



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Alamance County Austin Quarter Road SW Management Facility Permit: 01-04 ID: 4250

Address: 2701 Austin Quarter Road

City: Graham State: North Carolina Zip: 27253

Contact: Greg Thomas, Solid Waste Director

Phone Number: (336) 376-8902 Fax: (336) 376-1302 Email: greg.thomas@alamance-nc.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 30.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 180,000.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 21,350.00 (constructed) cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? March 13, 2008

5. How much waste has been disposed, according to scale records, from November 1, 1993 (Opening date of the facility) through the date of the survey indicated above? 104,107.00 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 79° 17.654' W Latitude: 35° 56.181' N
 Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 2701 Austin Quarter Road
 Street 2: _____
 City: Graham State: North Carolina Zip: 27253

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
MSW Landfill, Yardwaste Processing Facility, White Goods Collection Site, Tire Collection Site, Recycling Conv.Cntr.

Facility Name: Alamance County Austin Quarter Road SW Management Facility Permit: 01-04

Address: 2701 Austin Quarter Road

City: Graham State: North Carolina Zip: 27253

Person completing Assessment: Matthew Fountain, Joyce Engineering, Inc. Date: July 25, 2008

Phone Number: (336) 323-0092 Fax: (336) 323-0093 Email: mfountain@joyceengineering.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? 1

What are the three closest distances from the *Edge of Waste*? 94 Feet _____ Feet _____ Feet

Please list the names of the water bodies: tributary of the Haw River

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

TIPPING FEE SCHEDULE (MATERIAL DATA LIST)

Rev. 06-01-2007

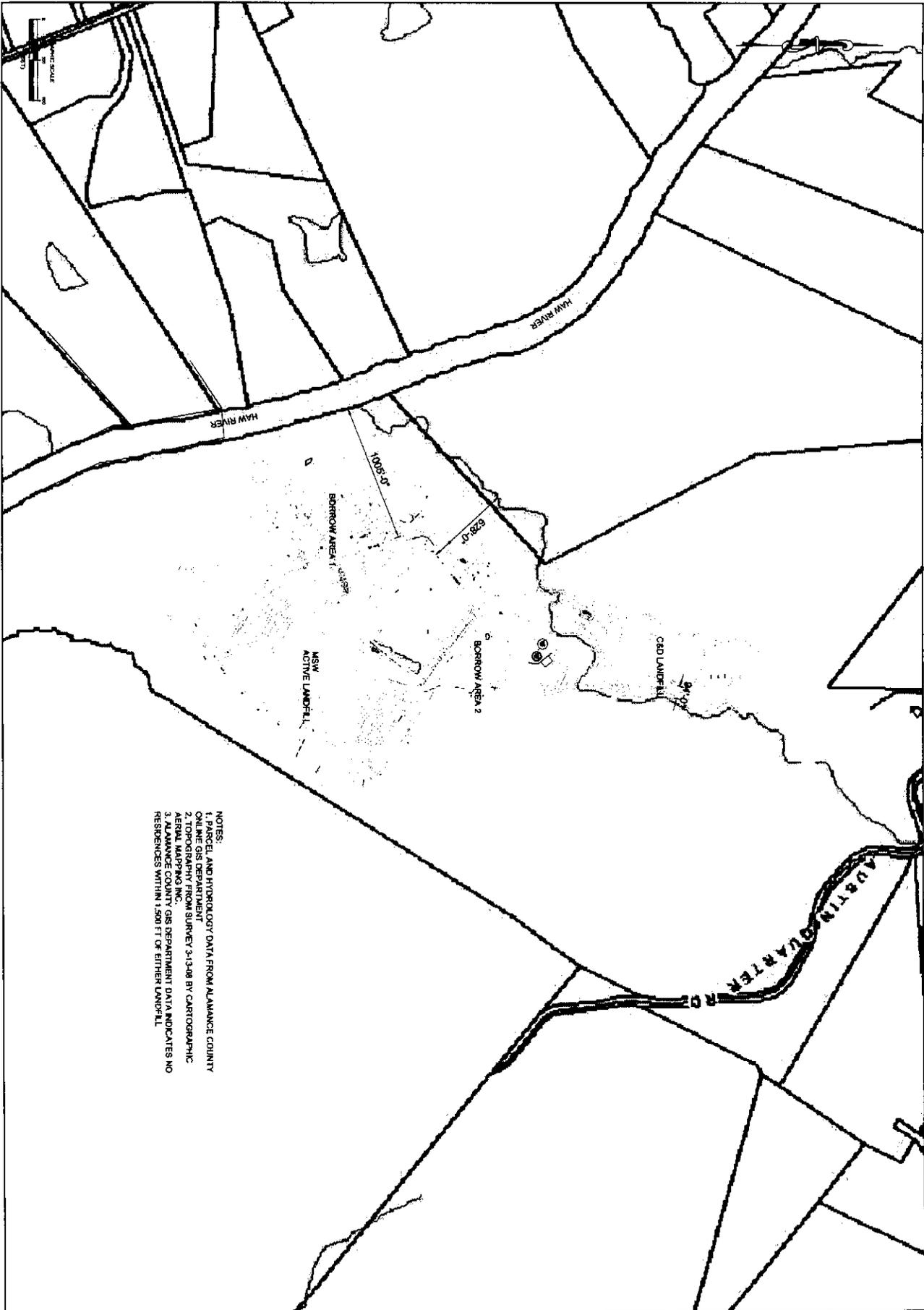
| CODE | DESCRIPTION | RATE PER TON | RATE PER 100 LBS. | MIN. WT. | CODE | DESCRIPTION | RATE PER TON | RATE PER 100 LBS. | MIN. WT. |
|------|------------------------------------|---------------|-------------------|----------|-------|----------------------------|--------------|-------------------|----------|
| 98 | Appliances | 0.00 | | | 92 | NCDOT Dirt/ Asphalt | 0.00 | | |
| 05 | Asbestos (Non-Friable)* | 50.00 | 2.50 | 0.50 | 95 | Oversize Tires RECYCLE OUT | 0.00 | | |
| 28 | BAGGED Household | 36.00 | 1.80 | 5.00 | 91 | Pallet Mulch | 0.00 | | |
| 57 | BFI Recycled Residue | 36.00 | 1.80 | 0.50 | 10 | Pallets | 25.00 | 1.25 | 0.50 |
| 78 | Big Sweep | 0.00 | | | 17 | Permatech / rcf | 30.67 | | 0.50 |
| 75 | Big Sweep C&D | 0.00 | | | 36 | Roadside Animals | 0.00 | | |
| 99 | Big Sweep Cell | 0.00 | | | 35 | Roadside Appliances | 0.00 | | |
| 77 | Big Sweep Metal | 0.00 | | | 37 | Roadside Brush | 19.00 | | |
| 76 | Big SweepTires | 0.00 | | | 33 | Roadside C&D | 0.00 | | |
| 16 | Brick/Concrete/Inert Debris (dirt) | 20.00 | 1.00 | 0.50 | 31 | Roadside Cell | 0.00 | | |
| 06 | Brush (pure) | 19.00 | 0.95 | 0.50 | 34 | Roadside Metal | 0.00 | | |
| 55 | Burned Waste | \$10 per unit | | 10.00 | 32 | Roadside Tires | 0.00 | | |
| 64 | Charity | 0.00 | | | 08 | Roofing / Shingles | 26.00 | 1.30 | 0.50 |
| 61 | Charity Org C & D | 0.00 | | | 66 | Scale House | 0.00 | | |
| 43 | Charity Org Cell | 0.00 | | | 70 | Scale House Dumpster | 0.00 | | |
| 63 | Charity Org Metal | 0.00 | | | 93 | Shredded Mulch | 0.00 | | |
| 62 | Charity Org Tires | 0.00 | | | 14 | Special w/ash | 50.00 | | 0.50 |
| 02 | Commercial / Ind. | 36.00 | 1.80 | 0.50 | 15 | Special w/other | 50.00 | | 0.50 |
| 42 | Dead ANIMALS | 36.00 | 1.80 | 0.50 | 07 | Storm / Hurricane | 19.00 | 0.95 | 0.50 |
| 21 | Drywall / Sheetrock | 30.00 | 1.50 | 0.50 | 22 | Stumps (pure load) | 22.00 | 1.10 | 0.50 |
| 97 | FREON Goods OUTBOUND | 0.00 | | | 25 | SURCHARGE Recycling* | 0.00 | | 25.00 |
| 60 | Glencoe Residue | 0.00 | | | 03 | Tires BULK | 0.00 | | |
| 88 | GREEN BOX | 0.00 | | | 45 | Tires CENTRAL CAROLINA | 0.00 | | |
| 01 | Household Trash | 36.00 | 1.80 | 0.50 | 26 | Tires INELIGIBLE | 76.56 | | 0.50 |
| 94 | Leachate SYNAGRO | 0.00 | | | 80 | Tires ON WHEELS | 76.56 | | |
| 11 | METALS / Barrels | 36.00 | 1.80 | 0.50 | 18 | Tires Oversize BROUGHT IN | 0.00 | | |
| 96 | METALS Outbound | 0.00 | | | 44 | Tires RECYCLED WHOLE | 0.00 | | |
| 27 | Moratorium Appliances | 0.00 | | | 50 | Transfer station | 0.00 | | |
| 20 | Moratorium C & D | 0.00 | | | 65 | Trees @ Austin | 0.00 | | 0.50 |
| 13 | Moratorium Cell | 0.00 | | | 12 | WOOD | 30.00 | 1.50 | 0.50 |
| 19 | Moratorium Metal | 0.00 | | | MIXED | Combined loads with TRASH | 36.00 | 1.80 | |
| 23 | Moratorium Tires | 0.00 | | | MIXED | Combined C&D - NO TRASH | 30.00 | 1.50 | |

*CODE 5: Non-Friable Asbestos must be wet down and triple bagged. Must be approved by the Landfill Manager. Please call before bringing to the landfill. 336 376-8902

NOTE - BANNED RECYCLABLE MATERIALS ARE: Clean Cardboard, Newspaper, Aluminum Cans, Clear or Brown Glass.

A SURCHARGE (DOUBLE THE TIPPING FEE OF THE TOTAL LOAD) will be added for any loads containing any BANNED RECYCLABLE MATERIALS. (Minimum \$25.00)

NO OIL-BASED PAINTS, THINNERS, PESTICIDES, CHEMICALS, OR OTHER LIQUIDS OR HAZARDOUS WASTES ACCEPTED AT LANDFILL.



NOTES:
 1. PARCEL AND HYDROLOGY DATA FROM ALAMANCE COUNTY
 ONLINE GIS DEPARTMENT
 2. TOPOGRAPHY FROM SURVEY 3-13-08 BY CARTOGRAPHIC
 AERIAL MAPPING INC.
 3. ALAMANCE COUNTY GIS DEPARTMENT DATA INDICATES NO
 RESIDENCES WITHIN 1,500 FT OF EITHER LANDFILL

AUSTIN QUARTER LANDFILL
 ALAMANCE COUNTY, NC
 FACILITY ANNUAL REPORT

JOYCE
 ENGINEERING, INC.
 2211 W. MEADOWVIEW ROAD
 GREENSBORO, NC 27407
 PHONE: (336) 324-6092

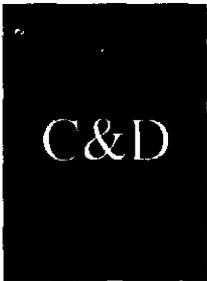
DESIGNED: 2011
 DRAWN: 2011
 CHECKED: ME
 APPROVED: ME
 DATE: 02/20/11

| DATE | REVISIONS AND RECORD OF ISSUE | NO | BY | CHK | APP |
|------|-------------------------------|----|----|-----|-----|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

PROJECT NO.
745.08

SCALE
AS SHOWN

DRAWING NO.
01



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

RECEIVED
 N.C. Dept. of ENR
AUG 04 2008
 Winston-Salem
 Regional Office

Facility Name: Coble's C&D Lanfill Permit: 0105 ID: P0879
 Address: 5833 Foster Store Road
 City: Liberty State: North Carolina Zip: 27298
 Contact: _____
 Phone Number: (336) 565-4750 Fax: (336) 565-4752 Email: brendalcoble@bellsouth.net

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 30.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 736,000.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 25,000.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? May 30, 2008

5. How much waste has been disposed, according to scale records, from 09/25/1998 (Opening date of the facility) through the date of the survey indicated above? 573,265.48 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 79 31.849' W Latitude: 35 57.118' N
 Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 5833 Foster Store Road
 Street 2: _____
 City: Liberty State: North Carolina Zip: 27298

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Sandrock, Recycling/ Mulching

This a revised first page for Coble's C&D Landfill Annual Report.

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|-----------------|----------------|
| Metal | 1,121.03 |
| Cardboard | 41.14 |
| Concrete & Wood | 463.36 / 89.35 |

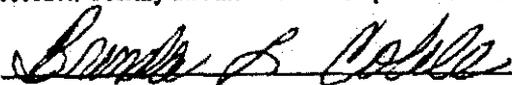
11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste.

| Tons From Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|
| Alamance | 3,443.99 | 4,010.03 | 2,833.13 | 2,560.08 | 2,428.38 | 1,970.97 | 2,369.89 | 2,384.04 | 2,715.60 | 2,444.27 | 2,573.49 | 2,326.28 | 32,060.15 |
| Crawell | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 24.13 | 0.00 | 0.00 | 0.00 | 0.00 | 24.13 |
| Chatham | 29.72 | 57.80 | 33.17 | 32.08 | 27.27 | 44.73 | 354.08 | 63.49 | 21.37 | 39.98 | 33.40 | 34.97 | 772.06 |
| Durham | 357.32 | 604.59 | 257.51 | 210.89 | 83.44 | 96.77 | 50.77 | 251.27 | 224.65 | 197.72 | 82.97 | 356.95 | 2,774.85 |
| Forsyth | 0.00 | 9.09 | 4.01 | 9.18 | 4.56 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 26.84 |
| Guilford | 383.94 | 446.08 | 410.83 | 303.65 | 259.17 | 163.62 | 103.25 | 235.56 | 201.41 | 442.26 | 139.81 | 191.88 | 3,281.46 |
| Orange | 2.83 | 45.88 | 50.31 | 46.52 | 165.87 | 20.47 | 35.81 | 38.68 | 43.24 | 2.91 | 5.31 | 12.28 | 470.13 |
| Randolph | 64.59 | 122.22 | 263.50 | 83.61 | 61.52 | 36.07 | 43.02 | 38.12 | 55.21 | 65.09 | 44.35 | 49.50 | 926.80 |
| Rockingham | 72.22 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 72.22 |
| Wake | 0.00 | 6.84 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5.70 | 4.92 | 0.00 | 2.12 | 0.00 | 19.58 |
| Grand Total | | | | | | | | | | | | 40,428.22 | |

***According to (G.S. 130A-309.02D(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.

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

Signature: 

Date: Jul 31, 2008

Name: Brenda L. Coble

Phone Number: (336) 565-4750 Email: brendalcoble@bellsouth.net

Facility Name: Coble's Sandrock C&D Landfill Permit: 01-05

Address: 5833 Foster Store Road

City: Liberty State: North Carolina Zip: 27215

Person completing Assessment: Steve Cowie, Joyce Engineering Inc Date: Jul 24, 2008

Phone Number: (336) 323-0092 Fax: (336) 323-0093 Email: scowie@joyceengineering.com

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? 3
 What are the three closest distances from the Edge of Waste? 807 Feet 1102 Feet 1486 Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 2
 What are the three closest distances from the Edge of Waste? 874 Feet 1204 Feet 1584 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? 167 Feet _____ Feet _____ Feet
 Please list the names of the water bodies: Poppaw 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? _____

Comments



| | | | | |
|---|---|---|-----------------------------------|--------------------------------------|
| <p>COBLE'S SANDROCK C&D LANDFILL LIBERTY, NC</p> | <p>JOYE ENGINEERING, INC. 2211 W. MEADOWVIEW ROAD GREENSBORO, NC 27407 PHONE: (336) 323-0000</p> | <p>DESIGNED _____ DRAWN: GAGG CHECKED _____ APPROVED _____ DATE: FEB 08</p> | <p>8x11 NC SCALE AS SHOWN</p> | <p><u>PROJECT NO.</u> 419.30</p> |
| <p>SITE PLAN</p> | | | | <p><u>DRAWING NO.</u></p> |

Plot: Coble's Sandrock\2008\02\08\115.0.129 - General Drawing.dwg - General Drawing 2008, saved as: 02080208.dwg

Called Brenda to question 7/31
tonnage



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Coble's Sandrock C&D Landfill Permit: 01-05 ID: PO879
Address: 5833 Foster Store Road
City: Liberty State: North Carolina Zip: 27215
Contact: Brenda L. Coble
Phone Number: (336) 565-4750 Fax: (336) 565-4752 Email: brendalcoble@bellsouth.net

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(h)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 30.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 736,000.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 25,000.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? May 30, 2008
5. How much waste has been disposed, according to scale records, from 06/25/1997 (Opening date of the facility) through the date of the survey indicated above? 175,760.72 tons

6. Please report the longitude and latitude of your facility.
Longitude: 79 31.849' W Latitude: 35 57.118' N
Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
Street 1: 5833 Foster Store Road
Street 2: _____
City: Liberty State: North Carolina Zip: 27215

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Sandrock, Recycling / Mulching



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008

CTG
8/11/08

Facility Name: Alexander County Construction and Demolition Landfill Permit: 0201 ID: P0816

Address: 621 Liledoun Road

City: Taylorsville State: North Carolina Zip: 28681

Contact: Josh Mitchell

Phone Number: (828) 632-1101 Fax: (838) 632-0059 Email: jmitchell@alexandercountync.gov



If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 50.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 74,378.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 54,437.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? June 24, 2007
5. How much waste has been disposed, according to scale records, from January 1, 1998 (Opening date of the facility) through the date of the survey indicated above? 32,783.00 tons
6. Please report the longitude and latitude of your facility.
 Longitude: -81.1513 Latitude: 35.8356
 Indicate method of collection: Survey
7. Please provide the Emergency 911 Address of the facility:
 Street 1: 2500 Payne Dairy Road
 Street 2: _____
 City: Taylorsville State: North Carolina Zip: 28681
8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): C & D like waste
9. Indicate other types of activities occurring at this landfill:
transfer station, white goods, recycling, tire storage, maintenance

**NC DEPT. OF ENVIRONMENT
 AND NATURAL RESOURCES
 RECEIVED**

AUG 07 2008

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No
 If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

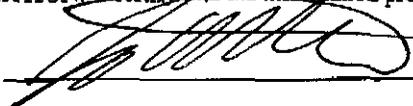
11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|--------|--------|--------|--------|--------|--------|-------|--------|--------|--------|--------|--------|----------|
| Alexander County | 256.00 | 183.00 | 205.00 | 161.00 | 250.00 | 175.00 | 95.00 | 204.00 | 151.00 | 147.00 | 200.00 | 140.00 | 2,167.00 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 2,167.00 |

***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.

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

Signature: 

Date: Jul 31, 2008

Name: Josh Mitchell

Phone Number: (828) 632-1101

Email: jmittell@alexandercountync.gov

Division of Waste Management - Solid Waste Section Risk Assessment Form

Facility Name: Alexander County Construction and Demolition Landfill Permit: 0201
Address: 621 Liledoun Road
City: Taylorsville State: North Carolina Zip: 28681
Person completing Assessment: Maddie German Date: Jul 31, 2008
Phone Number: (919) 772-5393 Fax: (919) 772-1176 Email: mgerman@mesco.com

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 [X] No
If Yes, how many?
What are the three closest distances from the Edge of Waste?
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? [] Yes [X] No
If Yes, how many?
What are the three closest distances from the Edge of Waste?
3. Are there Community/Municipal Wells Within 1,500 feet of the Edge of Waste? [] Yes [X] No
If Yes, how many?
What are the three closest distances from the Edge of Waste?
4. Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste? [X] Yes [] No
If Yes, how many?
What are the three closest distances from the Edge of Waste? 215 Feet 340 Feet
Please list the names of the water bodies: Tributaries of Little River and Catawba River
5. Is Public Water Available Within 1,500 feet of the Edge of Waste? [] Yes [X] 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 [X] No
7. Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? [X] Yes [] No
8. Is there groundwater remediation taking place on site? [] Yes [X] No
If Yes, what is the specific remedial technology used?

Comments

[Empty box for comments]



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Avery County C&D Landfill Permit: 0603 ID: P0737
 Address: PO Box 640
 City: Newland State: North Carolina Zip: 28657
 Contact: Henry C. Norris Jr Solid Waste Manager
 Phone Number: (828) 737-5420 Fax: (828) 733-8298 Email: buddy.norris@ncmail.net

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 43.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 105,286.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 0.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? Sep 24, 2007
5. How much waste has been disposed, according to scale records, from Jul 1, 1996 (Opening date of the facility) through the date of the survey indicated above? 33,637.60 tons
6. Please report the longitude and latitude of your facility.
 Longitude: W81 58' 18.88 Latitude: N35 57' 42.93
 Indicate method of collection: Internet

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 2175 Brushy Creek Rd
 Street 2: _____
 City: Spruce Pine State: North Carolina Zip: 28777

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Due to C&D landfill volume limits reached as of 12/31/07 all C&D received was Mixed with MSW and transferred.

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste.

| Tons From Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-----------------|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|
| Avery County | 438.99 | 394.00 | 317.88 | 236.41 | 190.79 | 319.81 | 192.31 | 183.21 | 276.15 | 528.07 | 397.16 | 413.11 | 3,887.89 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | 3,887.89 | | | | | | | | | | | | |

***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.

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

Signature: _____

Date: Aug 7, 2008

Name: Henry C. Norris Jr Solid Waste Manager

Phone Number: (828) 737-5420

Email: buddy.norris@ncmail.net

Facility Name: Avery County C&D Landfill

Permit: 0603

Address: PO Box 640

City: Newland

State: North Carolina

Zip: 28657

Person completing Assessment: Henry C. Norris Jr.

Date: Aug 7, 2008

Phone Number: (828) 737-5420

Fax: (828) 733-8298

Email: buddy.norris@nomail.net

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? 20
 What are the three closest distances from the *Edge of Waste*? 400 Feet 700 Feet 700 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*? 500 Feet 700 Feet 800 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? 3
 What are the three closest distances from the *Edge of Waste*? 50 Feet 50 Feet 400 Feet
 Please list the names of the water bodies: unnamed tributaries of Brushy 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? _____

Comments



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008

RECEIVED
 JUL 25 2008
 DENR - FAYETTEVILLE REGIONAL OFFICE

Facility Name: BC Solid Waste C&D Permit: 09-05 ID: 56-6000-277
 Address: 1522 Mercer Mill Rd
 City: Elizabethtown State: North Carolina Zip: 28337
 Contact: 1- Gloria Dove Allen 2- Robert Mazur, Dir.
 Phone Number: 1-910-645-4279 Fax: 910-645-2181 Email: gdove@blatchco.org
2-910-872-6320 910-645-2181 rmazur@blatchco.org

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 25.00 /Ton (Attach a schedule of tipping fees if appropriate.) all Comert Resid

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? note -> * closing 8/8/08 out - 2008 6:30 00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 1010-03 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? 1010-03

5. How much waste has been disposed, according to scale records, from 1995 (Opening date of the facility) through the date of the survey indicated above? 6-30-08 20,755 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 78W3558.29 Latitude: 34N3642.44
 Indicate method of collection: cad mapping GIS



7. Please provide the Emergency 911 Address of the facility:
 Street 1: 1003 Mercer Mill Rd
 Street 2: _____
 City: Elizabethtown State: North Carolina Zip: 28337

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): NO

9. Indicate other types of activities occurring at this landfill:
N/A

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| Bladen | 338 | 288 | 228 | 434 | 328 | 239 | 306 | 327 | 420 | 312 | 490 | 193 | 3903 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Grand Total 3,903

*****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.

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

Signature: Gloria Dove Allen

Date: 7-22-08

Name: Gloria Dove Allen

Phone Number: 910-645-4279 Email: gdove@bladenco.org

Facility Name: BCS Solid Waste Const & Demo Permit: 09-05
Address: 1522 Mercer Mill Rd
City: Elizabethtown State: North Carolina Zip: 28337
Person completing Assessment: Gloria Dove Allen Date: 7-22-08
Phone Number: 910-645-4229 Fax: 910-645-2181 Email: gdove@bladen.org

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.

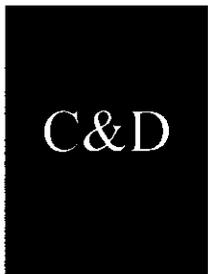
Receptors

- 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



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Yancey and Mitchell Counties C & D Landfill Permit: 10002-CDLF-1997 ID: _____

Address: Booneford Road

City: Bandana State: NC Zip: 28714

Contact: Michele Lawhern

Phone Number: 682.3971 Fax: 682.4301 Email: mlawhern@yanceycountync.gov

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 47 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 174,700 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? N/A cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? December 7, 2006

5. How much waste has been disposed, according to scale records, from June 1997 (Opening date of the facility) through the date of the survey indicated above? _____ tons

6. Please report the longitude and latitude of your facility.
 Longitude: E: 082.17825 Latitude: N: 35.93027
 Indicate method of collection: Other

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 930 Landfill Road
 Street 2: _____
 City: Burnsville State: NC Zip: 28714

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Landfill has ceased accepting wastes as of June 30, 2008. Closure measures were initiated on July 1, 2008.

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

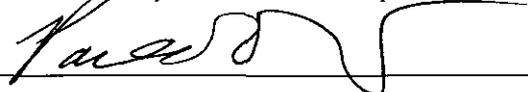
11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|--------|--------|--------|--------|--------|--------|--------|-------|--------|--------|--------|--------|----------|
| MITCHELL | 285.96 | 271.23 | 235.37 | 283.6 | 175.63 | 132.23 | 134.61 | 61.3 | 154.6 | 169.52 | 148.77 | 266.41 | 2,319.23 |
| YANCEY | 234.64 | 380.81 | 267.64 | 220.23 | 313.13 | 332.73 | 132.37 | 120.1 | 268.18 | 223.86 | 331.56 | 461.89 | 3,287.14 |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 5,606.37 |

*****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.

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

Signature: 

Date: August 13, 2008

Name: Paul Dow

Phone Number: 281-3350

Email: pdow@altamontenvironmental.com



State of North Carolina

Department of Environment and Natural Resources Division of Waste Management **CONSTRUCTION AND DEMOLITION LANDFILL** **Facility Annual Report** **For the period of JULY 1, 2007-JUNE 30, 2008**

Submit by Email

Print Form

Facility Name: Brunswick County CDLF Permit: 1007 ID: P0794

Address: PO Box 249

City: Bolivia State: North Carolina Zip: 28422

Contact: Jennifer Whitley

Phone Number: (910) 253-2524 Fax: (910) 253-2539 Email: jwhitley@brunscos.net

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 46.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 871,608.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 274,492.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? 07/26/2007

5. How much waste has been disposed, according to scale records, from 07/01/1998 (Opening date of the facility) through the date of the survey indicated above? 47,015.25 tons

6. Please report the longitude and latitude of your facility.
Longitude: 34.2351 N Latitude: 78.1519 W
Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
Street 1: 172 Landfill Rd NE
Street 2: _____
City: Bolivia State: North Carolina Zip: 28422

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
MSW Transfer station, LCID landfill/crushing, mulching, whitegood recycling, tire collection, commingled recycling, oil

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. **DO NOT** include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Brunswick | 4,413.71 | 4,798.79 | 3,755.44 | 3,940.59 | 3,518.17 | 2,787.59 | 3,727.45 | 3,828.47 | 3,153.59 | 3,863.29 | 3,667.99 | 3,712.59 | 45,167.67 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 45,167.67 |

*****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.

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

Signature: _____

Date: 08/13/2008 _____

Name: Jennifer Whitley _____

Phone Number: (910) 253-2524 _____

Email: jwhitley@brunscos.net _____

Facility Name: Brunswick County CDLF Permit: 1007

Address: PO Box 249

City: Bolivia State: North Carolina Zip: 28422

Person completing Assessment: Jennifer Whitley Date: Aug 13, 2008

Phone Number: (910) 253-2524 Fax: (910) 253-2539 Email: jwhitley@brunscos.net

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*? 1000 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? 2
What are the three closest distances from the *Edge of Waste*? 500 Feet 1000 Feet _____ Feet
Please list the names of the water bodies: Middle River Run, Beaver Dam Swamp
- 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



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of **JULY 1, 2007-JUNE 30, 2008**

Facility Name: Buncombe County Solid Waste Management Facility Permit: 11-07 ID: PO 825
 Address: 85 Panther Branch Rd.
 City: Alexander State: North Carolina Zip: 28701
 Contact: Verna Sadelson
 Phone Number: (828) 250-5460 Fax: (828) 250-5478 Email: verna.sadelson@buncombecounty.org

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 36.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 627,741.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 137,045.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? Apr 9, 2008

5. How much waste has been disposed, according to scale records, from Sep 29, 1997 (Opening date of the facility) through the date of the survey indicated above? 413,048.00 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 82.64097 Latitude: 35.72810
 Indicate method of collection: Internet

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 85 Panther Branch Rd
 Street 2: _____
 City: Alexander State: North Carolina Zip: 28701

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
None

RECEIVED

AUG 1 2008

**SOLID WASTE SECTION
 ASHEVILLE REGIONAL OFFICE**

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Buncombe County | 6,326.53 | 7,489.15 | 6,425.94 | 7,084.49 | 5,598.93 | 4,241.25 | 3,899.35 | 3,902.51 | 4,295.98 | 4,473.28 | 4,216.95 | 4,795.44 | 62,749.80 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 62,749.80 |

***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.

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

Signature:  Date: Jul 30, 2008

Name: Jerry Mears

Phone Number: (828) 250-5467 Email: jerry.mears@buncombecounty.org

Facility Name: Buncombe County Solid Waste Management Facility Permit: 11-07

Address: 85 Panther Branch Rd.

