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JUL 16 2015

LAND CLEARING & INERT DEBRIS
LANDFILL
Facility Annual Report
For the period of July 1, 2014-June 30, 2015

LCID

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

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2015 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.

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JUL 29 2015
SOLID WASTE SECTION

Facility Name: Stone Landfill LCID Permit: 1909 LCID -2010

Physical Address	Mailing Address
Street 1: <u>52 Rock Hill Dr.</u>	Street 1: <u>5180-A Big woods rd.</u>
Street 2: _____	Street 2: _____
City: <u>Chapel Hill</u> County: <u>Chatham</u> <input type="checkbox"/>	City: <u>Chapel Hill N.C.</u>
State: North Carolina Zip: <u>27517</u>	State: North Carolina Zip: <u>27517</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>ALAN Stone</u>	Name: <u>Jimmy Morrison</u>
Phone: <u>919-971-0918</u> Fax: _____	Phone: <u>919-903-6242</u> Fax: <u>NA</u>
Email: <u>Alan.Rols@gmail.com</u>	Email: <u>NA</u>

1. Tipping Fee: \$ 20-110 per 50 SA 60 Tandem 70 quad
 Tipping Fee: \$ _____ per 18-24 ft 80 24-32 ft 100-
 Tipping Fee: \$ _____ per _____

2. Estimate the amount of waste taken in an average week at this facility? About 100 Tons cubic yards

3. How many weeks did you operate this year? 45

4. What are the hours/days of operation for this facility? 7:30-5:00 summer 7:30-4:00 winter

5. What is the acreage of the footprint of the waste on site as of June 30? _____ Acre(s)

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

If so, please report the date this occurred: _____

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:

John Patrone
585 Waughtown St.
Winston-Salem, N.C. 27107-2285

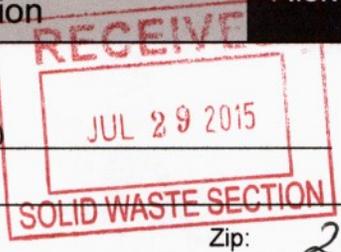
Dennis Stackelford
NC Denv - Solid waste section
225 Green St. Suite 714
Fayetteville, N.C. 28301

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

Signature: [Signature] Date: 7/14/15

Name: ALAN Stone Title: Owner/President

Phone Number: 919-971-0918 Email: Alan.Rols@gmail.com



Facility Name: Stone Landfill LCID Permit: 1909 LCID-2010
Address: 52 Rock Hill Dr.
City: Chapel Hill State: North Carolina Zip: 27517
Person completing Assessment: ALAN STON Date: 7/14/15
Phone Number: 919-971-0918 Fax: _____ Email: Alan.Ston@gmail.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? 1
What are the three closest distances from the Edge of Waste? 500 Feet _____ Feet _____ Feet
- 2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 1
What are the three closest distances from the Edge of Waste? 500 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
