



According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2011 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: Duplin County Solid Waste Department Permit: 31B-LCID-2000 ID: P1038

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>325 Landfill Rd.</u>	Street 1: <u>PO Box 976</u>
Street 2: _____	Street 2: _____
City: <u>Rose Hill</u> County: <u>Duplin</u>	City: <u>Kenansville</u>
State: <u>North Carolina</u> Zip: <u>28458</u>	State: <u>North Carolina</u> Zip: <u>28349</u>

Primary Facility Contact Person	Billing Contact Person
Name: _____	Name: _____
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Email: _____	Email: _____

1. Tipping Fee: \$15.00 per ton _____
 Tipping Fee: \$ _____ per _____
 Tipping Fee: \$ _____ per _____

2. Estimate the amount of waste taken in an average week at this facility? 126.42 tons cubic yards

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

4. What are the hours/days of operation for this facility? 8:00 AM - 5:00 PM Monday thru Friday

5. What is the acreage of the footprint of the waste on site as of June 30? 2 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:

Wes Hare
 127 Cardinal Drive Ext.
 Wilmington, NC 28405
 phone: 910.796.7405 email: Wes.Hare@ncdenr.gov

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

Signature: _____ Date: 07-28-11

Name: Bee Barnett Title: Solid Waste Director

Phone Number: (910) 289-3091 Email: bbarnett@duplincountync.com

Facility Name: Duplin County Solid Waste Department Permit: 31B-LCID-2000

Address: 325 Landfill Rd.

City: Rose Hill State: North Carolina Zip: 28458

Person completing Assessment: Bee Barnett Date: 7-28-11

Phone Number: (910) 289-3091 Fax: (910) 289-4726 Email: bbarnett@duplincountync.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? 1
What are the three closest distances from the *Edge of Waste*? 1200 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? 1

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? monitoring of water by outside testing company

Comments