



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: C&D LANDFILL, INC- Phase II

Permit: 7407-CDLF-2009

Physical Address		Mailing Address	
Street 1: <u>802 RECYCLING LANE</u>		Street 1: <u>802 RECYCLING LANE</u>	
Street 2: _____		Street 2: _____	
City: <u>GREENVILLE</u>	County: <u>Pitt</u>	City: <u>GREENVILLE</u>	
State: <u>North Carolina</u>	Zip: <u>27834</u>	State: <u>North Carolina</u>	Zip: <u>27834</u>
Primary Facility Contact Person		Billing Contact Person	
Name: <u>WAYNE BELL</u>		Name: <u>SHEILA SMITH</u>	
Phone: <u>(252) 752-8274</u>	Fax: <u>(252) 752-9016</u>	Phone: <u>(252) 752-8274</u>	Fax: <u>(252) 752-9016</u>
Email: <u>WAYNE@EJERECYCLE.COM</u>		Email: <u>SHEILA@EJERECYCLE.COM</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 and amount collected: (check all that apply and provide tonnages)

Carpet _____ tons Concrete/rubble/asphalt 1,865.62 tons Gypsum/drywall _____ tons Other Metal 768.27 tons

Cardboard 51.64 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: 6/20/2014

6. Airspace Used (cubic yards): 77,143.78

7. Total Tons Disposed in Airspace Used (tons): 38,571.89

10. Are there SWANA or other certified operator(s) at this facility? Yes No
If yes, indicate the following:

Name: WAYNE BELL Certification type and expiration date: CERTIFIED LANDFILL SPECIALIST 08/27/15
Name: SHEILA SMITH Certification type and expiration date: CERTIFIED LANDFILL SPECIALIST 08/27/15
Name: MICHAEL WARREN Certification type and expiration date: CERTIFIED LANDFILL SPECIALIST 08/27/15
Name: TRACY SHAW Certification type and expiration date: CERTIFIED LANDFILL SPECIALIST 08/27/15
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: Wayne Bell

Digitally signed by Wayne Bell
DN: cn=Wayne Bell, o=EJE, ou=Vice President, email=sheila@ejerecycle.com, c=US
Date: 2014.07.31 16:59:36 -0400

Date: 07/31/2014

Name: WAYNE BELL

Title: VICE PRESIDENT

Phone Number: (252) 752-8274 Email: WAYNE@EJERECYCLE.COM

Facility Name: C&D LANDFILL, INC- Phase II Permit: 7407-CDLF-2009

Address: 802 RECYCLING LANE

City: GREENVILLE State: North Carolina Zip: 27834

Person completing Assessment: Sheila Smith Date: 07/31/2014

Phone Number: (252) 752-8274 Fax: (252) 752-9016 Email: sheila@ejerecycle.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? _____

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