



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: Material Recovery C&D Landfill Permit: 9231-CDLF-2012

Facility Website (URL): _____

Physical Address	Mailing Address
Street 1: <u>2600 Brownfield Road</u>	Street 1: <u>7130 New Landfill Drive</u>
Street 2: _____	Street 2: _____
City: <u>Raleigh</u> County: <u>Wake</u>	City: <u>Holly Springs</u>
State: <u>North Carolina</u> Zip: <u>27610</u>	State: <u>North Carolina</u> Zip: <u>27540</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Don Plessinger</u>	Name: <u>Francine Judd</u>
Phone: <u>(919) 557-9583</u> Fax: <u>(919) 557-9523</u>	Phone: <u>(919) 557-9583</u> Fax: <u>(919) 557-9523</u>
Email: <u>donald.plessinger@wasteindustries.com</u>	Email: <u>francine.judd@wasteindustries.com</u>

1. Tipping Fee: \$38.60 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: 01/22/2013
 5. Airspace Used (cubic yards): 1,747,028
 6. Total Tons Disposed in Airspace Used (tons): 884,903

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: Sandy Keen Certification type and expiration date: CLOS May 2016

Name: Richard Call Jr. Certification type and expiration date: MOLO June 2016

Name: _____ Certification type and expiration date: _____

Name: _____ Certification type and expiration date: _____

Name: _____ Certification type and expiration date: _____

10. Comments, suggestions or notes:

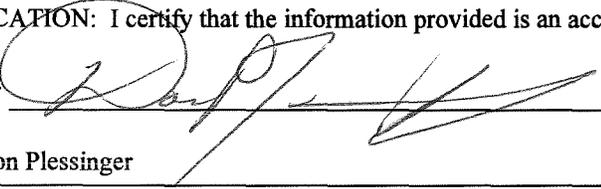
[Empty rectangular box for comments, suggestions or notes]

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:

Shawn McKee
1646 Mail Service Center
Raleigh, NC 27699-1646
phone: 919.707.8284 email: Shawn.Mckee@ncdenr.gov

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

Signature: 

Date: Jul 8, 2013

Name: Don Plessinger

Title: GM

Phone Number: (919) 557-9583

Email: donald.plessinger@wasteindustries.com

Facility Name: Material Recovery C&D Landfill Permit: 9231-CDLF-2012

Address: 2600 Brownfield Road

City: Raleigh State: North Carolina Zip: 27610

Person completing Assessment: Don Plessinger Date: Jul 8, 2013

Phone Number: (919) 557-9583 Fax: (919) 557-9523 Email: donald.plessinger@wasteindustries.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