City: Alexander State: North Carolina Zip: 28701

Person completing Assessment: Kristy Smith Date: Jul 30, 2008

Phone Number: (828) 250-5473 Fax: (828) 250-5478 Email: kristy.smith@buncombecounty.org

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? 4
What are the three closest distances from the *Edge of Waste*? 300 Feet 600 Feet 600 Feet
Please list the names of the water bodies: Tributaries (2) to Panther Branch, tributaries (2) to French Broad River
- 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



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: BURKE COUNTY COLF Permit: 1203 ID: P0795

Address: 2500 MARSH TRAIL

City: MORGANTON State: North Carolina Zip: 28655

Contact: _____

Phone Number: 828/439-4391 Fax: 828/439-4396 Email: hcfisher@co.burke.nc.us

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ Attached /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 222,671 (WASTE) cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 114,813 (GROSS) cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? 4/15/2008 - WEST CONSULT

5. How much waste has been disposed, according to scale records, from _____ (Opening date of the facility) through the date of the survey indicated above? _____ tons

6. Please report the longitude and latitude of your facility.
 Longitude: N35.78570 Latitude: W081.64583

Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 2500 MARSH TRAIL
 Street 2: _____
 City: MORGANTON State: North Carolina Zip: 28655

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
GRADING FOR MULCH & FUEL

NO DENR
 Division of Waste Management - Solid Waste Section

Risk Assessment Form

Facility Name: BURKE COUNTY COLF Permit: 1203
 Address: 2500 MARSH TRAIL
 City: MORGANTON State: North Carolina Zip: 28655
 Person completing Assessment: H. CAROL FISHER Date: 8/4/08
 Phone Number: 828/439-4391 Fax: 828/439-4396 Email: hcfisher@co.burke.nc.us

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



TNB
8-11-08

State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

NC DEPT. OF ENVIRONMENT
AND NATURAL RESOURCES
RECEIVED

AUG 08 2008

MOORESVILLE REGIONAL OFFICE
DIVISION OF WASTE MANAGEMENT, SWS

Facility Name: Cabarrus County CDLF Permit: 1302 ID: PO796

Address: 4441 Irish Potato Road

City: Concord State: North Carolina Zip: 282069

Contact: Rick Payne / Wendy Gainey

Phone Number: (704) 920-2955 Fax: (704) 795-3917 Email: wwgainey@cabarruscounty.us



If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 27.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 155,068.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 200,266.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? July 14, 2008

5. How much waste has been disposed, according to scale records, from 12/5/02-6/30-08 (Opening date of the facility) through the date of the survey indicated above? 90,410.05 tons

6. Please report the longitude and latitude of your facility.
Longitude: 35.451153 Latitude: -80.510208
Indicate method of collection: _____

7. Please provide the Emergency 911 Address of the facility:
Street 1: 4441 Irish Potato Road
Street 2: _____
City: Concord State: North Carolina Zip: 28206

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Yard Waste & Recycling Collection

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No
 If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Cabarrus | 5,100.06 | 6,083.14 | 4,088.92 | 5,400.02 | 4,590.10 | 3,300.71 | 4,201.30 | 3,532.86 | 3,428.41 | 3,762.44 | 3,930.66 | 4,074.66 | 51,493.28 |
| Rowan | 10.46 | 35.57 | 100.02 | 89.40 | 435.20 | 171.00 | 156.04 | 214.48 | 214.48 | 117.45 | 115.14 | 110.04 | 1,769.28 |
| Mecklenburg | 179.46 | 142.46 | 300.92 | 230.18 | 280.30 | 280.30 | 93.40 | 119.27 | 119.27 | 105.58 | 92.00 | 431.14 | 2,374.28 |
| Grand Total | | | | | | | | | | | | | 55,636.84 |

*****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.

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

Signature:  Date: Jul 14, 2008

Name: Wendy Gainey

Phone Number: (704) 920-2951 Email: wwgainey@cabarruscounty.us

Facility Name: Cabarrus County CDLF Permit: 1302
Address: 4441 Irish Potato Road
City: Concord State: North Carolina Zip: 282069
Person completing Assessment: Wendy Gainey Date: _____
Phone Number: (704) 920-2950 Fax: (704) 795-3917 Email: wwgainey@cabarruscounty.us

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? 14
What are the three closest distances from the *Edge of Waste*? 530 Feet 580 Feet 620 Feet
- 2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 8
What are the three closest distances from the *Edge of Waste*? 530 Feet 580 Feet 620 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: 2 small ponds and 1 un-named stream
- 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? 6

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? MNA, or Natural attenuation

Comments

AIRSPACE VOLUME CALCULATION FOR THE CABARRUS COUNTY C&D LANDFILL EXPANSION

Date Waste First Placed in C&D LF Expansion = **December 5, 2006**

Date of Updated CESI Survey = **July 14, 2008**

Permitted C&D Landfill Expansion = **6.683 Acres**

Tonnages from December 5, 2006 through September 28, 2007 = **50,510.67 Tons**

Tonnages from September 29, 2007 through March 24, 2008 = **25,091.52 Tons**

Tonnages from June 16, 2008 through July 14, 2008 = **4,140.00 Tons**

Total Tonnage Through July 14, 2008 = **79,742.19 Tons**

(Note: No waste was placed in the Expansion Area from March 25, 2008 through June 15, 2008 as waste was placed in the C&D Landfill Closure area).

Permitted Airspace Volume Based on 3:1 Side Slopes & Final Closure Contours = **389,680 CY**

Equivalent Airspace Volume for 36-inch Soil Cap @ Closure = **32,346 CY ***

(Soil cap per new C&D Regulations is to consist of an 18-inch low permeability soil layer with a maximum permeability of 1×10^{-5} cm/sec. + an 18-inch soil erosion layer for a total of 36 inches)

Permitted Airspace Volume Remaining for Waste Disposal = **357,334 CY**

Airspace Volume Used (Waste placed through July 14, 2008 survey) = **155,068 CY**

Remaining Airspace Volume Available for Waste Disposal (as of July 14, 2008 survey) = **200,266 CY**

| | |
|-----------------------|-----------------------|
| 12/5/2007 – 9/28/2007 | 50,510.67 Tons |
| 9/29/2007 – 3/24/2008 | 25,091.52 Tons |
| 6/16/2008 – 7/14/2008 | <u>4,140.00 Tons</u> |
| TOTAL | 79,742.19 Tons |

| | |
|---|----------------------|
| Airspace Volume Used as of 7/14/2008 (Based on survey provided by CESI) | 155,068 CY |
| In-Place Density of Waste Placed | 1,028.48028 Lb/CY ** |
| Tons/CY of Waste Placed | 0.51424014 Tons/CY |
| Remaining Airspace Volume as of 7/14/2008 (Based on survey provided by CESI) | 200,266 CY |
| Remaining Equivalent Tonnage Capacity as of 7/14/2008 (200,266 CY x .51424014 Tons/CY = 102,984.82 Tons) | 102,984.82 Tons |
| Average Monthly Tonnage from 12/5/2006 through | 4,557 Tons |

7/15/2008 (79,742.19 Tons divided by 17.5 Months)

Remaining Life @ 4,557 Tons Placed/Month
(102,984.82 Tons divided by 4,557 Tons/Month)

22.60 Months or 1.94 Years

Estimated Life Expectancy @ 4,557 Tons/Month

June/July 2010

* NCDENR SWS Rule 15A NCAC 13B .0543(c)(1) requires an 18-inch low permeability soil cover layer + an 18-inch erosion soil cover layer for a 36-inch thick soil cap at final closure. For a 6.683 acre LF area this represents 32,346 CY in equivalent airspace volume not available for waste disposal.

** Based on the achieved waste density at the time of the July 14, 2008 survey. The estimated life expectancy of the C&D Landfill expansion is subject to change based on future surveys and changes in the achieved waste density at the time of each survey.

Revised 7/29/08

Cabarrus County Land Fill



Legend

- Water Lines
- Streets
- Dwelling units within buffer
- C and D Area
- 1500 ft Buffer
- Parcels



1 inch equals 400 feet



TNB
85.08

State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of **JULY 1, 2007-JUNE 30, 2008**

Facility Name: Highway 49 C&D Landfill and Recycling Center Permit: 1306 ID: P0946
 Address: 19109 W. Catawba Ave. , Suite 200
 City: Cornelius State: North Carolina Zip: 28031
 Contact: Ron Gilkerson
 Phone Number: (704) 895-0329 Fax: (704) 896-2960 Email: rcgilkerson@griffinbrothers.com



If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 33.50 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 875,000.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 918,384.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? February 7, 2008

5. How much waste has been disposed, according to scale records, from Apr 4, 2000 (Opening date of the facility) through the date of the survey indicated above? 643,193.17 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 35 20'29.51"N Latitude: 80 37'09.90"W
 Indicate method of collection: Internet

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 2100 Speedrail Court
 Street 2: 2000 Speedrail Court
 City: Harrisburg State: North Carolina Zip: 28025

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Type I Reprocessing for local curbside pick-up. 9417.23 tons

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|----------|---------|
| Concrete | 1242.03 |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \ Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-------------------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Cabarrus | 9,966.23 | 10,025.40 | 8,179.92 | 8,824.46 | 7,439.67 | 5,419.51 | 6,573.17 | 6,100.39 | 6,696.53 | 6,871.53 | 6,099.61 | 6,508.69 | 88,705.11 |
| Mecklenburg | 985.67 | 871.77 | 711.30 | 980.50 | 691.11 | 535.99 | 690.00 | 581.31 | 702.95 | 729.72 | 647.75 | 589.12 | 8,717.19 |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 97,422.30 |

***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.

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

Signature: Ronald C. Gilkerson Date: 7/29/08

Name: RONALD C. GILKERSON

Phone Number: 704-895-0329 Email: rcgilkerson@gr.flinbratters.com

Facility Name: Highway 49 C&D Landfill and Recycling Center Permit: 1306

Address: 19109 W. Catawba Ave. , Suite 200

City: Cornelius State: North Carolina Zip: 28031

Person completing Assessment: Ron Gilkerson Date: July, 17, 2008

Phone Number: (704) 895-0329 Fax: (704) 896-2960 Email: rcgilkerson@griffinbrothers.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? 75
 What are the three closest distances from the *Edge of Waste*? 550 Feet 550 Feet 575 Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 8(all up-gradient)
 What are the three closest distances from the *Edge of Waste*? 500 Feet 1000 Feet 1000 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*? 200 Feet _____ Feet _____ Feet
 Please list the names of the water bodies: Coddle 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? _____

Comments



State of North Carolina

Department of Environment and Natural Resources Division of Waste Management **CONSTRUCTION AND DEMOLITION LANDFILL** **Facility Annual Report** **For the period of JULY 1, 2007-JUNE 30, 2008**

Submit by Email

Print Form

Facility Name: Catawba County Landfill Permit: 1803 ID: P1074

Address: PO Box 389

City: Newton State: North Carolina Zip: 28658

Contact: Beverly W. Hester

Phone Number: (704) 462-1348 Fax: (704) 462-4366 Email: bhester@catawbacountync.gov

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 19.50 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 331,993.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 763,207.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? Apr 30, 2008

5. How much waste has been disposed, according to scale records, from Oct 24, 2002 (Opening date of the facility) through the date of the survey indicated above? 201,740.14 tons

6. Please report the longitude and latitude of your facility.
Longitude: 35.597813595 degrees North Latitude: 81.309793018 degrees West
Indicate method of collection: Survey

7. Please provide the Emergency 911 Address of the facility:
Street 1: 3993 Rocky Ford Road
Street 2: _____
City: Newton State: North Carolina Zip: 28658

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Grinding of wood materials for mulch

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|---------------------------------|--------|
| Asphalt, brick, block, concrete | 559.78 |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. **DO NOT** include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Catawba | 3,968.62 | 3,862.82 | 3,653.56 | 3,953.01 | 3,183.97 | 2,589.65 | 2,418.36 | 2,782.73 | 3,372.51 | 2,994.25 | 3,095.70 | 2,869.86 | 38,745.04 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 38,745.04 |

*****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.

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

Signature: _____

Date: Aug 4, 2008 _____

Name: Beverly W. Hester _____

Phone Number: (704) 462-1348 _____

Email: bhester@catawbacountync.gov _____

Facility Name: Catawba County Landfill Permit: 1803

Address: PO Box 389

City: Newton State: North Carolina Zip: 28658

Person completing Assessment: James Henry Date: Jul 17, 2008

Phone Number: (828) 252-0575 Fax: (828) 252-2518 Email: James.Henry@mcgillengineers.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.

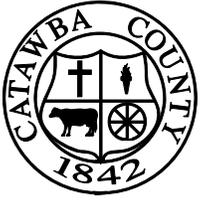
Receptors

- 1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 26
What are the three closest distances from the *Edge of Waste*? 516 Feet 628 Feet 550 Feet
- 2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 26
What are the three closest distances from the *Edge of Waste*? 516 Feet 628 Feet 550 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? 2
What are the three closest distances from the *Edge of Waste*? 175 Feet 1080 Feet _____ Feet
Please list the names of the water bodies: man made pond; stream
- 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



CATAWBA COUNTY

PO Box 389: 100-A South West Boulevard: Newton, North Carolina 28658-0389 -Telephone (828) 465-8200
http://www.catawbacountync.gov Fax (828) 465-8392

SOLID WASTE MANAGEMENT DISPOSAL FEE SCHEDULE EFFECTIVE JULY 1, 2007 FY 2007-2008

**Sanitary Landfill hours of operations are 8:00 am to 4:00 pm Monday – Friday
8:00 am to 11:30 am Saturday
Closed Sunday**

Blackburn Landfill Office - 704.462.1348

| Sanitary Landfill | Disposal Fee |
|----------------------------|---------------------------------|
| Municipal Solid Waste..... | \$30.00 per ton/\$15.00 minimum |

Industrial Wood Waste

| | |
|---|---------------------------------|
| Furniture Wood, glued, stained, etc..... | \$30.00 per ton/\$15.00 minimum |
| Mixed with sawdust..... | \$30.00 per ton/\$15.00 minimum |
| Painted or treated..... | \$30.00 per ton/\$15.00 minimum |
| Chipboard and/or pressboard..... | \$30.00 per ton/\$15.00 minimum |
| Saw Dust..... | \$6.00 per ton/\$3.00 minimum |
| Chipped wood waste (no less than 2” and no more than 5” in diameter. Must be pre-approved as non-hazardous..... | \$6.00 per ton/\$3.00 minimum |

Any Waste Contaminated with more than

| | |
|--|---------------------------------|
| 10% Cardboard (from industrial entities only)..... | \$90.00 per ton/\$45.00 minimum |
| 20% Springs..... | \$90.00 per ton/\$45.00 minimum |
| 50% Foam Rubber..... | \$90.00 per ton/\$45.00 minimum |
| Wire or cable over 4 ft..... | \$90.00 per ton/\$45.00 minimum |
| Bulky items not easily compacted..... | \$90.00 per ton/\$45.00 minimum |

Friable Asbestos*

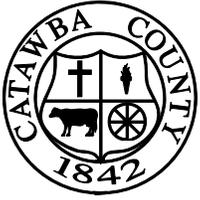
*The State required friable asbestos to be covered with soil requiring extra landfill space, therefore the fee will increase accordingly.....\$120.00 per ton/\$15.00 minimum

Non-Friable Asbestos

Asbestos containing transit siding, vinyl floor tiles, and asphalt roofing shingles.....
.....\$19.50 per ton/\$10.00 minimum

Other Materials

| | |
|--|---------------------------------|
| Forklift Tires with metal rims embedded in rubber..... | \$50.00 per ton |
| Dead Animals..... | \$30.00 per ton/\$15.00 minimum |



CATAWBA COUNTY

PO Box 389: 100-A South West Boulevard: Newton, North Carolina 28658-0389 -Telephone (828) 465-8200
http://www.catawbacountync.gov Fax (828) 465-8392

FY 2007-2008

Construction & Demolition Landfill and Grinding Area hours of operations are

Daylight Savings Time 7:00 am to 5:00 pm Monday – Friday

***Gates will close for entry at 4:45 pm**

Standard Time 8:00 am to 4:00 pm Monday – Friday

8:00 am to 11:30 am Saturday

Closed Sundays

Construction & Demolition Landfill

Demolition debris is defined as follows: Waste produced from the demolition of a structure (house, building, mobile home, etc.). This includes items that are inside the structure at time of demolition, except appliances and materials not accepted at the landfill for disposal.

Construction debris is defined as follows: Waste produced during the construction of a structure (house, building, deck, etc.).

Construction and Demolition Permit number and address of the site are required on transaction tickets when unloading such waste at the landfill.

Construction & Demolition Landfill

Disposal Fee

| | |
|---|---------------------------------|
| Lumber over 8 feet in length..... | \$19.50 per ton/\$10.00 minimum |
| Painted, treated or creosote..... | \$19.50 per ton/\$10.00 minimum |
| Chipboard and/or pressboard..... | \$19.50 per ton/\$10.00 minimum |
| Brick/block/concrete with reinforcement material and/or contaminated with other waste | \$19.50 per ton/\$10.00 minimum |
| Drywall | \$19.50 per ton/\$10.00 minimum |
| Roofing/Shingles..... | \$19.50 per ton/\$10.00 minimum |

Grinding

| | |
|---|--------------------------------|
| Grass and leaves that need to be de-bagged..... | \$17.00 per ton/\$8.00 minimum |
| Lumber less than 8 feet in length..... | \$17.00 per ton/\$8.00 minimum |
| Pallets..... | \$17.00 per ton/\$8.00 minimum |

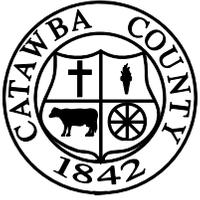
Other Materials

| | |
|--|-------------------------------|
| Brick/block/concrete without reinforcement material and separated from other waste | \$6.00 per ton/\$3.00 minimum |
| Clean furniture wood waste for grinding (no glue, stain, etc.) | \$6.00 per ton/\$3.00 minimum |
| Mobile Homes (Arrangements must be made prior to acceptance at landfill) | \$0.27 square foot |

Items Free of Charge

| | |
|--|-----------|
| Loose grass and leaves (de-bagged) | No Charge |
| Asphalt | No Charge |

Note: Construction and Demolition and Grinding fees are the same for residential, commercial or industrial users.



CATAWBA COUNTY

PO Box 389: 100-A South West Boulevard: Newton, North Carolina 28658-0389 -Telephone (828) 465-8200
http://www.catawbacountync.gov Fax (828) 465-8392

FY 2007-2008

Ground and/or Non-ground Brush, Limbs, and Trees

These items will be charged on a per load basis. The amount charged will depend on the type of vehicle and if the material is separated to be grindable or if it is mixed and non-grindable. Materials brought to the landfill in compactor vehicle will be charged by the ton.

| Vehicle Type | Grindable Load | Non-grindable Load |
|------------------------------------|-------------------|--------------------|
| Pick-up Truck | \$8.00 per load | \$10.00 per load |
| Pick-up with trailer (both loaded) | \$15.00 per load | \$20.00 per load |
| Single Axle | \$30.00 per load | \$80.00 per load |
| Tandem Axle | \$75.00 per load | \$150.00 per load |
| Tri-axle | \$87.00 per load | \$165.00 per load |
| Trailer dump up to 30' | \$130.00 per load | \$180.00 per load |
| Trailer dump 31' to 39' | \$143.00 per load | \$190.00 per load |
| Trailer dump over 39' | \$155.00 per load | \$210.00 per load |
| Compactor | \$20.00 per ton | \$24.00 per ton |

Loads of grubbing, roots, stumps and loads contaminated with dirt, brush, limbs, trees, etc. will not be considered grindable and will be charged the non-grindable rate.

If a load of waste is unloaded at the grinders and it has other materials mixed in that makes the load non-grindable, a special handling fee will be charged for the load. This fee is for employee and equipment time to transport the material to the Landfill to be buried.

Mulch and Compost

| | |
|---------------------------------|---------------------|
| Pickup of mulch | \$5.00 per vehicle |
| Larger vehicles of mulch | \$6.00 per bucket |
| Pickup of compost..... | \$12.00 per vehicle |
| Larger vehicles of compost..... | \$15.00 per bucket |

(No Mulch or Compost Sales on Wednesday)

Scrap Tires

Tires without proper documentation, Tires that have been buried, Tire stockpiled prior to January 1, 1994, and Out of State Tires \$72.00 per ton

Note: If the Sanitary Landfill is used when the Construction and Demolition Landfill is closed, users will be charged Sanitary Landfill fees.



CATAWBA COUNTY

PO Box 389: 100-A South West Boulevard: Newton, North Carolina 28658-0389 -Telephone (828) 465-8200
http://www.catawbacountync.gov Fax (828) 465-8392

CONVENIENCE CENTERS

Fee Schedule Effective July 1, 2007

Cooksville-located on Rhoney Farm Road

Open - Friday & Saturday
Closed - Sunday - Thursday
Hours - 8:00 AM - 6:00 PM
Phone 704.462.1497

Blackburn-located on Rocky Ford Road

Open - Monday and Saturday
Closed - Sunday
Hours - 8:00 AM - 6:00 PM
Phone 704.462.2496

Oxford-located on Lookout Dam Road

Open - Wednesday - Sunday
Closed - Monday and Tuesday
Hours - 10:00 AM - 6:00 PM
Phone 828.241.3774

Sherrills Ford-located on Sherrills Ford Rd

Open - Wednesday - Sunday
Closed - Monday and Tuesday
Hours - 10:00 AM - 6:00 PM
Phone 828.478.2248

Newton-located on Bethany Church Road

Open - Tuesday - Saturday
Closed - Sunday and Monday
Hours - 10:00 AM - 6:00 PM
Phone 828.465.4635

Residential Waste Only

| | |
|--|----------------|
| 1 to 5 (32 gallon) bags | \$1.00 per bag |
| Small truckload (6 foot bed-waste in truck only)..... | \$8.00 |
| Large truckload (8 foot bed-waste in truck only)..... | \$12.00 |
| Trucks with sideboards or waste higher than 2 ft above bed | \$16.00 |
| Trucks with camper tops | \$16.00 |
| Trucks w/6 foot or less trailers (waste in truck and trailer)..... | \$24.00 |
| Trucks w/more than 6 foot trailers (waste in truck and trailer)..... | \$32.00 |

Recyclables

Recyclables only (properly cleaned and separated).....No Charge

- Recyclables must be reasonably compressed, cleaned, segregated and free of waste.
- After attendant checks the recyclables, citizens are required to sort and place in designated recycling containers.
- Recyclables must be on current list of accepted materials.
- Clear 32 gal. recycling bags may be purchased at cost from the Convenience Centers, the Blackburn Landfill office, or the Utilities and Engineering Department in the Government Center.

For information on curbside pick up, please call Garbage Disposal Service at 828/256-2158.

For disposal information please call the Blackburn Landfill at 704/462-1348.



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008

CT 6
8/4/08

Facility Name: Cleveland County CDLF Permit: 2301 ID: P0797
 Address: 1609 Airport Road
 City: Shelby State: North Carolina Zip: 28150-3998
 Contact: Sam M. Lockridge III
 Phone Number: (704) 476-3162 Fax: (704) 482-3432 Email: Sam.Lockridge@clevelandcounty.nc.gov



If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 14.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 518,400.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 271,150.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? June 4, 2008

5. How much waste has been disposed, according to scale records, from January 1, 1998 (Opening date of the facility) through the date of the survey indicated above? 443,137.85 tons

6. Please report the longitude and latitude of your facility.
 Longitude: W81.48419 Latitude: N35.32895
 Indicate method of collection: Survey

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 1609 Airport Road
 Street 2: _____
 City: Shelby State: North Carolina Zip: 28150-3998

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): Fiberglass

9. Indicate other types of activities occurring at this landfill:

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

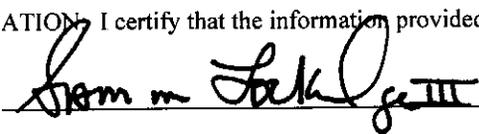
| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|--------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Construction/Demolition | 2,022.59 | 1,943.96 | 2,025.34 | 1,846.15 | 1,498.24 | 1,387.20 | 2,442.96 | 1,308.85 | 3,341.87 | 2,088.41 | 1,770.85 | 2,754.48 | 24,430.90 |
| Fiberglass (\$17.00/ton) | 2,124.27 | 2,087.20 | 2,021.98 | 2,330.36 | 2,005.42 | 1,850.71 | 2,015.98 | 2,487.08 | 3,018.35 | 2,222.42 | 1,909.60 | 1,921.08 | 25,994.45 |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 50,425.35 |

***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.

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

Signature: _____



Date: July 30, 2008

Name: Sam M. Lockridge III

Phone Number: (704) 476-3162

Email: Sam.Lockridge@clevelandcounty.com

Facility Name: Cleveland County CDLF Permit: 2301

Address: 1609 Airport Road

City: Shelby State: North Carolina Zip: 28150-3998

Person completing Assessment: Sam M. Lockridge III Date: July 30, 2008

Phone Number: (704) 476-3162 Fax: (704) 482-3432 Email: Sam.Lockridge@clevelandcounty.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

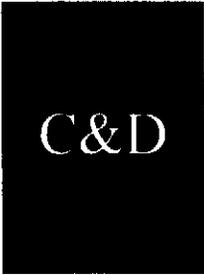
1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 2
 What are the three closest distances from the *Edge of Waste*? 1200 Feet 1400 Feet _____ Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? _____
 What 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? 1
 What are the three closest distances from the *Edge of Waste*? 300 Feet _____ Feet _____ Feet
 Please list the names of the water bodies: Long 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? 2

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? Proposed Nano Zero Valent Iron

Comments

Pilot Test for groundwater remediation is currently underway.



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of **JULY 1, 2007-JUNE 30, 2008**



Facility Name: Cumberland County C&D Permit: 2601 ID: P0790
 Address: 698 Ann Street
 City: Fayetteville State: North Carolina Zip: 28301
 Contact: Karen S Hall
 Phone Number: (910) 321-6929 Fax: (910) 321-6840 Email: khall@co.cumberland.nc.us



If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 37.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 397,800.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 1,482,000.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? Jul 25, 2008
5. How much waste has been disposed, according to scale records, from January 1998 (Opening date of the facility) through the date of the survey indicated above? 296,749.00 tons

6. Please report the longitude and latitude of your facility.
 Longitude: -78.869482 Latitude: 35.063895
 Indicate method of collection: Other

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 698 Ann Street
 Street 2: _____
 City: Fayetteville State: North Carolina Zip: 28301

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
20/30 yd boxes to collect metal & cardboard for recycling and clean wood which is transported to Wilkes for mulching

1987
1988
1989
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1991
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2022
2023
2024
2025



10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------------|-------|
| clean wood | 55.93 |
| cardboard | 5.65 |
| metal | 40.67 |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \ Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Cumberland | 3,817.52 | 4,161.39 | 4,111.59 | 4,278.88 | 3,690.16 | 3,004.21 | 2,761.40 | 2,895.90 | 3,396.77 | 3,706.65 | 4,038.18 | 4,280.20 | 44,142.85 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 44,142.85 |

*****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.

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

Signature: Karen S Hall

Date: Jul 31, 2008

Name: Karen S Hall

Phone Number: (910) 321-6929

Email: khall@co.cumberland.nc.us

Facility Name: Cumberland County C&D Permit: 2601
 Address: 698 Ann Street
 City: Fayetteville State: North Carolina Zip: 28301
 Person completing Assessment: Karen S Hall Date: Jul 31, 2008
 Phone Number: (910) 321-6929 Fax: (910) 321-6840 Email: khall@co.cumberland.nc.us

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? 10
 What are the three closest distances from the *Edge of Waste*? 1440 Feet 1471 Feet 1482 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? 10

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? monitored natural attenuation

Comments

**CUMBERLAND COUNTY SOLID WASTE MANAGEMENT
FEE SCHEDULE FY 08**

| | | |
|---|--|-------------|
| I. Solid waste collection fees. | | |
| A. Container site user fees: | | Not imposed |
| II. Solid waste disposal fees. | | |
| A. Household Fee: | | \$48.00 |
| 1) Yard waste : i.e. limbs, brush, etc. not to exceed 3 inches in diameter, 3 feet in length, amount not to exceed 4 cubic yards per household per load per week. | | Not imposed |
| B. Collector's Fee (per ton) | | |
| 1) Commercial waste/Industrial waste (per ton) | | |
| 0 To 999 | | \$30.00 |
| 1000 To 1199 | | \$29.00 |
| 1200 To 1399 | | \$28.00 |
| 1400 To 1499 | | \$27.00 |
| 1500 Or More | | \$26.00 |
| TO BE DETERMINED BY COUNTY MANAGER, ASSISTANT COUNTY MANAGER, & SOLID WASTE DIRECTOR | | \$25.00 |
| 2) Governmental (per ton) | | \$30.00 |
| C. Shingles - C&D (per ton) | | \$25.00 |
| D. C & D (per ton) | | |
| 0 To 99 | | \$37.00 |
| 100 To 199 | | \$35.00 |
| 200 Or More | | \$30.00 |
| E. Collector's fee in the event of scales failure charged per vehicle: | | |
| 1) Automobiles, station wagons, and passenger vans: | | \$ 3.00 |
| 2) Pickup trucks, commercial vans, towed trailers (single axle): | | \$ 8.00 |
| (a) With shingles | | \$33.00 |
| 3) Small flatbed trucks (single axle), step van: | | \$24.00 |
| (a) With shingles | | \$33.00 |
| 4) Large flatbed trucks (double axle), fifth wheel trailers: | | \$109.00 |
| (a) With shingles | | \$148.00 |
| 5) Roll-off trucks (container boxes), | | |
| (a) 20-yard box or smaller: | | \$217.00 |
| (b) 21-30 yard box: | | \$170.00 |

| | |
|---|----------|
| (c) 31-40 yard box: | \$ 93.00 |
| (d) Compactor Boxes (all): | \$162.00 |
| 6) Compactor Trucks: | \$293.00 |
| F. Inert Waste (Rubble-Clean) (per ton) | \$23.00 |
| G. Collector's special handling fee, charged per vehicle, trailer or container load: | \$100.00 |
| H. Scrap tire disposal fees: | |
| 1) Automobile tire, manufacturer fee: | |
| Per Tire: | \$1.00 |
| 2) Charge for rims and rim removal: | |
| Per Tire: | \$1.00 |

III. Commercial land clearing debris fees.

| | |
|---|---------|
| 1) Pickup trucks, commercial vans, towed trailers(single axle): | \$10.00 |
| 2) Dump Truck (single axle): | \$25.00 |
| 3) Dump Truck (double axle): | \$35.00 |
| 4) Dump Truck (tri-axle): | \$45.00 |
| 5) Truck w/Dump Trailer: | \$55.00 |
| 6) Roll-off trucks (container boxes), | |
| a) 20-yard box or smaller: | \$40.00 |
| b) 21-30 yard box: | \$45.00 |
| c) 31-40 yard box: | \$55.00 |

IV. Resource recovery fees.

| | |
|---|-------------|
| A. All solid waste commingled with designated recyclable materials, per ton: | Not imposed |
| B. Unacceptable designated recyclable materials deposited at landfill, per ton: | Not imposed |

V. Sale of Mulch, Screened Mulch, Double Ground Mulch

| | |
|--|----------|
| A. Regular Mulch (coarse-boiler fuel) | |
| B. All Pickup Trucks (per vehicle) | \$ 10.00 |
| C. Dump Trucks and Others (per cubic yard) | \$ 5.00 |



State of North Carolina

Department of Environment and Natural Resources Division of Waste Management **CONSTRUCTION AND DEMOLITION LANDFILL** **Facility Annual Report** **For the period of JULY 1, 2007-JUNE 30, 2008**

Submit by Email

Print Form

Facility Name: Fort Bragg C&D Landfill Permit: 2608 ID: P0789

Address: IMSE-BRG-PW, BLDG 3-1137, Reilly Road

City: Fort Bragg State: North Carolina Zip: 28310-5000

Contact: Sid Williamson

Phone Number: (910) 396-3372 Fax: (910) 396-4188 Email: sidney.williamson@us.army.mil

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 0.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 1,895,781.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 2,435,075.55 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? Jun 30, 2008

5. How much waste has been disposed, according to scale records, from Jan 27, 1998 (Opening date of the facility) through the date of the survey indicated above? 1,134,762.91 tons

6. Please report the longitude and latitude of your facility.
Longitude: -79.07315 Latitude: 35.14485
Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
Street 1: BLDG O-3454 Lamont Road, Lamont Landfill Facility
Street 2: _____
City: Fort Bragg State: North Carolina Zip: 28310-5000

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): Asbestos

9. Indicate other types of activities occurring at this landfill:

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------------------------------|-----------|
| Concrete/Block/Brick/Asphalt | 72,953.17 |
| Tree and Yard Waste | 17,627.06 |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. **DO NOT** include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|----------|----------|----------|----------|----------|-----------|----------|----------|----------|----------|----------|-----------|
| Fort Bragg | 7,317.23 | 8,958.84 | 3,669.09 | 4,845.89 | 7,424.46 | 8,816.87 | 13,555.62 | 7,039.41 | 9,966.43 | 8,332.85 | 6,065.65 | 7,468.01 | 93,460.35 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 93,460.35 |

*****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.

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

Signature: _____

Date: Jul 30, 2008 _____

Name: Sid Williamson _____

Phone Number: (910) 396-3372 _____

Email: sidney.williamson@us.army.mil _____

Facility Name: Fort Bragg C&D Landfill Permit: 2608

Address: IMSE-BRG-PW, BLDG 3-1137, Reilly Road

City: Fort Bragg State: North Carolina Zip: 28310-5000

Person completing Assessment: Sid Williamson Date: Jul 30, 2008

Phone Number: (910) 396-3372 Fax: (910) 396-4188 Email: sidney.williamson@us.army.mil

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



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008



Facility Name: Dare County C & D Landfill Permit: 2B-03 ID: P0588

Address: PO Box 1000

City: Manteo State: North Carolina Zip: 27954

Contact: Edward Lee Mann

Phone Number: (252) 475-5880 Fax: (252) 473-5218 Email: edwardlee@co.dare.nc.us

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(h)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ ~~62.64~~ \$63.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? _____ cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 41,656.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? 06/20/08

5. How much waste has been disposed, according to scale records, from 03/18/06-06/20/08 (Opening date of the facility) through the date of the survey indicated above? 60,025.00 tons

6. Please report the longitude and latitude of your facility.

Longitude: N. 35.50365 Latitude: W 75.49015

Indicate method of collection: Handheld GPS unit

7. Please provide the Emergency 911 Address of the facility:

Street 1: 1603 Cub Rd.

