

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2014 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.

Facility Name: City of Greensboro White Street Landfill

Permit: 4112-MSWLF-1997

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

- Tipping Fee: \$41.00 _____ per Ton (Attach a schedule of tipping fees if appropriate.)
- Does the tip fee above include the \$2.00 Solid Waste Tax? Yes No
- Did your facility stop receiving waste during this past Fiscal Year? Yes No
 If so, please report the date this occurred: _____
- What other activities occur at this facility? (check all that apply)
 Recycling/Reuse Collection Scrap Tire Collection White Goods Collection Household Hazardous Waste Collection
 If you checked Recycling/Reuse Collection, please indicate the materials accepted: (check all that apply)
 Paper Wood Concrete/rubble/asphalt Gypsum/drywall
 Cardboard Glass Aluminum Cans Steel Cans
 PETE (#1) Plastic HDPE (#2) Plastic Computer Equipment Televisions
 Fluorescent lightbulbs Used oil/oil filters Other Metal Other Plastic
 Other (specify) _____

Airspace (Capacity): Questions in this section relate to all cells/units of the lined facility operated under the current 4-digit permit number regardless of whether the cells/units are closed or are not contiguous at the time of this report. Tonnage questions must be based on scale records and cover the period between the opening date and the date of the last survey unless another time period is approved. Airspace measurements include daily, intermediate and final cover.	5. Date Facility Last Surveyed: <u>05/03/14</u>
	6. Airspace Used (cubic yards): <u>3,433,900</u>
	7. Total Tons Disposed in Airspace Used (tons): <u>2,395,750</u>

- How is your leachate transported to the waste water treatment plant? Sewer Connection Pump Truck

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

If yes, indicate the following:

Name: <u>Gail Hay, PE</u>	Certification type and expiration date: <u>Certified MOLO 3/26/15</u>
Name: <u>Jason Jernigan</u>	Certification type and expiration date: <u>Certified MOLO 2/11/16</u>
Name: <u>Holly Johnson</u>	Certification type and expiration date: <u>Certified MOLO 2/11/16</u>
Name: <u>Lewis Walker</u>	Certification type and expiration date: <u>Certified MOLO 6/26/15</u>
Name: <u>Tim Williams</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 03/17</u>

12. Comments, suggestions or notes:

Waste is currently received from only one municipal generating source.

REMINDER: According to (G.S. 130A-309.09D(b)), this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

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

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

Signature:  Date: 7-24-14

Name: Jason Jernigan Title: Waste Disposal Manager

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

Facility Name: City of Greensboro White Street Landfill Permit: 4112-MSWLF-1997

Address: 2503 White Street

City: Greensboro State: North Carolina Zip: 27405

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

Phone Number: (336) 412-3959 Fax: (336) 373-7656 Email: jason.jernigan@greensboro-nc.gov

Instructions: Please indicate either *Yes* or *No* for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the *Edge of Waste* (using range finders and/or GIS maps) and type that information into the form. Please attach additional information including GIS maps, lists of potable well locations, etc.

Receptors

1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? _____
 What are the three closest distances from the *Edge of Waste*? 490 Feet 538 Feet 612 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? 1 tributary - wet weather
 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? all residential lots

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