

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: Coastal Regional Solid Waste Management Authority Permit: 2509-MSWLF-1999

Physical Address	Mailing Address
Street 1: <u>7400 Old Hwy 70 West</u>	Street 1: <u>P.O. Box 128</u>
Street 2: _____	Street 2: _____
City: <u>New Bern</u> County: <u>Craven</u>	City: <u>Cove City</u>
State: <u>North Carolina</u> Zip: <u>28562</u>	State: <u>North Carolina</u> Zip: <u>28523</u>
Primary Facility Contact Person	Billing Contact Person
Name: <u>Bobby Darden</u>	Name: <u>Miriam Sumner</u>
Phone: <u>(252) 633-1564</u> Fax: <u>(252) 633-6515</u>	Phone: <u>(252) 633-1564</u> Fax: <u>(252) 633-6515</u>
Email: <u>bdarden@crswma.com</u>	Email: <u>miriam@crswma.com</u>

1. Tipping Fee: \$40.00 per Ton (Attach a schedule of tipping fees if appropriate.)

2. Does the tip fee above include the \$2.00 Solid Waste Tax?  Yes  No

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

If so, please report the date this occurred: \_\_\_\_\_

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: (check all that apply)

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

<p><b>Airspace (Capacity):</b> Questions in this section relate to all cells/units of the lined facility operated under the current 4-digit permit number regardless of whether the cells/units are closed or are not contiguous at the time of this report. Tonnage questions must be based on scale records and cover the period between the opening date and the date of the last survey unless another time period is approved. Airspace measurements include daily, intermediate and final cover.</p>	5. Date Facility Last Surveyed: <u>June 30, 2015</u>
	6. Airspace Used (cubic yards): <u>4,682,000</u>
	7. Total Tons Disposed in Airspace Used (tons): <u>3,028,429</u>

8. How is your leachate transported to the waste water treatment plant?  Sewer Connection  Pump Truck



11. Are there SWANA or other certified operator(s) at this facility?  Yes  No

If yes, indicate the following:

Name: See Attached Certification type and expiration date: \_\_\_\_\_

Name: \_\_\_\_\_ Certification type and expiration date: \_\_\_\_\_

12. Comments, suggestions or notes:

**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:

Ray Williams  
 943 Washington Square Mall  
 Washington, NC 27889  
 phone: 252.948.3955 email: Ray.Williams@ncdenr.gov

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

Signature:  Date: July 24, 2015

Name: Bobby Darden Title: Executive Director

Phone Number: (252) 633-1564 Email: bdarden@crswma.com

Facility Name: Coastal Regional Solid Waste Management Authority Permit: 2509-MSWLF-1999

Address: 7400 Old Hwy 70 West

City: New Bern State: North Carolina Zip: 28562

Person completing Assessment: Bobby Darden Date: July 24, 2015

Phone Number: (252) 633-1564 Fax: (252) 633-6515 Email: bdarden@crswma.com

**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**