



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: Red Rock Disposal Permit: 9228-CDLF-2001

Physical Address	Mailing Address
Street 1: <u>7130 New Landfill Drive</u>	Street 1: <u>Holly Springs</u>
Street 2: _____	Street 2: _____
City: <u>Holly Springs</u> County: <u>Wake</u>	City: <u>Holly Springs</u>
State: <u>North Carolina</u> Zip: <u>27540</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: \$29.93 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 4,322 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: 01/08/2015

6. Airspace Used (cubic yards): 2,831,342

7. Total Tons Disposed in Airspace Used (tons): 1,554,537

8. Total waste landfilled at this facility during the period of July 1, 2014, through June 30, 2015. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. Do not include waste diverted for recycling, reuse, mulching, or composting. Please indicate COUNTY and STATE, if received from another state.

Received From	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
Chatham	15	22	33	23	20	0	0	21	12	11	24	6	187
Durham	4,288	2,895	3,509	4,857	4,014	7,884	2,837	2,306	4,569	3,977	4,322	3,724	49,182
Franklin	9	0	0	0	0	0	0	0	0	0	0	0	9
Lee	4	0	0	0	0	0	0	5	3	0	0	43	55
Orange	46	45	30	22	22	33	16	0	5	22	49	6	296
Scotland	10	0	0	0	0	1	0	0	0	0	0	0	11
Wake	5,644	4,139	3,968	5,548	2,480	3,567	3,733	2,184	6,212	3,933	2,642	3,615	47,665
Robeson	0	6	0	0	0	0	0	0	0	0	0	0	6
Nash	0	0	6	0	0	0	0	177	0	0	0	0	183
Person	0	0	9	0	0	0	0	7	0	0	0	0	16
Alamance	0	0	0	1	0	0	0	0	0	0	0	1	2
Edgecombe	0	0	0	39	0	0	0	0	0	0	0	0	39
Harnett	0	0	0	6	0	3	0	0	0	0	0	0	9
Warren	0	0	0	16	3	4	0	0	0	0	0	0	23
Rowan	0	0	0	0	8	0	0	0	0	0	0	0	8
Johnston	0	0	0	0	0	1	0	0	0	0	0	1	2
Jones	0	0	0	0	0	9	0	1	0	0	0	0	10
Wayne	0	0	0	0	0	4	0	0	7	0	0	6	17
Granville	0	0	0	0	0	0	8	0	0	0	0	0	8
Craven	0	0	0	0	0	0	0	4	0	0	0	0	4
Cumberland	0	0	0	0	0	0	0	0	1	0	0	0	1
New Hanover	0	0	0	0	0	0	0	0	0	4	0	0	4
Wilson	0	0	0	0	0	0	0	0	0	1	1	0	2
Moore	0	0	0	0	0	0	0	0	0	0	0	114	114
Onslow	0	0	0	0	0	0	0	0	0	0	0	5	5

Grand Total 97,858

9. If required to file NC E-500K forms with NC Dept. of Revenue, provide the four quarterly tonnages this facility reported for fiscal year 2014-2015.

Quarter	Tons Reported
July 1 - September 30	24,657
October 1 - December 31	20,681
January 1 - March 31	22,108
April 1 - June 30	30,412
Total	97,858

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

If yes, indicate the following:

Name: <u>John Ennis</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 4/14/2018</u>
Name: <u>Joe Mills</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 5/9/2016</u>
Name: <u>Dan Jarboe</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 11/7/2017</u>
Name: <u>Francine Judd</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 10/3/2017</u>
Name: <u>Don Plessinger</u>	Certification type and expiration date: <u>MOLO 05/06/2017</u>

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:

Dennis Shackelford
225 Green Street, Suite 714
Fayetteville, NC 28301
phone: 910.433.3349 email: Dennis.Shackelford@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, email=donald.plessinger@wasteindustries.com
Date: 2015.07.13 13:58:12 -0400

Date: Jul 13, 2015

Name: Don Plessinger

Title: GM

Phone Number: (919) 557-9583

Email: donald.plessinger@wasteindustries.com

Facility Name: Red Rock Disposal Permit: 9228-CDLF-2001

Address: 7130 New Landfill Drive

City: Holly Springs State: North Carolina Zip: 27540

Person completing Assessment: Don Plessinger Date: Jul 13, 2015

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