

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: City of Greensboro Transfer Station Permit: 4120-T Transfer

Physical Address	Mailing Address
Street 1: <u>6310 Burnt Poplar Rd</u>	Street 1: _____
Street 2: _____	Street 2: _____
City: <u>Greensboro</u> County: <u>Guilford</u>	City: _____
State: <u>North Carolina</u> Zip: <u>27409</u>	State: <u>North Carolina</u> Zip: _____

Primary Facility Contact Person	Billing Contact Person
Name: <u>Jason Jernigan</u>	Name: <u>Jason Jernigan</u>
Phone: <u>(336) 412-3959</u> Fax: <u>(336) 373-7656</u>	Phone: <u>(336) 412-3959</u> Fax: <u>(336) 373-7656</u>
Email: <u>jason.jernigan@greensboro-nc.gov</u>	Email: <u>jason.jernigan@greensboro-nc.gov</u>

1. Tipping Fee: \$44.00 \_\_\_\_\_ 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: Clyde Harding Certification type and expiration date: Transfer Station Operations Specialist 11/17/15
- Name: Richard Johnson Certification type and expiration date: Transfer Station Operations Specialist 12/15/15
- Name: Mark Hennis Certification type and expiration date: Transfer Station Operations Specialist 03-27/17

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	_____

