

<b>TREAT &amp; PROCESS</b>	State of North Carolina Department of Environment and Natural Resources Division of Waste Management	<b>TREATMENT &amp; PROCESSING FACILITY</b> Facility Annual Report For the period of <b>July 1, 2013-June 30, 2014</b>
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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: City of Winston-Salem Treatment & Processing Site Permit: 3425-TP-2011

Physical Address	Mailing Address
Street 1: <u>3 W. Thirty-Second Street</u>	Street 1: <u>P.O. Box 2511</u>
Street 2: _____	Street 2: _____
City: <u>Winston-Salem</u> County: <u>Forsyth</u>	City: <u>Winston-Salem</u>
State: <u>North Carolina</u> Zip: <u>27105</u>	State: <u>North Carolina</u> Zip: <u>27102</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Mark Fulmer</u>	Name: <u>Mark Fulmer</u>
Phone: <u>(336) 734-1489</u> Fax: <u>(336) 727-2483</u>	Phone: <u>(336) 734-1489</u> Fax: <u>(336) 727-2483</u>
Email: <u>Markf@cityofws.org</u>	Email: <u>Markf@cityofws.org</u>

1. Tipping Fee: \$ \_\_\_\_\_ 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: Feb 12, 2014

3. Indicate types of waste processed at this facility. (Check all that apply)
- |  |   |
|--|---|
| <input type="checkbox"/> Medical Waste                             | <input type="checkbox"/> Landclearing and inert debris (LCID) |
| <input type="checkbox"/> Industrial Waste                          | <input type="checkbox"/> Yard Waste                           |
| <input type="checkbox"/> Construction and Demolition Waste         | <input type="checkbox"/> Household Hazardous Waste            |
| <input checked="" type="checkbox"/> Other (describe) <u>Leaves</u> |   |

4. Indicate types of processes occurring at this facility. (Check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Grinding, composting or mulching  | No processing takes place on site.<br>Facility is a transfer site. |
| <input type="checkbox"/> Medical Waste treatment  |  |
| <input type="checkbox"/> Incineration   |  |
| <input type="checkbox"/> Recycling/Reuse Collection (if yes, indicate materials collected; check all that apply and provide tonnages) |  |
| <input type="checkbox"/> Carpet _____ tons  | <input type="checkbox"/> Concrete/rubble/asphalt _____ tons        |
| <input type="checkbox"/> Cardboard _____ tons   | <input type="checkbox"/> Shingles _____ tons                       |
| <input type="checkbox"/> Wood _____ tons  | <input type="checkbox"/> Other (specify) _____                     |
| <input type="checkbox"/> Other activities (specify) _____   |  |

5. Indicate the type and quantity of material from recycling or recovery operations stockpiled on-site as of June 30, 2014 (e.g. Wood-3 tons, Metal-5 tons, Cardboard-2 tons, etc.).

