New YWN	State of North Carolina Department of Environment and Natural Resources Division of Waste Management	**YARD WASTE NOTIFICATION** **New** Facility Form For the upcoming period until May 31, 2016

Pursuant to 15A NCAC 13B .1401(a), this provision applies to facilities that accept, store, or produce compost or mulch from yard waste.

Pursuant to 15A NCAC 13B .1402(g)(3), the owner or operator of any Type 1 Solid Waste (yard waste) facility which occupies less than two acres of land and processes and stores less than 6,000 cubic yards of material quarterly shall **submit this form to the Department prior to operation**.

1. Facility Name: _____

2. Please e-mail an aerial photograph of the site to michelle.sclafani@ncdenr.gov
   - With a scale of 1 inch = 400 feet or less
   - Must show the area around the proposed facility for at least 0.25 mile
   - Photographs are available from most county tax or planning offices

3. Physical Address of Facility	4. Primary Facility Contact Information
Street 1: _____	Name: _____
Street 2: _____	Contact's Title: _____
City: _____ County: _____	Phone: _____ Fax: _____
State: North Carolina Zip: _____	Email: _____
5. Property Owner Contact Information	**6. Site Manager Contact Information**
Name: _____	Name: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____
Street 1: _____	Street 1: _____
Street 2: _____	Street 2: _____
City: _____	City: _____
State: North Carolina Zip: _____	State: North Carolina Zip: _____

7. The land on which this facility is located is described in the deed recorded in:

Deed Book: _____ Page: _____ County: _____

8. What types of yard waste will be accepted at this facility? (check all that apply)

☐ Land clearing debris ☐ Yard trash

Please indicate the specific materials to be accepted: (check all that apply)

☐ Stumps ☐ Whole trees ☐ Tree limbs ☐ Brush/shrubs ☐ Grass ☐ Leaves

☐ Branches ☐ Untreated wood ☐ Other yard trimmings

☐ Other (specify) _____

9. Provide the aproximate anticipated quarterly volumes of yard waste (cubic yards) for this facility:

Quarter	Cubic Yards Received	Cubic Yards Removed	Distribution of Removed Product
June 1 - August 31			
September 1 - November 30			
December 1 - February 29			
March 1 - May 31			
Total			

10. Describe the composting process to be used:
The description of the compost process must minimally include formation of windrows or annual turning of leaves (i.e. passive composting). If additional processing is done, explain briefly (e.g. usage of tub grinder, monthly aeration, etc.)

11. Describe the mulching process to be used:
The description of the mulching process must minimally include a description of the process, usage of a tub grinder, etc.

12. Include any special directions to the facility entrance (optional):

REMINDER: This notification is not complete until the aerial photograph is received. E-mail the aerial photograph of the site to michelle.sclafani@ncdenr.gov

CERTIFICATION: To the best of my knowledge and belief, I certify the information provided in this notification is true, accurate, and complete. Furthermore, the facility will comply with the operational and setback requirements of Small Type 1 Compost (yard waste) facilities as outlined in .1406 and .1404(a)(1)-(10) of the Solid Waste Compost Rules.

Signature: _____ Date: _____

Name: _____ Title: _____

Phone Number: _____ Email: _____

Form Save As Print Form