

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: Iredell County Solid WastePermit: 4903-MSWLF-1993

Physical Address	Mailing Address
Street 1: <u>354 Twin Oaks Road</u>	Street 1: <u>354 Twin Oaks Road</u>
Street 2: _____	Street 2: _____
City: <u>Statesville</u> County: <u>Iredell</u>	City: <u>Statesville</u>
State: <u>North Carolina</u> Zip: <u>28625</u>	State: <u>North Carolina</u> Zip: <u>28625</u>
Primary Facility Contact Person	Billing Contact Person
Name: <u>David Lambert</u>	Name: <u>Susan Cornell</u>
Phone: <u>(704) 878-5430</u> Fax: <u>(704) 878-5429</u>	Phone: <u>(704) 878-5430</u> Fax: <u>(704) 878-5429</u>
Email: <u>dlambert@co.iredell.nc.us</u>	Email: <u>scornell@co.iredell.nc.us</u>

1. Tipping Fee: \$35.00 _____ 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) Antifreeze, batteries, misc recycles, textiles, shingles

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.	5. Date Facility Last Surveyed: <u>6/24/2015</u>
	6. Airspace Used (cubic yards): <u>5,167,896</u>
	7. Total Tons Disposed in Airspace Used (tons): <u>3,080,780</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: David Lambert Certification type and expiration date: MOLO 5/7/2019

Name: Terrence Boller Certification type and expiration date: MOLO 6/6/2017

Name: Susan Cornell Certification type and expiration date: MOLO 5/7/2019

Name: Eddie Beam Certification type and expiration date: MOLO 6/6/2017

Name: _____ Certification type and expiration date: _____

12. Comments, suggestions or notes:

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:

Teresa Bradford
 610 East Center Avenue
 Mooresville, NC 28115
 phone: 704.235.2160 email: Teresa.Bradford@ncdenr.gov

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

Signature: David Lambert

Digitally signed by David Lambert
 DN: cn=David Lambert, o=Iredell County, ou=Solid Waste, email=dlambert@co.iredell.nc.us, c=US
 Date: 2015.07.17 12:16:02 -0400

Date: July 13, 2015

Name: David Lambert Title: Solid Waste Director

Phone Number: (704) 878-5430 Email: dlambert@co.iredell.nc.us

Facility Name: Iredell County Solid Waste Permit: 4903-MSWLF-1993

Address: 354 Twin Oaks Road

City: Statesville State: North Carolina Zip: 28625

Person completing Assessment: David Lambert Date: July 13, 2015

Phone Number: (704) 878-5430 Fax: (704) 878-5429 Email: dlambert@co.iredell.nc.us

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? 14
 What are the three closest distances from the *Edge of Waste*? 700 Feet 800 Feet 900 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? 1
 What are the three closest distances from the *Edge of Waste*? 700 Feet _____ Feet _____ Feet
4. Are there Surface Water Bodies Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 7
 What are the three closest distances from the *Edge of Waste*? 200 Feet 200 Feet 200 Feet
 Please list the names of the water bodies: Unnamed Tributaries of Fourth 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? 14

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