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, 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: Warren County Transfer Station Permit: 9302T-TRANSFER-1995

Facility Website (URL): www.warrencountync.com

Physical Address		Mailing Address	
Street 1: 559 Baltimore Road		Street 1: 712 US Highway 158 Business West	
Street 2:		Street 2:	
City: Warrenton	County: Warren	City: Warrenton	
State: North Carolina	Zip: 27589	State: North Carolina	Zip: 27589

Primary Facility Contact Person		Billing Contact Person	
Name: Marshall Brothers		Name: Margaret Clayton	
Phone: (252) 257-3795	Fax: (252) 257-3979	Phone: (252) 257-3795	Fax: (252) 257-3979
Email: mbrothers@co.warren.nc.us		Email: publicworks@co.warren.nc.us	

1. Tipping Fee: $65.00 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: Marshall Brothers	Certification type and expiration date: Certified Transfer Station Operator	02/04/2015
Name: Earnest Solomon	Certification type and expiration date: Certified Transfer Station Operator	12/05/2014
Name: Jabril Moore	Certification type and expiration date: Certified Transfer Station Operator	11/29/15
" JAMES CRUMP	" " " " " " " " "	11-29-15

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 and amount 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)					

5. Total waste received (INCLUDING WASTE TRANSFERRED AND RECYCLED) at this facility during the period of July 1, 2012, through June 30, 2013. 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
Warren County	681.78	726.65	598.44	606.85	591.24	574.83	558.25	548.91	541.42	701.89	677.25	619.92	7,427.43

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

Grand Total 7,427.43

NAME, PERMIT #, and LOCATION (city, state) of FACILITY	Facility Type	Tons
Brunswick County Landfill - Lawrenceville, Virginia	MSW Landfill	7,427.43
	TOTAL	7,427.43

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:

Mary Whaley
PO Box 59
Oxford, NC 27565
phone: 919.693.5023 email: Mary.Whaley@ncdenr.gov

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

Signature: Marshall Brothers Date: Jul 15, 2013

Name: Marshall Brothers Title: Public Works Director

Phone Number: (252) 257-3795 Email: mbrothers@co.warren.nc.us