

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: Davidson County MSW Lined Landfill

Permit: 2906-MSWLF-2008

Physical Address	Mailing Address
Street 1: <u>1160 Old Hwy 29</u>	Street 1: <u>PO Box 1067</u>
Street 2: _____	Street 2: _____
City: <u>Thomasville</u> County: <u>Davidson</u>	City: <u>Lexington</u>
State: <u>North Carolina</u> Zip: <u>27360</u>	State: <u>North Carolina</u> Zip: <u>27293-1067</u>
Primary Facility Contact Person	Billing Contact Person
Name: <u>Steven Sink</u>	Name: <u>Sherri Robbins</u>
Phone: <u>(336) 240-0666</u> Fax: <u>(336) 224-0491</u>	Phone: <u>(336) 236-3332</u> Fax: <u>(336) 236-7513</u>
Email: <u>steven.sink@davidsoncountync.gov</u>	Email: <u>sherri.robbins@davidsoncountync.gov</u>

1. Tipping Fee: \$36.00 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. Did your facility stop receiving waste during this past Fiscal Year? Yes No

If so, please report the date this occurred: _____

4. 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: (check all that apply)

Paper Wood Concrete/rubble/asphalt Gypsum/drywall

Cardboard Glass Aluminum Cans Steel Cans

PETE (#1) Plastic HDPE (#2) Plastic Computer Equipment Televisions

Fluorescent lightbulbs Used oil/oil filters Other Metal Other Plastic

Other (specify) Single Stream Recycling, Used Cooking Oil, Textile, Car Batteries, Mix Paper, Cardboard, office paper

<p>Airspace (Capacity): Questions in this section relate to all cells/units of the lined 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 daily, intermediate and final cover.</p>	5. Date Facility Last Surveyed: <u>06/01/2015</u>
	6. Airspace Used (cubic yards): <u>3,245,810</u>
	7. Total Tons Disposed in Airspace Used (tons): <u>2,075,181</u>

8. How is your leachate transported to the waste water treatment plant? Sewer Connection Pump Truck

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

If yes, indicate the following:

Name: <u>Steven Sink</u>	Certification type and expiration date: <u>MOLO: 04/30/2017; Transfer Station: 06/19/2016</u>
Name: <u>Mike Lankford</u>	Certification type and expiration date: <u>MOLO: 06/06/2017; Transfer Station: 06/19/2016</u>
Name: <u>Kenneth Biggs</u>	Certification type and expiration date: <u>LF Opp Specialist: 10/2016; Transfer Station 06/2016</u>
Name: <u>Jamie Jarrell</u>	Certification type and expiration date: <u>LF Operations Specialist: 10/01/2016</u>
Name: <u>Danny Cox</u>	Certification type and expiration date: <u>LF Operations Specialist: 02/10/2018</u>

12. Comments, suggestions or notes:

Suggestions on CDLF facility report

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:

Deb Aja
2090 US Highway 70
Swannanoa, NC 28778
phone: 828.296.4702 email: Deborah.Aja@ncdenr.gov

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

Signature: Angela B Jones

Digitally signed by Angela B Jones
Date: 2015.07.29 09:34:03 -04'00'

Date: Jul 29, 2015

Name: Angela B. Jones

Title: Solid Waste Management Administrative Assistant

Phone Number: (336) 224-5376

Email: angela.jones@davidsoncountync.gov

Facility Name: Davidson County MSW Lined Landfill Permit: 2906-MSWLF-2008

Address: 1160 Old Hwy 29

City: Thomasville State: North Carolina Zip: 27360

Person completing Assessment: Angela B. Jones Date: Jul 28, 2015

Phone Number: (336) 224-5376 Fax: (336) 224-0491 Email: angela.jones@dauidsoncountync.gov