Street 2: _____

City: Manns Harbor State: North Carolina Zip: 27953

8. Indicate types of disposal activity occurring at this facility (Check all that apply).

- Landfilling of construction and demolition waste
- Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
- Landfilling of other waste (specify): cut tires

9. Indicate other types of activities occurring at this landfill:

scrap metal recycling, MSW transfer station

NC DENR
Division of Waste Management - Solid Waste Section

Risk Assessment Form

Facility Name: Dare County C & D Landfill Permit: 28-03

Address: PO Box 1000

City: Manteo State: North Carolina Zip: 27954

Person completing Assessment: Edward Lee Mann Date: 07/29/08

Phone Number: (252) 475-5880 Fax: (252) 473-5218 Email: edwardlee@co.dare.nc.us



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? 1
What are the three closest distances from the *Edge of Waste*? 275 Feet _____ Feet _____ Feet

Please list the names of the water bodies: Cub Road Canal

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

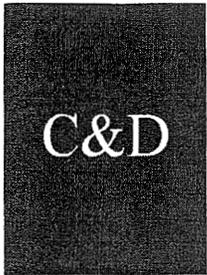
If Yes, what is the specific remedial technology used? _____

Comments

Empty rectangular box for comments.

07/08 Dare aC & D Report

| | Hyde County C & D | Dare County | Totals | |
|---------------|--------------------------------------|------------------------|-----------------|--|
| JUL | | 2016.2 | 2016.2 | |
| AUG | | 3357.95 | 3357.95 | |
| SEP | | 1197.2 | 1197.2 | |
| OCT | | 1768.53 | 1768.53 | |
| NOV | | 1633.91 | 1633.91 | |
| DEC | | 1108.81 | 1108.81 | |
| JAN | 63.54 | 1392.7 | 1456.24 | |
| FEB | 9.19 | 1660.39 | 1669.58 | |
| MAR | | 1682.66 | 1682.66 | |
| APR | | 1847.6 | 1847.6 | |
| MAY | | 2018 | 2018 | |
| JUN | | 1525.77 | 1525.77 | |
| totals | 72.73 | 21209.72 | 21282.45 | |



State of North Carolina

Department of Environment and Natural Resources

Division of Waste Management

CONSTRUCTION AND DEMOLITION LANDFILL

Facility Annual Report

For the period of JULY 1, 2007-JUNE 30, 2008

RECEIVED
DIVISION OF WASTE MANAGEMENT
JUL 31 2008
Winston-Salem
Regional Office

Reviewed 8/1/08

Facility Name: Davidson County CDLF Permit: 2906 ID: P1051

Address: 1242 Old Us Hwy 29

City: Thomasville State: North Carolina Zip: 27360

Contact: ISW Director / Charles Brushwood or ISW Administrative Assistant / Angela B. Jones

Phone Number: (336) 242-2284 Fax: (336) 249-7524 Email: angela.jones@davidsoncountync.gov

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ Attached /Ton (Attach a schedule of tipping fees if appropriate.)

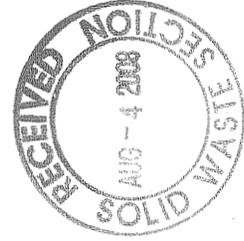
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 132,478.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 85,085.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? Apr 30, 2008

5. How much waste has been disposed, according to scale records, from Dec 4, 2001 (Opening date of the facility) through the date of the survey indicated above? 64,625.00 tons

6. Please report the longitude and latitude of your facility.
Longitude: W 80 degrees 10' 32.14" Latitude: N 35 degrees 50' 30.07"
Indicate method of collection: Survey



7. Please provide the Emergency 911 Address of the facility:
Street 1: 220 Davidson County Landfill Road
Street 2: _____
City: Lexington State: North Carolina Zip: 27292

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste - (specify): Concrete Block, bricks

9. Indicate other types of activities occurring at this landfill:
Mobile Home Deconstruction, Recycling

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|--------------------------------|------------------|
| Scrap Aluminum and Scrap Metal | 4.74 and 37.05 |
| Cardboard and Concrete | 18.67 and 500.97 |
| Vinyl and Wood | 3.73 and 29.91 |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|----------|----------|----------|--------|--------|--------|--------|--------|--------|----------|--------|-----------|
| Davidson County | 1,106.11 | 1,345.98 | 1,393.95 | 1,186.98 | 829.02 | 809.45 | 759.24 | 792.85 | 889.59 | 993.40 | 1,050.91 | 791.37 | 11,948.85 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Grand Total 11,948.85

*****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.

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

Signature: Angela B. Jones

Date: Jul 31, 2008

Name: Angela B. Jones / ISW Administrative Assistant

Phone Number: (336) 242-2284

Email: angela.jones@davidsoncountync.gov

Facility Name: Davidson County CDLF Permit: 2906

Address: 1242 Old Us Hwy 29

City: Thomasville State: North Carolina Zip: 27360

Person completing Assessment: Angela B. Jones / ISW Administrative Assistant Date: Jul 31, 2008

Phone Number: (336) 242-2284 Fax: (336) 249-7524 Email: angela.jones@davidsoncountync.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? 16
 What are the three closest distances from the *Edge of Waste*? 520 Feet 540 Feet 650 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? 1
 What are the three closest distances from the *Edge of Waste*? 900 Feet _____ Feet _____ Feet
 Please list the names of the water bodies: Jimmy's 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? 16

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

COMMERCIAL

\$31.00 Ton *\$31.00*

\$10.00 Cubic Yard (Concrete, Brick, Block and Soil) *\$10.00*

PRIVATE

\$6.00 Pickup or Car

\$12.00 Pickup & Trailer OR Car & Trailer

(Trailer over 8ft. in length \$31.00 Ton)

TIRES NO CHARGE

(Tires from stockpiles or illegal dumps contact

Davidson County Landfill at 336-242-2289.)

APPLIANCES NO CHARGE

(Appliances from stockpiles or illegal dumps contact

Davidson County Landfill at 336-242-2289.)

Not
NOT ACCEPTED: Wood, Liquid Waste

C&D LANDFILL TIPPING FEES (Construction & Demolition)

- \$26.00 Per Ton
- \$10.00 Per Cubic Yard (Concrete, Brick, Block, Soil)
- \$26.00 Per ton OR \$6.00 Minimum for Pickup or Car

~~RECYCLING TIPPING FEES~~

- * ~~\$10.00 Per Ton (Commercial)~~
- * ~~\$3.00 Flat Rate (Residential - Car or Pickup)~~

DCCD LANDFILL / TONNAGE REPORT
ANNUAL YEAR / 2007-2008

| MONTH | TONNAGE |
|------------------|----------------|
| JULY | 1106.11 |
| AUGUST | 1345.98 |
| SEPTEMBER | 1393.95 |
| OCTOBER | 1186.98 |
| NOVEMBER | 829.02 |
| DECEMBER | 809.45 |
| JANUARY | 759.24 |
| FEBRUARY | 792.85 |
| MARCH | 889.59 |
| APRIL | 993.40 |
| MAY | 1050.91 |
| JUNE | 791.37 |
| TOTALS | 11,948.85 |

DCCD Landfill Tonnage Report

| July-07 | |
|------------------------------|-----------------|
| INBOUND | |
| MATERIAL | TOTACTWT |
| CDFL | 44.87 |
| CDLAND | 5.94 |
| CDTN | 1025.87 |
| CDYD | 37.05 |
| SUBTOTAL | 1113.73 |
| OUTBOUND | |
| MATERIAL | TOTACTWT |
| CDCB | 1.70 |
| CDMSW | 0.33 |
| CDSCME | 5.59 |
| SUBTOTAL | 7.62 |
| TOTAL C&D TONNAGE | |
| SUB-TOTAL 1 | 1113.73 |
| SUB-TOTAL 2 | -7.62 |
| TOTAL TONS | 1106.11 |

DCCD Landfill Tonnage Report

| August-07 | |
|------------------------------|-----------------|
| INBOUND | |
| MATERIAL | TOTACTWT |
| CDFL | 36.44 |
| CDLAND | 1.93 |
| CDTN | 1251.27 |
| CDYD | 66.74 |
| SUBTOTAL 1 | 1356.38 |
| OUTBOUND | |
| MATERIAL | TOTACTWT |
| CDALSC | 2.44 |
| CDCB | 1.36 |
| CDMSW | 2.19 |
| CDSCME | 4.41 |
| SUBTOTAL 2 | 10.40 |
| TOTAL C&D TONNAGE | |
| SUBTOTAL 1 | 1356.38 |
| SUBTOTAL 2 | -10.40 |
| TOTAL | 1345.98 |

DCCD Landfill Tonnage Report

| September-07 | |
|------------------------------|-----------------|
| INBOUND | |
| MATERIAL | TOTACTWT |
| CDFL | 47.71 |
| CDLAND | 3.64 |
| CDTN | 1338.2 |
| CDYD | 12.56 |
| SUBTOTAL 1 | 1402.11 |
| OUTBOUND | |
| MATERIAL | TOTACTWT |
| CDMSW | 1.22 |
| CDSCME | 4.46 |
| CONCRETE | 2.48 |
| SUBTOTAL 2 | 8.16 |
| TOTAL C&D TONNAGE | |
| SUBTOTAL 1 | 1402.11 |
| SUBTOTAL 2 | -8.16 |
| TOTAL | 1393.95 |

DCCD LANDFILL TONNAGE REPORT

| October-07 | |
|------------------------------|-----------------|
| INBOUND | |
| MATERIAL | TOTACTWT |
| CDFL | 36.57 |
| CDLAND | 2.50 |
| CDTN | 1145.35 |
| CDYD | 28.14 |
| SUBTOTAL | 1212.56 |
| OUTBOUND | |
| MATERIAL | TOTACTWT |
| CDCB | 1.36 |
| CDMSW | 4.99 |
| CDSCME | 7.35 |
| CONCRETE | 11.88 |
| SUBTOTAL | 25.58 |
| TOTAL C&D TONNAGE | |
| SUB-TOTAL 1 | 1212.56 |
| SUB-TOTAL 2 | -25.58 |
| TOTAL TONS | 1186.98 |

DCCD LANDFILL TONNAGE REPORT

| November-07 | |
|------------------------------|-----------------|
| INBOUND | |
| MATERIAL | TOTACTWT |
| CDFL | 35.80 |
| CDLAND | 3.97 |
| CDTN | 796.96 |
| CDYD | 39.19 |
| SUBTOTAL 1 | 875.92 |
| OUTBOUND | |
| MATERIAL | TOTACTWT |
| CDCB | 1.36 |
| CDMSW | 2.71 |
| CDWOOD | 3.72 |
| CONCRETE | 39.11 |
| SUBTOTAL 2 | 46.90 |
| TOTAL C&D TONNAGE | |
| SUBTOTAL 1 | 875.92 |
| SUBTOTAL 2 | -46.9 |
| TOTAL | 829.02 |

DCCD LANDFILL TONNAGE REPORT

| December-07 | |
|------------------------------|-----------------|
| INBOUND | |
| MATERIAL | TOTACTWT |
| CDFL | 30.43 |
| CDLAND | 10.03 |
| CDTN | 771.68 |
| CDYD | 102.23 |
| SUBTOTAL 1 | 914.37 |
| OUTBOUND | |
| MATERIAL | TOTACTWT |
| CDCB | 2.55 |
| CDMSW | 0.91 |
| CDSCME | 1.51 |
| CDWOOD | 2.93 |
| CONCRETE | 97.02 |
| SUBTOTAL 2 | 104.92 |
| TOTAL C&D TONNAGE | |
| SUBTOTAL 1 | 914.37 |
| SUBTOTAL 2 | -104.92 |
| TOTAL | 809.45 |

DCCD LANDFILL TONNAGE REPORT

| January-08 | |
|------------------------------|-----------------|
| INBOUND | |
| MATERIAL | TOTACTWT |
| CDFL | 30.60 |
| CDLAND | 4.59 |
| CDTN | 729.89 |
| CDYD | 32.67 |
| SUBTOTAL | 797.75 |
| OUTBOUND | |
| MATERIAL | TOTACTWT |
| CDCB | 1.70 |
| CDMSW | 3.03 |
| CDWOOD | 3.09 |
| CONCRETE | 30.69 |
| SUBTOTAL | 38.51 |
| TOTAL C&D TONNAGE | |
| SUB-TOTAL 1 | 797.75 |
| SUB-TOTAL 2 | -38.51 |
| TOTAL TONS | 759.24 |

DCCD LANDFILL TONNAGE REPORT

| February-08 | |
|------------------------------|-----------------|
| INBOUND | |
| MATERIAL | TOTACTWT |
| CDFL | 7.41 |
| CDLAND | 3.93 |
| CDTN | 793.03 |
| CDYD | 39.95 |
| SUBTOTAL 1 | 844.32 |
| OUTBOUND | |
| MATERIAL | TOTACTWT |
| CDALSC | 2.30 |
| CDCB | 0.85 |
| CDMSW | 0.69 |
| CDSCME | 4.55 |
| CDWOOD | 6.45 |
| CONCRETE | 36.63 |
| SUBTOTAL 2 | 51.47 |
| TOTAL C&D TONNAGE | |
| SUBTOTAL 1 | 844.32 |
| SUBTOTAL 2 | -51.47 |
| TOTAL | 792.85 |

DCCD LANDFILL TONNAGE REPORT

| March-08 | |
|------------------------------|-----------------|
| INBOUND | |
| MATERIAL | TOTACTWT |
| CDFL | 35.48 |
| CDLAND | 3.24 |
| CDTN | 831.46 |
| CDYD | 141.96 |
| SUBTOTAL 1 | 1012.14 |
| OUTBOUND | |
| MATERIAL | TOTACTWT |
| CDCB | 1.19 |
| CDMSW | 1.41 |
| CDWOOD | 1.64 |
| CONCRETE | 118.31 |
| SUBTOTAL 2 | 122.55 |
| TOTAL C&D TONNAGE | |
| SUBTOTAL 1 | 1012.14 |
| SUBTOTAL 2 | -122.55 |
| TOTAL | 889.59 |

DCCD LANDFILL TONNAGE REPORT

| April-08 | |
|------------------------------|-----------------|
| INBOUND | |
| MATERIAL | TOTACTWT |
| CDFL | 35.33 |
| CDLAND | 2.61 |
| CDTN | 956.97 |
| CDYD | 19.80 |
| SUBTOTAL | 1014.71 |
| OUTBOUND | |
| MATERIAL | TOTACTWT |
| CDCB | 1.87 |
| CDMSW | 5.42 |
| CDSCME | 4.13 |
| CDWOOD | 3.45 |
| CONCRETE | 6.44 |
| SUBTOTAL | 21.31 |
| TOTAL C&D TONNAGE | |
| SUB-TOTAL 1 | 1014.71 |
| SUB-TOTAL 2 | -21.31 |
| TOTAL TONS | 993.40 |

DCCD LANDFILL TONNAGE REPORT

| May-08 | |
|------------------------------|-----------------|
| INBOUND | |
| MATERIAL | TOTACTWT |
| CDFL | 32.40 |
| CDTN | 1011.07 |
| CDYD | 55.88 |
| SUBTOTAL 1 | 1099.35 |
| OUTBOUND | |
| MATERIAL | TOTACTWT |
| CDCB | 2.04 |
| CDMSW | 1.86 |
| CDWOOD | 2.46 |
| CONCRETE | 42.08 |
| SUBTOTAL 2 | 48.44 |
| TOTAL C&D TONNAGE | |
| SUBTOTAL 1 | 1099.35 |
| SUBTOTAL 2 | -48.44 |
| TOTAL | 1050.91 |

DCCD LANDFILL TONNAGE REPORT

| June-08 | |
|------------------------------|-----------------|
| INBOUND | |
| MATERIAL | TOTACTWT |
| CDFL | 29.53 |
| CDTN | 745.83 |
| CDYD | 151.83 |
| SUBTOTAL 1 | 927.19 |
| OUTBOUND | |
| MATERIAL | TOTACTWT |
| CDCB | 2.69 |
| CDMSW | 1.85 |
| CDSCME | 5.05 |
| CDVS | 3.73 |
| CDWOOD | 6.17 |
| CONCRETE | 116.33 |
| SUBTOTAL 2 | 135.82 |
| TOTAL C&D TONNAGE | |
| SUBTOTAL 1 | 927.19 |
| SUBTOTAL 2 | -135.82 |
| TOTAL | 791.37 |



July 29, 2008

Mr. Charlie Brushwood, Director
Davidson County Solid Waste Management Dept.
220 Davidson County Landfill Road
Lexington, NC 27292

**RE: Davidson County Landfill Facility
Remaining Volume and Life Expectancy Analyses
MSW and C&D Landfill Units**

Dear Charlie:

Based on the aerial survey of your facility performed on April 30, 2008 by Spatial Data Consultants (see **Figure 1**), Richardson Smith Gardner & Associates, Inc. (RSG) has evaluated the waste density relative to the last site survey (May 7, 2007) and the remaining life expectancy for both your MSW and C&D landfill units.

Recent Waste Density

The attached calculations show that based on the survey data provided by Spatial Data Consultants, the in-place volumes of soil and waste relative to the previous survey (May 7, 2007) are approximately 142,459 cubic yards and 24,713 cubic yards for your MSW and C&D landfill units, respectively. Based upon County operational techniques it is estimated that approximately 10 percent (14,246 cubic yards) of the MSW total is periodic (daily and intermediate) soil cover. Likewise, it is estimated that approximately 5 percent (1,236 cubic yards) of the C&D total is periodic soil cover. Also, based on the total tons received in the landfill units between the two survey dates (MSW - 111,637 tons; C&D - 11,791 tons), the waste density is currently approximately 1,741 pounds per cubic yard (pcy) and 1,004 pcy for your MSW and C&D landfill units, respectively.

Volumes and Site Life Expectancy

The gross and net remaining volume as well as projected life expectancy for both the MSW and C&D landfill units are as shown below along with the permitted and approximate used airspace volumes. The projected life expectancy was based on conservative average waste density values (MSW - average = 1,500 pcy; C&D - average = 1,100 pcy), the periodic cover soil percentages stated above, and on the assumption that the loading rate remains constant (MSW - average of approximately 110,000 tons/year; C&D - average of approximately 12,500 tons/year). The attached **Figure 2** shows the proposed (maximum) fill grades which were used to calculate the gross volume remaining for both the MSW and C&D landfill units.

Mr. Charlie Brushwood
July 29, 2008
Page 2

| Unit | Permitted (Gross) Airspace ¹ | Used (Gross) Airspace ² | Gross Volume Remaining | Net Volume Remaining | Life Expectancy ³ |
|-------------------------|---|------------------------------------|------------------------|--------------------------|------------------------------|
| Phase 1 MSW (Permitted) | 2,487,100 CY | 2,349,495 CY | 137,605 CY | 123,845 CY (92,883 Tons) | 0.8 Years (March 2009) |
| Phases 1 & 2 C&D | 217,563 CY | 132,478 CY | 85,085 CY | 71,635 CY (39,399 Tons) | 3.2 Years (June 2011) |

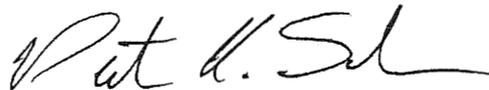
Notes:

1. The permitted airspace shown is from the currently approved Facility Plans plus 62,100 CY for the planned vertical expansion of the Phase 1 MSW unit.
2. The used airspace was calculated as the permitted airspace minus the gross volume remaining.
3. Life expectancy is from the date of the most recent survey.

Please note that the life expectancy values as shown above may vary somewhat from the values that the State will calculate based on your annual report information due to differences in the calculated loading rates and airspace utilization factors. This report considers more recent density and loading figures in the calculation, whereas the State considers the average values since the start of landfilling.

Please call me at your earliest convenience if you have any questions or comments on these analyses.

Sincerely,
Richardson Smith Gardner & Associates, Inc.



Pieter K. Scheer, P.E.
Principal, Senior Engineer

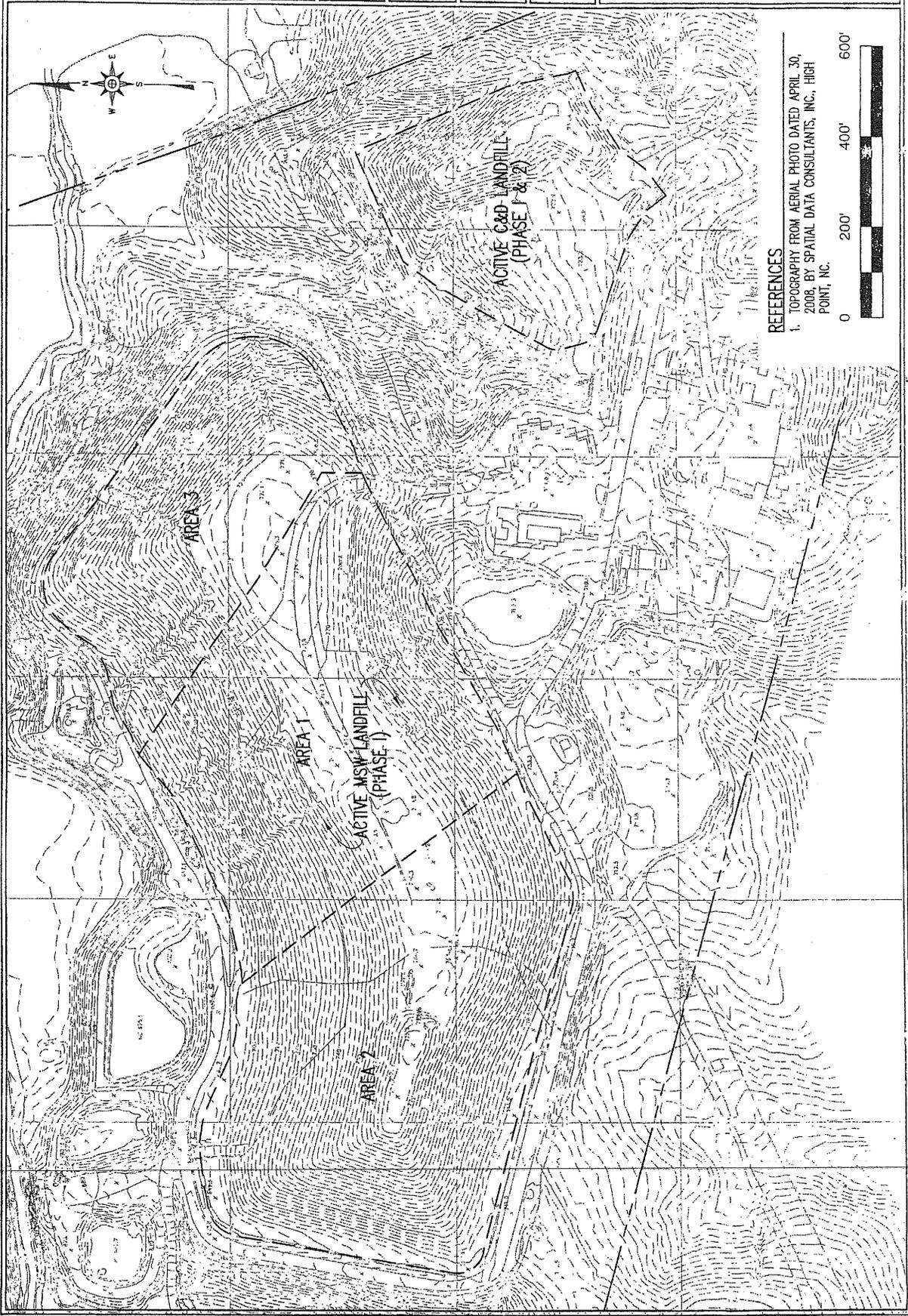
Attachments



RICHARDSON SMITH GARDNER & ASSOCIATES
 14 N. Boyan Ave. Raleigh, N.C. 27603
 www.rsgna.com
 Tel: 919-833-8893

| | | |
|--------------|-------------|-------------|
| FILE NAME | PROJECT NO. | DATE |
| DAVDCO-80460 | DAVDCO 08-2 | Jun. 2008 |
| FIGURE NO. | SCALE | CHECKED BY: |
| 1 | AS SHOWN | P.K.S. |
| | | J.A.L. |
| | | DATE: |
| | | Jun. 2008 |

DAVIDSON COUNTY LANDFILL EXISTING SITE CONDITIONS



REFERENCES

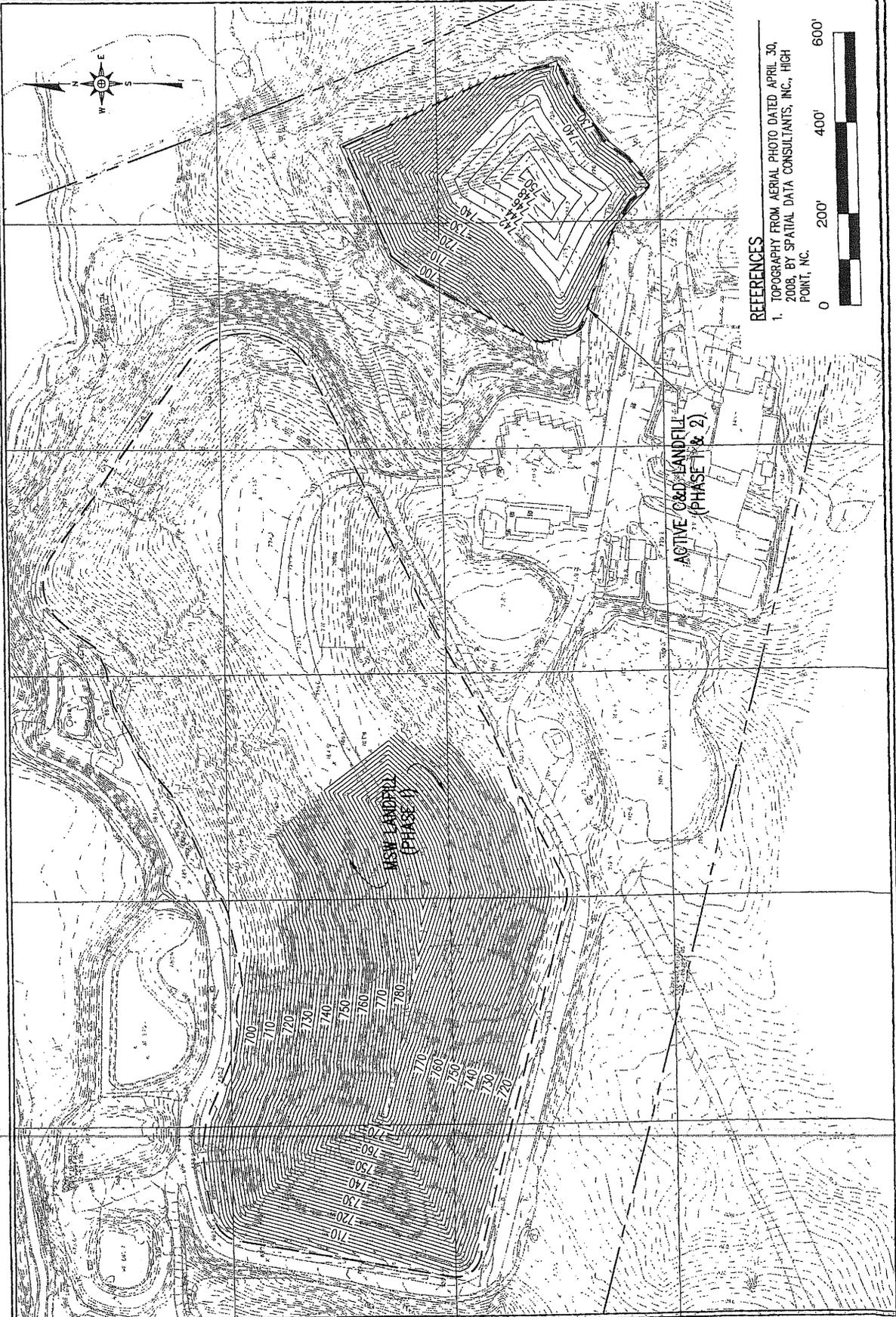
1. TOPOGRAPHY FROM AERIAL PHOTO DATED APRIL 30, 2008, BY SPATIAL DATA CONSULTANTS, INC., HIGH POINT, NC.



DAVIDSON COUNTY LANDFILL
 PROPOSED FILL GRADES
 (MAXIMUM)

| | |
|--------------|--------------|
| DATE: | JUL 2008 |
| PROJECT NO.: | DAVDCO 08-2 |
| FILE NAME: | DAVDCO-B0461 |
| DRAWN BY: | J.A.L. |
| CHECKED BY: | P.K.S. |
| SCALE: | AS SHOWN |
| FIGURE NO.: | 2 |

RICHARDSON SMITH GARDNER & ASSOCIATES
 14 N. Graham Ave.
 Raleigh, N.C. 27603
 www.rsga.com
 PH: 919-833-2077
 FAX: 919-833-2088



REFERENCES
 1. TOPOGRAPHY FROM AERIAL PHOTO DATED APRIL 30, 2008, BY SPATIAL DATA CONSULTANTS, INC., HIGH POINT, NC.

