Shirley Stout

From: Watkins, Jason [jason.watkins@ncdenr.gov]
Sent: Monday, August 01, 2011 1:17 PM
To: Shirley Stout
Subject: annual report

Shirley,

The form for compost facilities is located here: http://portal.ncdenr.org/c/document_library/get_file?uuid=2b81333d-0e7e-4e2d-adc0-1ec6e036718e&groupId=38361

Once you've completed the form, print and sign it, then fax or email it back over to me.

OK
8-1-11

Thanks
Jason

Jason Watkins
North Carolina Dept. of Environment and Natural Resources
Winston-Salem Regional Office
Division of Waste Management - Solid Waste Section
585 Waughtown Street
Winston-Salem, NC 27107
Tel: 336-771-5092
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Compost	State of North Carolina Department of Environment and Natural Resources Division of Waste Management	COMPOST Facility Annual Report For the period of **July 1, 2010-June 30, 2011**

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2011 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-COMPOST- ID: P1034

Facility Website (URL):

Physical Address	Mailing Address
Street 1: 3285 JONES DRIVE	Street 1: SAME
Street 2:	Street 2:
City: MEBANE County: Alamance	City:
State: North Carolina Zip: 27302	State: North Carolina Zip:

Primary Facility Contact Person	Billing Contact Person
Name: STEVEN SCOTT	Name: STEVEN SCOTT
Phone: (919) 563-3469 Fax: (919) 563-6335	Phone: (919) 563-3469 Fax: (919) 563-6335
Email: lscott@scottstone.com	Email: lscott@scottstone.com

1. Tipping Fee: $ _____ per Ton (Attach a schedule of tipping fees if appropriate.)

2. Please attach results of monthly temperature monitoring for the period of July 1, 2010 thru June 30, 2011.

3. For Type II, III, and IV facilities, attach results of tests (Waste Analysis with metals, foreign matter and pathogens) as required in Table 3 of Rule 15A NCAC 13B .1408 for the period of July 1, 2010 thru June 30, 2011. **Current Rules state that "Compost shall be analyzed at intervals of every 20,000 tons of compost produced or every six months."**

4. What type and quantity of waste was composted by your facility?

Materials COMPOSTED	Check X if Received	Tons RECEIVED	Tons COMPOSTED	Unusable Tons DISPOSED
Yard Waste	☒	533.6	195.8	
Clean Wood	☐			
Sawdust	☐			
Wooden Pallets	☐			
Food Waste	☐			
Animal Waste	☐			
Sludge and Biosolids	☐			
Grease Trap Waste	☐			
Animal Mortalities	☐			
Sheetrock	☐			
Commingled (Describe)	☐			
Other (Describe)	☐			
Other (Describe)	☐			
Other (Describe)	☐			
	TOTAL	533.6	195.8	

5. What type and quantity of compost was produced and removed from your facility?

Type	Tons CREATED	Tons USED On Site	Tons SOLD to Public	Tons GIVEN to Public	Tons STOCKPILED	Tons DISPOSED	Other
Mulch							
Grade A Compost							
Grade B Compost							
Other Screened Topsoil	195.8						
Other							
TOTAL	195.8						

6. Indicate waste received at this compost facility during the period of July 1, 2010, through June 30, 2011. 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
Orange	25.60	6.40	19.20	107.20	60.80	19.20	6.40	76.80	21.60	37.60	47.20	54.40	482.40
Chatham		3.20				22.40		9.60	3.20			12.80	51.20

Grand Total 533.60

7. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☐ No

If so, please report the date this occurred: _____

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 send your completed report to:

Jason Watkins
585 Waughtown Street
Winston-Salem, NC 27107-2275
phone: 336.771.5092 email: Jason.Watkins@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: Shirley Stout Date: Aug 1, 2011

Name: SHIRLEY STOUT Title: CLERICAL

Phone Number: (919) 563-3469 Email: sstout@scottstone.com