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: Watauga County Landclearing Permit: 9502TP-TP

Physical Address	Mailing Address
Street 1: 336 Landfill Road	Street 1:
Street 2:	Street 2:
City: Boone County: Watauga	City:
State: North Carolina Zip: 28607	State: North Carolina Zip: 28607

Primary Facility Contact Person	Billing Contact Person
Name: JV Potter	Name: Donna Watson
Phone: (828) 264-5305 Fax: (828) 264-1702	Phone: (828) 264-5305 Fax: (828) 264-1702
Email: jv.potter@watgov.org	Email: donna.watson@watgov.org

1. Tipping Fee: $42.00 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: _____

3. Indicate types of waste processed at this facility. (Check all that apply)
   - ☐ Medical Waste
   - ☐ Industrial Waste
   - ☐ Construction and Demolition Waste
   - ☐ Other (describe) _____
   - ☒ 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 3,059 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.).

wood- 1646

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
Watauga	292	310	307	342	150	188	111	60	206	345	318	430	3,059

Grand Total 3,059

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
N/A		
	TOTAL	

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:

Deb Aja
2090 US Highway 70
Swannanoa, NC 28778
phone: 828.296.4702 email: Deborah.Aja@ncdenr.gov

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

Signature: _____ Date: 7/28/2015

Name: JV Potter Title: Operation Services Director

Phone Number: (828) 264-5305 Email: jv.potter@watgov.org