TREAT & PROCESS	State of North Carolina Department of Environment and Natural Resources Division of Waste Management	**TREATMENT & PROCESSING FACILITY** 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: City of Winston-Salem Treatment & Processing Site Permit: 34-25-TP-2011

Physical Address	Mailing Address
Street 1: 3 W. Thirty-Second Street	Street 1: P. O. Box 2511
Street 2:	Street 2:
City: Winston-Salem County: Forsyth	City: Winston-Salem
State: North Carolina Zip: 27105	State: North Carolina Zip: 27102

Primary Facility Contact Person	Billing Contact Person
Name: Mark Fulmer	Name: Mark Fulmer
Phone: (336) 734-1489 Fax: (336) 727-2483	Phone: (336) 734-1489 Fax: (336) 727-2483
Email: Markf@cityofws.org	Email: Markf@cityofws.org

1. Tipping Fee: $ _____ per Ton (Attach a schedule of tipping fees if appropriate.)

2. Did your facility stop receiving waste during this past Fiscal Year? ☒ Yes ☐ No
   If so, please report the date this occurred: Feb 16, 2015

3. Indicate types of waste processed at this facility. (Check all that apply)
   - ☐ Medical Waste
   - ☐ Industrial Waste
   - ☐ Construction and Demolition Waste
   - ☒ Other (describe) LEAVES
   - ☐ Landclearing and inert debris (LCID)
   - ☐ Yard Waste
   - ☐ Household Hazardous Waste

4. Indicate types of processes occurring at this facility. (Check all that apply)
   - ☐ Grinding, composting or mulching
   - ☐ Medical Waste treatment
   - ☐ Incineration
   - ☐ Recycling/Reuse Collection (if yes, indicate materials 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) _____		

   - ☐ Other activities (specify) _____

5. Indicate the type and quantity of material from recycling or recovery operations stockpiled on-site as of June 30, 2015 (e.g. Wood-3 tons, Metal-5 tons, Cardboard-2 tons, etc.).

6. Total waste received at this facility during the period of July 1, 2014 through June 30, 2015. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station,treatment and processing, or mixed waste processing facility indicate the COUNTY LOCATION OF THE FACILITY. Please list ALL counties from which you received waste. 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, 3 W. 32 Street					5,425	7,941	2,235	162					15,763

Grand Total 15,763

7. Indicate the facility(s) that received your facility's non-recycled waste material:

NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
Reynolds Park Rd Composting Facility, SWC 34-13, Reynolds Park Rd Winston-Salem, NC	Other	15,763
	TOTAL	15,763.00

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: Mark Fulmer Digitally signed by Mark Fulmer DN: cn=Mark Fulmer, o=Sanitation Division, ou=City of Winston-Salem, email=Markf@cityofws.org, c=US Date: 2015.08.06 14:07:38 -04'00' Date: Aug 6, 2015

Name: Mark Fulmer Title: Sanitation Operations Supervisor

Phone Number: (336) 734-1489 Email: Markf@cityofws.org