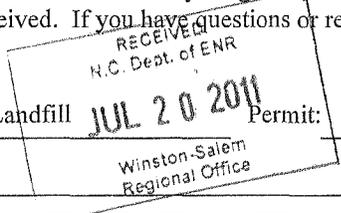


According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2011 and a copy of this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistance in completing this report, contact your Regional Environmental Senior Specialist.



Facility Name: Material Recovery / Brownfield Rd C&D Landfill Permit: 9231-CDLF- ID: P1061
 Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>2600 Brownfield Road</u>	Street 1: <u>421 Raleigh View Road</u>
Street 2: _____	Street 2: _____
City: <u>Raleigh</u> County: <u>Wake</u>	City: <u>Raleigh</u>
State: <u>North Carolina</u> Zip: <u>27610</u>	State: <u>North Carolina</u> Zip: <u>27610</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Dennis Gehle</u>	Name: <u>Same</u>
Phone: <u>(919) 866-1211</u> Fax: <u>(919) 866-0067</u>	Phone: _____ Fax: _____
Email: <u>dgehle@wcamerica.com</u>	Email: _____

1. Tipping Fee: \$35.15 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) Fill Dirt

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:	<u>1/27/2011</u>
5. Airspace Used (cubic yards):	<u>1,349,630</u>
6. Total Tons Disposed in Airspace Used (tons):	<u>98,272.03</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: Richard Call Jr. Certification type and expiration date: Landfill -- 3/26/2014
Name: Dennis Gehle Certification type and expiration date: Landfill -- 3/19/2013
Name: Edward Sanderson Certification type and expiration date: Landfill -- 3/19/2013
Name: Richard Call Sr. Certification type and expiration date: Landfill -- 3/26/2011
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: 7/12/2011

Name: Dennis Gehle Title: G.M.

Phone Number: (919) 866-1211 Email: dgehle@wcamerica.com

Facility Name: Material Recovery / Brownfield Rd C&D Landfill Permit: 9231-CDLF-

Address: 2600 Brownfield Road

City: Raleigh State: North Carolina Zip: 27610

Person completing Assessment: Dennis Gehle Date: 7/12/2011

Phone Number: (919) 866-1211 Fax: (919) 866-0067 Email: dgehle@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? 19
What are the three closest distances from the *Edge of Waste*? 900 Feet 1000 Feet 1100 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? 1
What are the three closest distances from the *Edge of Waste*? 1200 Feet _____ Feet _____ Feet
Please list the names of the water bodies: Landfill Pond
- 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? 19

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