MSW	State of North Carolina Department of Environment and Natural Resources Division of Waste Management	**MUNICIPAL SOLID WASTE LANDFILL** Facility Annual Report For the period of **July 1, 2014-June 30, 2015**

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: City of Greensboro White Street Landfill Permit: 4112-MSWLF-1997

Physical Address		Mailing Address	
Street 1: 2503 White Street		Street 1: same	
Street 2:		Street 2:	
City: Greensboro	County: Guilford	City:	
State: North Carolina	Zip: 27405	State: North Carolina	Zip:

Primary Facility Contact Person		Billing Contact Person	
Name: Jason Jernigan		Name: same	
Phone: (336) 412-3959	Fax: (336) 373-7656	Phone:	Fax:
Email: jason.jernigan@greensboro-nc.gov		Email:	

1. Tipping Fee: $41.00 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) _____

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.	5. Date Facility Last Surveyed: 6/01/15 6. Airspace Used (cubic yards): 3,366,200 7. Total Tons Disposed in Airspace Used (tons): 2,403,008

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

9. Total waste landfilled at this facility during the period of July 1, 2014, through June 30, 2015. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. Do not include waste diverted for recycling, reuse, mulching, or composting. Please indicate COUNTY and STATE, if received from another state.

Received from	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**Total**
Guilford County, NC	633.14	544.96	561.08	529.64	483.14	547.21	733.7	460.49	610.13	612.95	363.73	464.81	6,544.98

Grand Total 6,544.98

10. If required to file NC E-500K forms with NC Dept. of Revenue, provide the four quarterly tonnages this facility reported for fiscal year 2014-2015.

Quarter	Tons Reported
July 1 - September 30	257.06
October 1 - December 31	219.16
January 1 - March 31	314.44
April 1 - June 30	278.79
Total	1,069.45

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

If yes, indicate the following:

Name: Jason Jernigan	Certification type and expiration date: Certified MOLO 2/11/16
Name: Holly Johnson	Certification type and expiration date: Certified MOLO 2/11/16
Name: Tim Williams	Certification type and expiration date: Certified MOLO 6/05/08
Name: Tim Graham	Certification type and expiration date: Certified Landfill Operations Specialist 3/24/08
Name: Wilbert Carter	Certification type and expiration date: Certified Landfill Operations Specialist 2/26/16

12. Comments, suggestions or notes:

Waste is Currently received from only one municipal generating source.

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: Date: 7/30/15

Name: Jason Jernigan Title: Waste Disposal Manager

Phone Number: (336) 412-3959 Email: jason.jernigan@greensboro-nc.gov

NC DENR Division of Waste Management - Solid Waste Section	Risk Assessment Form

Facility Name: City of Greensboro White Street Landfill Permit: 4112-MSWLF-1997

Address: 2503 White Street

City: Greensboro State: North Carolina Zip: 27405

Person completing Assessment: Jason Jernigan Date: Jul 30, 2015

Phone Number: (336) 412-3959 Fax: (336) 373-7656 Email: jason.jernigan@greensboro-nc.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? _____

   What are the three closest distances from the *Edge of Waste*? 490 Feet 538 Feet 612 Feet

2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? ☐ Yes ☐ No

   If Yes, how many? unknown

   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? one tributary - wet weather

   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? all residential lots

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