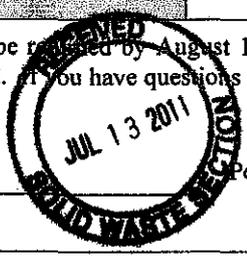


CTG 7-14-11

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, 2010-June 30, 2011
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According to (G.S. 130A-309.09D(b)) completed forms must be received 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: BMWNC, INC Permit: 3611TP-TP- ID: P1159
 Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>148 Boxwood Lane</u>	Street 1: <u>4357 Ferguson Drive</u>
Street 2: _____	Street 2: _____
City: <u>Gastonia</u> County: <u>Gaston</u>	City: <u>Cincinnati</u>
State: <u>North Carolina</u> Zip: <u>28054</u>	State: <u>Ohio</u> Zip: _____

Primary Facility Contact Person	Billing Contact Person
Name: <u>Mary McIntosh</u>	Name: _____
Phone: <u>(704) 200-7127</u> Fax: _____	Phone: _____ Fax: _____
Email: <u>mmcintosh@hwsusa.com</u>	Email: _____

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: Jan 1, 2009

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"/> Concrete/rubble |
| <input type="checkbox"/> Asphalt/Shingles | <input type="checkbox"/> Gypsum/drywall |
| <input type="checkbox"/> Household Hazardous Waste | <input type="checkbox"/> Other (describe) _____ |

4. Indicate types of processes occurring at this facility. (Check all that apply)
- | | | |
|---|---|--|
| <input type="checkbox"/> Grinding, composting or mulching | <input type="checkbox"/> White Goods | <input type="checkbox"/> Scrap Tires |
| <input type="checkbox"/> Medical Waste treatment | <input type="checkbox"/> Aluminum Cans | <input type="checkbox"/> Steel Cans |
| <input type="checkbox"/> Incineration | <input type="checkbox"/> Computer Equipment | <input type="checkbox"/> Televisions |
| <input type="checkbox"/> Collection (indicate materials collected, check all that apply) | <input type="checkbox"/> Other Metal | <input type="checkbox"/> Other Plastic |
| <input type="checkbox"/> Paper <input type="checkbox"/> Wood
<input type="checkbox"/> Cardboard <input type="checkbox"/> Glass
<input type="checkbox"/> PETE (#1) Plastic <input type="checkbox"/> HDPE (#2) Plastic
<input type="checkbox"/> Fluorescent lightbulbs <input type="checkbox"/> Used oil/oil filters | | |
| <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, 2011 (e.g. Wood-3 tons, Metal-5 tons, Cardboard-2 tons, etc.).

