

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: ABBEY GREEN, INC Permit: 3424 TRANSFER-2010

Physical Address	Mailing Address
Street 1: <u>5030 OVERDALE ROAD</u>	Street 1: <u>PO BOX 12339</u>
Street 2: _____	Street 2: _____
City: <u>WINSTON SALEM</u> County: <u>Forsyth</u>	City: <u>WINSTON SALEM</u>
State: <u>North Carolina</u> Zip: <u>27107</u>	State: <u>North Carolina</u> Zip: <u>27117</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>JOHN RANDALL BAKER</u>	Name: <u>JOHN RANDALL BAKER</u>
Phone: <u>(336) 785-2130</u> Fax: <u>(336) 785-2826</u>	Phone: <u>(336) 785-2130</u> Fax: <u>(336) 785-2826</u>
Email: <u>rbaker@abbeygreen.com</u>	Email: <u>rbaker@abbeygreen.com</u>

1. Tipping Fee: \$34.00 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: J. Randall Baker Certification type and expiration date: October 16, 2016

Name: Jim Bryan Certification type and expiration date: October 16, 2016

Name: Ray Liverman Certification type and expiration date: March 26, 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 85 tons Concrete/rubble/asphalt 18,150 tons Gypsum/drywall 1,277 tons Other Metal 764 tons

Cardboard 440 tons Shingles 450 tons Electronics 1 tons Other Plastic 18 tons

Wood 7,211 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	
October 1 - December 31	
January 1 - March 31	
April 1 - June 30	
Total	

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
DAVIDSON	15.25	58.93	42.84	47.36	43.86	51.49	82.49	24.94	48.1	68.8	53.54	62.3	599.9
DAVIE	52.99	27.35	99.93	30.11	120.06	91.46	32.81	20.32	14	33.57	8.77	23.98	555.35
FORSYTH	3,235.97	3,063.31	2,567.57	2,958.4	2,303.72	2,830.45	5,680.16	2,836.88	2,787.15	2,859.41	2,870.28	3,382.92	37,376.22
GUILFORD	67.98	30.35	61.1	15.71	5.81	38.88	73.83	31.34	116.24	32.5	23.79	86.43	583.96
MECKLENBURG	0	0	0	12.71	0	0	0	0	0	0	0	0	12.71
RANDOLPH	3.77	0	0	0	12.55	4.8	0	0	0	2.53	0	2.95	26.6
ROCKINGHAM	0	2.78	0	3.31	0	0	6.06	0	0	0	0	1.8	13.95
ROWAN	26.22	9.97	7.58	14.5	3.84	5	0	13.09	18.33	10.5	14.68	23.39	147.1
STOKES	3.84	15.61	24.29	8.48	0	0	0	5.55	2.22	0	7.59	14.44	82.02
SURRY	3.99	2.33	2.82	3.15	18.99	3.39	1.7	0	3.96	4.52	2.2	4.29	51.34
WILKES	0	0	0	4.38	0	3.96	0	0	0	0	0	0	8.34
YADKIN	11.12	0	11.88	0	0	5.87	0	0	0	4.52	3.24	7.89	44.52

7. Indicate the facility(s) that received your facility's transferred waste material: Grand Total 39,502.01

NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
A-1 SANDROCK LANDFILL, 4117-CDLF-2008, GUILFORD COUNTY	C&D Landfill	10,401.2
REPUBLIC, 3416T, OVERDALE ROAD, WINSTON SALEM, NC (MSW Transfer Station)	Other	24
DAVIDSON COUNTY, 2906, LEXINGTON, NC	C&D Landfill	682.2
TOTAL		11,107.40

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.Gerstel@ncdenr.gov

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

Signature: _____ Date: _____

Name: JOHN RANDALL BAKER Title: V. PRES. AND GENERAL MANAGER

Phone Number: (336) 785-2130 Email: rbaker@abbeygreen.com