



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: Old Salisbury Road Landfill Construction & Demolition Permit: 3412-CDLF-1995 ID: P0708

Facility Website (URL): http://www.cityofws.org/

Physical Address	Mailing Address
Street 1: <u>3336 Old Salisbury Road</u>	Street 1: <u>P.O. Box 2511</u>
Street 2: _____	Street 2: _____
City: <u>Winston-Salem</u> County: <u>Forsyth</u>	City: <u>Winston-Salem</u>
State: <u>North Carolina</u> Zip: <u>27127</u>	State: <u>North Carolina</u> Zip: <u>27102</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Janis McHargue</u>	Name: <u>Stevie Dulin</u>
Phone: <u>(336) 747-7310</u> Fax: <u>(336) 727-8432</u>	Phone: <u>(336) 747-7308</u> Fax: <u>(336) 727-8432</u>
Email: <u>janm@cityofws.org</u>	Email: <u>stevied@cityofws.org</u>

1. Tipping Fee: \$28.00 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 and amount collected: (check all that apply and provide tonnages)
 - Paper _____ tons Fluorescent lightbulbs _____ tons Used oil/oil filters _____ tons Steel Cans _____ tons
 - Cardboard _____ tons PETE (#1) Plastic _____ tons Aluminum Cans _____ tons Other Metal _____ tons
 - Wood _____ tons HDPE (#2) Plastic _____ tons Computer Equipment _____ tons Televisions _____ tons
 - Glass _____ tons Concrete/rubble/asphalt _____ tons Gypsum/drywall _____ tons Other Plastic _____ tons
 - Shingles _____ tons Other (specify) _____

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>01/03/2012</u>
	5. Airspace Used (cubic yards): <u>2,683,554</u>
	6. Total Tons Disposed in Airspace Used (tons): <u>1,269,564</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: Jimmy Lineberry Certification type and expiration date: Landfill Operations Specialist, 08/31/13
Name: Donald Gray Fultz Certification type and expiration date: Landfill Operations Specialist, 02/08/14
Name: _____ Certification type and expiration date: _____
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:
C.T. Gerstell
610 East Center Avenue
Mooresville, NC 28115
phone: 704.235.2144 email: Charles.Gerstel@ncdenr.gov

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

Signature: _____ Date: Jul 17, 2012

Name: Stevie Dulin Title: Solid Waste Administration Supervisor

Phone Number: (336) 747-7308 Email: steved@cityofws.org

Facility Name: Old Salisbury Road Landfill Construction & Demolition Permit: 3412-CDLF-1995

Address: 3336 Old Salisbury Road

City: Winston-Salem State: North Carolina Zip: 27127

Person completing Assessment: Edward Gibson Date: Jul 18, 2012

Phone Number: (336) 661-4903 Fax: (336) 661-4605 Email: edwardg@cityofws.org

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? 121
 What are the three closest distances from the *Edge of Waste*? 270 Feet 320 Feet 330 Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 15
 What are the three closest distances from the *Edge of Waste*? ≥500 Feet ≥500 Feet ≥500 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*? ≥50 Feet ≥50 Feet ≥50 Feet
 Please list the names of the water bodies: Unnamed tributaries to South Fork, Muddy Creek (2) Ponds (3)
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? 107

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