

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2015 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: Beaufort County Transfer Station

Permit: 0703T-TRANSFER-2012

| Physical Address | Mailing Address |
|---|---|
| Street 1: <u>500 Flander Filters Road</u> | Street 1: <u>500 Flander Filters Road</u> |
| Street 2: _____ | Street 2: _____ |
| City: <u>Washington</u> County: <u>Beaufort</u> | City: <u>Washington</u> |
| State: <u>North Carolina</u> Zip: <u>27889</u> | State: <u>North Carolina</u> Zip: <u>27889</u> |
| Primary Facility Contact Person | Billing Contact Person |
| Name: <u>Matthew East</u> | Name: <u>Matthew East</u> |
| Phone: <u>(252) 348-3322</u> Fax: <u>(252) 348-3395</u> | Phone: <u>(252) 348-3322</u> Fax: <u>(252) 348-3322</u> |
| Email: <u>Matthew.East@republicservices.com</u> | Email: <u>Matthew.East@republicservices.com</u> |

1. Tipping Fee: \$ _____ per Ton (Attach a schedule of tipping fees if appropriate.)

Does the tip fee above include the \$2.00 Solid Waste Tax? Yes No

2. Did your facility stop receiving waste during this past Fiscal Year? Yes No

If so, please report the date this occurred: _____

3. Are there SWANA or other certified operator(s) at this facility? Yes No

If yes, indicate the following:

Name: Matthew East Certification type and expiration date: Certified Landfill Manager 9/16

Name: Marsha Goodwin Certification type and expiration date: Certified Transfer Station Oper. 10/2018

Name: Barbara James Certification type and expiration date: Certified Transfer Station Oper. 11/2018

4. What other activities occur at this facility? (check all that apply)

Recycling/Reuse Collection Scrap Tire Collection White Goods Collection Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted and amount collected: (check all that apply and provide tonnages)

Carpet _____ tons Concrete/rubble/asphalt _____ tons Gypsum/drywall _____ tons Other Metal _____ tons

Cardboard _____ tons Shingles _____ tons Electronics _____ tons Other Plastic _____ tons

Wood _____ tons Other (specify) _____

5. If required to file NC E-500K forms with NC Dept. of Revenue, provide the four quarterly tonnages this facility reported for fiscal year 2014-2015.

| Quarter | Tons Reported |
|-------------------------|---------------|
| July 1 - September 30 | 0 |
| October 1 - December 31 | 0 |
| January 1 - March 31 | 0 |
| April 1 - June 30 | 0 |
| Total | 0 |

**SCHEDULE OF TIPPING FEE
2014-2015**

| COUNTIES | RATE |
|-----------------|-------------|
| BEAUFORT | \$ 30.08 |
| GATE RATE | \$ 60.04 |