

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2014 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: MCAS Cherry Point Transfer Station

Permit: 2510T-TRANSFER-1997

| Physical Address                                  |                            | Mailing Address              |            |
|---|----------------------------|------------------------------|------------|
| Street 1: <u>Environmental Affairs Department</u> |                            | Street 1: _____              |            |
| Street 2: <u>PSC Box 8006</u>                     |                            | Street 2: _____              |            |
| City: <u>Cherry Point</u>                         | County: <u>Craven</u>      | City: _____                  |            |
| State: <u>North Carolina</u>                      | Zip: <u>28533-0006</u>     | State: <u>North Carolina</u> | Zip: _____ |
| Primary Facility Contact Person                   |                            | Billing Contact Person       |            |
| Name: <u>Dave Cooke</u>                           |                            | Name: _____                  |            |
| Phone: <u>(252) 466-2864</u>                      | Fax: <u>(252) 466-2000</u> | Phone: _____                 | Fax: _____ |
| Email: <u>DAVE.L.COOKE@USMC.MIL</u>               |                            | Email: _____                 |            |

1. Tipping Fee: \$40.00 \_\_\_\_\_ per Ton (Attach a schedule of tipping fees if appropriate.)

Does the tip fee above include the \$2.00 Solid Waste Tax?  Yes  No

2. Did your facility stop receiving waste during this past Fiscal Year?  Yes  No

If so, please report the date this occurred: \_\_\_\_\_

3. Are there SWANA or other certified operator(s) at this facility?  Yes  No

If yes, indicate the following:

Name: Randy Matthews Certification type and expiration date: Transfer Station Operations Specialist Certificate 12/12/13

Name: Robert Pearson Certification type and expiration date: Transfer Station Operations Specialist Certificate 4/30/13

Name: Gerry Langford Certification type and expiration date: Transfer Station Operations Specialist Certificate 4/30/13

4. What other activities occur at this facility? (check all that apply)

Recycling/Reuse Collection  Scrap Tire Collection  White Goods Collection  Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted and amount 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 \_\_\_\_\_ tons  Other (specify) \_\_\_\_\_

5. Provide the four quarterly tonnages this facility reported on NC E-500K forms between July 1, 2013 and June 30, 2014:

| Quarter                 | Tons Reported |
|-------------------------|---------------|
| July 1 - September 30   |               |
| October 1 - December 31 |               |
| January 1 - March 31    |               |
| April 1 - June 30       |               |
| Total                   |               |

