



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: Maysville Construction & Demolition Debris Landfill Permit: 5203-CDLF-2013

Physical Address	Mailing Address
Street 1: <u>11710 Hwy 17 North</u>	Street 1: <u>166 Center Street</u>
Street 2: _____	Street 2: _____
City: <u>Maysville</u> County: <u>Jones</u>	City: <u>Jacksonville</u>
State: <u>North Carolina</u> Zip: <u>28555</u>	State: <u>North Carolina</u> Zip: <u>28546</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Kevin Dail</u>	Name: <u>Karen P. Ramos</u>
Phone: <u>(910) 595-4113</u> Fax: <u>(910) 595-4116</u>	Phone: <u>(910) 938-5900</u> Fax: <u>(910) 938-5905</u>
Email: <u>kdail.gwr@gmail.com</u>	Email: <u>karenramos@csbenc.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 \_\_\_\_\_ 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: 7/23/15

6. Airspace Used (cubic yards): 1,381

7. Total Tons Disposed in Airspace Used (tons): 1,036



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

If yes, indicate the following:

Name: Kevin Dail Certification type and expiration date: Certified Technical Associate of Land field # 950513  
Name: \_\_\_\_\_ Certification type and expiration date: \_\_\_\_\_  
Name: \_\_\_\_\_ Certification type and expiration date: \_\_\_\_\_  
Name: \_\_\_\_\_ Certification type and expiration date: \_\_\_\_\_  
Name: \_\_\_\_\_ Certification type and expiration date: \_\_\_\_\_

11. Comments, suggestions or notes:

**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:

Ray Williams  
943 Washington Square Mall  
Washington, NC 27889  
phone: 252.948.3955 email: Ray.Williams@ncdenr.gov

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: Karen P. Ramos Title: accountant

Phone Number: (910) 595-4113 Email: karenramos@csbenc.com

Facility Name: Maysville Construction & Demolition Debris Landfill Permit: 5203-CDLF-2013

Address: 11710 Hwy 17 North

City: Maysville State: North Carolina Zip: 28555

Person completing Assessment: Karen P. Ramos Date: \_\_\_\_\_

Phone Number: (910) 595-4113 Fax: (910) 595-4116 Email: karenramos@csbenc.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**