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, 2011-June 30, 2012**

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2012 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: MCAS Cherry Point Transfer station Permit: 2510T-TRANSFER-1997 ID: P0839

Facility Website (URL): http://www.marines.mil/unit/mcascherrypoint/Pages/default.aspx

Physical Address	Mailing Address
Street 1: Environmental Affairs Department	Street 1:
Street 2: PSC Box 8006	Street 2:
City: Cherry Point County: Craven	City:
State: North Carolina Zip: 28533-0006	State: North Carolina Zip:

Primary Facility Contact Person	Billing Contact Person
Name: Dave Cooke	Name:
Phone: (252) 466-2864 Fax: (252) 466-2000	Phone: Fax:
Email: DAVE.L.COOKE@USMC.MIL	Email:

1. Tipping Fee: $38.00 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: Clyde Baker Certification type and expiration date: Transfer Station Operations Specialist 12/5/2014
   Name: Sam Onorio Certification type and expiration date: Transfer Station Operations Specialist 2/16/2015
   Name: Norman Frazier Certification type and expiration date: Transfer Station Operations Specialist 3/12/2013

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)

☐ Paper	☐ Wood	☐ Concrete/rubble/asphalt	☐ Gypsum/drywall
☐ Cardboard	☐ Glass	☐ Aluminum Cans	☐ Steel Cans
☐ PETE (#1) Plastic	☐ HDPE (#2) Plastic	☐ Computer Equipment	☐ Televisions
☐ Fluorescent lightbulbs	☐ Used oil/oil filters	☐ Other Metal	☐ Other Plastic

   ☐ Other (specify) _____

5. Total waste received (INCLUDING WASTE TRANSFERRED AND RECYCLED) at this facility during the period of July 1, 2011, through June 30, 2012. Indicate **tonnage** received by COUNTY of waste origin. Please indicate COUNTY and STATE, if received from another state.

Received from	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
	384.89	454.36	435.18	356.03	374.86	306.17	377.51	349.5	420.24	362.77	383.87	372.46	4,577.84

6. Indicate the facility(s) that received your facility's non-recycled waste material:

Grand Total 4,577.84

NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
Coastal Regional Solid Waste Management Authority #25-09 7400 Old Hwy. 70 West New Bern, NC	MSW Landfill	4,577.84
	TOTAL	4,577.84

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

Ray Williams
127 Cardinal Drive Ext.
Wilmington, NC 28405
phone: 252.948.3955 email: Ray.Williams@ncdenr.gov

CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: [signature] Date: Jul 16, 2012

Name: Dave Cooke Title: Solid Waste Manager/Project Manager

Phone Number: (252) 466-2864 Email: DAVE.L.COOKE@USMC.MIL