

**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

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: Salvage America, Inc. Permit: 4121-TP- ID: P1112

Facility Website (URL): _____

Physical Address		Mailing Address	
Street 1: <u>3001 Holts Chapel Rd</u>		Street 1: _____	
Street 2: _____		Street 2: _____	
City: <u>Greensboro</u>	County: <u>Guilford</u>	City: _____	
State: <u>North Carolina</u>	Zip: <u>27401</u>	State: <u>North Carolina</u>	Zip: _____
Primary Facility Contact Person		Billing Contact Person	
Name: <u>Chris Triolo</u>		Name: <u>Chris Triolo</u>	
Phone: <u>(336) 272-3820</u>	Fax: <u>(336) 272-3820</u>	Phone: <u>(336) 272-3820</u>	Fax: <u>(336) 272-3820</u>
Email: <u>salvageam@gmail.com</u>		Email: <u>salvageam@gmail.com</u>	

1. Tipping Fee: \$50.00 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 checked="" type="checkbox"/> Landclearing and inert debris (LCID) |
| <input type="checkbox"/> Industrial Waste | <input type="checkbox"/> Yard Waste |
| <input checked="" type="checkbox"/> Construction and Demolition Waste | <input checked="" type="checkbox"/> Concrete/rubble |
| <input type="checkbox"/> Asphalt/Shingles | <input checked="" 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 checked="" type="checkbox"/> Grinding, composting or mulching | | | |
| <input type="checkbox"/> Medical Waste treatment | | | |
| <input type="checkbox"/> Incineration | | | |
| <input checked="" type="checkbox"/> Collection (indicate materials collected, check all that apply) | | | |
| <input checked="" type="checkbox"/> Paper | <input checked="" type="checkbox"/> Wood | <input checked="" type="checkbox"/> White Goods | <input type="checkbox"/> Scrap Tires |
| <input checked="" type="checkbox"/> Cardboard | <input type="checkbox"/> Glass | <input checked="" type="checkbox"/> Aluminum Cans | <input checked="" type="checkbox"/> Steel Cans |
| <input checked="" type="checkbox"/> PETE (#1) Plastic | <input checked="" type="checkbox"/> HDPE (#2) Plastic | <input checked="" type="checkbox"/> Computer Equipment | <input type="checkbox"/> Televisions |
| <input type="checkbox"/> Fluorescent lightbulbs | <input type="checkbox"/> Used oil/oil filters | <input checked="" type="checkbox"/> Other Metal | <input type="checkbox"/> Other Plastic |
| <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.).

metal -200 tons, cardboard -15 tons, plastic- 5 tons, lcid-100 tons, woodgrinds-200 tons,

