

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: JOHN BRYAN YARD WASTE RECYCLING Permit: 39-03 ID: P1182  
 Facility Website (URL): \_\_\_\_\_

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>GIANVILLE</u>	City:	_____
State:	North Carolina Zip: <u>27565</u>	State:	North Carolina Zip: _____

Primary Facility Contact Person		Billing Contact Person	
Name:	<u>JOHN BRYAN</u>	Name:	<u>SAME</u>
Phone:	<u>(919) 690-2640</u> Fax: <u>(919) 690-1055</u>	Phone:	_____ Fax: _____
Email:	<u>john.bryan.27565@gmail.com</u>	Email:	_____

1. Tipping Fee: \$ NONE 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"/> 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"/> Medical Waste treatment   |   |   |  |
| <input type="checkbox"/> Incineration  |   |   |  |
| <input type="checkbox"/> Collection (indicate materials collected, check all that apply) |   |   |  |
| <input type="checkbox"/> Paper   | <input type="checkbox"/> Wood                 | <input type="checkbox"/> White Goods        | <input type="checkbox"/> Scrap Tires   |
| <input type="checkbox"/> Cardboard   | <input type="checkbox"/> Glass                | <input type="checkbox"/> Aluminum Cans      | <input type="checkbox"/> Steel Cans    |
| <input type="checkbox"/> PETE (#1) Plastic   | <input type="checkbox"/> HDPE (#2) Plastic    | <input type="checkbox"/> Computer Equipment | <input type="checkbox"/> Televisions   |
| <input type="checkbox"/> Fluorescent lightbulbs  | <input type="checkbox"/> Used oil/oil filters | <input type="checkbox"/> Other Metal        | <input type="checkbox"/> Other Plastic |

Other activities (specify) stack pile Landclearing debris allow to decompose; Screen for Top Soil

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.).

<u>Landclearing debris - 1000 TONS</u>	
<u>old Leaves</u>	<u>700 TONS</u>

