

Received 7/29/14 Reviewed 7/31/14

TRANS State of North Carolina Department of Environment and Natural Resources Division of Waste Management	TRANSFER STATION Facility Annual Report For the period of July 1, 2013-June 30, 2014
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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: Davidson County Transfer Facility / Did not receive during reporting period Permit: 2906-TRANSFER-2013

Physical Address	Mailing Address
Street 1: <u>220 Davidson County Landfill Rd</u>	Street 1: <u>Davidson County Public Services; Solid Waste Section</u>
Street 2: _____	Street 2: <u>PO Box 1067</u>
City: <u>Lexington</u> County: <u>Davidson</u>	City: <u>Lexington</u>
State: <u>North Carolina</u> Zip: <u>27292</u>	State: <u>North Carolina</u> Zip: <u>27293-1067</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Steven Sink</u>	Name: <u>Suji Everhart</u>
Phone: <u>(336) 240-0666</u> Fax: <u>(336) 242-2287</u>	Phone: <u>(336) 242-2925</u> Fax: <u>(336) 236-7517</u>
Email: <u>steven.sink@davidsoncountync.gov</u>	Email: <u>suji.everhart@davidsoncountync.gov</u>

1. Tipping Fee: \$ _____ 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: Steven Sink Certification type and expiration date: Certified Landfill Manager and Expires: 04/2017

Name: Michael Lankford Certification type and expiration date: Certified Landfill Manager and Expires: 06/06/2017

Name: Kenneth Moon Certification type and expiration date: Certified Landfill Manager and Expires: 06/06/2017

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	0
October 1 - December 31	0
January 1 - March 31	0
April 1 - June 30	0
Total	0

