

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: Wilkes County MSWLFPermit: 97-04-MSWLF-1993

Physical Address	Mailing Address
Street 1: <u>9219 Elkin Highway</u>	Street 1: <u>P.O. Box 389</u>
Street 2: _____	Street 2: _____
City: <u>Roaring River</u> County: <u>Wilkes</u>	City: <u>Roaring River</u>
State: <u>North Carolina</u> Zip: <u>28669</u>	State: <u>North Carolina</u> Zip: <u>28669</u>
Primary Facility Contact Person	Billing Contact Person
Name: <u>Kent Brandon</u>	Name: <u>Melissa White</u>
Phone: <u>(336) 696-5806</u> Fax: <u>(336) 696-2923</u>	Phone: <u>(336) 696-3867</u> Fax: <u>(336) 696-3791</u>
Email: <u>kbrandon@wilkescounty.net</u>	Email: <u>mwhite@wilkescounty.net</u>

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: <u>March 16, 2015</u>
	6. Airspace Used (cubic yards): <u>2,360,155</u>
	7. Total Tons Disposed in Airspace Used (tons): <u>1,098,068</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: Kent Brandon Certification type and expiration date: MOLO 7/16/2018

Name: David Dillard Certification type and expiration date: MOLO 4/22/2018

Name: Anderia Van Wy Certification type and expiration date: MOLO 6/8/2018

Name: Olen Nester Certification type and expiration date: Landfill Operations Spec. 2/28/2018

Name: Mike Miller Certification type and expiration date: Landfill Operations Spec. 4/14/2018

12. Comments, suggestions or notes:

Landfill Operations Spec.:
 Rodney Caudill 4/4/2018, Gary Conley 3/24/2018, Linda Souther LOS (8/21/18) and TSS (3/13/2019) Schedule of Fees

Schedule of Fees:
 \$41.00 per ton - Solid Waste
 \$36.00 per ton - Shingles
 \$189.00 - Mobile Home

Per Bag Rates:
 \$.35/under 30 gallon
 \$.65/30 Gallon
 \$1.15/Over 30 Gallon

Electronics:
 Televisions \$6.00 32" and under
 \$8.00 Over 32"
 Computer Monitors \$7.00
 Miscellaneous \$1.00

Fluorescent Bulbs
 \$1.00/4 and 8 ft
 \$.50/2 ft
 \$.10/CFL

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:

C.T. Gerstell
 610 East Center Avenue
 Mooresville, NC 28115
 phone: 704.235.2144 email: Charles.Gerstel@ncdenr.gov

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

Signature: Melissa White

Digitally signed by Melissa White
 DN: de=local, de=nc, de=wilkes, ou=County, ou=Landfill, cn=Melissa White, email=mwhite@wilkescounty.net
 Date: 2015.07.07 14:38:37 -0400

Date: Jul 7, 2015

Name: Melissa White

Title: Senior Administrative Assistant

Phone Number: (336) 696-3867

Email: mwhite@wilkescounty.net

Facility Name: Wilkes County MSWLF Permit: 97-04-MSWLF-1993

Address: 9219 Elkin Highway

City: Roaring River State: North Carolina Zip: 28669

Person completing Assessment: Melissa C White Date: Jul 7, 2015

Phone Number: (336) 696-3867 Fax: (336) 696-3791 Email: mwhite@wilkescounty.net

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? 12
What are the three closest distances from the *Edge of Waste*? 1100 Feet 1150 Feet _____ Feet
- 2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 2
What are the three closest distances from the *Edge of Waste*? 562 Feet 537 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? 2
What are the three closest distances from the *Edge of Waste*? 375 Feet 540 Feet _____ Feet
Please list the names of the water bodies: Yadkin River Small Feed Stream
- 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