PROJECT Davidson County Landfill

SHEET 1 OF 2

JOB NO. DAVDCO-08-2

DATE 7/29/08

SUBJECT Capacity Evaluation (Density & Life Calcs.)

COMPUTED BY PKS

CHECKED BY _____

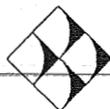
Objective

To determine the capacity of landfill units. Also, to estimate the expected life of the landfill unit(s) given the proposed contours and the anticipated waste loading rate(s). As part of the evaluation, an evaluation or estimate of waste density will be required based on the known or assumed percentage of periodic cover soil.

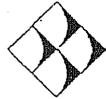
Analysis

The volume(s) will be calculated by using AutoCAD.

CAPACITY LF DENSITY & LIFE.WPD



RICHARDSON SMITH GARDNER & ASSOCIATES
Engineering and Geological Services
14 N. Boylan Avenue, Raleigh, NC 27603
Telephone: (919) 828-0577



RICHARDSON SMITH GARDNER & ASSOCIATES

Engineering and Geological Services

14 N. Boylan Avenue
Raleigh, NC 27603

Tel: 919-828-0577
Fax: 919-828-3899

SHEET: **216**
JOB #: DAVDCO-08-2
DATE: 7/29/08
BY: PKS
CHKD BY:

**Davidson County MSW Landfill - Phase 1
Capacity Evaluation - Filling Rate & Density Calculations**

Density and Filling Rate Calculations:

| Start Date | Period of Interest | | Volume Filled (cy) | Quantity of Waste Disposed (tons) | Waste Filling Rate* (lbs/cy) | Periodic Cover | | Waste Volume (cy) | Waste Density** (lbs/cy) |
|------------|--------------------|--------------------|--------------------|-----------------------------------|------------------------------|----------------|-------------|-------------------|--------------------------|
| | End Date | Total Time (years) | | | | Assumed % | Volume (cy) | | |
| 6/2/2003 | 6/18/2004 | 1.05 | 156,313 | 100,808 | 1,290 | 10 | 15,631 | 140,682 | 1,433 |
| 6/19/2004 | 4/5/2005 | 0.79 | 110,764 | 82,182 | 1,484 | 10 | 11,076 | 99,688 | 1,649 |
| 4/6/2005 | 5/13/2006 | 1.10 | 175,632 | 112,847 | 1,285 | 10 | 17,563 | 158,069 | 1,428 |
| 5/14/2006 | 5/7/2007 | 0.98 | 133,873 | 102,105 | 1,525 | 10 | 13,387 | 120,486 | 1,695 |
| 5/8/2007 | 4/30/2008 | 0.98 | 142,459 | 111,637 | 1,567 | 10 | 14,246 | 128,213 | 1,741 |
| | | | | | | | | Avg. = | 1,581 |

Notes:

*Waste Filling Rate = (Tons of Waste Disposed)/(Volume Filled).

**Waste Density = (Tons of Waste Disposed)/(Volume Filled - Volume of Periodic Cover).



RICHARDSON SMITH GARDNER & ASSOCIATES
Engineering and Geological Services
 14 N. Boylan Avenue Tel: 919-828-0577
 Raleigh, NC 27603 Fax: 919-828-3899

SHEET: **316**
 JOB #: DAVDCO-08-2
 DATE: 7/29/08
 BY: PKS
 CHKD BY:

**Davidson County Landfill
 Capacity Evaluation - MSW - Phase 1**

Waste & Periodic Cover Parameters:

Waste Density (pcy) = 1,500 (From Filling Rate and Density Calcs.)
 Waste Density (tcy) = 0.75
 Percentage of Periodic Cover = 10

Volume Calculations:

Volume From AutoCAD (cy) = 137,605 (Compared to April 30, 2008 Topo.)
 (= Gross Volume Remaining)

Net (Waste) Capacity:

Adjustment For Other Layers:

Area of Final Cover (Ac.) = 0
 2 feet Vegetative Soil Layer = 0 cy
 Sum = 0 cy

Volume of Waste and Periodic Cover (cy) = 137,605

Volume of Periodic Cover (cy) = (13,761)

Net (Waste) Capacity (cy) =

Net (Waste) Capacity (tons) =

Life Expectancy Calculations:

| Start Time | End Time | Tons Disposed | Total Tons | Remainder |
|------------|----------|---------------|------------|-----------|
| 2008.33 | 2009 | 73,700 | 73,700 | 19,183 |
| 2009 | 2009 | 0 | 73,700 | 19,183 |
| 2009 | 2009.17 | 19,183 | 92,883 | 0 |

Based on 110,000 Tons/Year

Landfill Life Expectancy (years) =

March 2009



RICHARDSON SMITH GARDNER & ASSOCIATES
Engineering and Geological Services
 14 N. Boylan Avenue
 Raleigh, NC 27603
 Tel: 919-828-0577
 Fax: 919-828-3899

916
 SHEET: DAVDCO-08-2
 JOB #: 7/29/08
 DATE: PKS
 BY:
 CHKD BY:

Davidson County C&D Landfill - Phases 1 & 2
Capacity Evaluation - Filling Rate & Density Calculations

Density and Filling Rate Calculations:

| Start Date | Period of Interest End Date | Total Time (years) | Volume Filled (cy) | Quantity of Waste Disposed (tons) | Waste Filling Rate* (lbs/cy) | Periodic Cover Assumed % | Periodic Cover Volume (cy) | Waste Volume (cy) | Waste Density** (lbs/cy) |
|------------|-----------------------------|--------------------|--------------------|-----------------------------------|------------------------------|--------------------------|----------------------------|-------------------|--------------------------|
| 12/4/2001 | 4/5/2005 | 3.34 | 55,944 | 31,271 | 1,118 | 5 | 2,797 | 53,147 | 1,177 |
| 4/6/2005 | 5/13/2006 | 1.10 | 17,738 | 9,284 | 1,047 | 5 | 887 | 16,851 | 1,102 |
| 5/14/2006 | 5/7/2007 | 0.98 | 25,133 | 12,279 | 977 | 5 | 1,257 | 23,876 | 1,029 |
| 5/8/2007 | 4/30/2008 | 0.98 | 24,713 | 11,791 | 954 | 5 | 1,236 | 23,477 | 1,004 |
| | | | | | | | | Avg. = | 1,115 |

Notes:

*Waste Filling Rate = (Tons of Waste Disposed)/(Volume Filled).
 **Waste Density = (Tons of Waste Disposed)/(Volume Filled - Volume of Periodic Cover).



RICHARDSON SMITH GARDNER & ASSOCIATES
Engineering and Geological Services
 14 N. Boylan Avenue Tel: 919-828-0577
 Raleigh, NC 27603 Fax: 919-828-3899

SHEET: **516**
 JOB #: DAVDCO-08-2
 DATE: 7/29/08
 BY: PKS
 CHKD BY:

**Davidson County Landfill
 Capacity Evaluation - C&D - Phases 1 & 2**

Waste & Periodic Cover Parameters:

Waste Density (pcy) = 1,100 (From Filling Rate and Density Calcs.)
 Waste Density (tcy) = 0.55
 Percentage of Periodic Cover = 5

Volume Calculations:

Volume From AutoCAD (cy) = 85,085 (Compared to April 30, 2008 Topo.)
 (= Gross Volume Remaining)

Net (Waste) Capacity:

Adjustment For Other Layers:

Area of Final Cover (Ac.) = 3.0
 2 feet Vegetative Soil Layer = (9,680) cy
 Sum = (9,680) cy

Volume of Waste and Periodic Cover (cy) = 75,405

Volume of Periodic Cover (cy) = (3,770)

Net (Waste) Capacity (cy) =

Net (Waste) Capacity (tons) =

Life Expectancy Calculations:

| Start Time | End Time | Tons Disposed | Total Tons | Remainder | |
|------------|----------|---------------|------------|-----------|---------------------------|
| 2008.33 | 2009 | 8,375 | 8,375 | 31,024 | Based on 12,500 Tons/Year |
| 2009 | 2011 | 25,000 | 33,375 | 6,024 | |
| 2011 | 2011.48 | 6,024 | 39,399 | 0 | |

Landfill Life Expectancy (years) = June 2011

Davidson County Landfill
DAVDCO 08-2
7/10/2008

| version | date | time | surfBase | surfCompare | volCut | volFill | volNet |
|---------|-----------|----------|----------------------|---------------------------|----------|------------|------------|
| 1 | 7/10/2008 | 11-57-39 | TOPO 050707_MSW AREA | TOPO 043008 | 3,651.56 | 146,110.58 | 142,459.02 |
| 1 | 7/10/2008 | 11-57-39 | TOPO 043008 | CELL 2 AREA 2 FCVR PEAKED | 3,881.37 | 141,486.64 | 137,605.27 |
| 1 | 7/10/2008 | 11-57-39 | TOPO 050707_CD AREA | TOPO 043008 | 167.40 | 24,880.03 | 24,712.63 |
| 1 | 7/10/2008 | 11-57-39 | TOPO 043008 | CD PHASE_2 FCVR | 4,787.74 | 89,873.23 | 85,085.49 |

6/6



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Edgecombe County CDLF Permit: 3301 ID: P0798
 Address: PO Box 10
 City: Tarboro State: North Carolina Zip: 27886
 Contact: Danny Bagley
 Phone Number: (252) 827-4253 Fax: (252) 827-6618 Email: dbagley_edgecombe@yahoo.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 36.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 585,600.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 1,113,700.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? Feb. 5, 2007
5. How much waste has been disposed, according to scale records, from Jan. 1, 1998 (Opening date of the facility) through the date of the survey indicated above? 325,630.91 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 077.056194 Latitude: 35.82248
 Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 2872 Colonial Rd.
 Street 2: 2861 Colonial Rd. Office
 City: Tarboro State: North Carolina Zip: 27866

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
tire collection, yard waste processing, white goods collection, pesticide container storage, convenience center

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. **DO NOT** include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|--------|--------|----------|----------|--------|--------|----------|--------|--------|--------|----------|----------|-----------|
| Edgecombe | 580.61 | 724.33 | 1,075.06 | 1,074.42 | 628.10 | 577.44 | 4,481.34 | 690.14 | 641.18 | 971.55 | 1,602.69 | 1,225.53 | 14,272.39 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 14,272.39 |

*****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.

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

Signature: 

Date: 7-28-08

Name: Danny Bagley

Phone Number: (252) 827-4253

Email: dbagley_edgewcombe@yahoo.com

Facility Name: Edgecombe County Solid Waste Permit: 33-01

Address: PO Box 10

City: Tarboro State: North Carolina Zip: 27886

Person completing Assessment: Danny Bagley Date: _____

Phone Number: (252) 827-4253 Fax: (252) 827-4461 Email: dbagley_edgecombe@yahoo.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

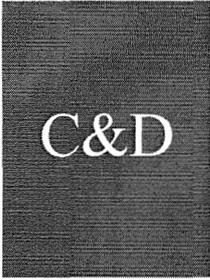
- 1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 6
What are the three closest distances from the *Edge of Waste*? 580 Feet 700 Feet 800 Feet
- 2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 9-1 On-site, 8 Off-site
What are the three closest distances from the *Edge of Waste*? 285 Feet 550 Feet 695 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? 3
What are the three closest distances from the *Edge of Waste*? 215 Feet 70 Feet 295 Feet
Please list the names of the water bodies: Farm Pond, Jerry's Creek, Wrights 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? 6

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

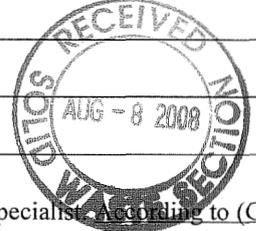
We are in the process of extracting gas from C+D Land fill



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of **JULY 1, 2007-JUNE 30, 2008**

REVIEWED JP 8-7-08
 RECEIVED
 AUG 05 2008
 Winston-Salem
 Regional Office

Facility Name: Old Salisbury Road Landfill Permit: 34-12 ID: P0708
 Address: 3336 Old Salisbury Road
 City: Winston-Salem State: North Carolina Zip: 27127
 Contact: Stevie Dulin
 Phone Number: (336) 747-7308 Fax: (336) 727-8432 Email: steved@cityofws.org



If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 28.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 2,199,100.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 1,498,900.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? Jan 3, 2008
5. How much waste has been disposed, according to scale records, from 8/1996 (Opening date of the facility) through the date of the survey indicated above? 1,062,576.00 tons

6. Please report the longitude and latitude of your facility.
 Longitude: W80 deg 16.378' Latitude: N35 deg 59.77'
 Indicate method of collection: Other

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 3336 Old Salisbury Road
 Street 2: _____
 City: Winston-Salem State: North Carolina Zip: 27127

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
None

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. **DO NOT** include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| | 8,292.05 | 7,980.43 | 6,789.97 | 8,762.03 | 7,493.37 | 6,044.96 | 6,289.28 | 5,652.48 | 6,362.01 | 6,481.04 | 7,380.95 | 7,351.21 | 84,879.78 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 84,879.78 |

***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.

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

Signature:  / FOR

Date: 8/4/08

Name: Stevie Dulin

Phone Number: (336) 747-7308

Email: steved@cityofws.org

Facility Name: Old Salisbury Road C+D LF Permit: 34-12

Address: 3336 Old Salisbury Road

City: Winston-Salem State: North Carolina Zip: 27127

Person completing Assessment: Michael Plummer, P.E. Date: Jul 30, 2008

Phone Number: (704) 338-6700 Fax: (704) 338-6760 Email: michael.plummer@hdrinc.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? 121
 What are the three closest distances from the *Edge of Waste*? 270 Feet 320 Feet 330 Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 15
 What are the three closest distances from the *Edge of Waste*? ≥ 500 Feet ≥ 500 Feet ≥ 500 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? 5
 What are the three closest distances from the *Edge of Waste*? ≥ 50 Feet ≥ 50 Feet ≥ 50 Feet
 Please list the names of the water bodies: unnamed tributaries to South Fork Muddy Creek (2); ponds (3)
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? 107

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

Distances to potable wells and surface water bodies from the edge of waste are greater than the regulatory requirement.



Potential Groundwater Users

-  Identified in the Site Study as having a well
-  Property Boundary
-  Landfill Footprint

NOTES:

1. Public water is available for the entire 1500' area based on data from NC CGIA Type A Public Water Supply Systems
2. Aerial imagery sourced from Forsyth County circa 2005
3. Surface water sourced from USGS High Resolution National Hydrography Dataset
4. Land Records information sourced from Forsyth County, linework circa 01-16-2008 and assessment information circa 11-21-2007, and Davidson County circa September, 2005
5. Sites designated with striped hatching have been identified as:
 - a. Assessor data showing a dwelling on-site
 - AND EITHER -
 - b. Assessor data showing parcel currently has a well
 - OR-
 - c. Shown as having a well in the site study with assessor data showing parcel not on public water



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008

CTG
8/5/08

Facility Name: Gaston County Landfill Permit: 36-06 ID: P0985
 Address: 3155 Philadelphia Church Road
 City: Dallas State: North Carolina Zip: 28034
 Contact: Marcie A. Smith - Environmental Analyst
 Phone Number: (704) 922-0267 Fax: (704) 922-5890 Email: marcie.smith@co.gaston.nc.us



If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 24.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 624,256.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 360,000 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? 04/21/2008
5. How much waste has been disposed, according to scale records, from 02/05/1999 (Opening date of the facility) through the date of the survey indicated above? 367,637.75 tons
6. Please report the longitude and latitude of your facility.
 Longitude: N35d23.277' Latitude: N81d10.422'
 Indicate method of collection: Other

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 3155 Philadelphia Church Road
 Street 2: _____
 City: Dallas State: North Carolina Zip: 28034

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): Mobile Home Deconstruction

**NC DEPT. OF ENVIRONMENT
 AND NATURAL RESOURCES
 RECEIVED
 AUG 01 2008**

9. Indicate other types of activities occurring at this landfill:

**MOORESVILLE REGIONAL OFFICE
 DIVISION OF WASTE MANAGEMENT, SWS**

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

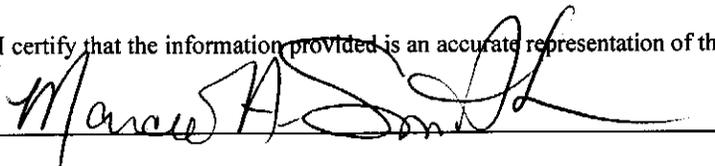
| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------------|
| Gaston County | 4,804.14 | 4,488.75 | 4,068.45 | 4,190.96 | 3,913.13 | 2,571.45 | 3,132.39 | 3,362.75 | 3,692.71 | 4,454.26 | 4,047.78 | 3,427.73 | 46,154.50 |
| Lincoln County | 323.07 | 259.60 | 250.11 | 285.37 | 258.28 | 190.02 | 129.08 | 152.82 | 161.67 | 200.70 | 128.84 | 139.20 | 2,478.76 |
| Mecklenburg County | 15.58 | 11.36 | 14.79 | 11.04 | 1.78 | 9.72 | 9.66 | 2.65 | 9.33 | 9.79 | 1.67 | 11.18 | 108.55 |
| Catawba County | 2.32 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10.72 | 1.20 | 0.58 | 13.36 | 5.66 | 0.00 | 33.84 |
| York County | 6.13 | 3.52 | 2.06 | 0.90 | 4.37 | 5.69 | 0.00 | 0.15 | 0.27 | 0.00 | 0.00 | 2.08 | 25.17 |
| Cleveland County | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.80 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.80 |
| Grand Total | | | | | | | | | | | | | 48,801.62 |

***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.

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

Signature: _____



Date: 07/30/2008

Name: Marcie A. Smith - Environmental Analyst

Phone Number: (704) 922-0267

Email: marcie.smith@co.gaston.nc.us

Facility Name: Gaston County Landfill Permit: 36-06

Address: 3155 Philadelphia Church Road

City: Dallas State: North Carolina Zip: 28034

Person completing Assessment: Marcie A. Smith Date: 07/30/2008

Phone Number: (704) 922-0267 Fax: (704) 922-5890 Email: marcie.smith@co.gaston.nc.us

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*? 575 Feet 600 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*? 550 Feet 650 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? Monitoring Natural Attenuation

Comments

We currently have a blower and flare system installed at our C&D site, which is over an old MSW cell. This is also where we are doing the natural attenuation of the groundwater.



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Granville County CDLF Permit: 3901 ID: P0799
 Address: 6584 Landfill Road
 City: Oxford State: North Carolina Zip: 27565
 Contact: Jason Falls
 Phone Number: (919) 603-1355 Fax: (919) 690-8610 Email: jason.falls@granvillecounty.org

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 25.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 350,000.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 206,684.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? Dec. 14, 2006
5. How much waste has been disposed, according to scale records, from Sept. 1973 (Opening date of the facility) through the date of the survey indicated above? 500,000.00 tons

6. Please report the longitude and latitude of your facility.
 Longitude: " 36° 22' 17" Latitude: -78° 37' 24"
 Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 6584 Landfill Road
 Street 2: _____
 City: Oxford State: North Carolina Zip: 27565

8. Indicate types of disposal activity occurring at this facility (Check all that apply).

- Landfilling of construction and demolition waste
- Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
- Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:

Tire and white good/scrap metal collection, animal disposal area

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|--------------------|--------|----------|--------|----------|--------|----------|----------|--------|--------|--------|----------|----------|------------------|
| Granville | 991.12 | 1,037.84 | 922.94 | 1,011.58 | 834.09 | 1,116.30 | 2,033.91 | 781.76 | 822.22 | 821.56 | 1,263.46 | 1,386.68 | 13,023.46 |
| Vance | 528.66 | 464.31 | 418.89 | 527.62 | 678.74 | 258.99 | 272.66 | 490.07 | 394.67 | 356.64 | 453.68 | 431.91 | 5,276.84 |
| Durham | 50.47 | 135.08 | 90.79 | 38.63 | 19.29 | 49.41 | 51.27 | 17.83 | 38.55 | 25.22 | 30.70 | 73.46 | 620.70 |
| Franklin | 0.00 | 12.95 | 0.92 | 0.00 | 1.44 | 1,188.84 | 243.32 | 16.37 | 0.00 | 0.00 | 0.00 | 4.58 | 1,468.42 |
| Person | 0.00 | 0.00 | 1.71 | 0.00 | 26.71 | 22.33 | 8.42 | 10.63 | 29.25 | 36.65 | 22.99 | 15.34 | 174.03 |
| Wake | 8.83 | 2.19 | 1.31 | 21.15 | 1.69 | 0.00 | 0.00 | 25.94 | 5.00 | 0.00 | 0.00 | 0.00 | 66.11 |
| Grand Total | | | | | | | | | | | | | 20,629.56 |

***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.

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

Signature: Jason Falls

Date: June 6, 2008

Name: Jason Falls

Phone Number: (919) 603-1355

Email: jason.falls@granvillecounty.org

Facility Name: Granville County CDLF Permit: 3901

Address: 6584 Landfill Road

City: Oxford State: North Carolina Zip: 27565

Person completing Assessment: Jason Falls Date: Jun 6, 2008

Phone Number: (919) 603-1355 Fax: (919) 690-8610 Email: jason.falls@granvillecounty.org

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? Monitored Natural Attenuation with additional trenching for venting

Comments



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Greene County Landfill Permit: 40-02 ID: _____

Address: Po. Box 543

City: Snow Hill State: North Carolina Zip: 28580

Contact: David Jones

Phone Number: (252) 747-5720 Fax: (252) 747-4702 Email: davidjones@wavelengthmail.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 42.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 107,160.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 57,800.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? NA.

5. How much waste has been disposed, according to scale records, from NA. (Opening date of the facility) through the date of the survey indicated above? _____ tons

6. Please report the longitude and latitude of your facility.
 Longitude: 77.69003 Latitude: 35.52564
 Indicate method of collection: Internet

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 105 Landfill Rd.
 Street 2: _____
 City: Walstonburg State: North Carolina Zip: 27888

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Whitegoods collection, Scrap tire collection and Yardwaste processing

Facility Name: Greene County Landfill Permit: 40-02

Address: Po. Box 543

City: Snow Hill State: North Carolina Zip: 28580

Person completing Assessment: David Jones Date: Jul 31, 2008

Phone Number: (252) 747-5720 Fax: (252) 747-4702 Email: davidjones@wavelengthmail.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

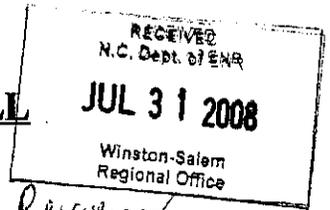
Corrective Measures

- 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? monitoring wells/sampling

Comments



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008



Reviewed
8/1/08
 ID:P0801

Facility Name: City of Greensboro Permit: 41-03
 Address: PO Box 3136
 City: Greensboro State: North Carolina Zip: 27402
 Contact: D. Scott Bost
 Phone Number: (336) 373-7661 Fax: (336) 373-7656 Email: david.bost@greensboro-nc.gov

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 31.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 1,015,800.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 1,300,000.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? May 5, 2008
5. How much waste has been disposed, according to scale records, from Dec 17, 1997 (Opening date of the facility) through the date of the survey indicated above? 1,354,427.00 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 36 06' 59"N Latitude: 79 43' 02"W
 Indicate method of collection: Other



7. Please provide the Emergency 911 Address of the facility:
 Street 1: 2503 White Street
 Street 2: _____
 City: Greensboro State: North Carolina Zip: 27405

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| | 12,284.27 | 11,316.54 | 9,081.84 | 8,043.40 | 7,088.80 | 5,258.11 | 5,775.71 | 5,894.92 | 7,150.55 | 9,587.25 | 6,933.81 | 7,339.37 | 95,754.57 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Grand Total 95,754.57

*****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.

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

Signature: _____

Date: Jul 31, 2008 _____

Name: D. Scott Bost _____

Phone Number: (336) 373-7661 _____

Email: david.bost@greensboro-nc.gov _____

Facility Name: City of Greensboro Permit: 41-03

Address: PO Box 3136

City: Greensboro State: North Carolina Zip: 27402

Person completing Assessment: D. Scott Bost Date: Jul 31, 2008

Phone Number: (336) 373-7661 Fax: (336) 373-7656 Email: david.bost@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? 17
 What are the three closest distances from the *Edge of Waste*? 800 Feet 850 Feet 900 Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 18
 What are the three closest distances from the *Edge of Waste*? 850 Feet 900 Feet 1044 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*? 791 Feet 885 Feet 1000 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? MNA, proposed Phytoremediation (as per C&D permit submission)

Comments



City of Greensboro North Carolina

Dear Waste Disposal Customer:

The tipping fee rate for disposal of material at the City of Greensboro Waste Disposal Facilities as adopted by the Greensboro City Council is as follows:

| <u>Category</u> | <u>Landfill</u> | <u>Transfer Station</u> |
|---|-------------------|-------------------------|
| Residential, Commercial, Industrial | \$ --- | \$ 41.00 per ton |
| Yard Waste, including pick ups and small trailers | \$ 40.00 per ton | \$ --- |
| Construction, Demolition & Roofing directly from site | \$ 31.00 per ton | \$ 41.00 per ton |
| Tires under 10 inch grinded | \$ --- | \$ 41.00 per ton |
| Tires over 10 inch grinded | \$ --- | \$ 72.00 per ton |
| Special Handling Fee | \$150.00 per ton | \$150.00 per ton |
| Animal Disposal | \$ --- | \$ 5.00 per carcass |
| Cars | \$ 10.00 per load | \$ 10.00 per load |

All pick up trucks & small trailers will be weighed and charged according to their material rate shown above.

Mobile Homes (Landfill only):

\$243.00 flat rate

All appliances, furniture and personal effects must be removed prior to disposal.

Hours of Operation:

Landfill: Mon-Fri 7:00 a.m. to 4:50 p.m. & Saturday 7:00 a.m. to 1:00 p.m.

Transfer Station: Mon-Fri 6:00 a.m. to 6:00 p.m. & Saturday 7:00 a.m. to 1:00 p.m.

Items Banned from Disposal: In accordance with the Solid Waste Management Act of 1989 as amended (Gen. Statute #130A), it shall be unlawful to dispose of the following materials in any city owned sanitary landfill or transfer station:

- a. whole tires (except solid forklift tires);
- b. white goods;
- c. lead acid batteries;
- d. liquids of greater than 20ml per load;
- e. hazardous waste as described in 40 CFR 258;
- f. asbestos;
- g. contaminated soil, explosives, volatile chemicals, etc;
- h. any container of 5 gallon capacity or greater unless both ends are removed;
- i. any material that has the propensity for producing a foul odor;
- j. aluminum beverage cans;
- k. large farm animals (i.e. cattle, horses, etc.);
- l. fluorescent fixtures unless ballasts have been removed, and fluorescent bulbs except for residents with a limit of four bulbs per day per household; (businesses may dispose of 220 lbs of bulbs per month per building ~ approximately 400 bulbs that are four feet in length, packaged and sealed in a manner similar to their original packaging);
- m. any other material deemed unlawful as described in the North Carolina Solid Waste Management Rules as amended.

Attempts to dispose of banned waste will be reported to the NC Department of Environmental Health and Natural Resources. All cleanup and cleanup cost will be the responsibility of the hauler or waste generator.



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

DSB

Facility Name: WCA of High Point, LLC Permit: 41-16 ID: 1067

Address: 5830 Riverdale Drive

City: Jamestown State: North Carolina Zip: 27282

Contact: Mike McFeeley, General Manager

Phone Number: (336) 886-3560 Fax: (336) 886-5707 Email: mmcfeeley@wcamerica.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 34.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 512,857.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 4,122,568.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? Dec 31, 2007

5. How much waste has been disposed, according to scale records, from Feb 16, 2004 (Opening date of the facility) through the date of the survey indicated above? 306,260.44 tons

6. Please report the longitude and latitude of your facility.
Longitude: W79°55 28.08 Latitude: N35°56 08.62
Indicate method of collection: Paper map

7. Please provide the Emergency 911 Address of the facility:
Street 1: 5830 Riverdale Drive
Street 2: _____
City: Jamestown State: North Carolina Zip: 27282

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Construction and demolition debris recycling

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|---|----------|
| Wood, cardboard, steel, cast iron, copper, aluminum, vinyl, concrete, brick, conveyor fines | 33,142.1 |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. **44 Row**

| Tons From \ Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------------|
| Guilford ✓ | 1,126.04 | 3,975.53 | 2,735.21 | 1,304.24 | 4,673.66 | 2,991.72 | 4,338.72 | 1,162.73 | 4,226.13 | 4,802.94 | 5,252.44 | 5,259.71 | 41,049.07 |
| Forsyth ✓ | 128.05 | 169.07 | 53.66 | 420.80 | 70.79 | 18.76 | 29.79 | 42.72 | 34.18 | 24.36 | 14.50 | 19.42 | 1,026.10 |
| Randolph ✓ | 56.93 | 72.63 | 69.36 | 39.77 | 35.45 | 77.12 | 10.04 | 6.39 | 29.93 | 60.36 | 102.49 | 35.88 | 595.65 |
| Davidson ✓ | 6,272.60 | 380.60 | 13.84 | 65.19 | 48.21 | 71.27 | 60.81 | 61.81 | 76.25 | 65.58 | 58.16 | 101.61 | 7,275.93 |
| Grand Total | | | | | | | | | | | | | 56,946.75 |

***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.

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

Signature: _____

Date: Aug 5, 2008

Name: Michael R. McFeeley, General Manager

Phone Number: (336) 886-3560

Email: mmcfeeley@wcamerica.com

NC DENR
Division of Waste Management - Solid Waste Section

Risk Assessment Form

Facility Name: WCA of High Point, LLC

Permit: 41-16

Address: 5830 Riverdale Drive

City: Jamestown

State: North Carolina

Zip: 27282

Person completing Assessment: Mike McFeeley, General Manager

Date: _____

Phone Number: (336) 886-3560

Fax: (336) 886-5707

Email: mmcfeeley@wcamerica.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? 22

What are the three closest distances from the Edge of Waste? 690 Feet 780 Feet 780 Feet

2. Are there Potable Wells Within 1,500 feet of the Edge of Waste?

Yes

No

If Yes, how many? 12

What are the three closest distances from the Edge of Waste? 690 Feet 780 Feet 780 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? 150 Feet _____ Feet _____ Feet

Please list the names of the water bodies: Un-named tributary of the Deep River

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? 15

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

Empty box for comments.



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
 Facility Annual Report
 For the period of **JULY 1, 2007-JUNE 30, 2008**



Facility Name: HALIFAX COUNTY LANDFILL Permit: 4204 ID: P0802
 Address: 921 LILES ROAD (PHYSICAL) MAIL ADD: P.O. BOX 70 HALIFAX N.C. 27839
 City: LITTLETON State: North Carolina Zip: 27850
 Contact: LARRY D. GARRISS
 Phone Number: 252-586-7516 Fax: 252-586-2685 Email: SOLIDWASTE@SCAROLLINK.NET

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 45.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey?
3. How much volume remains at the landfill as determined by aerial or ground survey?
4. What was the date of the last survey used to determine the volume used at the landfill?
5. How much waste has been disposed, according to scale records, from _____ (Opening date of the facility) through the date of the survey indicated above?

THIS INFORMATION NOT AVAILABLE YET FROM RECENT SURVEY.

