

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: TOWN OF WELDON TRANSFER FACILITY Permit: 4205T-TRANSFER 1997

Physical Address	Mailing Address
Street 1: <u>2211 HWY 301 N</u>	Street 1: <u>2211 HWY 301 N</u>
Street 2: _____	Street 2: _____
City: <u>HALIFAX</u> County: <u>Halifax</u>	City: <u>HALIFAX</u>
State: <u>North Carolina</u> Zip: <u>27839</u>	State: <u>North Carolina</u> Zip: <u>27839</u>
Primary Facility Contact Person	Billing Contact Person
Name: <u>CHRIS WILLIAMS</u>	Name: <u>CHRIS WILLIAMS</u>
Phone: <u>(252) 536-2011</u> Fax: <u>(252) 536-2681</u>	Phone: <u>(252) 536-2011</u> Fax: <u>(252) 536-2681</u>
Email: <u>chris.williams@wasteindustries.com</u>	Email: <u>chris.williams@wasteindustries.com</u>

1. Tipping Fee: \$54.00 \_\_\_\_\_ 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: <u>Willie Hargrove</u>	Certification type and expiration date: <u>Transfer Station Operations Specialist Dec.8, 2015</u>
Name: <u>Brittany Boone</u>	Certification type and expiration date: <u>Transfer Station Operations Specialist Oct 2, 2015</u>
Name: <u>George Mayo</u>	Certification type and expiration date: <u>Transfer Station Operations Specialist Feb 9, 2017</u>

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

<input checked="" type="checkbox"/> Recycling/Reuse Collection	<input type="checkbox"/> Scrap Tire Collection	<input type="checkbox"/> White Goods Collection	<input type="checkbox"/> 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)
 

<input type="checkbox"/> Carpet _____ tons	<input type="checkbox"/> Concrete/rubble/asphalt _____ tons	<input type="checkbox"/> Gypsum/drywall _____ tons	<input type="checkbox"/> Other Metal _____ tons
<input checked="" type="checkbox"/> Cardboard <u>440.14</u> tons	<input type="checkbox"/> Shingles _____ tons	<input type="checkbox"/> Electronics _____ tons	<input type="checkbox"/> Other Plastic _____ tons
<input type="checkbox"/> Wood _____ tons	<input checked="" type="checkbox"/> Other (specify) <u>Single Stream co-mingle- 360.41 tons</u>		

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	

