



According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2014 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: Greene County Landfill Permit: 4002

Physical Address	Mailing Address
Street 1: <u>105 Landfill Rd.</u>	Street 1: <u>Po Box 543</u>
Street 2: _____	Street 2: _____
City: <u>Walstonburg</u> County: <u>Greene</u>	City: <u>Snow Hill</u>
State: <u>North Carolina</u> Zip: <u>27888</u>	State: <u>North Carolina</u> Zip: <u>28580</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>David Jones</u>	Name: <u>David Jones</u>
Phone: <u>(252) 747-5720</u> Fax: <u>(252) 747-4702</u>	Phone: <u>(252) 747-5720</u> Fax: <u>(252) 747-4702</u>
Email: <u>djones@mediacastfth.com</u>	Email: <u>djones@mediacastfth.com</u>

1. Tipping Fee: \$46.00 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 and amount collected: (check all that apply and provide tonnages)

Carpet _____ tons Concrete/rubble/asphalt _____ tons Gypsum/drywall _____ tons Other Metal _____ tons
 Cardboard _____ tons Shingles _____ tons Electronics _____ tons Other Plastic _____ tons
 Wood _____ tons Other (specify) _____

Airspace (Capacity): Questions in this section relate to all cells/units of the C&D 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 weekly, intermediate and final cover.

5. Date Facility Last Surveyed: 5/24/2014
 6. Airspace Used (cubic yards): 145,746
 7. Total Tons Disposed in Airspace Used (tons): 36,138.52

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

If yes, indicate the following:

Name: David Jones Certification type and expiration date: MOLO 9/22/2015

Name: Connie Johnson Certification type and expiration date: Landfill ops. 12/04/2015

Name: Robert McCOY Certification type and expiration date: Landfill ops. 5/09/2016

Name: Vernon Rolison Certification type and expiration date: Landfill ops. 11/07/2016

Name: _____ Certification type and expiration date: _____

11. 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:
Ben Barnes
PO Box 8998
Rocky Mount, NC 27804-6998
phone: 252.459.4502 email: Ben.Barnes@ncdenr.gov

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

Signature:  Date: 7-22-14

Name: David Jones Title: Public Works Dir.

Phone Number: 252-747-5720 Email: djones@medicaeastAth.com

Facility Name: Greene County Landfill Permit: 4002

Address: 105 Landfill Rd.

City: Walstonburg State: North Carolina Zip: 27888

Person completing Assessment: David Jones Date: 7/21/2014

Phone Number: (252) 747-5720 Fax: (252) 747-4702 Email: djones@mediacastffth.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? none

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