_____ cubic yards
 _____ cubic yards
5/1/2008

6. Please report the longitude and latitude of your facility.
 Longitude: W 77° 48' 53.07 SEC. Latitude: N 36° 22' 45.95 SEC.
 Indicate method of collection: ENGINEERS SPECS.

RECORDS OF FISCAL YRS. 98-99 THRU 07-08 USED FOR THIS TOTAL

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 921 LILES ROAD
 Street 2: _____
 City: LITTLETON State: North Carolina Zip: 27850

8. Indicate types of disposal activity occurring at this facility (Check all that apply):
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): SPENT COAL ASH - IN LINED FACILITY

9. Indicate other types of activities occurring at this landfill:
- 1) SCRAP TIRE COLLECTION
 - 2) PESTICIDE CONTAINER COLLECTION + RECYCLING
 - 3) USED MOTOR OIL + RECYCLING
 - 4) SCRAP METAL COLLECTION + RECYCLING
 - 5) ANIMAL BURIAL + DISPOSAL

1) YARD WASTE COLLECTION MULCHING + HAULING - NO MORE STORAGE ON SITE. -

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-----------------|--------|--------|--------|--------|-----|-----|-----|-----|-----|-----|-----|------|-------|
| | 564.32 | 387.05 | 324.83 | 445.25 | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

(BLOCKS TOO SMALL)

Grand Total 5861.26

NO OUT OF COUNTY WASTE ACCEPTED.

- JULY 07 - 564.32
- AUG. 07 - 387.05
- SEPT. 07 - 324.83
- OCT. 07 - 445.25
- NOV. 07 - 347.58
- DEC. 07 - 295.14
- JAN. 08 - 300.91
- FEB. 08 - 910.47
- MAR. 08 - 465.64
- APRIL 08 - 498.22
- MAY 08 - 532.58
- JUNE 08 - 757.23

5861.26

***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.

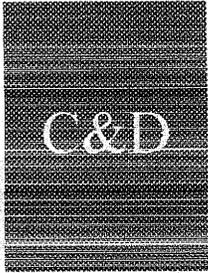
CERTIFICATION: I certify that the information provided is an accurate representation of the activity at this facility.

Signature: Larry D. Garziss

Date: 8/6/08

Name: LARRY D. GARZISS

Phone Number: 252-586-7516 Email: SOLIDWASTE @ SCHOOLINK.NET



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of **JULY 1, 2007-JUNE 30, 2008**

RECEIVED
AUG - 5 2008
 DENR - FAYETTEVILLE REGIONAL OFFICE

Facility Name: Harnett County C&D Landfill (Dunn-Erwin) Permit: 4302 ID: PO803
 Address: P.O. Box 940
 City: Lillington State: North Carolina Zip: 27546
 Contact: Jerry Blanchard
 Phone Number: (910) 893-7536 Fax: (910) 814-3967 Email: jblanchard@harnett.org



If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 30.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 30,842.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 25,000.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? May, 2008
5. How much waste has been disposed, according to scale records, from _____ (Opening date of the facility) through the date of the survey indicated above? _____ tons
6. Please report the longitude and latitude of your facility.
 Longitude: 78.38.5201 Latitude: 35.21.5323
 Indicate method of collection: Other
7. Please provide the Emergency 911 Address of the facility:
 Street 1: 1724 Daniels Road
 Street 2: _____
 City: Dunn State: North Carolina Zip: 28334
8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Harnett | 1,558.67 | 2,480.89 | 1,708.41 | 1,511.46 | 1,958.83 | 1,124.42 | 2,205.94 | 1,731.89 | 1,500.71 | 1,684.40 | 1,700.35 | 1,632.32 | 20,798.29 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | 20,798.29 | | | | | | | | | | | | |

*****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.

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

Signature: _____



Date: Aug 4, 2008

Name: Jerry Blanchard

Phone Number: (910) 893-7536

Email: jblanchard@harnett.org

Facility Name: Harnett County C&D Landfill (Dunn-Erwin) Permit: 4302

Address: P.O. Box 940

City: Lillington State: North Carolina Zip: 27546

Person completing Assessment: Jerry Blanchard Date: Aug 4, 2008

Phone Number: (910) 893-7536 Fax: (910) 814-3967 Email: jblanchard@harnett.org

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*? 180 Feet 800 Feet _____ Feet
 Please list the names of the water bodies: Unnamed tributary to Stewart's 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? 0

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? ACM in place, CAP started

Comments



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of **JULY 1, 2007-JUNE 30, 2008**

RECEIVED
AUG - 5 2008
 DENR - FAYETTEVILLE REGIONAL OFFICE

Facility Name: Harnett County Anderson Creek CDLF Permit: 4303 ID: PO753
 Address: P.O. Box 940
 City: Lillington State: North Carolina Zip: 27546
 Contact: Jerry Blanchard
 Phone Number: (910) 893-7536 Fax: (910) 814-3967 Email: jblanchard@harnett.org



If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 30.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 82,844.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 65,300.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? May, 2008
5. How much waste has been disposed, according to scale records, from _____ (Opening date of the facility) through the date of the survey indicated above? _____ tons
6. Please report the longitude and latitude of your facility.
 Longitude: -78.59.51 Latitude: 35.17.3643
 Indicate method of collection: Other
7. Please provide the Emergency 911 Address of the facility:
 Street 1: 1086 Poplar Drive
 Street 2: _____
 City: Spring Lake State: North Carolina Zip: 28390
8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|
| Harnett | 789.99 | 921.29 | 866.21 | 931.16 | 820.61 | 715.92 | 893.11 | 908.68 | 997.70 | 920.06 | 825.21 | 733.04 | 10,322.98 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 10,322.98 |

*****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.

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

Signature: 
 Name: Jerry Blanchard

Date: Aug 4, 2008

Phone Number: (910) 893-7536 Email: jblanchard@harnett.org

Facility Name: Harnett County Anderson Creek CDLF Permit: 4303

Address: P.O. Box 940

City: Lillington State: North Carolina Zip: 27546

Person completing Assessment: Jerry Blanchard Date: Aug 4, 2008

Phone Number: (910) 893-7536 Fax: (910) 814-3967 Email: jblanchard@harnett.org

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*? 1400 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? 1
What are the three closest distances from the *Edge of Waste*? 1300 Feet Feet Feet
Please list the names of the water bodies: McLeod 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? 1

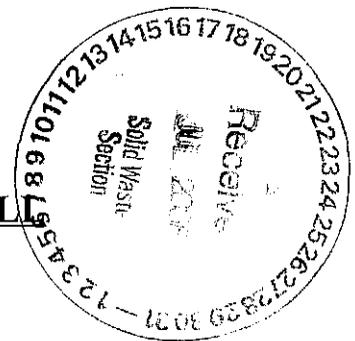
Corrective Measures

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



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008



Facility Name: Haywood County Solid Waste Permit: 4407 ID: P1102
 Address: 278 Recycle Road
 City: Clyde State: North Carolina Zip: 28721
 Contact: Stephen King
 Phone Number: (828) 627-8042 Fax: (828) 627-8137 Email: sking@haywoodnc.net



If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 50.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 105,607.46 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 5,000.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? March 26, 2008
5. How much waste has been disposed, according to scale records, from October, 2002 (Opening date of the facility) through the date of the survey indicated above? 40,829.15 tons
6. Please report the longitude and latitude of your facility.
 Longitude: W83.006531 Latitude: N35.661502
 Indicate method of collection: Survey

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 3898 Fines Creek Road
 Street 2: _____
 City: Waynesville State: North Carolina Zip: 28785

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Landfill received final waste June 30, 2008

Facility Name: Haywood County Solid Waste Permit: 4407

Address: 278 Recycle Road

City: Clyde State: North Carolina Zip: 28721

Person completing Assessment: David Pasko Date: 7-15-08

Phone Number: (828) 252-0575 Fax: (828) 252-2518 Email: dpasko@mcgillengineers.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? 12
 What are the three closest distances from the *Edge of Waste*? 510 Feet 570 Feet 585 Feet

2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 12
 What are the three closest distances from the *Edge of Waste*? 510 Feet 570 Feet 585 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*? 50 Feet _____ Feet _____ Feet

Please list the names of the water bodies: Unnamed Tributary to Pigeon River

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



State of North Carolina

Department of Environment and Natural Resources Division of Waste Management **CONSTRUCTION AND DEMOLITION LANDFILL** Facility Annual Report For the period of JULY 1, 2007-JUNE 30, 2008

Submit by Email

Print Form

Facility Name: Henderson County Solid Waste Permit: 4501 ID: P0967

Address: 802 Stony Mountain Road

City: Hendersonville State: North Carolina Zip: 28791

Contact: Will Sagar

Phone Number: (828) 697-4506 Fax: (828) 698-5154 Email: sagar@hendersoncountync.org

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 47.91 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 116,308.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 0.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? Jun 7, 2007

5. How much waste has been disposed, according to scale records, from _____ (Opening date of the facility) through the date of the survey indicated above? 75,120.58 tons

6. Please report the longitude and latitude of your facility.

Longitude: 82.48667 Latitude: 35.35333

Indicate method of collection: Other

7. Please provide the Emergency 911 Address of the facility:

Street 1: 802 Stony Mountain Road

Street 2: _____

City: Hendersonville State: North Carolina Zip: 28791

8. Indicate types of disposal activity occurring at this facility (Check all that apply).

- Landfilling of construction and demolition waste
- Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
- Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. **DO NOT** include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Henderson | 2,080.95 | 2,129.38 | 1,845.07 | 2,341.97 | 2,185.41 | 1,421.20 | 1,289.87 | 1,215.08 | 1,548.99 | 2,622.00 | 2,142.73 | 1,959.93 | 22,782.58 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 22,782.58 |

*****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.

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

Signature: _____

Date: Aug 6, 2008 _____

Name: Will Sagar _____

Phone Number: (828) 697-4506 _____

Email: sagar@hendersoncountync.org _____

Facility Name: Henderson County Solid Waste Permit: 4501

Address: 802 Stoney Mountain Road

City: Hendersonville State: North Carolina Zip: 28791

Person completing Assessment: Will Sagar Date: Aug 6, 2008

Phone Number: (828) 697-4506 Fax: (828) 698-5154 Email: sagar@hendersoncountync.org

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.

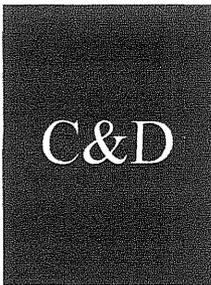
Receptors

1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 20
 What are the three closest distances from the *Edge of Waste*? 700 Feet 800 Feet 850 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? _____
 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? Unknown

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



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

CTG
8/1/08

Facility Name: Iredell County Solid Waste Permit: 49-03 ID: P0556
 Address: 354 Twin Oaks Road
 City: Statesville State: North Carolina Zip: 28625
 Contact: David Lambert
 Phone Number: (704) 878-5430 Fax: (704) 878-5429 Email: dlambert@co.iredell.nc.us



If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 30.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? CURRENT PHASE ONLY 145,966.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 0.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? Jun 30, 2008
5. How much waste has been disposed, according to scale records, from Jun 30, 2006 (Opening date of the facility) through the date of the survey indicated above? 109,748.99 tons
6. Please report the longitude and latitude of your facility.
 Longitude: N35.771203 Latitude: W80.823
 Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 354 Twin Oaks Road
 Street 2: _____
 City: Statesville State: North Carolina Zip: 28625

8. Indicate types of disposal activity occurring at this facility (Check all that apply).

- Landfilling of construction and demolition waste
- Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
- Landfilling of other waste (specify): _____

**NC DEPT. OF ENVIRONMENT
AND NATURAL RESOURCES
RECEIVED**

9. Indicate other types of activities occurring at this landfill:
MSW landfill, baling facility for recycled materials

JUL 31 2008

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No
 If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. **DO NOT** include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Iredell | 5,122.00 | 4,802.00 | 4,161.00 | 4,788.00 | 3,913.00 | 2,932.00 | 3,793.00 | 4,434.00 | 5,192.00 | 4,596.00 | 3,950.00 | 3,972.00 | 51,655.00 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 51,655.00 |

***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.

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

Signature: David Lambert

Date: Jul 31, 2008

Name: David Lambert

Phone Number: (704) 878-5430

Email: dlambert@co.iredell.nc.us

Facility Name: Iredell County Solid Waste Permit: 49-03

Address: 354 Twin Oaks Road

City: Statesville State: North Carolina Zip: 28625

Person completing Assessment: David Lambert Date: Jul 31, 2008

Phone Number: (704) 878-5430 Fax: (704) 878-5429 Email: dlambert@co.iredell.nc.us

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? 14
What are the three closest distances from the *Edge of Waste*? 700 Feet 800 Feet 900 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? 1
What are the three closest distances from the *Edge of Waste*? 700 Feet _____ Feet _____ Feet

4. Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 7
What are the three closest distances from the *Edge of Waste*? 200 Feet 200 Feet 200 Feet
Please list the names of the water bodies: 03040102001002, 03040102003139, 03040102003117

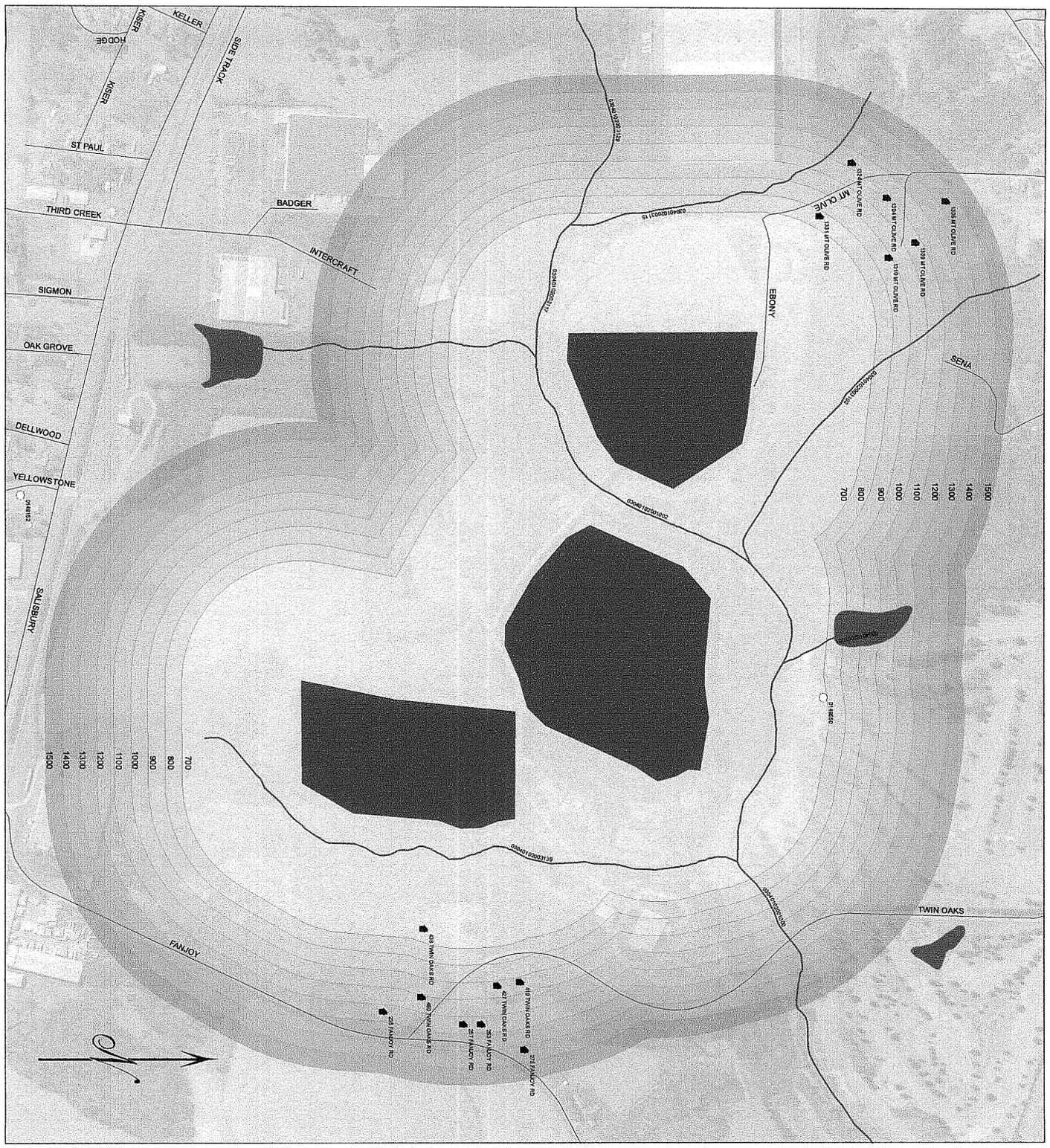
5. Is Public Water Available Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many of the Residential Dwellings noted above are connected? City of Statesville and Aqua

Corrective Measures

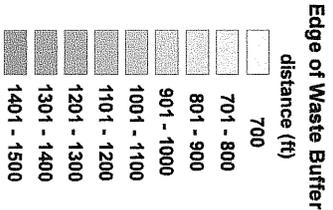
6. Is there an active methane extraction system (blower, flare, etc.)? Yes No
7. Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? Yes No
8. Is there groundwater remediation taking place on site? Yes No
If Yes, what is the specific remedial technology used? _____

Comments

Iredell County Solid Waste Facility 1,500 Foot 'Edge of Waste' Buffer



Iredell County GIS 20080722



- Legend**
- Residential
 - Community Well
 - Streets
 - NH-DH0304 Flowline
 - NH-DH0304 Waterbody
 - Edge of Waste



To: Mr. David Lambert

Project: Provide information for Risk Assessment

1. Are there residential dwellings within 1,500 feet of the 'Edge of Waste'?

Yes, there are 14.

The three closest are:

238 Twin Oaks Rd – approximately 700 feet

1331 Mt Olive Rd – approximately 800 feet

1310 Mt Olive Rd – approximately 900 feet

2. Are there potable wells within 1,500 feet of the 'Edge of Waste'?

We are not able to answer this question with the data currently available to us.

3. Are there Community/Municipal Wells within 1,500 feet of the 'Edge of Waste'?

Yes. One is known to exist.

PWSID: 0149550

System name: Twin Oaks Golf Club

Distance: approximately 700 feet

4. Are there surface water bodies within 1,500 feet of the 'Edge of Waste'?

Yes. First and 2nd order streams.

6 – 1st order streams

1 – 2nd order stream

Reach Code 03040102001002 – within 200 feet

Reach Code 03040102003139 – within 200 feet

Reach Code 03040102003117 – within 200 feet

5. Is public water available within 1,500 feet of the 'Edge of Waste'?

Yes, City of Statesville and Aqua North Carolina, Inc.



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Johnston County Landfill Permit: 5101 ID: P0921
 Address: P.O. Box 2263
 City: Smithfield State: North Carolina Zip: 27577
 Contact: Rick Proctor
 Phone Number: (919) 938-4750 Fax: (919) 989-7152 Email: rick.proctor@johnstonnc.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 25.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 565,359.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 0.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? Jun 6, 2008
5. How much waste has been disposed, according to scale records, from Apr 1, 1999 (Opening date of the facility) through the date of the survey indicated above? 304,178.00 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 078.42941 W Latitude: 35.51552 N
 Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 680 County Home Road
 Street 2: _____
 City: Smithfield State: North Carolina Zip: 27577

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): NA

9. Indicate other types of activities occurring at this landfill:
None

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| NA | |
| NA | |
| NA | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|------|------|------|------|------|------|------|------|------|------|------|----------|
| Johnston | 1,830.29 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1,830.29 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 1,830.29 |

*****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.

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

Signature: _____



Date: Aug 1, 2008

Name: Rick Proctor

Phone Number: (919) 938-4750

Email: rick.proctor@johnstonnc.com

Facility Name: Johnston County Landfill Permit: 5101

Address: P.O. Box 2263

City: Smithfield State: North Carolina Zip: 27577

Person completing Assessment: Rick Proctor / Bradley Bailey Date: December 2007

Phone Number: (919) 938-4750 Fax: (919) 989-7152 Email: rick.proctor@johnstonnc.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? NA

Comments

Receptors information recorded by Bradley Bailey in December 2007



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Johnston County Landfill Permit: 5103 ID: P1165
 Address: P.O. Box 2263
 City: Smithfield State: North Carolina Zip: 27577
 Contact: Rick Proctor
 Phone Number: (919) 938-4750 Fax: (919) 989-7152 Email: rick.proctor@johnstonnc.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 25.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 60,989.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 349,687.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? Jun 6, 2008
5. How much waste has been disposed, according to scale records, from Jul 18, 2007 (Opening date of the facility) through the date of the survey indicated above? 34,021.00 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 078.42486 W Latitude: 35.51595 N
 Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 680 County Home Road
 Street 2: _____
 City: Smithfield State: North Carolina Zip: 27577

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): NA

9. Indicate other types of activities occurring at this landfill:
None

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| NA | |
| NA | |
| NA | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Johnston | 1,838.39 | 3,939.35 | 3,086.21 | 3,490.20 | 3,018.75 | 2,833.69 | 3,114.42 | 2,673.43 | 2,655.29 | 3,251.95 | 3,437.00 | 2,820.28 | 36,158.96 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 36,158.96 |

*****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.

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

Signature: _____



Date: Aug 1, 2008

Name: Rick Proctor

Phone Number: (919) 938-4750

Email: rick.proctor@johnstonnc.com

Facility Name: Johnston County Landfill Permit: 5103
 Address: P.O. Box 2263
 City: Smithfield State: North Carolina Zip: 27577
 Person completing Assessment: Rick Proctor / Bradley Bailey Date: December 2007
 Phone Number: (919) 938-4750 Fax: (919) 989-7152 Email: rick.proctor@johnstonnc.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? NA

Comments

Receptors information recorded by Bradley Bailey in December 2007.



State of North Carolina

Department of Environment and Natural Resources Division of Waste Management **CONSTRUCTION AND DEMOLITION LANDFILL** **Facility Annual Report** **For the period of JULY 1, 2007-JUNE 30, 2008**

Submit by Email

Print Form

Facility Name: Lee County C&D Landfill Permit: 5301 ID: P0557

Address: 331 Landfill Road

City: Sanford State: North Carolina Zip: 27332

Contact: Joseph T. Cherry, Solid Waste Superintendent

Phone Number: (919) 718-4622 Fax: (919) 774-6526 Email: joseph.cherry@leecountync.gov

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 30.75 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 0.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 0.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? Nov 5, 2007

5. How much waste has been disposed, according to scale records, from Oct 4, 1993 (Opening date of the facility) through the date of the survey indicated above? 0.00 tons

6. Please report the longitude and latitude of your facility.

Longitude: 32.22050 Latitude: 079.11550

Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:

Street 1: Same as above

Street 2: _____

City: _____ State: North Carolina Zip: _____

8. Indicate types of disposal activity occurring at this facility (Check all that apply).

- Landfilling of construction and demolition waste
- Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
- Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:

Mulching of yard waste, pallets and clean wood waste.

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. **DO NOT** include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|--------|----------|
| Lee | 726.50 | 509.94 | 414.29 | 382.16 | 292.28 | 156.08 | 426.40 | 419.95 | 394.41 | 1,412.89 | 571.88 | 264.65 | 5,971.43 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 5,971.43 |

*****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.

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

Signature: _____

Date: Jul 30, 2008 _____

Name: Joseph T. Cherry, Solid Waste Superintendent _____

Phone Number: (919) 718-4622 _____

Email: joseph.cherry@leecountync.gov _____

Facility Name: Lee County C&D Landfill Permit: 5301

Address: 331 Landfill Road

City: Sanford State: North Carolina Zip: 27332

Person completing Assessment: Joseph T. Cherry, Solid Waste Superintendent Date: Jul 30, 2008

Phone Number: (919) 718-4622 Fax: (919) 774-6526 Email: joseph.cherry@leecountync.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? 10
What are the three closest distances from the *Edge of Waste*? 1000 Feet 1250 Feet 1300 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*? 1300 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? 2
What are the three closest distances from the *Edge of Waste*? 300 Feet 1000 Feet _____ Feet
Please list the names of the water bodies: Mare Branch Creek - Farm Pond
- 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? 6

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

RECEIVED
SEP 03 2008
P. 02



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

P0805

Facility Name: Lenoir County Landfill Permit: 54-03 ID: P0805
Address: 2949 Hodges Farm Road
City: LaGrange State: North Carolina Zip: 28551
Contact: Tom Miller / Kim Fordham
Phone Number: 252-566-4194 Fax: 252-566-5690 Email: Tmiller@co.lenoir.nc.us
KFordham@co.lenoir.nc.us

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 29⁰⁰ /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 371,428 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 120,128 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? June 9, 2008

5. How much waste has been disposed, according to scale records, from Jan 1, 1998 (Opening date of the facility) through the date of the survey indicated above? 251,673.91 tons

6. Please report the longitude and latitude of your facility.
Longitude: N.35° 17.377 Latitude: W.0777° 42.322
Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
Street 1: 2949 Hodges Farm Road
Street 2: _____
City: LaGrange State: North Carolina Zip: 28551

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): MSW (Wood Landfill)

9. Indicate other types of activities occurring at this landfill:

47

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No
If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons from \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|-----|------|------|------|-----|-----|-----|-----|------|------|------|------|-------|
| | 883 | 1213 | 1488 | 1024 | 798 | 799 | 690 | 777 | 1201 | 1072 | 1445 | 1300 | 12720 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Grand Total 12720

***According to (G.S. 130A-309.09D(b))

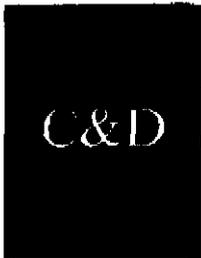
This report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

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

Signature: Tom Miller Date: 8-22-08

Name: Tom Miller

Phone Number: 252-566-4194 Email: tmiller@co.lenoir.nc.us



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008



Facility Name: Lincoln County Solid Waste Permit: 55-03 ID: PS
 Address: 5291 Crause Road
 City: Crause State: North Carolina Zip: 28033
 Contact: Nancy C. Rickard, Solid Waste Manager
 Phone Number: 704-732-9030 Fax: 704-732-9048 Email: nrickard@lincolncounty-nc.org

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 16.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 227,220 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 259,439 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? JUNE 19, 2008

5. How much waste has been disposed, according to scale records, from 7/01/93 (Opening date of the facility) through the date of the survey indicated above? 122,851 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 35° 25' 36" N Latitude: 81° 21' 12" W
 Indicate method of collection: GIS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: SAME AS ABOVE
 Street 2: _____
 City: _____ State: North Carolina Zip: _____

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-----------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| | 560 | 623 | 693 | 918 | 844 | 764 | 493 | 429 | 433 | 592 | 513 | 947 | 7,809 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Grand Total 7,809

***According to (C.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.

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

Signature: Nancy C. Rickard

Date: 8/11/08

Name: Nancy C. Rickard

Phone Number: 704-732-4787 Email: nrickard@uncolcounty.org

Risk Assessment Form

Facility Name: Lincoln County Solid Waste Permit: 55-03

Address: 5291 Crook Rd

City: Crook State: North Carolina Zip: 28033

Person completing Assessment: Nancy C. Rickard Date: _____

Phone Number: 704-732-9030 Fax: 704-732-9048 Email: _____

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? 37
What are the three closest distances from the Edge of Waste? 675 Feet 680 Feet 700 Feet

2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 39
What are the three closest distances from the Edge of Waste? 640 Feet 675 Feet 680 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? 9
What are the three closest distances from the Edge of Waste? 130 Feet 150 Feet 280 Feet

Please list the names of the water bodies: 4 unnamed Tributaries To Indian Creek + 5 unnamed Ponds

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? 12

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

[Empty box for comments]



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

8/12/08
CTC

Facility Name: BFI-Lake Norman Landfill Permit: 5504 ID: P0865
 Address: 7099 Quarry Lane
 City: Stanley State: North Carolina Zip: 28164
 Contact: Brad Green
 Phone Number: (704) 262-6002 Fax: (704) 782-2177 Email: brad.green@awin.com



If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 32.50 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 1,455,690.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 1,600,330.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? 02/03/2008
5. How much waste has been disposed, according to scale records, from 03/25/1999 (Opening date of the facility) through the date of the survey indicated above? 874,009.35 tons

6. Please report the longitude and latitude of your facility.
 Longitude: W 81 0' 50" Latitude: N 35 26' 19"
 Indicate method of collection: Internet

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 7099 Quarry Lane
 Street 2: _____
 City: Stanley State: North Carolina Zip: 28164

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
n/a

**NC DEPT. OF ENVIRONMENT
 AND NATURAL RESOURCES
 RECEIVED**

AUG 12 2008

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

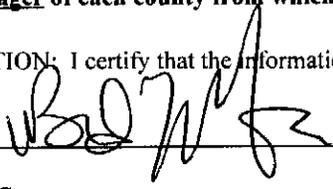
| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Gaston | 216.00 | 150.00 | 113.00 | 147.00 | 101.00 | 84.00 | 18.00 | 30.00 | 8.00 | 30.00 | 110.00 | 74.00 | 1,081.00 |
| Iredell | | 16.00 | | | | 4.00 | | | | | 5.00 | | 25.00 |
| Lincoln | 809.00 | 939.00 | 671.00 | 941.00 | 633.00 | 795.00 | 865.00 | 605.00 | 506.00 | 615.00 | 835.00 | 482.00 | 8,696.00 |
| Mecklenburg | 7,313.00 | 10,398.00 | 7,203.00 | 8,935.00 | 8,275.00 | 3,687.00 | 4,758.00 | 3,881.00 | 4,073.00 | 3,823.00 | 4,211.00 | 3,633.00 | 70,190.00 |
| Grand Total | | | | | | | | | | | | | 79,992.00 |

*****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.

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

Signature: _____



Date: Aug 8, 2008

Name: Brad Green

Phone Number: (704) 262-6002

Email: brad.green@awin.com

Facility Name: BFI-Lake Norman Landfill Permit: 5504
 Address: 7099 Quarry Lane
 City: Stanley State: North Carolina Zip: 28164
 Person completing Assessment: Brad Green Date: Aug 8, 2008
 Phone Number: (704) 262-6002 Fax: (704) 782-2177 Email: brad.green@awin.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



North Carolina Department of Environment and Natural Resources

Dexter R. Matthews, Director

Division of Waste Management

Michael F. Easley, Governor
William G. Ross Jr., Secretary

June 1, 2008

Charles Gillian
5105 Morehead Road
Concord, NC 28027

Subject: Instructions for Completing Facility Annual Report for the period of July 1, 2007-June 30, 2008

Dear Sir or Madam:

Starting July 1, 2008, your facility is required to complete and submit an annual report for solid waste activities. You need to have your form completed and submitted no later than **August 30, 2008**. The forms for this reporting can be found on our website at:

<http://www.wastenotnc.org/swhome/annualreports.asp>

When you visit the website you will see the links to the forms. Our forms are .pdf files this year. You will need Adobe Reader to open the files. It is probably already on your computer, but if not you can download the program for free from the Adobe website (<http://www.adobe.com/products/acrobat/readstep2.html>).

