

**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: Waste Management Healthcare Solutions, Inc. Permit: 9407TP-TP-2011 ID: P1025

Facility Website (URL): \_\_\_\_\_

Physical Address	Mailing Address
Street 1: <u>301 East Saint David's Rd</u>	Street 1: <u>3016 Yadkin Rd</u>
Street 2: _____	Street 2: _____
City: <u>Creswell</u> County: <u>Washington</u>	City: <u>Chesapeake</u>
State: <u>North Carolina</u> Zip: <u>27928</u>	State: <u>Virginia</u> Zip: <u>23323</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Todd Schaubach</u>	Name: <u>Mary Sullivan</u>
Phone: <u>(757) 778-7174</u> Fax: <u>(757) 485-4617</u>	Phone: <u>(757) 558-6119</u> Fax: _____
Email: <u>tschaubl@wm.com</u>	Email: <u>msullivan@wm.com</u>

1. Tipping Fee: \$ \_\_\_\_\_ 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 checked="" 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 checked="" 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 |
| <input checked="" type="checkbox"/> Other activities (specify) <u>USDA/APHIS Waste Transfer</u> |   |   |  |

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.).

Cardboard-approx. 60 tons

