



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: Washington County C & D Landfill Permit: 9404-CDLF-1996

Physical Address	Mailing Address
Street 1: <u>718 Landfill Rd.</u>	Street 1: <u>P.O.1007</u>
Street 2: _____	Street 2: _____
City: <u>Roper</u> County: <u>Washington</u>	City: <u>Plymouth</u>
State: <u>North Carolina</u> Zip: <u>27970</u>	State: <u>North Carolina</u> Zip: <u>27962</u>
Primary Facility Contact Person	Billing Contact Person
Name: <u>Carl Critcher</u>	Name: <u>Missy Dixon</u>
Phone: <u>(252) 793-5615</u> Fax: <u>(252) 793-5615</u>	Phone: <u>(252) 793-3523</u> Fax: _____
Email: <u>ccritcher@washconc.org</u>	Email: <u>mdixon@washconc.org</u>

1. Tipping Fee: \$52.00 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: 5/27/15

6. Airspace Used (cubic yards): 64,705

7. Total Tons Disposed in Airspace Used (tons): 25,348.4

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

If yes, indicate the following:

Name: Carl Critcher Certification type and expiration date: CLOS/5-1-2016
Name: Gene Biggs Certification type and expiration date: CLOS/11-18-2016
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: 7/14/2015

Name: Carl Critcher Title: Landfill Manager

Phone Number: (252) 793-5615 Email: ccritcher@washconc.org

Facility Name: Washington County C & D Landfill Permit: 9404-CDLF-1996

Address: 718 Landfill Rd.

City: Roper State: North Carolina Zip: 27970

Person completing Assessment: Carl Critcher Date: 7/14/2015

Phone Number: (252) 793-5615 Fax: (252) 793-5615 Email: ccritcher@washconc.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