

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: Flowers LCID Recycling Center Permit: 5105TP-TP- ID: P1162

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>102 Motorcycle Rd.</u>	Street 1: <u>42 East LLC</u>
Street 2: _____	Street 2: <u>PO Box 1542</u>
City: <u>Clayton</u> County: <u>Johnston</u>	City: <u>Clayton</u>
State: <u>North Carolina</u> Zip: _____	State: <u>North Carolina</u> Zip: <u>27528</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Gary Lynch</u>	Name: <u>Jackie Lynch</u>
Phone: <u>(919) 553-3187</u> Fax: <u>(919) 553-9910</u>	Phone: <u>(919) 553-3187</u> Fax: <u>(919) 553-9910</u>
Email: _____	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: _____



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 checked="" 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"/> Paper | <input type="checkbox"/> Wood | <input type="checkbox"/> White Goods | <input type="checkbox"/> Scrap Tires |
| <input type="checkbox"/> Medical Waste treatment | <input type="checkbox"/> Cardboard | <input type="checkbox"/> Glass | <input type="checkbox"/> Aluminum Cans | <input type="checkbox"/> Steel Cans |
| <input type="checkbox"/> Incineration | <input type="checkbox"/> PETE (#1) Plastic | <input type="checkbox"/> HDPE (#2) Plastic | <input type="checkbox"/> Computer Equipment | <input type="checkbox"/> Televisions |
| <input type="checkbox"/> Collection (indicate materials collected, check all that apply) | <input type="checkbox"/> Fluorescent lightbulbs | <input type="checkbox"/> Used oil/oil filters | <input 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.).

