

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2012 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: Columbus County Landfill Permit: 2401-LCID-2000 ID: P1027

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>107 Landfill Road</u>	Street 1: <u>612 North Madison Street</u>
Street 2: _____	Street 2: _____
City: <u>Whiteville</u> County: <u>Columbus</u>	City: <u>Whiteville</u>
State: <u>North Carolina</u> Zip: <u>28472</u>	State: <u>North Carolina</u> Zip: <u>28472</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Kip McClary</u>	Name: <u>Wade Jernigan</u>
Phone: <u>(910) 642-2828</u> Fax: <u>(910) 642-1041</u>	Phone: <u>(910) 640-1988</u> Fax: <u>(910) 642-5352</u>
Email: <u>kmccclary@columbusco.org</u> or <u>adavis@columbusco.org</u>	Email: <u>wjerniga@wm.com</u>

1. Tipping Fee: \$40.93 per ton _____
 Tipping Fee: \$ _____ per _____
 Tipping Fee: \$ _____ per _____

2. Estimate the amount of waste taken in an average week at this facility? 48 tons cubic yards

3. How many weeks did you operate this year? 52 Weeks

4. What are the hours/days of operation for this facility? 7:30 to 4:00 Monday thru Friday and 8:00 to 12:00 on Saturdays

5. What is the acreage of the footprint of the waste on site as of June 30? 3.6 Acre(s)

6. Did your facility stop receiving waste during this past Fiscal Year? Yes No **AUG 2 2012**
 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:
 Wes Hare
 127 Cardinal Drive Ext.
 Wilmington, NC 28405
 phone: 910.796.7405 email: Wes.Hare@ncdenr.gov

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

Signature: Kip McClary Digitally signed by Kip McClary
 DN: cn=Kip McClary, o=Public Utilities, ou=Columbus County, email=kmccclary@columbusco.org, c=US
 Date: 2012.08.01 13:31:06 -0400 Date: Aug 1, 2012

Name: Kip McClary Title: Solid Waste Director

Phone Number: (910) 642-2828 Email: kmccclary@columbusco.org

Facility Name: Columbus County Landfill Permit: 2401-LCID-2000

Address: 107 Landfill Road

City: Whiteville State: North Carolina Zip: 28472

Person completing Assessment: Wade Jernigan Date: Aug 1, 2012

Phone Number: (910) 640-1988 Fax: (910) 642-5352 Email: wjerniga@wm.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