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 th County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contac your Regional Environmental Senior Specialist.

Facility Name: FFD II DBA Recycle Carolina Permit: 3616-TRANSFER-2013

Physical Address		Mailing Address	
Street 1: 131 Brickyard Road		Street 1: P.O. Box 596	
Street 2:		Street 2:	
City: Mount Holly	County: Gaston	City: Mount Holly	
State: North Carolina	Zip: 28120	State: North Carolina	Zip: 28120

Primary Facility Contact Person		Billing Contact Person	
Name: Carole McLeod		Name: Randi Bratyanski	
Phone: (704) 827-7767	Fax: (704) 919-5699	Phone: (704) 827-7767	Fax: (704) 919-5699
Email: carole@wasterecyclingdisposal.com		Email: randi@wasterecyclingdisposal.com	

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: _____ Certification type and expiration date: _____
   Name: _____ Certification type and expiration date: _____
   Name: _____ Certification type and expiration date: _____

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	
October 1 - December 31	
January 1 - March 31	
April 1 - June 30	
Total	Ø N/A

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
N/A	0	0	0	0	0	0	0	0	0	0	0	0	0

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

Grand Total 0

NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
N/A		0
	TOTAL	0.00

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:

Bill Wagner
2090 US Highway 70
Swannanoa, NC 28778
phone: 828.296.4705 email: Bill.Wagner@ncdenr.gov

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

Signature: Carole McLeod Date: 8/5/2015

Name: Carole McLeod Title: President

Phone Number: (704) 827-7767 Email: carole@wasterecyclingdisposal.com