



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: HALIFAX CO. LANDFILL Permit: 4204 ID: PD802
 Facility Website (URL): SOLIDWASTE@EMBARQMAIL.COM (CDLF-1998)

Physical Address	Mailing Address
Street 1: <u>921 WILES RD.</u>	Street 1: <u>HALIFAX CO. SOLID WASTE DEPT.</u>
Street 2:	Street 2: <u>P.O. BOX 70</u>
City: <u>LITTLETON</u> County: <u>HALIFAX</u>	City: <u>HALIFAX</u>
State: North Carolina Zip: <u>27850</u>	State: North Carolina Zip: <u>27839</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>LARRY D. GARRISS</u>	Name:
Phone: <u>252-586-7514</u> Fax: <u>252-586-3685</u>	Phone: Fax:
Email: <u>SOLIDWASTE@EMBARQMAIL.COM</u>	Email:

1. Tipping Fee: \$ 47⁰⁰ per Ton (Attach a schedule of tipping fees if appropriate.) (INCLUDES 2.00 DISP. FEE)

2. Indicate types of disposal activity occurring at this facility (Check all that apply).
- Landfilling of industrial waste (specify waste): COAL ASH + SLUDGE
 - Landfilling of construction and demolition waste
 - Landfilling of asbestos
 - Landfilling of ash
 - Landfilling of sludge
 - Landfilling of other waste (specify): _____

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) ELECTRONIC RECYCLING BEGAN 7/1/11

Airspace (Capacity): Questions in this section relate to all cells/units of the 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.	4. Date Facility Last Surveyed: <u>5/27/11</u>
	5. Airspace Used (cubic yards): <u>83,037</u>
	6. Total Tons Disposed in Airspace Used (tons): <u>64,051</u>

* ABOVE FIGURES APPLY TO CO & L/F ONLY

7. Total waste landfilled at this facility during the period of July 1, 2010, through June 30, 2011. Indicate tonnage received by COUNTY of waste origin. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. 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
				JULY - 10	-			14072.07					
				AUG. - 10	-			14569.69					
				SEPT. - 10	-			13481.09					
				OCT. - 10	-			8455.54					
				NOV. 10	-			13495.45					
				DEC 10	-			15180.02					
				JAN. 11	-			15499.59					
				FEB. 11	-			12399.06					
				MAR. 11	-			14323.92					
				APRIL 11	-			12185.33					
				MAY 11	-			10917.46					
				JUNE 11	-			12239.67					
								154,418.89					
(ALL COAL ASH + SLUDGE RECEIVED ONLY FROM ROANDELE VALLEY ENERGY FACILITY WELDON N.C.) (LOCATED IN HALIFAX COUNTY)													

Grand Total

8. 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:
MARY B. WHALEY

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

Signature: *Larry D. Carriss* Date: 7/27/11

Name: LARRY D. CARRISS Title: OPER. MAN. - HALIFAX SOLID WASTE

Phone Number: 252-584-7514 Email: SOLIDWASTE@EMBARMAIL.COM

Facility Name: HALIFAX CO. LANDFILL Permit: 4204
 Address: 921 LILES RD. (CDLF-1998)
 City: LITTLETON State: North Carolina Zip: 27850
 Person completing Assessment: LARRY D. GARRISS Date: 7/27/11
 Phone Number: 252-586-7514 Fax: 252-586-2695 Email: SOLIDWASTE@EMBARQMAIL.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

- ALL COAL ASN + SLUDGE PLACED IN MEMBRANE LINED FACILITY
 - METHANE FLARES ACTIVE IN C+D AREA - NOT ASN MONOFILL.