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Compost

State of North Carolina

Department of Environment and Natural Resources

Division of Waste Management

COMPOST

Facility Annual Report

period of July 1, 2014-June 30, 2015

DIVISION OF WASTE MANAGEMENT
FAYETTEVILLE REGIONAL OFFICE

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: Sanford, City of

Permit: 5303-Compost-1992

Physical Address

Street 1: 601 N. 5th street
Street 2:
City: Sanford County: Lee
State: North Carolina Zip: 27330

Mailing Address

Street 1: P.O. Box 3729
Street 2:
City:
State: North Carolina Zip: 27331-3729

Primary Facility Contact Person

Name: Larry Craig
Phone: (919) 777-1206 Fax: (919) 776-0265
Email: larry.craig@sanfordnc.net

Billing Contact Person

Name: Larry Craig
Phone: (919) 777-1206 Fax: (919) 776-0265
Email: larry.craig@sanfordnc.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 checked="" type="checkbox"/>	5,929	3,198	
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		5,929	3,198	

Year 2014
 Supervisor _____

Twelve Month Compost Facility Report

	CY/W	CY/C	Loads	Times Turned	Windrows Turned	Times Temp.	Avg. Temp	Man Hours	Equip. Hours
January									
February									
March									
April									
May									
June									
July				4	7	8	110°		
August				4	7	8	100°		
September				4	7	8	112°		
October				4	7	8	94°		
November				4	7,9,10	8	120°		
December				4	7,9,10,11	8	122°		
Yearly Total				24	4	48	110°		

COMMENTS

Year 2015
 Supervisor _____

Twelve Month Compost Facility Report

	CY/W	CY/C	Loads	Times Turned	Windrows Turned	Times Temp.	Avg. Temp	Man Hours	Equip. Hours
January				5	2,3,4,5,14 6,9,10,11,13	7	111°		
February				4	2,3,4,5,6 7,10,11,12 13,14	9	117°		
March				7	2,3,4,5,6,7 8,10,11,12, 13,14	7	123°		
April				9	2,3,4,5,6 7,9,10,14	6	137°		
May				8	2,3,4,5,6 7,9,10,14	4	124°		
June				9	2,3,4,5,6 7,9,10,14	4	111°		
July									
August									
September									
October									
November									
December									
Yearly Total				42	12	37	121°		

COMMENTS
