CTG 8/6/15

TRANS	State of North Carolina Department of Environment and Natural Resources Division of Waste Management	**TRANSFER STATION** Facility Annual Report For the period of **July 1, 2014-June 30, 2015**

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: Overdale Transfer Station Permit: 3416t-Transfer

Physical Address	Mailing Address
Street 1: 5000 overdale rd	Street 1: 2875 Lowery st.
Street 2:	Street 2:
City: winston-Salem County: Forsyth	City: winston-Salem
State: North Carolina Zip: 27101	State: North Carolina Zip: 27101

Primary Facility Contact Person	Billing Contact Person
Name: Mark Tabaczynski	Name: Tom Mckenzie
Phone: (336) 714-4301 Fax: (336) 724-0412	Phone: (336) 714-4333 Fax: (336) 724-7018
Email: tabacynskim@repsrv.com	Email: tmckenzie@republicservices.com

1. Tipping Fee: $43.00 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: Sandra Lucas Certification type and expiration date: july 2017, transfer station

   Name: Lamard crawford Certification type and expiration date: june 2017, transfer station

   Name: Joseph Prestandrea Certification type and expiration date: April 2017, transfer station

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	23,965
October 1 - December 31	23,596
January 1 - March 31	22,603
April 1 - June 30	24,016
Total	94,180

6. Total waste received (INCLUDING WASTE TRANSFERRED AND RECYCLED) at this facility during the period of July 1, 2014, through June 30, 2015. Indicate **tonnage** received by COUNTY of waste origin. Please indicate COUNTY and STATE, if received from another state.

Received from	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
Forsyth	5,121	5,125	5,120	5,123	5,121	5,137	5,139	5,109	5,111	5,110	5,120	5,118	61,454
Davie	690	681	692	685	677	699	656	667	673	685	689	691	8,185
Davidson	325	341	333	340	341	353	350	346	342	339	337	330	4,077
Surry	145	151	149	147	146	153	151	150	148	145	147	144	1,776
Yadkin	98	97	96	95	100	105	103	97	89	87	91	93	1,151
Rowan	51	49	53	55	57	52	59	56	49	55	54	57	647
Stokes	30	29	25	27	28	33	32	28	27	29	27	26	341
Guilford	1,377	1,372	1,374	1,371	1,385	1,371	1,391	1,392	1,385	1,381	1,376	1,374	16,549

7. Indicate the facility(s) that received your facility's transferred waste material:

Grand Total 94,180

NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
uwharrie environmental, Mt. Gilead n.c. 27306 Permit #6204-MSWLF-1995	MSW Landfill	94,180
	TOTAL	94,180.00

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

C.T. Gerstell
610 East Center Avenue
Mooresville, NC 28115
phone: 704.235.2144 email: Charles.Gerstell@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: Date: 7/30/15

Name: Mark Tabaczynski Title: Division Manager

Phone Number: (336) 714-4301 Email: tabacynskim@repsrv.com