

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: Craven Ag Services, Inc.

Permit: 25-14-compost

Physical Address	Mailing Address
Street 1: 2115 Hwy 55 West	Street 1: _____
Street 2: _____	Street 2: _____
City: New Bern County: Craven	City: _____
State: North Carolina Zip: 28562	State: North Carolina Zip: _____
Primary Facility Contact Person	Billing Contact Person
Name: John W Dunham	Name: Nicole Bruns
Phone: (252) 633-5334 Fax: (252) 633-5005	Phone: (252) 633-5334 Fax: (252) 633-6005
Email: cas71@suddenlink.net	Email: cas71@suddenlink.net

1. Tipping Fee: \$0.00 _____ 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. Please attach results of monthly temperature monitoring for the period of July 1, 2014 thru June 30, 2015.

4. For Type II, III, and IV facilities, attach results of tests (Waste Analysis with metals, foreign matter and pathogens) as required in Table 3 of Rule 15A NCAC 13B .1408 for the period of July 1, 2014 thru June 30, 2015. **Current Rules state that "Compost shall be analyzed at intervals of every 20,000 tons of compost produced or every six months, whichever comes first."**

5. What type and quantity of waste was composted by your facility?

Materials COMPOSTED	Check X if Received	Tons RECEIVED	Tons COMPOSTED	Unusable Tons DISPOSED
Yard Waste	<input type="checkbox"/>			
Clean Wood	<input checked="" type="checkbox"/>	725	725	0
Sawdust	<input type="checkbox"/>			
Wooden Pallets	<input type="checkbox"/>			
Food Waste	<input checked="" type="checkbox"/>	1,945	1,945	0
Animal Waste	<input type="checkbox"/>			
Sludge and Biosolids	<input type="checkbox"/>			
Grease Trap Waste	<input checked="" type="checkbox"/>	1,422	1,422	0
Animal Mortalities	<input type="checkbox"/>			
Sheetrock	<input type="checkbox"/>			
Commingled (Describe)	<input type="checkbox"/>			
Other (Describe) Tobacco Dust	<input checked="" type="checkbox"/>	2,160	2,160	0
Other (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
TOTAL		6,252	6,252	0

6. What type and quantity of compost was produced and removed from your facility?

Type	Tons CREATED	Tons USED On Site	Tons SOLD to Public	Tons GIVEN to Public	Tons STOCKPILED	Tons DISPOSED	Other
Mulch							
Grade A Compost	4,502	0	4,000	502	0	4,502	
Grade B Compost							
Other							
Other							
TOTAL	4,502	0	4,000	502	0	4,502	

7. Indicate waste received at this compost 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
Shavender							125.00				250.00		375.00
Simmons		200.00							150.00				350.00
Cargill				246.00	125.00	157.00	300.00	213.00	207.00	233.00	204.00	260.00	1,945.00
Tobacco Dust				360.00	360.00	360.00	360.00	360.00				360.00	2,160.00
Craven Ag	114.00	84.00	126.00	114.00	120.00	144.00	156.00	102.00	120.00	90.00	162.00	90.00	1,422.00
Grand Total													6,252.00

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 send your completed report to:
 Ray Williams
 943 Washington Square Mall
 Washington, NC 27889
 phone: 252.948.3955 email: Ray.Williams@ncdenr.gov

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

Signature:  Date: Jul 23, 2015

Name: John W Dunham Title: President

Phone Number: (252) 633-5334 Email: cas71@suddenlink.net