



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: WAYNE COUNTY CDLF

Permit: 9601-CDLF-1997

Physical Address	Mailing Address
Street 1: <u>460B SOUTH LANDFILL ROAD</u>	Street 1: <u>460B SOUTH LANDFILL ROAD</u>
Street 2: _____	Street 2: _____
City: <u>DUDLEY</u> County: <u>Wayne</u>	City: <u>DUDLEY</u>
State: <u>North Carolina</u> Zip: <u>28333</u>	State: <u>North Carolina</u> Zip: <u>28333</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>TIM ROGERS</u>	Name: <u>LYNN HOPKINS</u>
Phone: <u>(919) 689-2994</u> Fax: <u>(919) 689-2995</u>	Phone: <u>(919) 689-2994</u> Fax: <u>(919) 689-2995</u>
Email: <u>TIM.ROGERS@WAYNEGOV.COM</u>	Email: <u>LYNN.HOPKINS@WAYNEGOV.COM</u>

1. Tipping Fee: \$31.50 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 133.41 tons Concrete/rubble/asphalt _____ tons Gypsum/drywall _____ tons Other Metal _____ tons

Cardboard _____ tons Shingles 1,007.07 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: 06/02/2014

6. Airspace Used (cubic yards): 777,897

7. Total Tons Disposed in Airspace Used (tons): 518,268.84

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

If yes, indicate the following:

Name: TIM ROGERS Certification type and expiration date: MOLO
Name: RANDY ROGERS Certification type and expiration date: MOLO
Name: DELMUS COX Certification type and expiration date: LANDFILL SPECIALISTS
Name: RICK WOOD Certification type and expiration date: LANDFILL SPECIALISTS
Name: ROGER COMBS Certification type and expiration date: LANDFILL SPECIALISTS

11. Comments, suggestions or notes:

LANDFILL SPECIALISTS:

JOHNNY BEST
DON TOLMAN
HOWARD KOSTELECKY
DENNIS KIDD

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:

Wes Hare
127 Cardinal Drive Ext.
Wilmington, NC 28405
phone: 910.796.7405 email: Wes.Hare@ncdenr.gov

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

Signature: Lynn Hopkins

Digitally signed by Lynn Hopkins
DN: cn=Lynn Hopkins, o=Wayne County Solid Waste Department, ou, email=Lynn.Hopkins@waynegov.com,
c=US
Date: 2014.07.29 16:09:00 -0400

Date: Jul 29, 2014

Name: Lynn Hopkins

Title: Office Manager

Phone Number: (919) 689-2994

Email: Lynn.Hopkins@waynegov.com

Facility Name: WAYNE COUNTY CDLF Permit: 9601-CDLF-1997

Address: 460B SOUTH LANDFILL ROAD

City: DUDLEY State: North Carolina Zip: 28333

Person completing Assessment: RANDY ROGERS Date: _____

Phone Number: (919) 689-2994 Fax: (919) 689-2995 Email: RANDY.ROGERS@WAYNEGOV.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? 1
What are the three closest distances from the *Edge of Waste*? 700 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