| TREAT & PROCESS | State of North Carolina<br>Department of Environment and Natural Resources<br>Division of Waste Management | **TREATMENT & PROCESSING FACILITY**<br>Facility Annual Report<br>For the period of **July 1, 2012-June 30, 2013** |
|---|---|---|

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2013 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: CAROLINA RESOURCE RECOVERY Permit: 0106-TP-2012

Facility Website (URL): NA

| Physical Address | Mailing Address |
|---|---|
| Street 1: 3285 JONES DRIVE | Street 1: SAME |
| Street 2: | Street 2: |
| City: MEBANE County: Alamance | City: |
| State: North Carolina Zip: 27302 | State: North Carolina Zip: |

| Primary Facility Contact Person | Billing Contact Person |
|---|---|
| Name: STEVEN SCOTT | Name: LINDA SCOTT |
| Phone: (919) 563-3469 Fax: (919) 563-6335 | Phone: (919) 563-3469 Fax: (919) 563-6335 |
| Email: lscott@scottstone.com | Email: lscott@scottstone.com |

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)

- ☐ Medical Waste
- ☐ Industrial Waste
- ☐ Construction and Demolition Waste
- ☐ Other (describe) _____
- ☐ Landclearing and inert debris (LCID)
- ☒ Yard Waste
- ☐ Household Hazardous Waste

4. Indicate types of processes occurring at this facility. (Check all that apply)

- ☒ Grinding, composting or mulching
- ☐ Medical Waste treatment
- ☐ Incineration
- ☐ Recycling/Reuse Collection (if yes, indicate materials collected; check all that apply and provide tonnages)

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

☐ Other activities (specify) _____

5. Indicate the type and quantity of material from recycling or recovery operations stockpiled on-site as of June 30, 2013 (e.g. Wood-3 tons, Metal-5 tons, Cardboard-2 tons, etc.).

COMPOST ON SITE 211.4 TONS

6. Total waste received at this facility during the period of July 1, 2012 through June 30, 2013. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station,treatment and processing, or mixed waste processing facility indicate the COUNTY LOCATION OF THE FACILITY. Please list ALL counties from which you received waste. 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ALAMANCE COUNTY | | | | | | | | | 22.4 | | | | 22.4 |
| ORANGE COUNTY | 57.6 | 16 | 44 | 0 | 83.2 | 2.4 | 3.2 | 3.2 | 9.6 | 9.6 | 5.6 | 37.6 | 272 |
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Grand Total 294.4

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

| NAME, PERMIT #, and LOCATION (city, state) of FACILITY | Facility Type | Tons |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | **TOTAL** | |

**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:

John Patrone
585 Waughtown Street
Winston-Salem, NC 27107-2275
phone: 336.771.5095 email: John.Patrone@ncdenr.gov

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

Signature: _____ Date: 8-1-13

Name: SHIRLEY STOUT Title: CLERICAL

Phone Number: (919) 563-3469 Email: sstout@scottstone.com