

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: Waste Industries - Stone Park Ct. LCID LF Permit: 32J-LCID-1999

Physical Address	Mailing Address
Street 1: <u>148 Stone Park Ct.</u>	Street 1: <u>7130 New Landfill Drive</u>
Street 2: _____	Street 2: _____
City: <u>Durham</u> County: <u>Durham</u>	City: <u>Holly Springs</u>
State: <u>North Carolina</u> Zip: <u>27703</u>	State: <u>North Carolina</u> Zip: <u>27540</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Don Plessinger</u>	Name: <u>Francine Judd</u>
Phone: <u>(919) 557-9583</u> Fax: <u>(919) 557-9523</u>	Phone: <u>(919) 557-9583</u> Fax: <u>(919) 557-9523</u>
Email: <u>donald.plessinger@wasteindustries.com</u>	Email: <u>francine.judd@wasteindustries.com</u>

1. Tipping Fee: \$1.20 per cubic yard
 Tipping Fee: \$ _____ per _____
 Tipping Fee: \$ _____ per _____

2. Estimate the amount of waste taken in an average week at this facility? 4.2 tons
 cubic yards

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

4. What are the hours/days of operation for this facility? 7am till 4:30pm - M-F

5. What is the acreage of the footprint of the waste on site as of June 30? 4.53 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:

John Patrone
 585 Waightown Street
 Winston-Salem, NC 27107-2275
 phone: 336.771.5095 email: John.Patrone@ncdenr.gov

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

Signature: Donald Plessinger

Digitally signed by Donald Plessinger
 DN: dc=com, dc=waste-ind, dc=corp, ou=Managed Objects, ou=User Objects, ou=User Accounts, cn=Donald Plessinger
 Date: 2014.07.16 10:18:47 -0400

Date: Jul 16, 2014

Name: Don Plessinger

Title: GM

Phone Number: (919) 557-9583

Email: donald.plessinger@wasteindustries.com

Facility Name: Waste Industries - Stone Park Ct. LCID LF Permit: 32J-LCID-1999

Address: 148 Stone Park Ct.

City: Durham State: North Carolina Zip: 27703

Person completing Assessment: Don Plessinger Date: Jul 10, 2014

Phone Number: (919) 557-9583 Fax: (919) 557-9523 Email: donald.plessinger@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? _____
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