collection site.

Street 1: _____

Street 2: _____

City: _____ State: North Carolina Zip: _____

70. Please provide the name of the business or person that removes the refrigerant gases (CFCs) from white goods.

Name: _____

Street: _____

City: _____ State: North Carolina Zip: _____

Phone: _____ Fax: _____ Email: _____

71. Give amounts / types of CFCs removed. Attach records of CFC removal, and copy of certification of person(s) performing extraction.

Type of CFC Removed	Amount

72. CFCs may be recycled or sent for destruction. Give name of firm, disposal method and amount earned / spent for CFC disposal.

Firm	Method of Disposal	Amount Earned	Amount Spent

73. Tonnage of White Goods Collected (include scrap metal): _____

74. List the amount of revenue for the white goods program by source:

Revenue collected from sale of scrap: $ _____

Revenue collected from White Goods Tax Distributions: $ _____

Revenue from other source (e.g. grants): $ _____

Total Revenue: $ _____

75. According to the White Goods Law, White Good Tax Distributions must be spent on white goods activities. Give amounts and types of expenditures White Good Tax Distributions were used for (do not include funds received from grants).

Operational Expenses: $ _____

Capital Improvements: $ _____

Clean-up of Illegal White Goods Dumps: $ _____

Total Expenditures: $ _____

SCRAP TIRES

76. Give name, address, phone number, and e-mail of person responsible for scrap tires program.

Name: _____ Title: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

77. Please provide the physical address of the primary county scrap tires collection site.

Street 1: _____

Street 2: _____

City: _____ State: North Carolina Zip: _____

78. Tonnage/Number of scrap tires disposed July 1, 2014-June 30, 2015 (excluding tires from cleanup of nuisance sites)

_____ Tons **or** _____ Number of tires

79. Tonnage/Number of scrap tires disposed from cleanup of state or county designated nuisance sites

_____ Tons **or** _____ Number of tires

80. Indicate the types of tires collected by the county:

Passenger _____ % Heavy Truck _____ % Large Off-Road _____ %

81. List the amount of revenue for the scrap tire program by 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 (contract disposal/hauling costs), excluding costs of nuisance tire cleanups, for FY 14-15. $ _____

83. County's additional scrap tire program expenditure (i.e. labor, convenience center cost), if any.

Labor $ _____

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 contract cost above. $ _____ / Ton; $ _____ / Tire

86. Total tipping fees collected for tires not eligible for free disposal. $ _____

87. Total number of tires collected not eligible for free disposal: _____

88. If scrap tires were not hauled off site by contracted service provider, were they cut and disposed in a local landfill? ☐ Yes ☐ No

89. Name of tire disposal/recycling firm(s): _____

TEMPORARY DISASTER DEBRIS STAGING SITES

90. Does your local government have a plan in place for management of disaster debris? ☐ Yes ☐ No

If yes, indicate if the plan is a stand-alone plan or in conjunction with local government agencies: ☐ Stand-alone ☐ In conjunction

91. If you indicated having a plan, has the plan been reviewed by N.C. Emergency Management or FEMA to ensure it meets the basic requirements for public assistance reimbursement in a declared disaster event? ☐ Yes ☐ No

92. Please list the name, contact numbers(s), and e-mail address of the person(s) in charge of the disaster debris management program for your local government:

Name: _____ Name: _____ Name: _____

Phone: _____ Phone: _____ Phone: _____

E-mail: _____ E-mail: _____ E-mail: _____

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

94. Does your plan address the management of household hazardous waste and white goods following a disaster? ☐ Yes ☐ No

95. Does your plan address mass animal mortality? ☐ Yes ☐ No

MANAGEMENT OF ABANDONED MANUFACTURED HOMES

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 ☐ No

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. Attach additional sheets if needed.

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 http://portal.ncdenr.org/web/deao/recycling/localgov or e-mail us at lgteam@ncdenr.gov