



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: Old 27 LCID Landfill Permit: 36A-LCID-2010

Physical Address	Mailing Address
Street 1: <u>130 Tate st</u>	Street 1: <u>PO Box 41</u>
Street 2: _____	Street 2: _____
City: <u>Mt Holly</u> County: <u>Gaston</u>	City: <u>Mt Holly</u>
State: <u>North Carolina</u> Zip: <u>28120</u>	State: <u>North Carolina</u> Zip: <u>28120</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Dwayne McCorkle</u>	Name: <u>Dwayne McCorkle</u>
Phone: <u>(704) 718-6386</u> Fax: _____	Phone: <u>704 718638</u> Fax: _____
Email: <u>old27landfill@carolina.rr.com</u>	Email: <u>old27landfill@carolina.rr.com</u>

1. Tipping Fee: \$90.00 per Trailer
 Tipping Fee: \$ 65.00 per Tri-Axel
 Tipping Fee: \$ 55.00 per Tandem

2. Estimate the amount of waste taken in an average week at this facility? 160 tons cubic yards

3. How many weeks did you operate this year? 50

4. What are the hours/days of operation for this facility? 8am-5pm Monday thru Friday (Saturday's upon request)

5. What is the acreage of the footprint of the waste on site as of June 30? 7 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:

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

Signature: _____ Date: 8-4-15

Name: Dwayne McCorkle Title: Owner

Phone Number: (704) 718-6386 Email: old27landfill@carolina.rr.com

Facility Name: Old 27 LCID Landfill Permit: 36A-LCID-2010

Address: 130 Tate st

City: Mt Holly State: North Carolina Zip: 28120

Person completing Assessment: Dwayne McCorkle Date: 8-4-15

Phone Number: (704) 718-6386 Fax: _____ Email: old27landfill@carolina.rr.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