



According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2013 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: Dare County C & D Landfill Permit: 2803-CDLF-1995

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: 1603 Cub Rd.	Street 1: PO Drawer 1000
Street 2: _____	Street 2: _____
City: Manns Harbor County: Dare	City: Manteo
State: North Carolina Zip: 27953	State: North Carolina Zip: 27954

Primary Facility Contact Person	Billing Contact Person
Name: Edward L. Mann	Name: Sally DeFosse
Phone: (252) 475-5880 Fax: (252) 473-5218	Phone: (252) 475-5733 Fax: (252) 475-5818
Email: edwardlee@darenc.com	Email: sallyd@darenc.com

1. Tipping Fee: \$65.00 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 2.6 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: June-17-2013

5. Airspace Used (cubic yards): 1,019,818

6. Total Tons Disposed in Airspace Used (tons): 333,780

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:

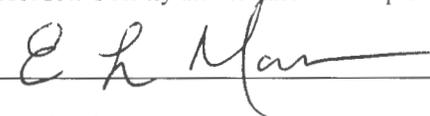
Name: Clyde E. Gard Certification type and expiration date: Landfill Operator Oct. 19 2013
Name: Glenn C. Bailey Certification type and expiration date: Landfill Operator Oct. 19 2013
Name: Barry A. Cahoon Certification type and expiration date: Landfill Operator Oct. 19 2013
Name: _____ Certification type and expiration date: _____
Name: _____ Certification type and expiration date: _____

10. Comments, suggestions or notes:

Please return your completed report to:

Ray Williams
127 Cardinal Drive Ext.
Wilmington, NC 28405
phone: 252.948.3955 email: Ray.Williams@ncdenr.gov

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

Signature:  Date: 7-26-2013
Name: Edward Lee Mann Title: Public Works Director

Phone Number: (252) 475-5880 Email: edwardlee@darenc.com

Facility Name: Dare County C & D Landfill Permit: 2803-CDLF-1995

Address: 1603 Cub Rd.

City: Manns Harbor State: North Carolina Zip: 27953

Person completing Assessment: Clyde Gard Date: 7-26-2013

Phone Number: (252) 475-8728 Fax: (252) 473-5218 Email: clydeg@darenc.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