According to our records, you need complete the **CDLF** form. We ask that you make sure to use the appropriate form for your facility type as each form contains facility-specific questions. Besides using the correct facility form, you will also need to ensure that you use the following information when filling-in the top line of the form. Where your form asks for:

Facility Name, please type **BFI-Lake Norman Landfill**

Permit, please type **5504**

ID, please type **P0865**

Taking time to get these initial steps correct will speed up the processing of your information and keep you from having to re-do your form.

The questions on the form are same ones that were on the form last year, but in a slightly different order. The question dealing with waste sources and tonnage has been modified. You will notice the "Add Row" button above the table, by clicking this button you can add an additional row to the table. The maximum number of rows is 20. If you need more, we ask that you complete additional copies of the reporting form by just filling in the information mentioned above (Facility Name, Permit, ID) and the additional tonnage data.

Please try to answer all the questions on your form as accurately and completely as possible. If you are unsure what is being asked for or get stuck, there are two sources for help. First, take a look at your report from last year; this may help jog your memory. Second, contact C.T. Gerstell, your Regional Environmental Senior Specialist, at 704.235.2144.



State of North Carolina

Department of Environment and Natural Resources Division of Waste Management **CONSTRUCTION AND DEMOLITION LANDFILL** **Facility Annual Report** **For the period of JULY 1, 2007-JUNE 30, 2008**

Submit by Email

Print Form

Facility Name: HIGHLANDS C&D LANDFILL Permit: 5704 ID: PO519

Address: 109 SIERRA DRIVE

City: FRANKLIN State: North Carolina Zip: 28734

Contact: JUNE CASSADA

Phone Number: (828) 349-2215 Fax: (828) 349-2185 Email: jcassada@maconnc.org

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 58.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? _____ cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? _____ cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? n/a landfill closed

5. How much waste has been disposed, according to scale records, from _____ (Opening date of the facility) through the date of the survey indicated above? _____ tons

6. Please report the longitude and latitude of your facility.
Longitude: 83.10 Latitude: 1.10
Indicate method of collection: Internet

7. Please provide the Emergency 911 Address of the facility:
Street 1: 1080 RICH GAP RD. HIGHLANDS NC
Street 2: _____
City: _____ State: North Carolina Zip: _____

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
TIRE COLLECTION, RECYCLING, GRINDING OF YARD DEBRIS, HOUSEHOLD WASTE DISPOSAL

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|----------|--------|--------|--------|----------|
| | 835.59 | 868.56 | 768.08 | 812.59 | 769.55 | 600.15 | 691.56 | 702.49 | 1,218.17 | 671.62 | 687.99 | 837.01 | 9,463.36 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 9,463.36 |

*****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.

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

Signature: _____

Date: Jul 10, 2008 _____

Name: JUNE CASSADA _____

Phone Number: (828) 349-2215 _____

Email: JCASSADA@MACONNC.ORG _____

Facility Name: HIGHLANDS C&D LANDFILL Permit: 5704

Address: 109 SIERRA DRIVE

City: FRANKLIN State: North Carolina Zip: 28734

Person completing Assessment: _____ Date: _____

Phone Number: _____ Fax: _____ Email: _____

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

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State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Madison County Solid Waste Dept. Permit: 5803 ID: P0715
Address: 271 Craig Rudisill Rd.
City: Marshall State: North Carolina Zip: 28753
Contact: James L. Huff
Phone Number: (828) 649-2311 Fax: (828) 649-0324 Email: jhuff@madisoncountync.org

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 32.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 17,780.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 113,820.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? Jun 24, 2008
5. How much waste has been disposed, according to scale records, from Nov 1, 2006 (Opening date of the facility) through the date of the survey indicated above? 7,400.00 tons

6. Please report the longitude and latitude of your facility.
Longitude: 81.71680 Latitude: 35.80890
Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
Street 1: 271 Craig Rudisill Rd.
Street 2: _____
City: Marshall State: North Carolina Zip: 28753

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|-----------------|------|
| Recyclable Wood | 4.85 |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. **Madison**

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|
| Within County | 394.17 | 532.84 | 275.11 | 240.62 | 211.47 | 308.22 | 965.36 | 954.48 | 965.88 | 426.97 | 295.73 | 195.49 | 5,766.34 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | 5,766.34 | | | | | | | | | | | | |

***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.

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

Signature: James L. Huff

Date: 7/28/08

Name: JAMES L. HUFF

Phone Number: (828) 649-2311

Email: jhuff@madisoncountync.org

Facility Name: Madison County Solid Waste Dept. Permit: 5803
 Address: 271 Craig Rudisill Rd.
 City: Marshall State: North Carolina Zip: 28753
 Person completing Assessment: James Huff Date: 7/29/08
 Phone Number: (828) 649-2311 Fax: (828) 649-0324 Email: jhuff@madisoncountync.org

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.

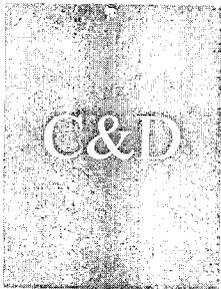
Receptors

1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 9
 What are the three closest distances from the *Edge of Waste*? 740 Feet 740 Feet 810 Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 9
 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? n/a
 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*? 630 Feet _____ Feet _____ Feet
 Please list the names of the water bodies: Unnamed Tributary to Walnut 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? _____

Comments



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Martin County C & D Landfill Permit: 59-01 ID: RC 0742 PD592
 Address: 1445 Landfill Road P. O. Box 668
 City: Williamston State: NC Zip: 27892
 Contact: James R. Jenkins
 Phone Number: 252 792-1240 Fax: 252 789-4309 Email: lhardison@martincountyncgov.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 32.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? _____ cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? _____ cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? _____
5. How much waste has been disposed, according to scale records, from _____ (Opening date of the facility) through the date of the survey indicated above? _____ tons

6. Please report the longitude and latitude of your facility.
 Longitude: 77° 05' 50" Latitude: 35° 51' 50"
 Indicate method of collection: survey

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 1445 Landfill Road
 Street 2: _____
 City: Williamston State: NC Zip: 27892

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
tires, limbs and metal disposal

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste.

Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Limbs - 03 | 256.33 | 1122.09 | 81.64 | 92.96 | 83.23 | 113.29 | 68.00 | 59.34 | 200.46 | 120.17 | 133.14 | 360.75 | 2691.40 |
| Charge - 04 | 108.77 | 161.36 | 182.48 | 141.68 | 282.23 | 216.53 | 158.23 | 158.88 | 184.52 | 153.23 | 165.18 | 148.83 | 2061.92 |
| Resident - 09 | 309.59 | 312.45 | 340.25 | 359.86 | 287.15 | 199.85 | 273.42 | 251.92 | 425.88 | 349.18 | 292.79 | 287.33 | 3689.69 |
| Grand Total | | | | | | | | | | | | | 8443.01 |

***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.

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

Signature: James R. Jenkins

Date: July 17, 2008

Name: James R. Jenkins

Phone Number: 252 792-1240

Email: lhardison@martincountyncgov.com

Facility Name: Martin County C&D Landfill Permit: 59-01

Address: 1445 Landfill Road P. O. Box 668

City: Williamston State: NC Zip: 27892

Person completing Assessment: James R. Jenkins Date: 6-12-08

Phone Number: _____ Fax: _____ Email: _____

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



TN13
8.4.08

State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: North Mecklenburg C&D Landfill Permit: 6013 ID: P0477
Address: 19109 W. Catawba Ave., Ste 200
City: Cornelius State: North Carolina Zip: 28031
Contact: Ron Gilkerson
Phone Number: (704) 895-0329 Fax: (704) 896-2960 Email: regilkerson@griffinbrother.com



If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 37.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 363,524.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 541,609.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? Feb 7, 2008

5. How much waste has been disposed, according to scale records, from Mar 12, 2006 (Opening date of the facility) through the date of the survey indicated above? 243,210.00 tons

6. Please report the longitude and latitude of your facility.
Longitude: 35 24'20.57"N Latitude: 80 49'30.09"W
Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
Street 1: 15300 Holbrooks Road
Street 2: _____
City: Huntersville State: North Carolina Zip: 28078

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
none

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------------------------------|---------|
| Concrete | 1695.30 |
| Land Clearing <i>→ mulch</i> | 142.90 |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-----------------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|------------|
| Mecklenburg | 11,984.19 | 10,565.61 | 8,833.09 | 9,254.62 | 8,965.66 | 8,007.60 | 9,745.65 | 9,584.78 | 8,507.85 | 9,034.32 | 9,833.29 | 11,361.51 | 115,678.17 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 115,678.17 |

***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.

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

Signature: 

Date: 7/14/08

Name: Ron Gilkerson

Phone Number: (704) 895-0329

Email: rgilkerson@griffinbrothers.com

Facility Name: North Mecklenburg C&D Landfill Permit: 6013

Address: 19109 W. Catawba Ave., Ste 200

City: Cornelius State: North Carolina Zip: 28031

Person completing Assessment: Ron Gilkerson Date: Jul 15, 2008

Phone Number: (704) 895-0329 Fax: (704) 896-2960 Email: rcgilkerson@griffinbrothers.com

| | |
|----------------------|---|
| Instructions: | Please indicate either <i>Yes</i> or <i>No</i> for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the <i>Edge of Waste</i> (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? 1 _____
 What are the three closest distances from the *Edge of Waste*? 100 Feet _____ Feet _____ Feet
 Please list the names of the water bodies: Cane 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? _____

Comments



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008



Facility Name: Moore County Construction and Demolition Landfill Unit Permit: 63-01 ID: P0949
 Address: P.O. Box 1927 5227 US Hwy 15-501
 City: Carthage State: North Carolina Zip: 28327
 Contact: Dennis Brobst
 Phone Number: (910-947-6315) Fax: (910) 947-1992 Email: dbrobst@moorecountync.gov

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 36.75 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 823,688.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 272,767.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? Jun 18, 2008
5. How much waste has been disposed, according to scale records, from Oct 1993 (Opening date of the facility) through the date of the survey indicated above? 372,114.48 tons
6. Please report the longitude and latitude of your facility.
 Longitude: 79.4915825806 Latitude: 35.1502675667
 Indicate method of collection: Other

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 457 Turning Leaf Way
 Street 2: _____
 City: Aberdeen State: North Carolina Zip: 28315

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
MSW Transfer Station, yardwaste & Manage White Goods/Scrap Metal Scrap Tires Collection ✓

#63-02

ALSO CLOSED MSW

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No ✓

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. [REDACTED]

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Moore | 2,853.84 | 2,773.14 | 3,079.10 | 2,979.78 | 2,580.87 | 2,271.45 | 2,476.88 | 2,175.81 | 2,566.99 | 4,506.41 | 5,308.44 | 2,895.93 | 36,468.64 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 36,468.64 |

***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.

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

Signature: Dennis Brobst

Date: July 28, 2008

Name: Dennis Brobst

Phone Number: (910) 947-6315 Email: dbrobst@moorecountync.gov

Facility Name: Moore County Construction and Demolition Landfill Unit Permit: 63-01

Address: P.O. Box 1927

City: Carthage State: North Carolina Zip: 28327

Person completing Assessment: HDR Engineering, Inc. of the Carolinas Date: Jul 25, 2008

Phone Number: (704) 338-6700 Fax: (704) 338-6760 Email: _____

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? 3
 What are the three closest distances from the *Edge of Waste*? _____ Feet _____ Feet _____ Feet
 Please list the names of the water bodies: See comments below.
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? Monitored Natural Attenuation

Comments

Public water serves the Landfill's maintenance Building which is within 1500 feet of the edge of waste. The nearest potable well is routinely sampled. One surface water body is a pond approximately 860-ft upgradient from the edge of waste. The other surface water bodies are erosion control measures that are approx 150-ft from the edge of waste. ■ ✓



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Nash County C & D Landfill Permit: 6403 ID: P0928
 Address: PO Box 849
 City: Nashville State: North Carolina Zip: 27856
 Contact: Matthew Richardson
 Phone Number: (252) 459-9899 Fax: (252) 459-5880 Email: Solidwaste@nashcountync.gov

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 41.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 451,918.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 301,743.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? March 2005
5. How much waste has been disposed, according to scale records, from January 2000 (Opening date of the facility) through the date of the survey indicated above? 130,096.00 tons

6. Please report the longitude and latitude of your facility.
 Longitude: N:36.05918 Latitude: W: 07800552
 Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 3057 Duke Road
 Street 2: _____
 City: Nashville State: North Carolina Zip: 27856

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Yard waste , White Goods , Tire Trailer for tires

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|--|------|
| Abandoned Mobile homes only / Metal only | 32 |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|----------|----------|----------|----------|--------|--------|----------|----------|----------|----------|----------|-----------|
| Nash | 1,365.00 | 1,326.00 | 1,125.00 | 1,095.00 | 1,046.00 | 778.00 | 981.00 | 1,379.00 | 1,463.00 | 1,422.00 | 1,337.00 | 1,208.00 | 14,525.00 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 14,525.00 |

***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.

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

Signature: Matthew Richardson

Date: 8-6-2008

Name: Matthew Richardson

Phone Number: (252) 459-9899

Email: Solidwaste@nashcountync.gov

Facility Name: Nash County C & D Landfill Permit: 6403

Address: PO Box 849

City: Nashville State: North Carolina Zip: 27856

Person completing Assessment: Matthew Richardson Date: Aug 6, 2008

Phone Number: (252) 459-9899 Fax: (252) 459-5880 Email: Solidwaste@nashcountync.gov



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.

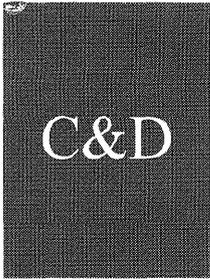
Receptors

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



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of **JULY 1, 2007-JUNE 30, 2008**

Facility Name: Nash County C & D Landfill Permit: 6407 ID: P0928
 Address: P O Box 849
 City: Nashville State: North Carolina Zip: 27856
 Contact: Matthew Richardson
 Phone Number: (252) 459-9899 Fax: (252) 459-5880 Email: Solidwaste@nashcountync.gov

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 41.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 451,918.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 301,743.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? March 2005
5. How much waste has been disposed, according to scale records, from January 2000 (Opening date of the facility) through the date of the survey indicated above? 130,096.00 tons

6. Please report the longitude and latitude of your facility.
 Longitude: N:36.05918 Latitude: W:07800552
 Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 3057 Duke Road
 Street 2: _____
 City: Nashville State: North Carolina Zip: 27856

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Yard Waste , White Goods , Tires Trailer for tires , Computers

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|--|------|
| Abandoned Mobile Homes Only / Metal only | 32 |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste.

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|------|----------|----------|----------|----------|----------|--------|--------|----------|----------|----------|----------|-----------|
| | NASH | 1,365.00 | 1,326.00 | 1,125.00 | 1,095.00 | 1,046.00 | 778.00 | 981.00 | 1,379.00 | 1,463.00 | 1,422.00 | 1,337.00 | 1,208.00 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 14,525.00 |

***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.

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

Signature: Matthew Richardson

Date: 8/19/2008

Name: Matthew Richardson

Phone Number: (252) 459-9899

Email: Solidwaste@nashcountync.gov

Facility Name: Nash County C & D Landfill Permit: 6407

Address: P O Box 849

City: Nashville State: North Carolina Zip: 27856

Person completing Assessment: Vance Moore Date: 8/19/2008

Phone Number: (919) 792-1900 Fax: (866) 311-7206 Email: vmoores@garrett-moore.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? 26

What are the three closest distances from the *Edge of Waste*? 925 Feet 1050 Feet 1100 Feet

2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No

If Yes, how many? 26

What are the three closest distances from the *Edge of Waste*? 925 Feet 1050 Feet 1100 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? 2

What are the three closest distances from the *Edge of Waste*? 575 Feet 1400 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

Map of area enclosed



C&D LIMITS

1500'
Perimeter



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Northhampton County Solid Waste Facility Permit: 66-01 ID: U0002
 Address: Post Office Box 68
 City: Jackson State: North Carolina Zip: 27845
 Contact: Melvin Stokes
 Phone Number: 252-534-1001 Fax: 252-534-1525 Email: _____

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received. * C & D Landfill was closed as of May 2006

Not in Use

1. Tipping Fee: \$ 45.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? NA cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? NA cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? NA
5. How much waste has been disposed, according to scale records, from NA (Opening date of the facility) through the date of the survey indicated above? NA tons

6. Please report the longitude and latitude of your facility.
 Longitude: 2459139.75 Latitude: 971801.43
 Indicate method of collection: Northhampton County GIS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 260 NC 305 Highway
 Street 2: _____
 City: Jackson State: North Carolina Zip: 27845

8. Indicate types of disposal activity occurring at this facility (Check all that apply). NA
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
NA

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| NA | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-----------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| NA | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | |

***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.

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

Signature: Melvin Stokes by Joneau Pope Date: 9/9/08

Name: Melvin Stokes

Phone Number: 252-534-1001 Email: _____



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: ORANGE COUNTY LANDFILL Permit: 69-04 ID: ~~P1170~~ P 1170
 Address: 1514 EUBANKS ROAD
 City: CHAPEL HILL State: North Carolina Zip: 27514
 Contact: PAUL SPIRE
 Phone Number: 919-932-2988 Fax: 919-932-2907 Email: PSPIRE@CO.ORANGE.NC.US

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 41.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 55,000 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 604,000 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? 4-13-2008
5. How much waste has been disposed, according to scale records, from 6-1-06 (Opening date of the facility) through the date of the survey indicated above? 31,200 tons
6. Please report the longitude and latitude of your facility.
 Longitude: 35° 58' Latitude: 79° 5'
 Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 1514 EUBANKS RD
 Street 2: _____
 City: CHAPEL HILL State: North Carolina Zip: 27514

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): MUNICIPAL SOLID WASTE

9. Indicate other types of activities occurring at this landfill:
HHW COLLECTION, RECYCLING, YARD WASTE + CLEAN WOOD
WASTE COLLECTION; GRIND YARD WASTE + METAL + WHITE GOODS RECYCLING
SELL YARD WASTE MULCH, Page 1 SELL COMPOST, RED MULCH + Boiler fuel.

Risk Assessment Form

Facility Name: Orange County Landfill (C+O) Permit: 108-04
 Address: 1514 Eubanks Rd
 City: Chapel Hill State: North Carolina Zip: 27516
 Person completing Assessment: Paul Spire Date: 7-29-08
 Phone Number: 919-933-2989 Fax: 919-933-2407 Email: pspire@co.orange.nc.us

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

- 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? 500 Feet Feet Feet
- 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? 710 Feet Feet Feet
- 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
- 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:
- 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

- Is there an active methane extraction system (blower, flare, etc.)? Yes No
- Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? Yes No
- Is there groundwater remediation taking place on site? Yes No
 If Yes, what is the specific remedial technology used?

Comments



ORANGE COUNTY



SOLID WASTE MANAGEMENT



P.O. BOX 17177

CHAPEL HILL, NC 27516

rec. 7/31/08
rev. 8/1/08

PHONE NUMBERS:

| | |
|----------------|--------------|
| ADMINISTRATION | 919/968-2788 |
| ENFORCEMENT | 919/918-2942 |
| RECYCLING | 919/969-2072 |
| SANITATION | 919/918-2948 |

FAX #(919) 932-2900

| |
|---|
| ORANGE COUNTY LANDFILL PHONE #: (919) 932-2989 FAX #: (919) 932-2907 |
|---|

FACSIMILE TRANSMITTAL SHEET

| | |
|--------------------------|---------------------------------------|
| DATE: 7-31-08 | TOTAL NO. OF PAGES INCLUDING COVER: 6 |
| TO: Chris Marriott | FROM: Rebecca Holdway |
| COMPANY/DEPT: DEAR. | Orange County Solid Waste |
| PHONE NUMBER: | 919 968-2788 |
| FAX NUMBER: 336-771-4631 | 919 932-2900 |

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

MAY 1982

THE COURSES AND DISTANCES SHOWN HEREON WERE TAKEN FROM THE FOLLOWING RECORDED PLATS, NOT FROM A CURRENT SURVEY OF THE PROPERTY.
MAP BOOK 9, PAGE 42
MAP BOOK 11, PAGE 50
MAP BOOK 14, PAGE 38
DEED BK. 507, PG 102

C&D Volume Data: (as of June 2008)

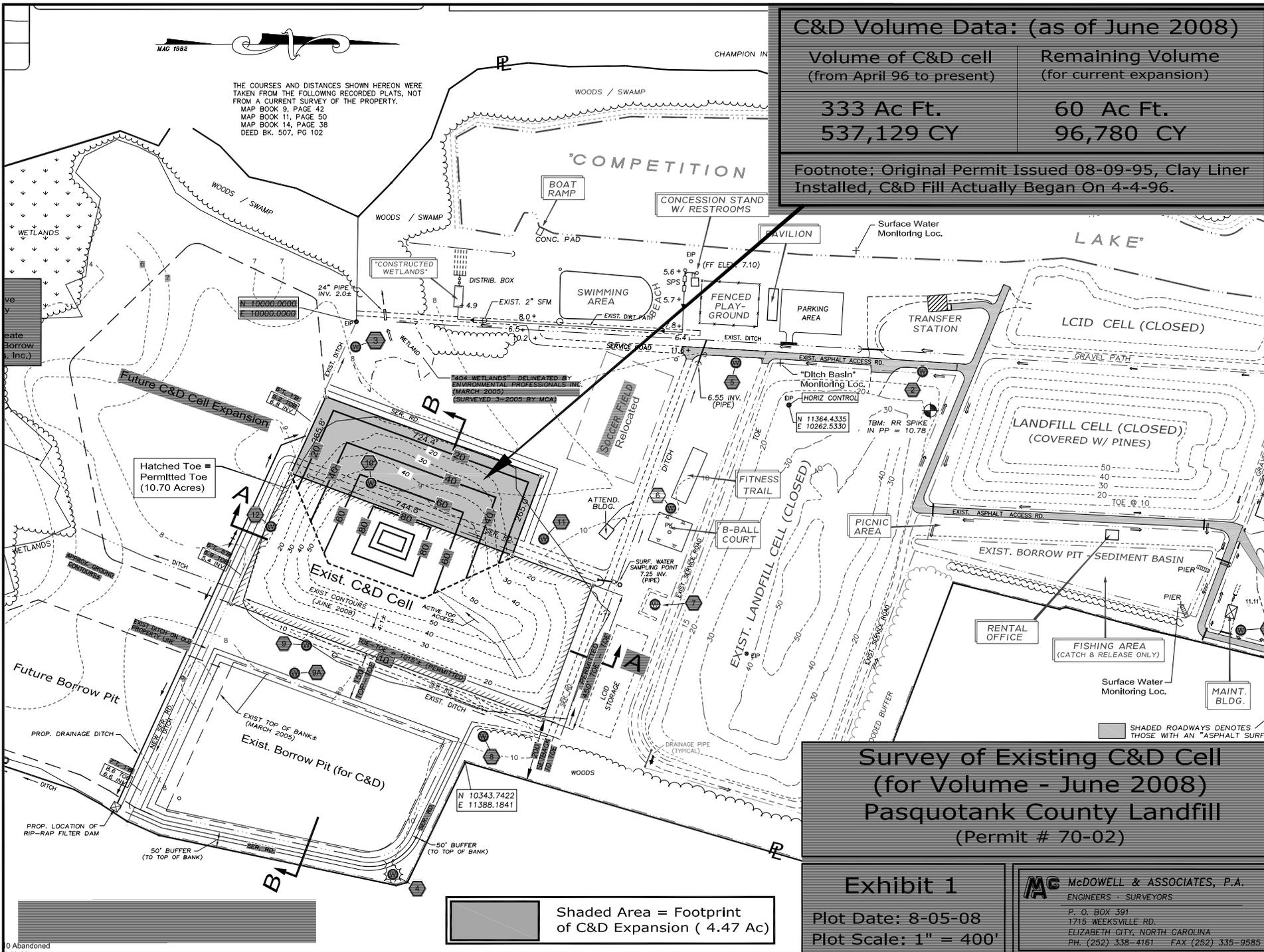
Volume of C&D cell
(from April 96 to present)

Remaining Volume
(for current expansion)

333 Ac Ft.
537,129 CY

60 Ac Ft.
96,780 CY

Footnote: Original Permit Issued 08-09-95, Clay Liner Installed, C&D Fill Actually Began On 4-4-96.



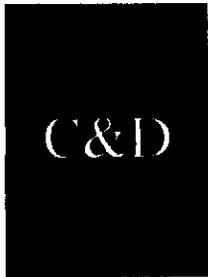
Survey of Existing C&D Cell (for Volume - June 2008) Pasquotank County Landfill (Permit # 70-02)

Exhibit 1

Plot Date: 8-05-08
Plot Scale: 1" = 400'

McDOWELL & ASSOCIATES, P.A.
ENGINEERS - SURVEYORS
P. O. BOX 391
1715 WEEKSVILLE RD.
ELIZABETH CITY, NORTH CAROLINA
PH. (252) 338-4161 FAX (252) 335-9585

Shaded Area = Footprint
of C&D Expansion (4.47 Ac)



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008



Facility Name: C & D Landfill Inc. Permit: 7407 ID: P1016

Address: 802 Recycling Lane

City: Greenville State: North Carolina Zip: 27834

Contact: Wayne Bell

Phone Number: (252) 752-8274 Fax: (252) 752-9016 Email: gwbell32@yahoo.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 37.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 618,276.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 224,224.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? June 26, 2008
5. How much waste has been disposed, according to scale records, from June 2001 (Opening date of the facility) through the date of the survey indicated above? 340,037.00 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 077 deg 10 min 57.21339 sec Latitude: 35 deg 37 min 17.58528 sec
 Indicate method of collection: Survey

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 802 Recycling Lane
 Street 2: _____
 City: Greenville State: North Carolina Zip: 27834

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|-----------|------|
| METALS | 1470 |
| CARDBOARD | 140 |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|--------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|------------------|
| PITT | 3,930.00 | 3,479.00 | 3,204.00 | 3,756.00 | 4,252.00 | 3,417.00 | 3,316.00 | 3,534.00 | 3,769.00 | 3,384.00 | 3,842.00 | 3,350.00 | 43,233.00 |
| BEAUFORT | 1,229.00 | 981.00 | 504.00 | 829.00 | 635.00 | 524.00 | 793.00 | 865.00 | 658.00 | 704.00 | 737.00 | 722.00 | 9,181.00 |
| HYDE | 56.00 | 271.00 | 34.00 | 259.00 | 80.00 | 12.00 | 11.00 | 13.00 | 21.00 | 19.00 | 45.00 | 10.00 | 831.00 |
| MARTIN | 109.00 | 91.00 | 64.00 | 43.00 | 53.00 | 25.00 | 11.00 | 6.00 | 5.00 | 13.00 | 32.00 | 26.00 | 478.00 |
| CRAVEN | 29.00 | 59.00 | 28.00 | 25.00 | 20.00 | 15.00 | 39.00 | 35.00 | 56.00 | 39.00 | 61.00 | 38.00 | 444.00 |
| WASHINGTON | 4.00 | 5.00 | 14.00 | 6.00 | | | 37.00 | 28.00 | 43.00 | 53.00 | | | 190.00 |
| LENOIR | 10.00 | 19.00 | 18.00 | 19.00 | 9.00 | 8.00 | 23.00 | 2.00 | 21.00 | 1.00 | 3.00 | | 133.00 |
| GREENE | 3.00 | 18.00 | 3.00 | | 50.00 | 4.00 | 3.00 | 22.00 | 3.00 | 2.00 | 1.00 | 7.00 | 116.00 |
| TYRRELL | | | 15.00 | | | | 80.00 | | | | | 4.00 | 99.00 |
| BERTIE | 9.00 | | | 1.00 | | | 5.00 | 5.00 | 9.00 | 7.00 | 26.00 | | 62.00 |
| EDGECOMBE | 3.00 | 13.00 | | 7.00 | 11.00 | 2.00 | 8.00 | | | | | 5.00 | 49.00 |
| PAMLICO | 8.00 | 5.00 | 13.00 | 2.00 | 12.00 | | | | | 4.00 | | | 44.00 |
| WAYNE | | | | | | | | 4.00 | 11.00 | | | | 15.00 |
| CHOWAN | | | 7.00 | | | | | | | | | | 7.00 |
| NORTHAMPTON | | 5.00 | | | | | | | | | | | 5.00 |
| Grand Total | | | | | | | | | | | | | 54,887.00 |

***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.

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

Signature: Wayne Bell

Date: August 12, 2008

Name: Wayne Bell

Phone Number: (252) 752-8274

Email: gwbell32@yahoo.com

Facility Name: C & D Landfill Inc. Permit: 7407

Address: 802 Recycling Lane

City: Greenville State: North Carolina Zip: 27834

Person completing Assessment: Wayne Bell Date: 08/12/2008

Phone Number: (252) 752-8274 Fax: (252) 752-9016 Email: gwbell32@yahoo.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 [X] 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 [X] 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 [X] 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? [X] Yes [] No
If Yes, how many? 3
What are the three closest distances from the Edge of Waste? 600 Feet 120 Feet 210 Feet
Please list the names of the water bodies: Grindle Creek, UT to Grindle (North), UT to Grindle (South)

5. Is Public Water Available Within 1,500 feet of the Edge of Waste? [] Yes [X] 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 [X] No
7. Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? [] Yes [X] No
8. Is there groundwater remediation taking place on site? [] Yes [X] No
If Yes, what is the specific remedial technology used?

Comments

Empty rectangular box for comments.



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
MUNICIPAL SOLID WASTE TRANSFER STATION
Facility Annual Report
 For the period of **JULY 1, 2007-JUNE 30, 2008**

Facility Name: Polk Co. Transfer Permit: 75-04-T ID: 1057
 Address: P.O. Box 308
 City: Columbus State: North Carolina Zip: 28722
 Contact: J. Neal Hall
 Phone Number: (828) 894-3737 Fax: (828) 894-3374 Email: nhall@polknc.org

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 40.⁰⁰ /Ton (Attach a schedule of tipping fees if appropriate.)

2. Please report the longitude and latitude of your facility.

Longitude: 82° 11' 00.11140" Latitude: 35° 19' 12.89819"

Indicate method of collection: Patterson & Patterson Surveying & Planning

3. Please provide the Emergency 911 Address of the facility:

Street 1: 322 Landfill Rd

Street 2: _____

City: Mill Spring State: North Carolina Zip: 28756

4. Indicate types of transfer activity occurring at this facility (Check all that apply).

- Transfer of residential waste
- Transfer of commercial waste
- Transfer of industrial waste
- Transfer of construction and demolition waste
- * Transfer of shredded or split tires
- Transfer of ash
- Transfer of other waste (specify): We transfer whole tires to U.S. Dice.

5. Indicate other types of activities occurring at this facility (Check all that apply).

- Recycled material collection
- Used oil collection
- Household hazardous waste collection
- White goods separation
- Lead-acid battery collection
- Other activity (describe): computer/electronic recycling, brush grinding

6. Total waste received at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-----------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|-----------|
| MSW | 2025.03 | 1997.51 | 1997.51 | 2026.96 | 1998.72 | 1768.84 | 1965.09 | 1665.01 | 1769.72 | 1857.39 | 2056.54 | 1849.57 | 22,061.19 |
| | | | 1220.80 | | | | | | | | | | |

Grand Total 22,061.19

* our cso facility has received no waste since 10/24/05. All required closure information has been submitted on our behalf by Altemont. We are currently awaiting final closure approval from N.C. DENR. It is not possible to separate Cso from MSW by any method other than estimates, since it is often received mixed with MSW.

