

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: US Tire Recycling Partners LP Permit: 1303-TIRELF-1988

Physical Address	Mailing Address
Street 1: <u>6322 Poplar Tent Rd</u>	Street 1: <u>same</u>
Street 2: _____	Street 2: _____
City: <u>Concord</u> County: <u>Cabarrus</u>	City: _____
State: <u>North Carolina</u> Zip: <u>28027</u>	State: <u>North Carolina</u> Zip: _____

Primary Facility Contact Person	Billing Contact Person
Name: <u>Gene Helton - General Manager</u>	Name: _____
Phone: <u>(704) 784-1210</u> Fax: <u>(704) 784-4716</u>	Phone: _____ Fax: _____
Email: <u>ghelton@libertytire.com</u>	Email: _____

1. Tipping Fee: \$0.00 _____ per Ton (Attach a schedule of tipping fees if appropriate.)

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

3. Indicate types of disposal activity occurring at this facility (Check all that apply).

- Landfilling of residential waste
- Landfilling of commercial waste
- Landfilling of industrial waste
- Landfilling of construction and demolition waste, please estimate percent of waste landfilled: _____ %
- Landfilling of land clearing and inert debris waste (limbs, brick, stumps)
- Landfilling of asbestos
- Landfilling of shredded or split tires
- Landfilling of ash
- Landfilling of other waste (specify): _____

Facility Name: US Tire Recycling Partners LP Permit: 1303-TIRELF-1988

Address: 6322 Poplar Tent Rd

City: Concord State: North Carolina Zip: 28027

Person completing Assessment: Vance Moore Date: 07/21/2015

Phone Number: (919) 792-1901 Fax: _____ Email: vmoore@garrett-moore.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? Approximately 31
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? 1
What are the three closest distances from the *Edge of Waste*? 600 Feet _____ Feet _____ Feet
Please list the names of the water bodies: Coddle 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? ALL

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