



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: City of Greensboro White Street Landfill

Permit: 4103-CDLF-1998

Physical Address		Mailing Address	
Street 1: <u>2503 White Street</u>		Street 1: <u>same</u>	
Street 2: _____		Street 2: _____	
City: <u>Greensboro</u> County: <u>Guilford</u>		City: _____	
State: <u>North Carolina</u> Zip: <u>27405</u>		State: <u>North Carolina</u> Zip: _____	
Primary Facility Contact Person		Billing Contact Person	
Name: <u>Jason Jernigan</u>		Name: <u>same</u>	
Phone: <u>(336) 412-3959</u> Fax: <u>(336) 373-7656</u>		Phone: _____ Fax: _____	
Email: <u>jason.jernigan@greensboro-nc.gov</u>		Email: _____	

1. Tipping Fee: \$31.00 _____ 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: 05/03/14

6. Airspace Used (cubic yards): 1,352,000

7. Total Tons Disposed in Airspace Used (tons): 1,651,877

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

If yes, indicate the following:

Name: Gail Hay, PE Certification type and expiration date: Certified MOLO 3/26/15
Name: Jason Jernigan Certification type and expiration date: Certified MOLO 2/11/16
Name: Clyde Harding Certification type and expiration date: Certified MOLO 3/26/15
Name: Holly Johnson Certification type and expiration date: Certified MOLO 2/11/16
Name: Lewis Walker Certification type and expiration date: Certified MOLO 6/26/15

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:
Hugh Jernigan
585 Waughtown Street
Winston-Salem, NC 27107-2275
phone: 336.771.5093 email: Hugh.Jernigan@ncdenr.gov

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

Signature:  Date: 7-24-14

Name: Jason Jernigan Title: Waste Disposal Manager

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

Facility Name: City of Greensboro White Street Landfill Permit: 4103-CDLF-1998

Address: 2503 White Street

City: Greensboro State: North Carolina Zip: 27405

Person completing Assessment: Jason Jernigan Date: Jul 24, 2014

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? 45
 What are the three closest distances from the *Edge of Waste*? 370 Feet 394 Feet 440 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 creek
 What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
 Please list the names of the water bodies: North Buffalo 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? Natural Attenuation, Phytoremediation

Comments