



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.

Facility Name: Fogleman Landfill, Mine and Recycling Permit: 32-F

Physical Address	Mailing Address
Street 1: <u>4005 Intermere Road</u>	Street 1: <u>Same</u>
Street 2: _____	Street 2: _____
City: <u>Durham</u> County: <u>Durham</u>	City: _____
State: <u>North Carolina</u> Zip: <u>27704</u>	State: <u>North Carolina</u> Zip: _____

Primary Facility Contact Person	Billing Contact Person
Name: <u>Linda Fogleman</u>	Name: <u>Same</u>
Phone: <u>(919) 698-2006</u> Fax: <u>(919) 682-0662</u>	Phone: _____ Fax: _____
Email: <u>lfogle@frontier.com</u>	Email: _____

1. Tipping Fee: \$ _____ per See Attached
- Tipping Fee: \$ _____ per _____
- Tipping Fee: \$ _____ per _____

2. Estimate the amount of waste taken in an average week at this facility? 3094 tons cubic yards

3. How many weeks did you operate this year? 52

4. What are the hours/days of operation for this facility? 7:00 am - 4:00 pm Monday - Friday

5. What is the acreage of the footprint of the waste on site as of June 30? 23.75 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
 PO Box 5123
 High Point, NC 27262
 phone: 336.776.9673 email: John.Patrone@ncdenr.gov

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

Signature: _____ Date: 07-30-2015

Name: Linda Fogleman Title: Sec/Treasurer

Phone Number: (919) 682-0068 Email: lfogle@frontier.com

Facility Name: Fogleman Landfill, Mine and Recycling Permit: 32-F

Address: 4005 Intermere Road

City: Durham State: North Carolina Zip: 27704

Person completing Assessment: Linda fogleman Date: 7-30-15

Phone Number: (919) 682-0068 Fax: (919) 682-0062 Email: lfogle@frontier.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