

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: Domtar Paper Company Permit: 9401-INDUS-2008 ID: P0153

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>Highway 149 North</u>	Street 1: <u>PO Box 747</u>
Street 2: _____	Street 2: _____
City: <u>Plymouth</u> County: <u>Washington</u>	City: <u>Plymouth</u>
State: <u>North Carolina</u> Zip: <u>27962</u>	State: <u>North Carolina</u> Zip: <u>27962</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Kari Cahoon</u>	Name: <u>Same</u>
Phone: <u>(252) 793-8163</u> Fax: <u>(252) 793-8871</u>	Phone: _____ Fax: _____
Email: <u>kari.cahoon@domtar.com</u>	Email: _____

1. Tipping Fee: \$ _____ per Ton (Attach a schedule of tipping fees if appropriate.)

2. Indicate types of disposal activity occurring at this facility (Check all that apply).

- Landfilling of industrial waste (specify waste): _____
- 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) _____

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: 09/24/2009

5. Airspace Used (cubic yards): 15,051

6. Total Tons Disposed in Airspace Used (tons): 26,761

Facility Name: Domtar Paper Company Permit: 9401-INDUS-2008

Address: Highway 149 North

City: Plymouth State: North Carolina Zip: 27962

Person completing Assessment: Kari Cahoon Date: 7/25/2011

Phone Number: (252) 793-8163 Fax: (252) 793-8871 Email: kari.cahoon@domtar.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? 1 _____
 What are the three closest distances from the *Edge of Waste*? 1000 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

We disposed of solid waste in No.3 landfill cells 1B and 2 during previous year.