



According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2015 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: Columbus County Landfill

Permit: 2401-LCID-2000

Physical Address	Mailing Address
Street 1: 107 Landfill Road	Street 1: 612 North Madison Street
Street 2:	Street 2:
City: Whiteville County: Columbus	City: Whiteville
State: North Carolina Zip: 28472	State: North Carolina Zip: 28472
Primary Facility Contact Person	Billing Contact Person
Name: Amanda Davis	Name: Amanda Davis
Phone: (910) 642-2828 Fax: (910) 642-1041	Phone: (910) 642-2828 Fax: (910) 642-1041
Email: adavis@columbusco.org	Email: adavis@columbusco.org

1. Tipping Fee: \$40.93 per ton
 Tipping Fee: \$ per
 Tipping Fee: \$ per

2. Estimate the amount of waste taken in an average week at this facility? 10.49 tons cubic yards

3. How many weeks did you operate this year? 52

4. What are the hours/days of operation for this facility? 7:30 A.M. to 4:00 P.M. Monday through Friday

5. What is the acreage of the footprint of the waste on site as of June 30? 3.6 Acre(s)

6. Did your facility stop receiving waste during this past Fiscal Year? Yes No

If so, please report the date this occurred:

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:

Wes Hare
 127 Cardinal Drive Ext.
 Wilmington, NC 28405
 phone: 910.796.7405 email: Wes.Hare@ncdenr.gov

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

Signature: Amanda Davis Date: July 1, 2015

Name: Amanda Davis Title: Executive Assistant

Phone Number: (910) 642-2828 Email: adavis@columbusco.org

Facility Name: Columbus County Landfill Permit: 2401-LCID-2000

Address: 107 Landfill Road

City: Whiteville State: North Carolina Zip: 28472

Person completing Assessment: Amanda Davis Date: July 1, 2015

Phone Number: (910) 642-2828 Fax: (910) 642-1041 Email: adavis@columbusco.org

Instructions: Please indicate either *Yes or No* for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the *Edge of Waste* (using range finders and/or GIS maps) and type that information into the form. Please attach additional information including GIS maps, lists of potable well locations, etc.

Receptors

1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? _____
 What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? _____
 What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
3. Are there Community/Municipal Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? _____
 What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
4. Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? _____
 What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
 Please list the names of the water bodies: _____
5. Is Public Water Available Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many of the Residential Dwellings noted above are connected? _____

Corrective Measures

6. Is there an active methane extraction system (blower, flare, etc.)? Yes No
7. Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? Yes No
8. Is there groundwater remediation taking place on site? Yes No
 If Yes, what is the specific remedial technology used? _____

Comments