Compost	State of North Carolina Department of Environment and Natural Resources Division of Waste Management	**COMPOST** 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: Caledonia Correctional Institution Permit: 4206-compost Id;P0959

Physical Address	Mailing Address
Street 1: 2787 Caledonia Drive	Street 1: PO Box 137
Street 2:	Street 2:
City: Tillery County: Halifax	City: Tillery
State: North Carolina Zip: 27887	State: North Carolina Zip: 27887

Primary Facility Contact Person	Billing Contact Person
Name: Arthur L. Gibson Jr.	Name:
Phone: (252) 826-5621 Fax: (252) 826-4146	Phone: Fax:
Email: lee.gibson@ncdps.gov	Email:

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	☐			
Clean Wood	☐			
Sawdust	☐			
Wooden Pallets	☐			
Food Waste	☒	36	36	
Animal Waste	☐			
Sludge and Biosolids	☐			
Grease Trap Waste	☐			
Animal Mortalities	☐			
Sheetrock	☐			
Commingled (Describe)	☐			
Other (Describe) wood chips	☒	16	16	
Other (Describe)	☐			
Other (Describe)	☐			
TOTAL		52	52	

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							
Grade B Compost							
Other Type 3	26	16	0	0	11		
Other							
TOTAL	26	16	0	0	11		

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
	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	36.00

Grand Total 36.00

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:

Mary Whaley
PO Box 59
Oxford, NC 27565
phone: 919.693.5023 email: Mary.Whaley@ncdenr.gov

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

Signature: Arthur L. Gibson Jr. Date: 7/1/2015

Name: Arthur L. Gibson Jr. Title: Facility Maint. Supv IV

Phone Number: (252) 826-5621 Email: lee.gibson@ncdps.gov