C&D

State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management

CONSTRUCTION & DEMOLITION WASTE LANDFILL
Facility Annual Report
For the period of **July 1, 2012-June 30, 2013**

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: Washington County Landfill Permit: 9404-CDLF-1996

Facility Website (URL):

Physical Address	Mailing Address
Street 1: 718 Landfill Rd.	Street 1: P.O. 1007
Street 2:	Street 2:
City: Roper County: Washington	City: Plymouth
State: North Carolina Zip: 27970	State: North Carolina Zip: 27962

Primary Facility Contact Person	Billing Contact Person
Name: Carl Critcher	Name: Missy Dixon
Phone: (252) 793-5615 Fax: (252) 793-5615	Phone: (252) 793-3523 Fax:
Email: ccritcher@washconc.org	Email: mdixon@washconc.org

1. Tipping Fee: $52.00 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: 05/10/2013

5. Airspace Used (cubic yards): 56,853

6. Total Tons Disposed in Airspace Used (tons): 23,778

7. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No
If so, please report the date this occurred:

8. Total waste landfilled at this facility during the period of July 1, 2012, through June 30, 2013. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. Do not include waste diverted for recycling, reuse, mulching, or composting. Please indicate COUNTY and STATE, if received from another state.

Received From	**Jul**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**June**	**Total**
Washington	61	82	83	174	85	20	57	23	32	151	79	89	936

Grand Total 936

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

If yes, indicate the following:

Name:	Carl Critcher	Certification type and expiration date:	C L O S 5/1/16
Name:	Gene Biggs	Certification type and expiration date:	C L O S 11/18/13
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:

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: [signature] Date: Jul 13, 2013

Name: Carl Critcher Title: Landfill Manager

Phone Number: (252) 793-5615 Email: ccritcher@washconc.org

NC DENR
Division of Waste Management - Solid Waste Section

Risk Assessment Form

Facility Name: Washington County Landfill Permit: 9404-CDLF-1996

Address: 718 Landfill Rd.

City: Roper State: North Carolina Zip: 27970

Person completing Assessment: Carl Critcher Date: Jul 13, 2013

Phone Number: (252) 793-5615 Fax: (252) 793-5615 Email: ccritcher@washconc.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? _____

   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