

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: High Point City Of - Landfill Permit: 4104-MSWLF-1991

Physical Address	Mailing Address
Street 1: <u>3854 East Kivett Drive</u>	Street 1: <u>PO Box 230</u>
Street 2: _____	Street 2: _____
City: <u>High Point</u> County: <u>Guilford</u>	City: <u>High Point</u>
State: <u>North Carolina</u> Zip: <u>27260</u>	State: <u>North Carolina</u> Zip: <u>27261</u>
Primary Facility Contact Person	Billing Contact Person
Name: <u>Mike Spencer</u>	Name: _____
Phone: <u>(336) 688-3454</u> Fax: <u>(336) 883-1785</u>	Phone: _____ Fax: _____
Email: <u>mike.spencer@highpointnc.gov</u>	Email: _____

1. Tipping Fee: \$38.00 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>Airspace (Capacity): 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>06/01/2015</u>
	6. Airspace Used (cubic yards): <u>3,878,643</u>
	7. Total Tons Disposed in Airspace Used (tons): <u>2,390,103</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: Mike Spencer Certification type and expiration date: MOLO 6/2016

Name: Wayne Hunt Certification type and expiration date: Landfill Operations Specialist 10/2/2015

Name: Charlie Science Certification type and expiration date: Landfill Operations Specialist 3/24/2018

Name: _____ 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:

Deb Aja
2090 US Highway 70
Swannanoa, NC 28778
phone: 828.296.4702 email: Deborah.Aja@ncdenr.gov

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

Signature: Mike Spencer Date: 7/9/15

Name: Mike Spencer Title: Solid Waste Disposal Superintendent

Phone Number: (336) 688-3454 Email: mike.spencer@highpointnc.gov

Facility Name: City of High Point Landfill Permit: 4104

Address: 3854 East Kivett Drive

City: High Point State: North Carolina Zip: 27260

Person completing Assessment: Mike Spencer Date: 6/29/2015

Phone Number: (336) 688-3454 Fax: (336) 883-1785 Email: mike.spencer@highpointnc.gov

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? +/- 96
 What are the three closest distances from the *Edge of Waste*? 260 Feet 270 Feet 280 Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? +/- 36
 What are the three closest distances from the *Edge of Waste*? 365 Feet 385 Feet 480 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? 4
 What are the three closest distances from the *Edge of Waste*? 130 Feet 150 Feet 400 Feet
 Please list the names of the water bodies: 3 unnamed streams and one unnamed pond
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? +/- 95

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