

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: Surry County MSWLF Permit: 8606-MSWLF-1998

Physical Address	Mailing Address
Street 1: <u>237 Landfill Road</u>	Street 1: <u>PO Box 342</u>
Street 2: _____	Street 2: _____
City: <u>Mt. Airy</u> County: <u>Vance</u>	City: <u>Dobson</u>
State: <u>North Carolina</u> Zip: <u>27030</u>	State: <u>North Carolina</u> Zip: <u>27017</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Dennis Bledsoe</u>	Name: <u>Dennis Bledsoe</u>
Phone: <u>(336) 401-8375</u> Fax: <u>(336) 401-8380</u>	Phone: <u>(336) 401-8375</u> Fax: <u>(336) 401-8380</u>
Email: <u>bledsoed@co.surry.nc.us</u>	Email: <u>bledsoed@co.surry.nc.us</u>

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>	<p>5. Date Facility Last Surveyed: <u>6/26/2015</u></p> <p>6. Airspace Used (cubic yards): <u>1,994,659</u></p> <p>7. Total Tons Disposed in Airspace Used (tons): <u>1,046,289.51</u></p>
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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: <u>Jerry Simmons</u>	Certification type and expiration date: <u>LF-2011026 / 4/19/2017</u>
Name: <u>Billy Southard</u>	Certification type and expiration date: <u>MOLO / 6/7/2019</u>
Name: <u>Ronnie Sprinkle</u>	Certification type and expiration date: <u>LF-2011028 / 4/19/2017</u>
Name: <u>Justin Collins</u>	Certification type and expiration date: <u>LF-2012072 / 11/30/2018</u>
Name: <u>Dennis Bledsoe</u>	Certification type and expiration date: <u>MOLO / 4/28/2018</u>

12. Comments, suggestions or notes:

Ricky Hawks, MOLO / 6/15/2019
Donald Williams, LF-2012081 / 11/30/2018

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:

Mary Whaley
PO Box 59
Oxford, NC 27565
phone: 919.693.5023 email: Mary.Whaley@ncdenr.gov

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

Signature: _____ Date: Jul 9, 2015

Name: Dennis Bledsoe Title: Director

Phone Number: (336) 401-8375 Email: bledsoed@co.surry.nc.us

Facility Name: Surry County MSWLF Permit: 8606-MSWLF-1998

Address: 237 Landfill Road

City: Mt. Airy State: North Carolina Zip: 27030

Person completing Assessment: Dennis Bledsoe Date: Jul 9, 2015

Phone Number: (336) 401-8375 Fax: (336) 401-8380 Email: bledsoed@co.surry.nc.us

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? 5
What are the three closest distances from the *Edge of Waste*? 515 Feet 840 Feet 920 Feet
- 2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 6
What are the three closest distances from the *Edge of Waste*? 300 Feet 515 Feet 840 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*? 300 Feet 535 Feet 840 Feet
Please list the names of the water bodies: Ararat River and Tributaries of Stony Creek
- 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