7 Specify shipping destination for all transferred waste.

| Name of Landfill(s) Receiving Waste | Material | Tons Transferred |
|-------------------------------------|----------|------------------|
| Union County Landfill | MSW | 22,061.19 |
| | | |
| | | |
| | TOTAL | 22,061.19 |

8. If the total in Question 6 is different than the total in Question 7, please explain:

***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.

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

Signature: _____

Date: _____

Name: _____

Phone Number: (827) 894-3737

Email: nhall@polknc.org

NC DENR
 Division of Waste Management - Solid Waste Section
 Risk Assessment Form

Facility Name: Polk Co. Transfer Station Permit: 75-04-T
 Address: P.O. Box 308
 City: Columbus State: North Carolina Zip: 28732
 Person completing Assessment: _____ Date: _____
 Phone Number: (828) 894-3739 Fax: (828) 894-3374 Email: nball@polknc.org

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? 1
 What are the three closest distances from the Edge of Waste? _____ Feet _____ Feet _____ Feet
- * Please list the names of the water bodies: Garrett crk, which is monitored twice annually
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

* _____



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL

Facility Annual Report

For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Polk Co. Transfer Station Permit: 7502 ID: 1057
Address: P.O. Box 308
City: Columbus State: North Carolina Zip: 28722
Contact: J. Neal Hall
Phone Number: (828) 894-3737 Fax: (828) 894-3374 Email: nhall@polknc.org

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 40.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 0 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 0 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? **

5. How much waste has been disposed, according to scale records, from N/A (Opening date of the facility) through the date of the survey indicated above? N/A tons

6. Please report the longitude and latitude of your facility. Longitude: 82°11'00.11140" Latitude: 35°19'12.89819" Indicate method of collection: survey

7. Please provide the Emergency 911 Address of the facility: Street 1: 322 Landfill Rd Street 2: City: Mill Spring State: North Carolina Zip: 28756

- 8. Indicate types of disposal activity occurring at this facility (Check all that apply). [] Landfilling of construction and demolition waste [x] Landfilling of land clearing and inert debris waste (limbs, bricks, stumps) [] Landfilling of other waste (specify):

9. Indicate other types of activities occurring at this landfill: * oil, battery, tire, and brush collection & grinding. white goods/metal electronic, and recycling

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

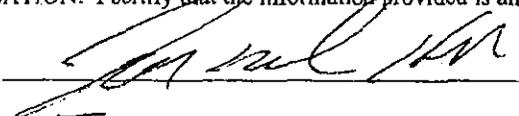
| Tons From Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-----------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| | N/A | A | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Grand Total

***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.

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

Signature: 

Date: 8/11/08

Name: John Neal Hall
828

(All lower case)

Phone Number: 894-3737

Email: nhall@polknc.org

NC DENR
 Division of Waste Management - Solid Waste Section
 Risk Assessment Form

Facility Name: Polk Co. Transfer Station Permit: 7502
 Address: P.O. Box 308
 City: Columbus State: North Carolina Zip: 28722
 Person completing Assessment: Joyce Hicks / Neal Hall Date: 8-11-08
 Phone Number: (828) 894-3737 Fax: (828) 894-3374 Email: nhall@polknc.org

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

- 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
- 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
- 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
- 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: _____
- 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

- Is there an active methane extraction system (blower, flare, etc.)? Yes No
- Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? Yes No
- Is there groundwater remediation taking place on site? Yes No
 If Yes, what is the specific remedial technology used? _____

Comments

* all activities listed are associated with the operation of our transfer facility. Which is located adjacent to the area our old landfill occupies. No landfilling activity has occurred on our old site since 10/24/05

* all required closer documentation has been submitted by our engineers (Altamont Env.) We're currently awaiting final closure by the state solid waste section.

* * our engineers determined several months before our closure date shown that our landfill was nearing its permitted capacity. At that time a recommendation was made to build a transfer facility that would transfer both C&D/MSW and to begin closure activities at the C&D site.



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008



Facility Name: Gold Hill Road C&D Landfill Permit: 7606 ID: P1019
 Address: 385 Gold Hill Road
 City: Asheboro State: North Carolina Zip: 27203
 Contact: Al Morton
 Phone Number: (336) 629-7175 Fax: (336) 629-6821 Email: goldhill@embarqmail.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 29.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 139,598.39 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 310,402.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? 06/2008
5. How much waste has been disposed, according to scale records, from 10/21/2001 (Opening date of the facility) through the date of the survey indicated above? 94,326.24 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 079.78991W Latitude: 35.71854N
 Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 385 Gold Hill Road
 Street 2: _____
 City: Asheboro State: North Carolina Zip: 27203

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
wood grinding facility and mulch yard

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|----------|--------|
| concrete | 980.50 |
| metal | 72.49 |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|--------------------|----------|----------|--------|--------|--------|--------|--------|--------|--------|----------|----------|----------|------------------|
| Randolph | 1,206.46 | 1,505.34 | 811.90 | 949.92 | 843.44 | 562.91 | 704.13 | 776.68 | 933.55 | 1,292.09 | 1,326.03 | 1,009.11 | 11,921.56 |
| Guilford | 8.16 | 8.04 | 13.46 | 26.46 | 9.93 | 6.33 | 13.43 | 16.23 | 27.99 | 13.31 | 28.51 | 13.95 | 185.80 |
| Davidson | 0.00 | 4.61 | 2.42 | 3.29 | 2.03 | 2.50 | 8.62 | 0.00 | 0.00 | 0.45 | 0.00 | 1.99 | 25.91 |
| Chatham | 1.70 | 10.22 | 6.96 | 1.72 | 6.20 | 0.00 | 0.00 | 1.88 | 3.62 | 1.88 | 3.47 | 0.38 | 38.03 |
| Moore | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Alamance | 0.00 | 0.00 | 1.16 | 0.98 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.57 | 0.00 | 2.71 |
| Montgomery | 0.00 | 0.00 | 0.00 | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 5.13 | 1.10 | 0.00 | 6.23 |
| Grand Total | | | | | | | | | | | | | 12,180.24 |

***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.

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

Signature: _____

Alfred H. Morton

Date: 7/21/2008

Name: Alfred H. Morton

Phone Number: (336) 629-7175

Email: goldhill@embarqmail.com

Facility Name: Gold Hill Road C&D Landfill Permit: 7606

Address: 385 Gold Hill Road

City: Asheboro State: North Carolina Zip: 27203

Person completing Assessment: Al Morton Date: 07/21/2008

Phone Number: (336) 629-7175 Fax: (336) 629-6821 Email: goldhill@embarqmail.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? 2
 What are the three closest distances from the *Edge of Waste*? 1050 Feet 1350 Feet Feet

2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 2
 What are the three closest distances from the *Edge of Waste*? 1100 Feet 1375 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

City water will be available to these houses within the next two years. This facility if connected to city water.



State of North Carolina

Department of Environment and Natural Resources Division of Waste Management **CONSTRUCTION AND DEMOLITION LANDFILL** **Facility Annual Report** **For the period of JULY 1, 2007-JUNE 30, 2008**

Submit by Email

Print Form

Facility Name: ROBESON COUNTY SOLID WASTE MANAGEMENT Permit: 78-03 ID: _____

Address: P. O. Box 366

City: SAINT PAULS State: North Carolina Zip: 28384

Contact: STEVE EDGE

Phone Number: (910) 865-3348 Fax: (910) 865-2560 Email: steve.edge@co.robeson.nc.us

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 24.50 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 251,836.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 125,073.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? Jun 6, 2008

5. How much waste has been disposed, according to scale records, from Jan 1, 1998 (Opening date of the facility) through the date of the survey indicated above? 202,049.00 tons

6. Please report the longitude and latitude of your facility.
Longitude: 34.79222 Latitude: 78.90828
Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
Street 1: 246 Landfill Road
Street 2: _____
City: Saint Pauls State: North Carolina Zip: 28384

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
MSW LANDFILL, SCRAP TIRE COLLECTION, WHITE GOODS COLLECTION

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. **DO NOT** include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|-------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| ROBESON COUNTY | 87.86 | 1,651.76 | 1,136.89 | 1,568.25 | 1,630.10 | 1,034.01 | 1,197.79 | 1,281.39 | 1,639.42 | 2,755.36 | 2,070.01 | 1,656.02 | 17,708.86 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Grand Total 17,708.86

*****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.

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

Signature: _____

Date: Jul 31, 2008 _____

Name: STEVEN EDGE _____

Phone Number: (910) 865-3348 _____

Email: steve.edge@co.robesson.nc.us _____

Facility Name: ROBESON COUNTY SOLID WASTE MANAGEMENT Permit: 78-03

Address: P. O. Box 366

City: SAINT PAULS State: North Carolina Zip: 28384

Person completing Assessment: STEVE EDGE Date: Jul 31, 2008

Phone Number: (910) 865-3348 Fax: (910) 865-2560 Email: steve.edge@co.roberson.nc.us

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? 9
What are the three closest distances from the *Edge of Waste*? ~650 Feet ~750 Feet ~825 Feet
- 2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 9
What are the three closest distances from the *Edge of Waste*? ~650 Feet ~750 Feet ~825 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? unknown

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

Corrective action plan for ground water remediation currently under review by NCDENR

C&D

State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008



Facility Name: Rowan County Permit: 8003 ID: P1101
Address: 2727 D Old Concord Road
City: Salisbury State: North Carolina Zip: 28146
Contact: Paul Canup
Phone Number: (704) 216-8589 Fax: (704) 216-8969 Email: Paul.Canup@rowancountync.gov

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

- 1. Tipping Fee: \$ See attached /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 71,392.80 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 0.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? 5-27-08
5. How much waste has been disposed, according to scale records, from (Opening date of the facility) through the date of the survey indicated above? 84,142.22 tons

6. Please report the longitude and latitude of your facility.
Longitude: -79.445 Latitude: 35.75722
Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
Street 1: 789 Campbell Road
Street 2:
City: Woodleaf State: North Carolina Zip: 27054

8. Indicate types of disposal activity occurring at this facility (Check all that apply).

- [X] Landfilling of construction and demolition waste
[X] Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
[] Landfilling of other waste (specify):

9. Indicate other types of activities occurring at this landfill:

Mobile Home destruction

Handwritten notes and signatures at the bottom of the page.

Facility Name: Rowan County Permit: 8003

Address: 2727 D Old Concord Road

City: Salisbury State: North Carolina Zip: 28146

Person completing Assessment: Lori Swaim Date: 7-23-08

Phone Number: (704) 216-8606 Fax: (704) 216-8969 Email: Lori.Swaim@rowancountync.gov

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? 10
 What are the three closest distances from the *Edge of Waste*? 900 Feet 900 Feet 950 Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 10
 What are the three closest distances from the *Edge of Waste*? 900 Feet 900 Feet 950 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

All responses based on the most recent survey from 2005

11

**ROWAN COUNTY LANDFILL
Construction and Demolition
TONNAGE BY COUNTY
7-1-05 TO 6-30-06**

| | CALDWELL | CABARRUS | DAVIDSON | DAVIE | IREDELL | MECKLENBURG | ROWAN | YADKIN | TOTAL |
|--------------|-------------|-------------|-------------|----------------|---------------|--------------|-----------------|-------------|-----------------|
| Jul-07 | | | | 376.26 | | 4.01 | 1703.44 | 5.94 | 2089.65 |
| Aug-07 | | | | 403.44 | | | 1910.62 | | 2314.06 |
| Sep-07 | | | | 442.17 | | | 1541.50 | | 1983.67 |
| Oct-07 | | | | 366.32 | 51.92 | | 1506.67 | | 1924.91 |
| Nov-07 | | | | 413.69 | 160.42 | | 1883.15 | | 2457.26 |
| Dec-07 | 4.52 | | | 299.73 | 3.95 | 1.82 | 1593.65 | | 1903.67 |
| Jan-08 | | | 5.88 | 316.55 | 5.11 | | 1102.73 | | 1430.27 |
| Feb-08 | | | | 355.48 | 32.07 | 2.15 | 2693.84 | | 3083.54 |
| Mar-08 | | | | 435.48 | 23.40 | | 1758.96 | | 2217.84 |
| Apr-08 | | | | 367.13 | 16.66 | 0.01 | 1621.98 | | 2005.78 |
| May-08 | | 0.77 | | 462.01 | 3.73 | | 1604.75 | | 2071.26 |
| Jun-08 | | | | 560.93 | 2.68 | 4.04 | 1310.68 | | 1878.33 |
| Total | 4.52 | 0.77 | 5.88 | 4799.19 | 299.94 | 12.03 | 20231.97 | 5.94 | 25360.24 |

Tipping Fee Schedule

| | |
|---------------------------------|---------|
| Sanitary Waste | \$32.00 |
| Sanitary Waste- Out of County | \$37.00 |
| Demolition Waste | \$22.00 |
| Demolition Waste- Out of County | \$27.00 |

1994



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008



70548

Facility Name: RUTHERFORD CENTRAL MSW FACILITY Permit: 81-03 ID: CDLF
 Address: 656 LAUREL HILL DRIVE
 City: RUTHERFORDTON State: North Carolina Zip: 28139
 Contact: DON BAYNARD - SOLID WASTE DIRECTOR
 Phone Number: 828-287-6002 Fax: 828-287-6312 Email: ANN WEST - ADMIN. ASST.

ann.west@rutherfordcountync.gov

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 25 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? _____ cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 263,000* cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? APRIL 18, 2008

5. How much waste has been disposed, according to scale records, from 1994 (Opening date of the facility) through the date of the survey indicated above? 203,168 tons

6. Please report the longitude and latitude of your facility. Longitude: E - 81.9504 Latitude: N 35.3477
 Indicate method of collection: USGS TOPO MAP * PER JULY '07 DESIGN REPORT

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 656 LAUREL HILL DRIVE
 Street 2: _____
 City: RUTHERFORDTON State: North Carolina Zip: 28139

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
TRANSFER MSW (SEP. FACILITY); MULCHING WOOD WASTES; ANIMAL CARCASS DISPOSAL (SEP. FACILITY); RECYCLING (COLL. ONLY) TIRES & WHITE GOODS

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No
 If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \ Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-------------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|------|-------|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

SEE ATTACHED TABLE

Grand Total 19,649.76

***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.

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

Signature:  Date: 7/16/08

Name: DON BAYNARD - SOLID WASTE DIRECTOR

Phone Number: 828-287-6002 Email: am.waste@rutherfordcounty.nc.gov

| | MSW | C&D |
|---------------|------------------|------------------|
| | Tons | Tons |
| July 07: | 3,808.58 | 1,301.52 |
| Aug. | 3,825.02 | 1,530.54 |
| September | 3,303.74 | 1,656.76 |
| Oct | 3,796.82 | 1,132.32 |
| Nov | 3,672.72 | 988.45 |
| Dec | 3,622.01 | 1,690.53 |
| January 08: | 3,683.00 | 3,119.77 |
| Feb | 3,571.22 | 1,345.74 |
| Mar | 3,712.94 | 1,155.40 |
| Apr | 3,785.63 | 1,365.41 |
| May | 3,758.58 | 1,962.34 |
| June | 3,842.47 | 2,400.98 |
| TOTALS | 44,382.73 | 19,649.76 |

Facility Name: RUTHERFORD CENTRAL MSW FACILITY (CDLF) Permit: 81-03
 Address: 656 LAUREL HILL DRIVE
 City: RUTHERFORDTON State: North Carolina Zip: 28139
 Person completing Assessment: G. DAVID GARRETT, PG, PE Date: 7/10/2008
 Phone Number: 919-418-4375 Fax: 919-231-1818 Email: david@davidgarrettpe.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

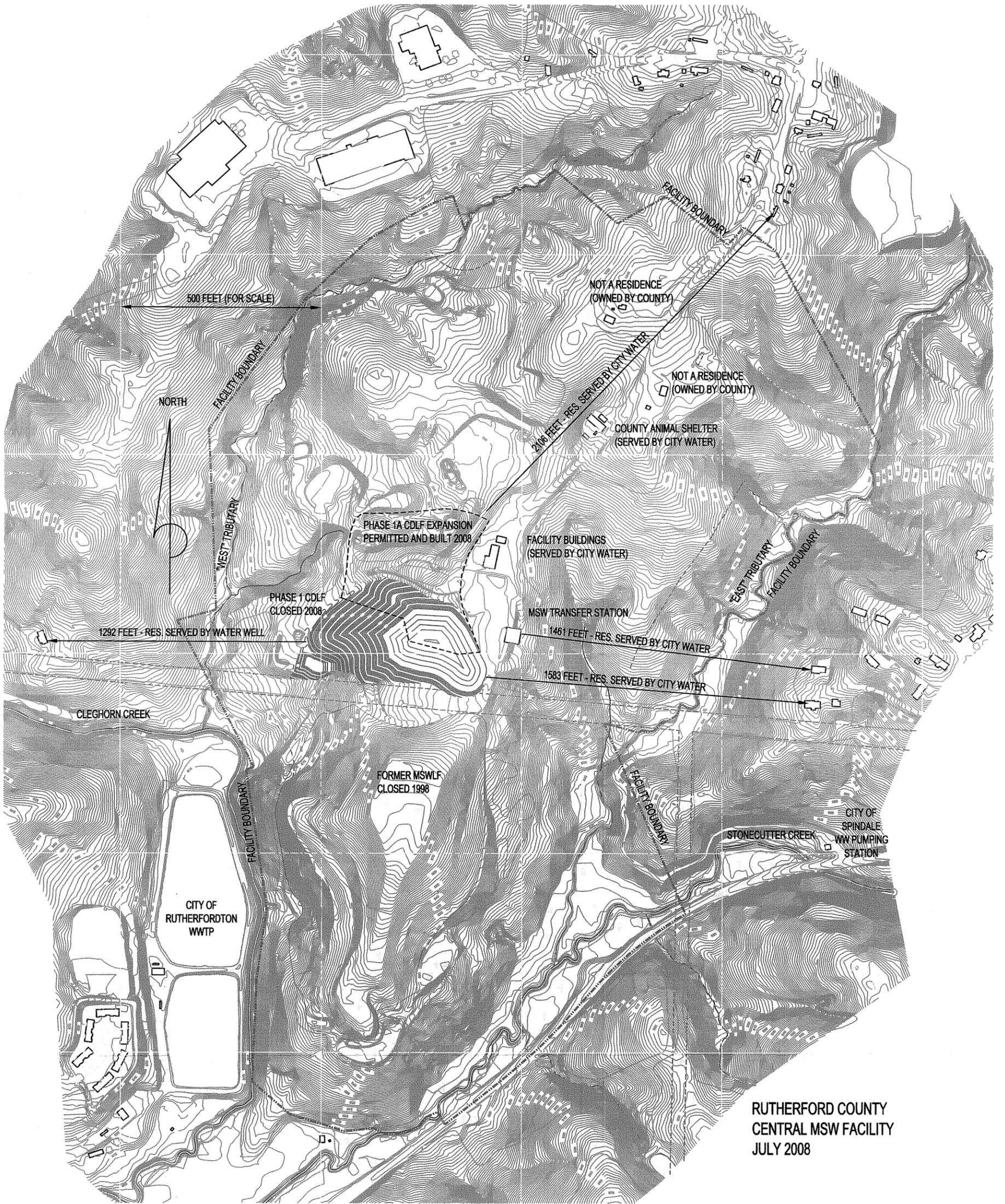
- Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 1
 What are the three closest distances from the Edge of Waste? 1292 Feet 1583 Feet 2106 Feet
WEST EAST NORTH
- Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 1
 What are the three closest distances from the Edge of Waste? 1292 Feet _____ Feet _____ Feet
- 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
- Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 2
 What are the three closest distances from the Edge of Waste? 470 Feet 600 Feet _____ Feet
 Please list the names of the water bodies: "WEST" TRIBUTARY CLEGHORN CRK.
- 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? 2

Corrective Measures

- Is there an active methane extraction system (blower, flare, etc.)? Yes No
- Is there a passive methane extraction system (trench, vents in cap, flare, etc.)? Yes No
- Is there groundwater remediation taking place on site? Yes No
 If Yes, what is the specific remedial technology used? _____

Comments

SEE ATTACHED MAP



RUTHERFORD COUNTY
CENTRAL MSW FACILITY
JULY 2008



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008



Facility Name: WI-Sampson County C&D Unit Permit: 8202 ID: P0714
 Address: 7434 Roseboro Hwy
 City: Roseboro State: North Carolina Zip: 28382
 Contact: Bryan Wuester
 Phone Number: (910) 525-4132 Fax: (910) 525-4150 Email: bryan.wuester@wasteindustries.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 37.38 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 524,640 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 2,516,279 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? 02/03/2008
5. How much waste has been disposed, according to scale records, from 03/06/2000 (Opening date of the facility) through the date of the survey indicated above? 246,632 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 78.452108628 Latitude: 34.977817979
 Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 7434 ROSEBORO HWY
 Street 2: _____
 City: ROSEBORO State: North Carolina Zip: 28382

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
NONE

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|--------|
| Brunswick | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 6.34 | 0.00 | 0.00 | 6.34 |
| Columbus | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3.32 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 3.32 |
| Craven | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 4.39 | 0.00 | 0.00 | 0.00 | 0.00 | 4.39 |
| Cumberland | 29.98 | 4.35 | 11.74 | 11.20 | 0.00 | 3.51 | 2.10 | 5.58 | 2.75 | 0.00 | 3.67 | 78.49 | 153.37 |
| Duplin | 0.00 | 0.00 | 0.00 | 1.34 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.06 | 0.00 | 5.81 | 8.21 |
| Durham | 0.00 | 3.98 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 9.95 | 0.00 | 5.73 | 0.00 | 0.00 | 19.66 |
| Granville | 0.00 | 0.00 | 0.00 | 0.00 | 11.03 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 11.03 |
| Guilford | 0.00 | 0.00 | 3.32 | 5.30 | 4.96 | 0.92 | 0.00 | 4.89 | 6.49 | 3.32 | 5.07 | 0.00 | 34.27 |
| Lee | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.61 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.61 |
| Nash | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10.67 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 10.67 |
| New Hanover | 33.90 | 8.00 | 8.89 | 17.93 | 29.93 | 20.76 | 3.83 | 12.44 | 7.12 | 0.02 | 31.43 | 86.29 | 260.54 |
| Onslow | 0.00 | 0.00 | 0.00 | 4.53 | 0.00 | 0.00 | 0.00 | 22.10 | 20.95 | 20.39 | 0.00 | 2.53 | 70.50 |
| Orange | 0.00 | 14.21 | 55.67 | 42.87 | 38.59 | 23.68 | 10.00 | 0.00 | 0.00 | 3.93 | 0.00 | 0.00 | 188.95 |
| Pender | 0.00 | 1.15 | 0.00 | 0.22 | 0.00 | 0.00 | 0.76 | 0.00 | 0.96 | 0.00 | 0.00 | 0.00 | 3.09 |
| Person | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.87 | 0.00 | 0.00 | 0.87 |
| Pitt | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 9.49 | 0.00 | 9.49 |
| Richmond | 0.00 | 0.00 | 0.00 | 0.00 | 1.01 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 1.01 |
| Robeson | 0.00 | 0.00 | 0.00 | 4.37 | 2.14 | 0.00 | 0.00 | 0.00 | 0.00 | 2.48 | 0.00 | 0.00 | 8.99 |
| Sampson | 0.00 | 0.00 | 5.42 | 0.00 | 3.83 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 9.25 |
| Scotland | 16.80 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 16.80 |
| Grand Total | | | | | | | | | | | | | 821.36 |

***According to (G.S. 130A-309.09D(h))

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.

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

Signature: 

Date: 07/24/08

Name: Bryan Wuester

Phone Number: (910) 525-4132 Email: bryan.wuester@wasteindustries.com

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

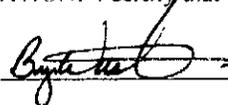
11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|------|------|------|------|-------|------|------|------|-------|-------|------|-------|--------|
| Vance | 0.00 | 0.39 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.39 |
| Wake | 9.43 | 7.10 | 0.83 | 0.00 | 29.83 | 0.00 | 0.00 | 6.55 | 6.05 | 0.00 | 3.00 | 10.80 | 73.59 |
| Wayne | 0.08 | 0.00 | 0.00 | 0.15 | 0.00 | 0.00 | 0.02 | 0.00 | 0.00 | 4.49 | 0.00 | 0.00 | 4.74 |
| Wilson | 0.00 | 0.00 | 0.00 | 0.00 | 14.43 | 0.00 | 0.00 | 0.00 | 14.89 | 12.73 | 0.00 | 0.00 | 42.05 |
| Grand Total | | | | | | | | | | | | | 120.77 |

***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.

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

Signature: 

Date: 07/24/08

Name: Bryan Wuester

Phone Number: (910) 525-4132

Email: bryan.wuester@wasteindustries.com

Facility Name: WI-Sampson County C&D Unit Permit: 8202

Address: 7434 Roseboro Hwy

City: Roseboro State: North Carolina Zip: 28382

Person completing Assessment: Bryan Wuester Date: _____

Phone Number: (910) 525-4132 Fax: (910) 525-4150 Email: bryan.wuester@wasteindustries.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*? 500 Feet NA Feet NA 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? 1

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

DWELLING IS UPGRADANT FROM LANDFILL UNIT.

✓RH



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008



Facility Name: SCOTLAND COUNTY CDLF Permit: 8301 ID: P0807
 Address: P. O. BOX 489
 City: LAURINBURG State: North Carolina Zip: 28353
 Contact: BRYANT HIGGINS LANDFILL MANAGER
 Phone Number: (910) 844-9206 Fax: (910) 844-7048 Email: scalehouse@scotlandcounty.org

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ See Attachment /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 401,405.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 237,683.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? 03-24-05
5. How much waste has been disposed, according to scale records, from 01-01-98 (Opening date of the facility) through the date of the survey indicated above? 182,457.00 tons ✓
6. Please report the longitude and latitude of your facility.
 Longitude: 80.15 Latitude: 35.0
 Indicate method of collection: BIS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 10681 PATTERSON ROAD
 Street 2: _____
 City: MAXTON State: North Carolina Zip: 28364

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:

✓

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| | Type | Tons |
|--|------|------|
| | | |
| | | |
| | | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

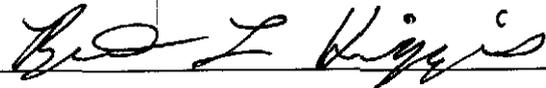
| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|-----------|
| SCOTLAND | 947.73 | 613.64 | 750.77 | 717.72 | 711.04 | 522.05 | 501.72 | 823.05 | 777.83 | 727.52 | 917.50 | 594.38 | 8,604.95 |
| ROBESON | 355.11 | 474.78 | 288.35 | 305.87 | 261.37 | 226.14 | 301.02 | 332.63 | 292.68 | 438.20 | 297.95 | 218.47 | 3,792.57 |
| HOKE | 4.46 | | 0.26 | 1.81 | | | | 243.04 | | | | | 249.57 |
| MOORE | 8.83 | | | | 0.14 | | | | | | | | 8.97 |
| RICHMOND | 1.54 | 2.28 | | | 3.28 | 8.03 | 1.00 | 19.24 | | | | | 35.37 |
| CUMBERLAND | | | | | | 10.05 | | | 2.46 | | 0.77 | | 13.28 |
| ANSON | | | | | | | | | 0.45 | | | | 0.45 |
| COLUMBUS | | | | | 0.57 | 0.76 | | | | | | | 1.33 |
| MARLBORO | 10.92 | 8.83 | 2.05 | | 0.90 | 1.62 | 0.25 | 2.09 | | 0.88 | 8.92 | 3.46 | 39.92 |
| CHESTERFIELD | 1.36 | | | | | | | | | | | | 1.36 |
| DILLON | | | 7.72 | | | | | | | | | | 7.72 |
| Grand Total | | | | | | | | | | | | | 12,755.49 |

5.C

***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.

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

Signature: 

Date: 7-28-08

Name: BRYANT HIGGINS

Phone Number: (910) 844-9206

Email: scalehouse@scotlandcounty.org

Facility Name: SCOTLAND COUNTY CDLF Permit: 8301

Address: P. O. BOX 489

City: LAURINBURG State: North Carolina Zip: 28353

Person completing Assessment: BRYANT HIGGINS Date: 7-28-08

Phone Number: (910) 844-9206 Fax: (910) 844-7048 Email: scalehouse@scotlandcounty.org

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? 2
 What are the three closest distances from the *Edge of Waste*? 179 Feet 179 Feet 179 Feet

2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 2
 What are the three closest distances from the *Edge of Waste*? 200 Feet 200 Feet 200 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*? 1400 Feet 1400 Feet 1400 Feet

Please list the names of the water bodies: SHOE HILL 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? _____

Comments



Bryant Higgins
Landfill Manager

County of Scotland

Department of Solid Waste

10701 Patterson Road
P.O. Box 489
Laurinburg, North Carolina 28353
Phone: 910-277-2421
Fax: 910-844-7048



Jim Blackwell
County Engineer

SCOTLAND COUNTY SOLID WASTE FEE SCHEDULE FISCAL 2008 – 2009

EFFECTIVE JULY 1, 2008

Listed below are the tipping fees for solid waste disposal at the county's transfer station, landfill, yard waste, inert debris and recycle facilities:

| <u>FACILITY</u> | <u>SCOTLAND COUNTY</u> | <u>STATE TAX</u> | <u>TOTAL TIPPING FEE</u> |
|--------------------------|------------------------|------------------|--------------------------|
| Transfer Station | \$ 43.00 | \$ 2.75 | \$ 45.75 /ton |
| Landfill | \$ 37.00 | \$ 2.75 | \$ 39.75 /ton |
| Yard Waste | \$ 28.00 | | \$ 28.00 /ton |
| Inert Debris | \$ 15.00 | | \$ 15.00 /ton |
| Undocumented Scrap Tires | \$ 80.00/ ton | | |
| Recycle Centers Schedule | See Attached | | |

Out of County – Tipping Fee plus additional \$5.00 Per Ton



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008

REVIEWED FAX
 COPY 8.11.08

Facility Name: City of Albemarle Landfill Permit: 8401 ID: P0792
 Address: 40592B Stony Gap Rd (P O Box 190)
 City: Albemarle State: North Carolina Zip: 28002-0190
 Contact: Nina Godwin
 Phone Number: (704) 984-9667 Fax: (704) 986-6127 Email: ngodwin@ci.albemarle.nc.us

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 20.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 349,531.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 543,444.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? 6-28-2008
5. How much waste has been disposed, according to scale records, from 5-31-1998 (Opening date of the facility) through the date of the survey indicated above? 302,563.71 tons
6. Please report the longitude and latitude of your facility.
 Longitude: 1656917.8279E ^{36.30526} Latitude: 570114.9484N ^{80.15236 (INTERNET)}
 Indicate method of collection: Survey

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 40592B Stony Gap Rd
 Street 2: _____
 City: Albemarle State: North Carolina Zip: 28001

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Yard Waste Separation



State of North Carolina

Department of Environment and Natural Resources Division of Waste Management **CONSTRUCTION AND DEMOLITION LANDFILL** **Facility Annual Report** **For the period of JULY 1, 2007-JUNE 30, 2008**

Submit by Email

Print Form

Facility Name: Surry County Mt. Airy Construction & Demolition Permit: 8602 ID: P0940

Address: PO Box 1542

City: Mt. Airy State: North Carolina Zip: 27030

Contact: Jerry Snow

Phone Number: (336) 401-8375 Fax: (336) 401-8380 Email: PublicWorks@co.surry.nc.us

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 36.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 0.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 0.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? June 25, 2008

5. How much waste has been disposed, according to scale records, from Jan 1, 1998 (Opening date of the facility) through the date of the survey indicated above? 138,287.00 tons

6. Please report the longitude and latitude of your facility.
Longitude: _____ Latitude: _____
Indicate method of collection: Other

7. Please provide the Emergency 911 Address of the facility:
Street 1: 237 Landfill Road
Street 2: _____
City: Mt. Airy State: North Carolina Zip: 27030

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
recycling, white goods storage, tire storage, maintenance building

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. **DO NOT** include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|----------|
| Surry County | 707.00 | 492.00 | 435.00 | 324.00 | 423.00 | 201.00 | 248.00 | 172.00 | 558.00 | 441.00 | 395.00 | 257.00 | 4,653.00 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Grand Total 4,653.00

*****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.

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

Signature: _____

Date: _____

Name: _____

Phone Number: _____

Email: _____

Facility Name: Surry County Mt. Airy Construction & Demolition Permit: 8602

Address: PO Box 1542

City: Mt. Airy State: North Carolina Zip: 27030

Person completing Assessment: D. Wayne Sullivan Date: Jul 30, 2008

Phone Number: (919) 772-5393 Fax: (919) 772-1176 Email: wsullivan@mesco.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? 4
 What are the three closest distances from the *Edge of Waste*? 100 Feet 650 Feet 515 Feet
 Please list the names of the water bodies: Tributaries of the Ararat River and Stony 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? _____

Comments



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

Submit by Email

Print Form

Facility Name: Surry County Elkin Construction & Demolition Permit: 8603 ID: P0995

Address: PO Box 1542

City: Mt. Airy State: North Carolina Zip: 27030

Contact: Jerry Snow

Phone Number: (336) 401-8375 Fax: (336) 401-8380 Email: PublicWorks@co.surry.nc.us

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 36.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 0.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 0.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? June 25, 2008

5. How much waste has been disposed, according to scale records, from Jan 1, 1998 (Opening date of the facility) through the date of the survey indicated above? 18,285.00 tons

6. Please report the longitude and latitude of your facility.
Longitude: _____ Latitude: _____
Indicate method of collection: Other

7. Please provide the Emergency 911 Address of the facility:
Street 1: Elkin Landfill Road
Street 2: _____
City: Elkin State: North Carolina Zip: 28621

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. **DO NOT** include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|-------|-------|--------|-------|-------|-------|-------|--------|--------|--------|-------|-------|----------|
| Surry County | 23.00 | 61.00 | 159.00 | 35.00 | 51.00 | 28.00 | 57.00 | 126.00 | 271.00 | 255.00 | 72.00 | 41.00 | 1,179.00 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

Grand Total 1,179.00

*****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.

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

Signature: _____

Date: _____

Name: _____

Phone Number: _____

Email: _____

Facility Name: Surry County Elkin Construction & Demolition Permit: 8603

Address: PO Box 1542

City: Mt. Airy State: North Carolina Zip: 27030

Person completing Assessment: D. Wayne Sullivan Date: Jul 30, 2008

Phone Number: (919) 772-5393 Fax: (919) 772-1176 Email: wsullivan@mesco.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.

