

**TREAT
&
PROCESS**

State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management

TREATMENT & PROCESSING FACILITY
Facility Annual Report
For the period of **July 1, 2013-June 30, 2014**

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: CAROLINA RESOURCE RECOVERY Permit: 0106-TP-2012

Physical Address	Mailing Address
Street 1: <u>3285 JONES DRIVE</u>	Street 1: _____
Street 2: _____	Street 2: _____
City: <u>MEBANE</u> County: <u>Alamance</u>	City: _____
State: <u>North Carolina</u> Zip: <u>27302</u>	State: <u>North Carolina</u> Zip: _____
Primary Facility Contact Person	Billing Contact Person
Name: <u>STEVEN SCOTT</u>	Name: <u>LINDA SCOTT</u>
Phone: <u>(919) 563-3469</u> Fax: <u>(919) 563-6335</u>	Phone: <u>(919) 563-3469</u> Fax: <u>(919) 563-6335</u>
Email: <u>lscott@scottstone.com</u>	Email: <u>lscott@scottstone.com</u>

1. Tipping Fee: \$0.00 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 type="checkbox"/> Landclearing and inert debris (LCID)
<input type="checkbox"/> Industrial Waste	<input checked="" 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)

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) _____

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.).

NO RECOVERY MATERIAL ON HAND AT JUNE 30, 2014

