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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
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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: RALEIGH TRANSFER STATION Permit: 9227T-TRANSFER-2012

Physical Address	Mailing Address
Street 1: <u>5565 THORNTON ROAD</u>	Street 1: <u>5111 CHIN PAGE ROAD</u>
Street 2: _____	Street 2: _____
City: <u>RALEIGH</u> County: <u>Wake</u>	City: <u>DURHAM</u>
State: <u>North Carolina</u> Zip: <u>27616</u>	State: <u>North Carolina</u> Zip: <u>27703</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>ELIZABETH MICHAEL</u>	Name: <u>TRACY STOTT</u>
Phone: <u>(919) 354-3233</u> Fax: <u>(919) 941-2841</u>	Phone: <u>(919) 433-0905</u> Fax: <u>(919) 941-2841</u>
Email: <u>emichael@republicservices.com</u>	Email: <u>tstott@republicservices.com</u>

1. Tipping Fee: \$42.50 _____ 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: <u>Joseph Hardin</u>	Certification type and expiration date: <u>SWANA Cert. Transfer Station Operator 11/29/2015</u>
Name: <u>Elizabeth Michael</u>	Certification type and expiration date: <u>SWANA Cert. Transfer Station Operator 06/22/2018</u>
Name: <u>Rick Prather</u>	Certification type and expiration date: <u>SWANA Cert. Transfer Station Operator 06/22/2018</u>

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

<input checked="" type="checkbox"/> Recycling/Reuse Collection	<input type="checkbox"/> Scrap Tire Collection	<input type="checkbox"/> White Goods Collection	<input type="checkbox"/> Household Hazardous Waste Collection
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If you checked Recycling/Reuse Collection, please indicate the materials accepted and amount collected: (check all that apply and provide tonnages)

<input type="checkbox"/> Carpet _____ tons	<input type="checkbox"/> Concrete/rubble/asphalt _____ tons	<input type="checkbox"/> Gypsum/drywall _____ tons	<input checked="" type="checkbox"/> Other Metal <u>90.55</u> tons
<input checked="" type="checkbox"/> Cardboard <u>42.95</u> tons	<input type="checkbox"/> Shingles _____ tons	<input type="checkbox"/> Electronics _____ tons	<input type="checkbox"/> Other Plastic _____ tons
<input type="checkbox"/> Wood _____ tons	<input type="checkbox"/> 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	11,918.37
October 1 - December 31	8,340.43
January 1 - March 31	9,749.25
April 1 - June 30	11,018.46
Total	41,026.51

