TRANS

State of North Carolina
Department of Environmental Quality
Division of Waste Management

TRANSFER STATION
Facility Annual Report
For the period of **July 1, 2017-June 30, 2018**

According to G.S. 130A-309.09D(b), completed forms must be returned by August 1, 2018, 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: _____ Permit: _____

Physical Address	Mailing Address
Street 1:	Street 1:
Street 2:	Street 2:
City: County:	City:
State: North Carolina Zip:	State: North Carolina Zip:

Primary Facility Contact Person	Billing Contact Person
Name:	Name:
Phone: Fax:	Phone: Fax:
Email:	Email:

1. Tipping Fee: $ _____ 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: _____ Certification type and expiration date: _____
   Name: _____ Certification type and expiration date: _____
   Name: _____ Certification type and expiration date: _____

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)
   ☐ Carpet _____ tons ☐ Concrete/rubble/asphalt _____ tons ☐ Gypsum/drywall _____ tons ☐ Other Metal _____ tons
   ☐ Cardboard _____ tons ☐ Shingles _____ tons ☐ Electronics _____ tons ☐ Other Plastic _____ tons
   ☐ Wood _____ tons ☐ Other (specify) _____

5. If required to file NC E-500K forms with NC Dept. of Revenue, provide the four quarterly tonnages this facility reported for fiscal year 2016-2017.

Quarter	Tons Reported
July 1 - September 30	
October 1 - December 31	
January 1 - March 31	
April 1 - June 30	
Total	

6. Total waste received (INCLUDING WASTE TRANSFERRED AND RECYCLED) at this facility during the period of July 1, 2017, through June 30, 2018. Indicate **tonnage** received by COUNTY of waste origin. Please indicate COUNTY and STATE, if received from another state.

Received from	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total

7. Indicate the facility(s) that received your facility's transferred waste material:

Grand Total

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:

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

Signature: _____ Date: _____

Name: _____ Title: _____

Phone Number: _____ Email: _____

Print Form