

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: Columbus County Landfill Permit: 2401-LCID-2000

Physical Address	Mailing Address
Street 1: <u>107 Landfill Road</u>	Street 1: <u>612 North Madison Street</u>
Street 2: _____	Street 2: _____
City: <u>Whiteville</u> County: <u>Columbus</u>	City: <u>Whiteville</u>
State: <u>North Carolina</u> Zip: <u>28472</u>	State: <u>North Carolina</u> Zip: <u>28472</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Amanda Davis</u>	Name: <u>Amanda Davis</u>
Phone: <u>(910) 642-2828</u> Fax: <u>(910) 642-1041</u>	Phone: <u>(910) 642-2828</u> Fax: <u>(910) 642-1041</u>
Email: <u>adavis@columbusco.org</u>	Email: <u>adavis@columbusco.org</u>

1. Tipping Fee: \$40.93 per ton \_\_\_\_\_  
 Tipping Fee: \$ \_\_\_\_\_ per \_\_\_\_\_  
 Tipping Fee: \$ \_\_\_\_\_ per \_\_\_\_\_

2. Estimate the amount of waste taken in an average week at this facility? 12.65  tons  cubic yards

3. How many weeks did you operate this year? 52

4. What are the hours/days of operation for this facility? 7:30 A.M. to 4:00 P.M. Monday through Friday

5. What is the acreage of the footprint of the waste on site as of June 30? 3.6 Acre(s)

6. Did your facility stop receiving waste during this past Fiscal Year?  Yes  No  
 If so, please report the date this occurred: \_\_\_\_\_

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

Please return your completed report to:  
 Wes Hare  
 127 Cardinal Drive Ext.  
 Wilmington, NC 28405  
 phone: 910.796.7405 email: Wes.Hare@ncdenr.gov

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

Signature: Amanda Davis  Date: July 30, 2014

Name: Amanda Davis Title: Executive Assistant

Phone Number: (910) 642-2828 Email: adavis@columbusco.org

Facility Name: Columbus County Landfill Permit: 2401-LCID-2000

Address: 107 Landfill Road

City: Whiteville State: North Carolina Zip: 28472

Person completing Assessment: Amanda Davis Date: July 30, 2014

Phone Number: (910) 642-2828 Fax: (910) 642-1041 Email: adavis@columbusco.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**