



According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2015 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: EDGECOMBE COUNTY CDLF Permit: 3301-CDLF-1997

Physical Address	Mailing Address
Street 1: <u>2872 COLONIAL ROAD</u>	Street 1: <u>PO BOX 10</u>
Street 2: _____	Street 2: _____
City: <u>TARBORO</u> County: <u>Edgecombe</u>	City: <u>TARBORO</u>
State: <u>North Carolina</u> Zip: <u>27886</u>	State: <u>North Carolina</u> Zip: <u>27886</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>GLORIA MOSELEY</u>	Name: <u>GLORIA MOSELEY</u>
Phone: <u>(252) 827-4253</u> Fax: <u>(252) 827-6681</u>	Phone: <u>(252) 827-4253</u> Fax: <u>(252) 827-6618</u>
Email: <u>gloria.edgecombe@yahoo.com</u>	Email: <u>gloria.edgecombe@yahoo.com</u>

1. Tipping Fee: \$41.00 per Ton (Attach a schedule of tipping fees if appropriate.)

2. Does the tip fee above include the \$2.00 Solid Waste Tax? Yes No

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

4. What other activities occur at this facility? (check all that apply)

Recycling/Reuse Collection Scrap Tire Collection White Goods Collection Household Hazardous Waste Collection

If you checked Recycling/Reuse Collection, please indicate the materials accepted and amount collected: (check all that apply and provide tonnages)

Carpet _____ tons Concrete/rubble/asphalt 2,235.35 tons Gypsum/drywall _____ tons Other Metal _____ tons

Cardboard _____ tons Shingles _____ tons Electronics _____ tons Other Plastic _____ tons

Wood _____ tons Other (specify) _____

Airspace (Capacity): Questions in this section relate to all cells/units of the C&D facility operated under the current 4-digit permit number regardless of whether the cells/units are closed or are not contiguous at the time of this report. Tonnage questions must be based on scale records and cover the period between the opening date and the date of the last survey unless another time period is approved. Airspace measurements include weekly, intermediate and final cover.

5. Date Facility Last Surveyed: 06/23/2015

6. Airspace Used (cubic yards): _____

7. Total Tons Disposed in Airspace Used (tons): _____

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

If yes, indicate the following:

Name: TRAVIS HUDSON Certification type and expiration date: LANDFILL 2018 TRANSFER 2018
Name: MIKE CUMMINGS Certification type and expiration date: LANDFILL 2017 TRANSFER 2017
Name: GLORIA MOSELEY Certification type and expiration date: LANDFILL 2017 TRANSFER 2017
Name: _____ Certification type and expiration date: _____
Name: _____ Certification type and expiration date: _____

11. Comments, suggestions or notes:

REPORTING ERRORS OF TONNAGE ON NC-500K FORM. FINANCE ADDED TONNAGES OF MULCH AND PALLETS AS C&D MATERIAL.

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:

Ben Barnes
PO Box 23
Elm City, NC 27822
phone: 252.236.4453 email: Ben.Barnes@ncdenr.gov

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

Signature: Gloria Moseley Digitally signed by Gloria Moseley Date: 2015.07.17 14:49:07 -04'00' Date: Jul 17, 2015

Name: Gloria Moseley Title: Administrative Assistant

Phone Number: (252) 827-4253 Email: gloria.edgecombe@yahoo.com

Facility Name: EDGECOMBE COUNTY CDLF Permit: 3301-CDLF-1997

Address: 2872 COLONIAL ROAD

City: TARBORO State: North Carolina Zip: 27886

Person completing Assessment: Gloria Moseley Date: Jul 17, 2015

Phone Number: (252) 827-4253 Fax: (252) 827-9918 Email: gloria.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
What are the three closest distances from the *Edge of Waste*? 300 Feet 350 Feet 430 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 _____ Feet _____ Feet
Please list the names of the water bodies: Farm Pond, Jerry's Creek, Wright'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? _____

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 & INSITU ISOLATION

Comments