

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: Red Rock Disposal, LLC Permit: 9228-CDLF-2001 ID: P1031

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>7130 New Landfill Drive</u>	Street 1: <u>7130 New Landfill Drive</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: \$24.93 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. 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) _____

RECEIVED
 N.C. Dept. of ENR
 JUL 19 2011
 Winston-Salem
 Region 3 Waste C

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.

4. Date Facility Last Surveyed: 01/12/2011
 5. Airspace Used (cubic yards): 2,345,341
 6. Total Tons Disposed in Airspace Used (tons): 1,248,450

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: Don Plessinger Certification type and expiration date: MOLO #93857 exp 05/06/2014
Name: John Ennis Certification type and expiration date: CLOS #LF-2009422 exp 04/14/2012
Name: Francine Judd Certification type and expiration date: CLOS #LF-20081015 exp 10/03/2011
Name: _____ Certification type and expiration date: _____
Name: _____ Certification type and expiration date: _____

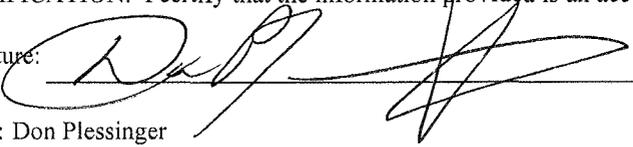
10. Comments, suggestions or notes:

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:

Jason Watkins
585 Waughtown Street
Winston-Salem, NC 27107-2275
phone: 336.771.5092 email: Jason.Watkins@ncdenr.gov

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

Signature:  Date: Jul 7, 2011
Name: Don Plessinger Title: General Manager

Phone Number: (919) 557-9583 Email: donald.plessinger@wasteindustries.com

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

Address: 7130 New Landfill Drive

City: Holly Springs State: North Carolina Zip: 27540

Person completing Assessment: Don Plessinger Date: Jun 28, 2011

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