



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: Martin County C&D Landfill Permit: 5901-CDLF-1995

Physical Address	Mailing Address
Street 1: <u>1445 Landfill Road</u>	Street 1: <u>PO Box 668</u>
Street 2: _____	Street 2: _____
City: <u>Williamston</u> County: _____	City: <u>Williamston</u>
State: <u>North Carolina</u> Zip: <u>27892</u>	State: <u>North Carolina</u> Zip: <u>27892</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Maurice Robinson</u>	Name: <u>Maurice Robinson</u>
Phone: <u>(252) 792-1240</u> Fax: <u>(252) 789-4309</u>	Phone: <u>(252) 792-1240</u> Fax: <u>(252) 789-4309</u>
Email: <u>mrobinson@martincountyncgov.com</u>	Email: <u>mrobinson@martincountyncgov.com</u>

1. Tipping Fee: \$40.00 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 38.91 tons

Cardboard _____ tons Shingles _____ tons Electronics 37.88 tons Other Plastic _____ tons

Wood 3,837 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: 07/15/14

6. Airspace Used (cubic yards): 114,286.45

7. Total Tons Disposed in Airspace Used (tons): 101,615.93

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

If yes, indicate the following:

Name: <u>Maurice Robinson</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 10/16/2015</u>
Name: <u>Johnny Rascoe</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 12/06/2015</u>
Name: <u>Ronald Brownfield</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 10/19/2016</u>
Name: <u>Roderick Bass</u>	Certification type and expiration date: <u>Certified Public Weighmaster 06/30/2015</u>
Name: <u>William Cullipher</u>	Certification type and expiration date: <u>Certified Public Weighmaster 06/30/2014</u>

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:

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

Signature: Maurice Robinson

Digitally signed by Maurice Robinson
DN: cn=Maurice Robinson, o=County of Martin, ou, email=mrobinson@martincountyncgov.com, c=US
Date: 2014.07.23 14:54:14 -0400

Date: Jul 23, 2014

Name: Maurice Robinson

Title: Martin County Landfill Supervisor

Phone Number: (252) 792-1240

Email: mrobinson@martincountyncgov.com

Facility Name: Martin County C&D Landfill Permit: 5901-CDLF-1995

Address: 1445 Landfill Road

City: Williamston State: North Carolina Zip: 27892

Person completing Assessment: Maurice Robinson Date: _____

Phone Number: (252) 792-1240 Fax: (252) 789-4309 Email: mrobinson@martincountyncgov.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? 1 _____
 What are the three closest distances from the *Edge of Waste*? 168 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? 1 _____
 What are the three closest distances from the *Edge of Waste*? 120 Feet _____ Feet _____ Feet
 Please list the names of the water bodies: Mill Branch
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