

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: Lenoir County Landfill Permit: 5409-MSWLF

Facility Website (URL): www.co.lenoir.nc.us

Physical Address	Mailing Address
Street 1: <u>2949 Hodges Farm Road</u>	Street 1: <u>2949 Hodges Farm Road</u>
Street 2: _____	Street 2: _____
City: <u>Lagrange</u> County: <u>Lenoir</u>	City: <u>Lagrange</u>
State: <u>North Carolina</u> Zip: <u>28551</u>	State: <u>North Carolina</u> Zip: <u>28551</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Tom Miller</u>	Name: _____
Phone: <u>(252) 566-4194</u> Fax: <u>(252) 566-5690</u>	Phone: _____ Fax: _____
Email: <u>tmiller@co.lenoir.nc.us</u>	Email: _____

1. Tipping Fee: \$44.00 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) Electronics

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:	<u>5-12-13</u>
5. Airspace Used (cubic yards):	<u>533,357</u>
6. Total Tons Disposed in Airspace Used (tons):	<u>584,637.12</u>

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: Tom Miller	Certification type and expiration date: MOLO 2/13/2017
Name: Kim Fordham	Certification type and expiration date: MOLO 5/6/2014
Name: Benny Canady	Certification type and expiration date: Certified Landfill Operations Specialist 2/3/2016
Name: Wayne Smith	Certification type and expiration date: Certified Landfill Operations Specialist 3/16/2016
Name: Gene Stallings	Certification type and expiration date: Certified Landfill Operations Specialist 2/3/2016

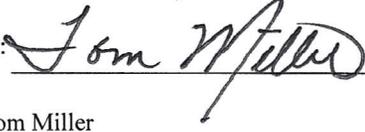
11. Comments, suggestions or notes:

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:  Date: 7/26/2013

Name: Tom Miller Title: Solid Waste Director

Phone Number: (252) 566-4194 Email: tmiller@co.lenoir.nc.us

Facility Name: Lenoir County Landfill Permit: 5409-MSWLF

Address: 2949 Hodges Farm Road

City: Lagrange State: North Carolina Zip: 28551

Person completing Assessment: Tom Miller Date: 7/26/2013

Phone Number: (252) 566-4194 Fax: (252) 566-5690 Email: tmiller@co.lenoir.nc.us

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? 3
 What are the three closest distances from the *Edge of Waste*? 675 Feet 900 Feet 1200 Feet
 Please list the names of the water bodies: Unnamed, Falling Creek Tributary, Unnamed.

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