

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 Compost Facility25023

Permit: 4103-Compost-2003

Physical Address	Mailing Address
Street 1: 2503 White Street	Street 1: Same
Street 2:	Street 2:
City: Greensboro County: Guilford	City:
State: North Carolina Zip: 27405	State: North Carolina Zip:

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

1. Tipping Fee: \$40.00 _____ 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 checked="" type="checkbox"/>	29,656.68		
Clean Wood	<input type="checkbox"/>			
Sawdust	<input type="checkbox"/>			
Wooden Pallets	<input type="checkbox"/>			
Food Waste	<input type="checkbox"/>			
Animal Waste	<input type="checkbox"/>			
Sludge and Biosolids	<input type="checkbox"/>			
Grease Trap Waste	<input type="checkbox"/>			
Animal Mortalities	<input type="checkbox"/>			
Sheetrock	<input type="checkbox"/>			
Commingled (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
Other (Describe)	<input type="checkbox"/>			
TOTAL		29,656.68		