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? 28/Closed Phase I LF
 What are the three closest distances from the *Edge of Waste*? 815 Feet 1026 Feet 1190 Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 1/Closed Phase I LF
 What are the three closest distances from the *Edge of Waste*? 815 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? 2
 What are the three closest distances from the *Edge of Waste*? 570 Feet 730 Feet 950 Feet
 Please list the names of the water bodies: Rich Fork Creek and Hamby Creek
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? Unknown

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

Obtained information from Smith and Gardner Engineers

FY 2015

JULY, 2014

THRU

JUNE, 2015

DAVIDSON COUNTY

2906-MSWLF-2008

ANNUAL TONNAGE REPORT

FY2015 / MSW DISPOSAL	
DATE	MSWLF
JUL. 2014	8,889.15
AUG. 2014	8,502.80
SEPT. 2014	8,678.40
OCT. 2014	8,505.22
NOV. 2014	7,511.53
DEC. 2014	8,427.98
JAN. 2015	8,322.90
FEB. 2015	6,445.13
MAR. 2015	9,117.25
APR. 2015	9,223.74
MAY, 2015	9,281.00
JUN.2015	9,534.18
TOTAL TONS	102,439.28

From: Brown, Ethan [mailto:ethan.brown@ncdenr.gov]
Sent: Friday, June 26, 2015 2:09 PM
To: Steven Sink
Subject: Solid Waste Facility Annual Report FY14-15



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

Pat McCrory
Governor

Donald R. van der Vaart
Secretary

June 25, 2015

Davidson County MSW Lined Landfill

Attn: Steven Sink
PO Box 1067
Lexington, NC 27293-1067

Subject: Instructions for Completing Facility Annual Report for the period of July 1, 2014-June 30, 2015

Dear Steven Sink:

Your facility is required to complete and submit an annual report for solid waste activities. You need to have your form completed and submitted no later than **August 1, 2015**. The forms for this reporting can be found on our website at:

<http://portal.ncdenr.org/web/wm/sw/annualreports>

When you visit the website you will see the links to the pdf forms. You will need Adobe Reader to open the files. It is probably already on your computer, but if not you can download the program for free from the Adobe website (<http://get.adobe.com/reader/>).

According to our records, you need to complete the **Municipal Solid Waste Landfill** form. We ask that you make sure to use the appropriate form for your facility type as each form contains facility-specific questions. Besides using the correct facility form, you will also need to ensure that you use the following information when filling-in the top line of the form. Where your form asks for:

Facility Name: **Davidson County MSW Lined Landfill**
Permit: **2906-MSWLF-2008**

Taking time to get these initial steps correct will speed up the processing of your information and keep you from having to re-do your form.

Please try to answer all the questions on your form as accurately and completely as possible. If you are unsure what is being asked for or get stuck, there are two sources for help. First, take a look at your report from last year; this may help jog your memory. Second, contact **Deb Aja** at **828.296.4702** or email to Deborah.Aja@ncdenr.gov. When you have completed your required facility annual report, you will need to do the following:

1. Be sure to save a copy of the report on your computer, using "Save as..."
2. Print a copy of the completed report. You can use the "Print Form" button found near the signature line or use the program's print command. You need to be sure to sign the form. A copy of the form must be sent to the **County Manager of EACH county** from which your facility received waste and a copy must be sent to the address below:

Deb Aja
NC DENR-Solid Waste Section
2090 US Highway 70
Swannanoa, NC 28778
Or
Deborah.Aja@ncdenr.gov

Don't forget to attach any additional sheets or attachments!

We appreciate your continuing efforts in providing information to this office and the services you provide the people of North Carolina. We look forward to hearing from you soon.

Sincerely,

Ethan Brown
Planning and Programs Branch, Solid Waste Section
(919) 707-8249 or ethan.brown@ncdenr.gov
Division of Waste Management
Department of Environment and Natural Resources

1646 Mail Service Center, Raleigh, North Carolina 27699-1646
Phone: 919-707-8200 \ Internet: <http://portal.ncdenr.org/web/wm/sw>

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