

TRANS

State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management

TRANSFER STATION
 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.

96078-TRANSFER-1997 P0758

Facility Name: City of Goldsboro Transfer Station

Permit: 6402T-TRANSFER-1997 ID: P0814

Facility Website (URL): None

Physical Address		Mailing Address	
Street 1: <u>904 Brick Street</u>		Street 1: <u>1601 N. Clingman Street</u>	
Street 2: _____		Street 2: _____	
City: <u>Goldsboro</u>	County: <u>Wayne</u>	City: <u>Goldsboro</u>	
State: <u>North Carolina</u>		State: <u>North Carolina</u>	Zip: <u>27534</u>
Zip: <u>27530</u>			
Primary Facility Contact Person		Billing Contact Person	
Name: <u>Neil Bartlett, Public Works Director</u>		Name: <u>Cleveland McKithan, Sanitation Superintendent</u>	
Phone: <u>(919) 739-7413</u>	Fax: <u>(919) 739-7442</u>	Phone: <u>(919) 739-7412</u>	Fax: <u>(919) 739-7442</u>
Email: <u>nbartlett@ci.goldsboro.nc.us</u>		Email: <u>cmckithan@ci.goldsboro.nc.us</u>	

1. Tipping Fee: \$30.00 per Ton (Attach a schedule of tipping fees if appropriate.)

Does the tip fee above include the \$2.00 Solid Waste Tax? Yes No

2. Did your facility stop receiving waste during this past Fiscal Year? Yes No

If so, please report the date this occurred: _____

3. Are there SWANA or other certified operator(s) at this facility? Yes No

If yes, indicate the following:

Name: Leroy Randolph, Equip Oper III Certification type and expiration date: Certified Transfer Station Operation-Specialist-12/5/11

Name: Earl Glenn Head, Equip Oper III Certification type and expiration date: Certified Transfer Station Operation-Specialist-11/13/12

Name: William Super, Equip Oper III Certification type and expiration date: Certified Transfer Station Operation-Specialist-12/5/11

4. What other activities occur at this facility? (check all that apply)

Recycling/Reuse Collection Scrap Tire Collection White Goods Collection Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted: (check all that apply)

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> Paper | <input type="checkbox"/> Wood | <input type="checkbox"/> Concrete/rubble/asphalt | <input type="checkbox"/> Gypsum/drywall |
| <input checked="" type="checkbox"/> Cardboard | <input checked="" type="checkbox"/> Glass | <input checked="" type="checkbox"/> Aluminum Cans | <input type="checkbox"/> Steel Cans |
| <input checked="" type="checkbox"/> PETE (#1) Plastic | <input checked="" type="checkbox"/> HDPE (#2) Plastic | <input type="checkbox"/> Computer Equipment | <input checked="" 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 type="checkbox"/> Other (specify) _____ | | | |

