

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2013 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: Onslow Container Service Inc Permit: 5408T-TRANSFER-2001

Facility Website (URL): www.ocswaste.com

Physical Address	Mailing Address
Street 1: <u>1478 Bland Howell Rd</u>	Street 1: <u>PO Box 9</u>
Street 2: _____	Street 2: _____
City: <u>Kinston</u> County: <u>Lenoir</u>	City: <u>Deep Run</u>
State: <u>North Carolina</u> Zip: <u>28504</u>	State: <u>North Carolina</u> Zip: <u>28525</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Al Hill</u>	Name: <u>Donna Lee</u>
Phone: <u>(252) 527-2125</u> Fax: <u>(252) 523-0651</u>	Phone: <u>(252) 527-2125</u> Fax: <u>(252) 523-0651</u>
Email: <u>ahill@ocswaste.com</u>	Email: <u>dlee@ocswaste.com</u>

1. Tipping Fee: \$50.50 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: Rusty Hill Certification type and expiration date: Transfer Station Operations Specialist 06/30/2014

Name: Cheryl Williams Certification type and expiration date: Transfer Station Operations Specialist 12/05/2014

Name: Micah Schachinger Certification type and expiration date: Transfer Station Operations Specialist 06/30/2014

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)

Paper _____ tons Fluorescent lightbulbs _____ tons Used oil/oil filters _____ tons Steel Cans _____ tons
 Cardboard _____ tons PETE (#1) Plastic _____ tons Aluminum Cans _____ tons Other Metal _____ tons
 Wood _____ tons HDPE (#2) Plastic _____ tons Computer Equipment _____ tons Televisions _____ tons
 Glass _____ tons Concrete/rubble/asphalt _____ tons Gypsum/drywall _____ tons Other Plastic _____ tons
 Shingles _____ tons Other (specify) _____

5. Total waste received (INCLUDING WASTE TRANSFERRED AND RECYCLED) at this facility during the period of July 1, 2013 through June 30, 2014. Indicate tonnage received by COUNTY of waste origin. Please indicate COUNTY and STATE, if received from another state.

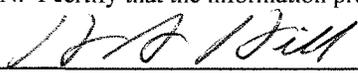
Received from	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
Carteret					5.45								5.45
Craven	95.67	107.63	93.42	65.46	60.29								422.47
Duplin	412.8	389.2	372.11	439.28	259.09								1,872.48
Greene	397.27	390.38	365.4	384.73	267.06								1,804.84
Johnston	3.86												3.86
Jones	126.64	75.84	81.18	107.34	82.42								473.42
Lenoir	951.35	925.71	798.4	871.75	617.12								4,164.33
Nash			9.59										9.59
Onslow	63.1	85.7	65.8	70.49	50.47								335.56
Pender	231.25	209.95	180.69	199.07	142.85								963.81
Sampson	18.21	17.33	15.37	14.66	11.12								76.69
Wayne	864.86	765.45	751.23	802.41	606.2								3,790.15
Wilson	17.34	5.24	3.83										26.41

6. Indicate the facility(s) that received your facility's non-recycled waste material: Grand Total **13,949.06**

NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
East Carolina Environmental, 08-03, Aulander NC	MSW Landfill	13,949.06
TOTAL		13,949.06

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 return your completed report to:
 Wes Hare
 127 Cardinal Drive Ext.
 Wilmington, NC 28405
 phone: 910.796.7405 email: Wes.Hare@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.
 Signature:  Date: 1/7/14
 Name: H.A. HILL Title: President
 Phone Number: (252) 527-2125 Email: ahill@ocswaste.com