

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: WAYNE COUTNY LANDFILL Permit: 9606-MSWLF-1998 ID: P0785

Facility Website (URL): <http://www.waynegov.com/165810316164725693/site/default.asp>

Physical Address	Mailing Address
Street 1: 460B SOUTH LANDFILL ROAD	Street 1: 460B SOUTH LANDFILL ROAD
Street 2:	Street 2:
City: DUDLEY County: Wayne	City: DUDLEY
State: North Carolina Zip: 28333	State: North Carolina Zip: 28333

Primary Facility Contact Person	Billing Contact Person
Name: TIM ROGERS	Name: LYNN HOPKINS
Phone: (919) 689-2994 Fax: (919) 689-2995	Phone: (919) 689-2994 Fax: (919) 689-2995
Email: TIM.ROGERS@WAYNEGOV.COM	Email: LYNN.HOPKINS@WAYNEGOV.COM

1. Tipping Fee: \$30.00 _____ 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: (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) VINYL _____

Airspace (Capacity): Questions in this section relate to all cells/units of the lined 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 daily, intermediate and final cover.

4. Date Facility Last Surveyed: 06/01/2012 _____

5. Airspace Used (cubic yards): 1,842,541 _____

6. Total Tons Disposed in Airspace Used (tons): 1,151,359.44 _____

7. How is your leachate transported to the waste water treatment plant? Sewer Connection Pump Truck

8. Did your facility stop receiving waste during this past Fiscal Year? Yes No

If so, please report the date this occurred: _____

10. Are there SWANA or other certified operator(s) at this facility? Yes No

If yes, indicate the following:

Name: TIM ROGERS Certification type and expiration date: MOLO

Name: RANDY ROGERS Certification type and expiration date: MOLO

Name: DELMUS COX Certification type and expiration date: LANDFILL SPECIALISTS

Name: _____ Certification type and expiration date: _____

Name: _____ Certification type and expiration date: _____

11. Comments, suggestions or notes:

[Empty box for 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:

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: Lynn Hopkins

Digitally signed by Lynn Hopkins
DN: cn=Lynn Hopkins, o=Wayne County Solid Waste, ou, email=lynn.hopkins@waynegov.com, c=US
Date: 2012.07.30 11:27:03 -0400

Date: Jul 30, 2012

Name: Lynn Hopkins

Title: Office Manager

Phone Number: (919) 689-2994

Email: Lynn.Hopkins@waynegov.com

Facility Name: WAYNE COUTNY LANDFILL Permit: 9606-MSWLF-1998

Address: 460B SOUTH LANDFILL ROAD

City: DUDLEY State: North Carolina Zip: 28333

Person completing Assessment: RANDY ROGERS Date: Jul 23, 2012

Phone Number: (919) 689-2994 Fax: (919) 689-2995 Email: RANDY.ROGERS@WAYNEGOV.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