



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: WCA OF HIGH POINT, LLC Permit: 4116-CDLF- ID: P1067

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>5830 RIVERDALE DRIVE</u>	Street 1: <u>SAME</u>
Street 2: _____	Street 2: _____
City: <u>JAMESTOWN</u> County: <u>Guilford</u>	City: _____
State: <u>North Carolina</u> Zip: <u>27282</u>	State: <u>North Carolina</u> Zip: _____

Primary Facility Contact Person	Billing Contact Person
Name: <u>JOHN A. WALKER</u>	Name: <u>SAME</u>
Phone: <u>(336) 886-3560</u> Fax: <u>(336) 886-7496</u>	Phone: _____ Fax: _____
Email: <u>jawalker@wcamerica.com</u>	Email: _____

1. Tipping Fee: \$34.50 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. 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: (check all that apply)

 - Paper Wood Concrete/rubble/asphalt Gypsum/drywall
 - Cardboard Glass Aluminum Cans Steel Cans
 - PETE (#1) Plastic HDPE (#2) Plastic Computer Equipment Televisions
 - Fluorescent lightbulbs Used oil/oil filters Other Metal Other Plastic
 - Other (specify) SHINGLES, LANDCLEARING & INERT DEBRIS

<p>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.</p>	4. Date Facility Last Surveyed: <u>February 8, 2011</u>
	5. Airspace Used (cubic yards): <u>1,217,877</u>
	6. Total Tons Disposed in Airspace Used (tons): <u>914,440</u>

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

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

If yes, indicate the following:

Name: <u>JOHN A. WALKER</u>	Certification type and expiration date: <u>MOLO</u>	<u>03-08-13</u>
Name: <u>CLYDE E. HERRIN</u>	Certification type and expiration date: <u>LF OPS SPECIALIST</u>	<u>10-08-13</u>
Name: <u>JOE RICHARDSON</u>	Certification type and expiration date: <u>LF OPS SPECIALIST</u>	<u>10-08-13</u>
Name: <u>ANDY TUCKER</u>	Certification type and expiration date: <u>LF OPS SPECIALIST</u>	<u>04-14-12</u>
Name: <u>SUSAN COLLINS</u>	Certification type and expiration date: <u>LF OPS SPECIALIST</u>	<u>06-03-14</u>

10. 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:

Hugh Jernigan
585 Waughtown Street
Winston-Salem, NC 27107-2275
phone: 336.771.5093 email: Hugh.Jernigan@ncdenr.gov

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

Signature: John A. Walker

Digitally signed by John A. Walker
DN: cn=John A. Walker, o=WCA of High Point, ou, email=jawalker@wcamerica.com, c=US
Date: 2011.07.25 12:49:20 -0400

Date: Jul 22, 2011

Name: JOHN A. WALKER

Title: GENERAL AMANGER

Phone Number: (336) 886-3560

Email: jawalker@wcamerica.com

Facility Name: WCA OF HIGH POINT, LLC Permit: 4116-CDLF-

Address: 5830 RIVERDALE DRIVE

City: JAMESTOWN State: North Carolina Zip: 27282

Person completing Assessment: JOHN A.WALKER Date: Jul 22, 2011

Phone Number: (336) 886-3560 Fax: (336) 886-7496 Email: jawalker@wcamerica.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