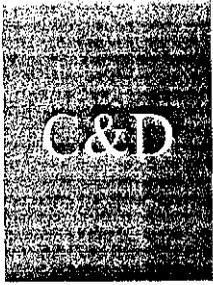
Receptors

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? 3
 What are the three closest distances from the *Edge of Waste*? 230 Feet 100 Feet 85 Feet
 Please list the names of the water bodies: Snow Creek and ponds
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



TNB
8.4.08

State of North Carolina

Department of Environment and Natural Resources
Division of Waste Management

CONSTRUCTION AND DEMOLITION LANDFILL

Facility Annual Report

For the period of JULY 1, 2007-JUNE 30, 2008

NC DEPT. OF ENVIRONMENT
AND NATURAL RESOURCES
RECEIVED

AUG 04 2008

MOORESVILLE REGIONAL OFFICE
DIVISION OF WASTE MANAGEMENT, SWS

Facility Name: Union County Landfill Permit: 9001 ID: P0929
 Address: 2125 Austin Chaney Road
 City: Wingate State: North Carolina Zip: 28174
 Contact: Frances Baucom
 Phone Number: (704) 233-5334 Fax: (704) 233-0255 Email: francesbaucom@co.union.nc.us



If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 34.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 350,190.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 816,447.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? March 2, 2008
5. How much waste has been disposed, according to scale records, from Jan 1, 1998 (Opening date of the facility) through the date of the survey indicated above? 248,052.00 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 80.4625 W Latitude: 35.0364 N
 Indicate method of collection: Internet

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 2125 Austin Chaney Road
 Street 2: _____
 City: Wingate State: North Carolina Zip: 28174

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
MSW transfer, collection for recycling of: white goods, tires, batteries, motor oil, antifreeze, pesticide containers

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|----------|----------|----------|----------|----------|--------|--------|--------|--------|----------|--------|-----------|
| UNION | 1,541.55 | 1,675.15 | 1,363.38 | 1,627.16 | 1,309.69 | 1,035.88 | 676.79 | 799.33 | 886.01 | 883.89 | 1,054.70 | 837.11 | 13,690.64 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 13,690.64 |

*** 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.

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

Signature: Frances Baucom

Date: 7/21/08

Name: Frances Baucom

Phone Number: 704 233 5334 Email: francesbaucom@co.union.nc.us

Facility Name: Union County Landfill

Permit: 9001

Address: 2125 Austin Chaney Road

City: Wingate

State: North Carolina

Zip: 28174

Person completing Assessment: Albert Glenn

Date: Jul 18, 2008

Phone Number: (704) 373-7127

Fax: (704) 358-7205

Email: aglenn@BrwnCald.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.

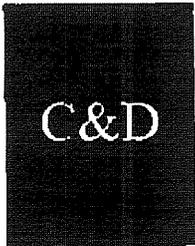
Receptors

1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 16
What are the three closest distances from the Edge of Waste? 600 Feet 640 Feet 700 Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 6
What are the three closest distances from the Edge of Waste? 600 Feet 640 Feet 900 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? 200 Feet _____ Feet _____ Feet
Please list the names of the water bodies: Richardson 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? _____

Comments



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of **JULY 1, 2007-JUNE 30, 2008**

TN B
8-19-08

Facility Name: Griffon Farm Landfill, Inc. Permit: 90-03 ID: P0699
 Address: 4242 Morgan Mill Rd (Rt 1 3327 Old Cambridge Rd)
 City: Morris State: North Carolina Zip: 28110
 Contact: Richard Griffon
 Phone Number: 704-361-7791 Fax: 704-241-2100 Email: _____

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 24 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey?

(PER MUNICIPAL ENG.)
595,300 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey?

40,800 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill?

9/21/07

5. How much waste has been disposed, according to scale records, from _____

(Opening date of the facility)

through the date of the survey indicated above? _____ tons

6. Please report the longitude and latitude of your facility.

Longitude: 36.05977 Latitude: 080.50000

Indicate method of collection: INTERNET



7. Please provide the Emergency 911 Address of the facility:

Street 1: 4242 Morgan Mill Rd

Street 2: _____

City: Morris State: North Carolina Zip: 28110

8. Indicate types of disposal activity occurring at this facility (Check all that apply).

- Landfilling of construction and demolition waste
- Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
- Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste.

| Tons From Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-------------------|-----|-----|------|-----|-----|-----|-----|-----|-----|-----|-----|--------------|-------|
| Anson | | | | | | | | | | | | | 46 |
| Cabarrus | | | | | | | | | | | | | 22 |
| Chesterfield (SD) | | | | | | | | | | | | | 104 |
| Meck | | | | | | | | | | | | | 4646 |
| Other S.C. | | | | 4 | | | | | | | | | 140 |
| Other Va. | | | | | | | | | | | | | 205 |
| Other | | | | | | | | | | | | | 202 |
| Stanley | | | | | | | | | | | | | 307 |
| Union | | | | | | | | | | | | | 27566 |
| Total | | | | | | | | | | | | 34152 | |

33738

***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.

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

Signature: *Richard S. Conley*

Date: 8-13-08

Name: Richard S. Conley

Phone Number: 361-7791

Email: _____



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008



Facility Name: BFI- Holly Springs Disposal Inc Permit: 9214 ID: P0467
 Address: 4300 Holly Springs/Apex Road
 City: Holly Springs State: North Carolina Zip: 27540
 Contact: Mike.Gurley@awin.com
 Phone Number: (704) 262-6019 Fax: (704) 782-2177 Email: Mike.Gurley@awin.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 0.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 2,695,283.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 0.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? Feb 3, 2006
5. How much waste has been disposed, according to scale records, from _____ (Opening date of the facility) through the date of the survey indicated above? _____ tons

6. Please report the longitude and latitude of your facility.
 Longitude: N 39degrees 35mins 23 second Latitude: W 78 degress 50 mins. 0 second
 Indicate method of collection: Internet

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 4300 Holly Springs/Apex Road
 Street 2: _____
 City: Holly Springs State: North Carolina Zip: 27540

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Landfill closed on 12/31/06

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \ Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|-------------------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | 0.00 | |

***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.

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

Signature: Mike Gurley

Date: July 30, 2008

Name: Mike Gurley

Phone Number: 704-262-6019 Email: Mike.Gurley@awin.com

Risk Assessment Form

Facility Name: BFI- Holly Springs Disposal Inc Permit: 9214

Address: 4300 Holly Springs/Apex Road

City: Holly Springs State: North Carolina Zip: 27540

Person completing Assessment: Mike Gurley Date: Jul 8, 2008

Phone Number: (704) 262-6019 Fax: (704) 782-2177 Email: Mike.Gurley@awin.com

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

New development is being constructed across the street from the closed facility. Landfill was closed on 12/31/06 and no C&D material has been accepted since then. All information above is based on knowledge before landfill closed.



State of North Carolina

Department of Environment and Natural Resources Division of Waste Management **CONSTRUCTION AND DEMOLITION LANDFILL** **Facility Annual Report** **For the period of JULY 1, 2007-JUNE 30, 2008**

Submit by Email

Print Form

Facility Name: Shotwell Landfill, Inc. Permit: 92-26 ID: P0984

Address: 3209 Gresham Lake Road Suite 115

City: Raleigh State: North Carolina Zip: 27615

Contact: David King

Phone Number: (919) 790-5470 Fax: (919) 790-5730 Email: daviddebris@bellsouth.net

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 28.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 534,174.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 490,826.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? February 27, 2008

5. How much waste has been disposed, according to scale records, from 10/13/1997 (Opening date of the facility) through the date of the survey indicated above? 590,613.00 tons

6. Please report the longitude and latitude of your facility.
Longitude: W 78 26' 21.19" Latitude: N 35 43' 25.50"
Indicate method of collection: Internet

7. Please provide the Emergency 911 Address of the facility:
Street 1: 4724 Smithfield Rd
Street 2: _____
City: Wendell State: North Carolina Zip: 27591

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Wood waste grinding

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|-------|-------|
| Metal | 99.41 |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|
| Wake | 7,541.00 | 8,340.00 | 6,781.00 | 7,001.00 | 6,626.00 | 6,216.00 | 6,269.00 | 5,229.00 | 5,024.00 | 6,006.00 | 7,465.00 | 10,287.00 | 82,785.00 |
| Johnson | | 700.00 | 622.00 | 489.00 | 201.00 | | 209.00 | 146.00 | 147.00 | 170.00 | 174.00 | 228.00 | 3,086.00 |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 85,871.00 |

*****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.

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

Signature: _____

Date: Aug 1, 2008 _____

Name: Michelle Pearson _____

Phone Number: (919) 790-5470 _____

Email: debrisremoval@bellsouth.net _____

Facility Name: Shotwell Landfill, Inc. Permit: 92-26

Address: 3209 Gresham Lake Road Suite 115

City: Raleigh State: North Carolina Zip: 27615

Person completing Assessment: Michelle Pearson Date: Aug 1, 2008

Phone Number: (919) 790-5470 Fax: (919) 790-5730 Email: debrisremoval@bellsouth.net

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? 8
 What are the three closest distances from the *Edge of Waste*? 340* Feet 500 Feet 600 Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 8
 What are the three closest distances from the *Edge of Waste*? 340* Feet 500 Feet 600 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? 3
 What are the three closest distances from the *Edge of Waste*? 80 Feet 320 Feet 800 Feet
 Please list the names of the water bodies: unnamed pond and tributary streams
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

Information taken from aerial photograph obtained from Wake County GIS date 2005.
 *Nearest home and well owned by landfill. Home planned for destruction, well planned for non-potable use.



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Red Rock Disposal Permit: 9228 ID: P1031
 Address: 7130 new Landfill Drive
 City: Holly Springs State: North Carolina Zip: 27540
 Contact: Don Plessinger
 Phone Number: (919) 557-9583 Fax: (919) 557-9523 Email: donald.plessinger@wastwindustries.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 22.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 1,800,000.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 16,800,000.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? Feb 6, 2008
5. How much waste has been disposed, according to scale records, from 11/2001 (Opening date of the facility) through the date of the survey indicated above? 813,816.00 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 7853'50.60" Latitude: 3536'15.81"
 Indicate method of collection: Survey

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 7130 New Landfill Drive
 Street 2: _____
 City: Holly Springs State: North Carolina Zip: 27540

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

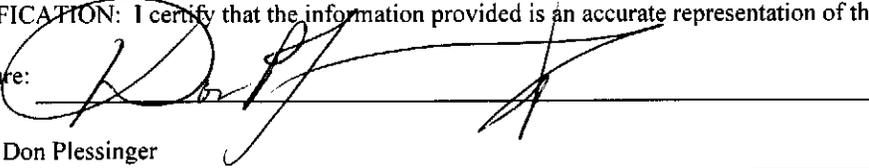
11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|--------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------------|
| Chatham | 21.17 | 28.46 | 32.32 | 34.23 | 57.52 | 15.72 | 22.38 | 11.56 | 19.22 | 19.52 | 15.40 | 18.65 | 296.15 |
| Durham | 4,208.16 | 3,608.96 | 3,059.37 | 3,528.86 | 2,938.82 | 2,480.10 | 3,007.85 | 3,193.30 | 3,215.43 | 2,891.81 | 3,257.41 | 2,736.99 | 38,127.06 |
| Franklin | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Granville | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Harnett | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Johnston | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 7.83 | 0.00 | 22.05 | 4.42 | 34.30 |
| Nash | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| Wake | 18,360.89 | 17,455.06 | 15,365.91 | 15,661.31 | 13,696.13 | 10,383.16 | 11,807.97 | 12,374.09 | 12,331.40 | 12,912.61 | 11,631.36 | 11,160.02 | 163,139.91 |
| Grand Total | | | | | | | | | | | | | 201,597.42 |

***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.

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

Signature: 

Date: 7/10/2008

Name: Don Plessinger

Phone Number: (919) 557-9583

Email: donald.plessinger@nc.rr.com

Facility Name: Red Rock Disposal Permit: 9228

Address: 7130 new Landfill Drive

City: Holly Springs State: North Carolina Zip: 27540

Person completing Assessment: Don Plessinger Date: 7/10/2008

Phone Number: (919) 557-9583 Fax: (919) 557-9523 Email: donald.plessinger@nc.rr.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



State of North Carolina

Department of Environment and Natural Resources Division of Waste Management **CONSTRUCTION AND DEMOLITION LANDFILL** **Facility Annual Report** **For the period of JULY 1, 2007-JUNE 30, 2008**

Submit by Email

Print Form

Facility Name: Highway 55 C&D Landfill, LLC Permit: 9230 ID: P1062

Address: 19109 W. Catawba Ave., Ste 200

City: Cornelius State: North Carolina Zip: 28031

Contact: Ron Gilkerson

Phone Number: (704) 895-0329 Fax: (704) 896-2960 Email: rcgilkerson@griffinbrother.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 33.50 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 673,419.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 2,350,000.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? Feb 7, 2008

5. How much waste has been disposed, according to scale records, from Oct 1, 2002 (Opening date of the facility) through the date of the survey indicated above? 514,431.64 tons

6. Please report the longitude and latitude of your facility.
Longitude: 35 41'19.20"N Latitude: 78 50'46.72"W
Indicate method of collection: Internet

7. Please provide the Emergency 911 Address of the facility:
Street 1: 5940 Old Smithfield Road
Street 2: _____
City: Apex State: North Carolina Zip: 27502

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Type 1 Reprocessing Center- 12,351.08 Tons

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|----------|-----------|
| Concrete | 18,112.16 |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. **DO NOT** include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Wake | 8,566.39 | 9,415.11 | 8,519.58 | 7,845.67 | 5,990.89 | 5,035.61 | 4,742.09 | 5,405.20 | 5,623.18 | 5,710.21 | 6,408.26 | 6,932.63 | 80,194.82 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 80,194.82 |

*****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.

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

Signature: _____ Date: _____

Name: Ron Gilkerson _____

Phone Number: (704) 895-0329 Email: rcgilkerson@griffinbrothers.com _____

Facility Name: Highway 55 C&D Landfill, LLC Permit: 9230

Address: 19109 W. Catawba Ave., Ste 200

City: Cornelius State: North Carolina Zip: 28031

Person completing Assessment: Ron Gilkerson Date: Jul 15, 2008

Phone Number: (704) 895-0329 Fax: (704) 896-2960 Email: rcgilkerson@griffinbrothers.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? 2 _____
 What are the three closest distances from the *Edge of Waste*? 100 Feet 200 Feet _____ Feet
 Please list the names of the water bodies: Little Branch, Falls 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



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008



Facility Name: Material Recovery/Brownfield Rd C&D Landfill Permit: 9231 ID: P1061

Address: 421 Raleigh View Road

City: Raleigh State: North Carolina Zip: 27610

Contact: Dennis Gehle

Phone Number: (919) 866-1211 Fax: (919) 866-0067 Email: dgehle@wcamerica.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 34.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 887,445.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 7,460,798.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? Feb 20, 2008

5. How much waste has been disposed, according to scale records, from Oct 1, 2003 (Opening date of the facility) through the date of the survey indicated above? 623,788.00 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 78-30m-22s Latitude: 35-42m-40s
 Indicate method of collection: Survey

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 2600 Brownfield Road
 Street 2: _____
 City: Raleigh State: North Carolina Zip: 27610

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|--------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-------------------|
| Wake | 16,568.78 | 16,585.18 | 12,045.95 | 16,785.47 | 15,105.98 | 13,206.13 | 15,908.69 | 14,738.58 | 14,556.34 | 12,898.16 | 13,317.94 | 14,627.60 | 176,344.80 |
| Johnson | 6.40 | 4.24 | 22.74 | 33.76 | 25.38 | 37.22 | 30.37 | 73.90 | 45.85 | | | 10.42 | 290.28 |
| Durham | 12.27 | 81.57 | 13.22 | 31.20 | 144.44 | 2.67 | 59.01 | 47.85 | 13.17 | 16.87 | | 4.29 | 426.56 |
| Orange | 9.61 | 4.00 | 27.38 | 137.81 | 162.77 | 14.71 | 53.91 | 57.84 | | 4.28 | | | 472.31 |
| Franklin | | | | | | | | 13.20 | | | | | 13.20 |
| Chatham | | | | | | | | | | 16.67 | | | 16.67 |
| Grand Total | | | | | | | | | | | | | 177,563.82 |

*****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.

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

Signature: _____

Date: Jul 10, 2008

Name: Dennis Gehle _____

Phone Number: (919) 866-1211

Email: dgehle@wcamerica.com

Facility Name: Material Recovery/Brownfield Rd C&D Landfill Permit: 9231

Address: 421 Raleigh View Road

City: Raleigh State: North Carolina Zip: 27610

Person completing Assessment: Dennis Gehle Date: Jul 10, 2008

Phone Number: (919) 866-1211 Fax: (919) 866-0067 Email: dgehle@wcamerica.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? 19
 What are the three closest distances from the *Edge of Waste*? 900 Feet 1000 Feet 1100 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? 1
 What are the three closest distances from the *Edge of Waste*? 1200 Feet _____ Feet _____ Feet
 Please list the names of the water bodies: Landfill Pond
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? 19

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



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008



Facility Name: Washington County C&D Landfill Permit: #94-04 ID: P0675
 Address: P.O. Box 1007
 City: Plymouth State: North Carolina Zip: 27962
 Contact: Carl Critcher
 Phone Number: (252) 793-5615 Fax: (252) 793-5615 Email: _____

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 5000 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 46,857.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? LANDFILL IS AT OR NEAR CAPACITY cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? 06-11-08
5. How much waste has been disposed, according to scale records, from Jan 1, 1996 (Opening date of the facility) through the date of the survey indicated above? 19,782.00 tons
6. Please report the longitude and latitude of your facility.
 Longitude: N35.91866 Latitude: 076.66496
 Indicate method of collection: GPS

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 718 Landfill Road
 Street 2: _____
 City: Roper State: North Carolina Zip: 27970

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
Drop off site for LCID, Tires and White Goods

Facility Name: Washington County C&D Landfill Permit: #94-04

Address: P.O. Box 1007

City: Plymouth State: North Carolina Zip: 27962

Person completing Assessment: Carl Critcher Date: 07-19-08

Phone Number: (252) 793-5615 Fax: (252) 793-5615 Email: _____

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.

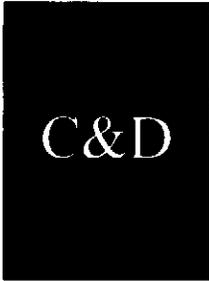
Receptors

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*? 4000 Feet 4500 Feet 6500 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*? N/A 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*? 3000 Feet 6000 Feet _____ Feet
 Please list the names of the water bodies: Albemarle Sound, Conaby 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? _____

Comments



State of North Carolina
 Department of Environment and Natural Resources
 Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
 For the period of JULY 1, 2007-JUNE 30, 2008



Facility Name: Wayne County CDLF Permit: 9601 ID: P0810
 Address: 460B South Landfill Road
 City: Dudley State: North Carolina Zip: 28333
 Contact: Tim Rogers
 Phone Number: (919) 689-2994 Fax: (919) 689-2995 Email: Tim.Rogers@waynegov.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 23.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 582,358.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 258,730.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? Jun 24, 2008
5. How much waste has been disposed, according to scale records, from Jan 1, 1998 (Opening date of the facility) through the date of the survey indicated above? 363,690.13 tons
6. Please report the longitude and latitude of your facility.
 Longitude: 78-04-07 Latitude: 35-17-23
 Indicate method of collection: Other

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 460B South Landfill Road
 Street 2: _____
 City: Dudley State: North Carolina Zip: 28333

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:

Facility Name: Wayne County CDLF Permit: 9601

Address: 460B South Landfill Road

City: Dudley State: North Carolina Zip: 28333

Person completing Assessment: Tim Rogers Date: 7/210/08

Phone Number: (919) 689-2994 Fax: (919) 689-2995 Email: Tim.Rogers@waynegov.com

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? 6
 What are the three closest distances from the *Edge of Waste*? 325 Feet 450 Feet 675 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*? 425 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



State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management
CONSTRUCTION AND DEMOLITION LANDFILL
Facility Annual Report
For the period of JULY 1, 2007-JUNE 30, 2008

Facility Name: Wilson County Westside C&D Landfill Permit: 9809 ID: P1109
 Address: P. O. Box 1728
 City: Wilson State: North Carolina Zip: 27894-1728
 Contact: Steve Clayton
 Phone Number: (252) 399-2823 Fax: (252) 399-0904 Email: sclayton@wilson-co.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G. S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 34.00 /Ton (Attach a schedule of tipping fees if appropriate.)
2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 162,087.00 cubic yards
3. How much volume remains at the landfill as determined by aerial or ground survey? 155,623.00 cubic yards
4. What was the date of the last survey used to determine the volume used at the landfill? February 2005
5. How much waste has been disposed, according to scale records, from Oct 4, 2004 (Opening date of the facility) through the date of the survey indicated above? 109,409.03 tons

6. Please report the longitude and latitude of your facility.
 Longitude: 77.85778 Latitude: 35.71694
 Indicate method of collection: Internet

7. Please provide the Emergency 911 Address of the facility:
 Street 1: 4537 Landfill Rd.
 Street 2: _____
 City: Wilson State: North Carolina Zip: 27893

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of construction and demolition waste
 - Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 - Landfilling of other waste (specify): split tires and pallets

9. Indicate other types of activities occurring at this landfill:
 (See page 3-comments section)

Facility Name: Wilson County Westside C&D Landfill Permit: 9809

Address: P. O. Box 1728

City: Wilson State: North Carolina Zip: 27894-1728

Person completing Assessment: Steve Clayton Date: Jul 30, 2008

Phone Number: (252) 399-2823 Fax: (252) 399-0904 Email: sclayton@wilson-co.com

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? 2
 What are the three closest distances from the Edge of Waste? 400 Feet 400 Feet _____ Feet
 Please list the names of the water bodies: Buck Branch, Intermittent stream
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

#2 of C&D LF Facility Annual Report - July 2007, ground survey in progress.
 #9 of C&D LF Facility Annual Report - On landfill property; yard waste processing, white goods recycling, used motor oil/ antifreeze collection, swap shop, oyster shell collection, scrap tire collection, pesticide container collection.



State of North Carolina

Department of Environment and Natural Resources Division of Waste Management **CONSTRUCTION AND DEMOLITION LANDFILL** **Facility Annual Report** **For the period of JULY 1, 2007-JUNE 30, 2008**

Submit by Email

Print Form

Facility Name: Wilson County Westside C&D Landfill Permit: 9809 ID: P1109

Address: P. O. Box 1728

City: Wilson State: North Carolina Zip: 27894-1728

Contact: Steve Clayton

Phone Number: (252) 399-2823 Fax: (252) 399-0904 Email: sclayton@wilson-co.com

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 34.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 162,087.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 155,623.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? February 2005

5. How much waste has been disposed, according to scale records, from Oct 4, 2004 (Opening date of the facility) through the date of the survey indicated above? 109,409.03 tons

6. Please report the longitude and latitude of your facility.
Longitude: 77.85778 Latitude: 35.71694
Indicate method of collection: Internet

7. Please provide the Emergency 911 Address of the facility:
Street 1: 4537 Landfill Rd.
Street 2: _____
City: Wilson State: North Carolina Zip: 27893

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): split tires and pallets

9. Indicate other types of activities occurring at this landfill:
(See page 3-comments section)

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|--------------|-------------|
| Cardboard | 46.21 |
| Mixed metals | 31.22 |
| Pallets | 150 pallets |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Wilson County | 3,218.00 | 2,849.00 | 1,859.00 | 2,682.00 | 2,217.00 | 1,972.00 | 2,153.00 | 2,090.00 | 1,935.00 | 2,157.00 | 2,142.00 | 1,614.00 | 26,888.00 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 26,888.00 |

*****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.

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

Signature: _____

Date: Jul 30, 2008 _____

Name: Steve Clayton _____

Phone Number: (252) 399-2823 _____

Email: sclayton@wilson-co.com _____

Facility Name: Wilson County Westside C&D Landfill Permit: 9809

Address: P. O. Box 1728

City: Wilson State: North Carolina Zip: 27894-1728

Person completing Assessment: Steve Clayton Date: Jul 30, 2008

Phone Number: (252) 399-2823 Fax: (252) 399-0904 Email: sclayton@wilson-co.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? 2 _____
 What are the three closest distances from the *Edge of Waste*? 400 Feet 400 Feet _____ Feet
 Please list the names of the water bodies: Buck Branch, Intermittent stream
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

#2 of C&D LF Facility Annual Report - July 2007, ground survey in progress.
 #9 of C&D LF Facility Annual Report - On landfill property: yard waste processing, white goods recycling, used motor oil/antifreeze collection, swap shop, oyster shell collection, scrap tire collection, pesticide container collection.





State of North Carolina

Department of Environment and Natural Resources Division of Waste Management **CONSTRUCTION AND DEMOLITION LANDFILL** **Facility Annual Report** **For the period of JULY 1, 2007-JUNE 30, 2008**

Submit by Email

Print Form

Facility Name: Yadkin County Permit: _____ ID: _____

Address: PO Box 1298, 1149 Landfill Rd

City: Yadkinville State: North Carolina Zip: 27055

Contact: Cheri W. Cranfill

Phone Number: (336) 679-6348 Fax: (336) 679-2443 Email: ccranfill@yadkincountync.gov

If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist. According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2008 and a copy of this report must be sent to the County Manager of each county from which waste was received.

1. Tipping Fee: \$ 46.00 /Ton (Attach a schedule of tipping fees if appropriate.)

2. Since the opening of the landfill, how much volume has been used at the landfill as determined by aerial or ground survey? 0.00 cubic yards

3. How much volume remains at the landfill as determined by aerial or ground survey? 0.00 cubic yards

4. What was the date of the last survey used to determine the volume used at the landfill? never

5. How much waste has been disposed, according to scale records, from Jul 1, 1997 (Opening date of the facility) through the date of the survey indicated above? 20,932.00 tons

6. Please report the longitude and latitude of your facility.
Longitude: 36.1804 Latitude: 80.6403
Indicate method of collection: Other

7. Please provide the Emergency 911 Address of the facility:
Street 1: 1149 Landfill Rd
Street 2: _____
City: Yadkinville State: North Carolina Zip: 27055

8. Indicate types of disposal activity occurring at this facility (Check all that apply).
 Landfilling of construction and demolition waste
 Landfilling of land clearing and inert debris waste (limbs, bricks, stumps)
 Landfilling of other waste (specify): _____

9. Indicate other types of activities occurring at this landfill:
recycling, MSW Transfer STation

10. Is the construction and demolition waste separated into recyclable and non-recyclable materials? Yes No

If yes, state the type and tonnage of materials being separated for recycling:

| Type | Tons |
|------|------|
| | |
| | |
| | |

11. Total waste landfilled at this facility during the period of July 1, 2007, through June 30, 2008. Indicate tonnage received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. **DO NOT** include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Add Row

| Tons From \Month | Jul | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | Total |
|------------------|------|------|------|------|------|------|------|------|------|------|------|------|-------|
| Yadkin | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Grand Total | | | | | | | | | | | | | 0.00 |

*****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.

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

Signature: _____

Date: 11-7-08 _____

Name: Cheri W. Cranfill _____

Phone Number: (336) 679-6348 _____

Email: ccranfill@yadkincountync.gov _____

Facility Name: Yadkin County Permit: _____

Address: PO Box 1298, 1149 Landfill Rd

City: Yadkinville State: North Carolina Zip: 27055

Person completing Assessment: Cheri W. Cranfill Date: 11-7-08

Phone Number: (336) 679-6348 Fax: (336) 679-2443 Email: ccranfill@yadkincountync.gov

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Comments