

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: JOHN BRYAN YARD WASTE RECYCLING Permit: 3903 TP-TP-2009

Physical Address	Mailing Address
Street 1: <u>3092 Sam Usry Rd</u>	Street 1: <u>SAME</u>
Street 2: _____	Street 2: _____
City: <u>OXFORD</u> County: <u>GRANVILLE</u>	City: _____
State: <u>North Carolina</u> Zip: <u>27565</u>	State: <u>North Carolina</u> Zip: _____

Primary Facility Contact Person	Billing Contact Person
Name: <u>John Bryan</u>	Name: <u>John Bryan</u>
Phone: <u>9196902640</u> Fax: <u>9196901055</u>	Phone: <u>9196902640</u> Fax: <u>9196901055</u>
Email: <u>johnbryan27565@gmail.com</u>	Email: <u>johnbryan27565@gmail.com</u>

1. Tipping Fee: \$ 0 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: \_\_\_\_\_

3. Indicate types of waste processed at this facility. (Check all that apply)
- |                                                            |                                                                          |
|------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Medical Waste                     | <input checked="" 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 type="checkbox"/> Other (describe) _____            |                                                                          |

4. Indicate types of processes occurring at this facility. (Check all that apply)
- Grinding, composting or mulching
- Medical Waste treatment
- Incineration
- 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"/> Gypsum/drywall _____ tons | <input type="checkbox"/> Other Metal _____ tons   |
| <input type="checkbox"/> Cardboard _____ tons | <input type="checkbox"/> Shingles _____ tons                | <input type="checkbox"/> Electronics _____ tons    | <input type="checkbox"/> Other Plastic _____ tons |
| <input type="checkbox"/> Wood _____ tons      | <input type="checkbox"/> Other (specify) _____              |                                                    |                                                   |
- Other activities (specify) clearing Debris

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.).

TOP SOIL - 340 TONS  
FILL DIRT - 180 TONS

