

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: City Of Albemarle Solid Waste Facility and Recycling CenterPermit: 8401-MSWLF-1999

Physical Address	Mailing Address
Street 1: <u>40592B Stony Gap Road</u>	Street 1: <u>P.O. Box 190</u>
Street 2: _____	Street 2: <u>114 North Second Street</u>
City: <u>Albemarle</u> County: <u>Stanly</u>	City: <u>Albemarle</u>
State: <u>North Carolina</u> Zip: <u>28001</u>	State: <u>North Carolina</u> Zip: <u>28002-0190</u>
Primary Facility Contact Person	Billing Contact Person
Name: <u>Darren Preslar</u>	Name: <u>Nina Underwood</u>
Phone: <u>(704) 984-9674</u> Fax: <u>(704) 986-6127</u>	Phone: <u>(704) 984-9667</u> Fax: <u>(704) 986-6127</u>
Email: <u>dpreslar@ci.albemarle.nc.us</u>	Email: <u>nunderwood@ci.albemarle.nc.us</u>

1. Tipping Fee: \$40.00 _____ 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) Latex Paint

<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>03/07/2015</u>
	6. Airspace Used (cubic yards): <u>1,259,820</u>
	7. Total Tons Disposed in Airspace Used (tons): <u>720,798.38</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>Laura Vanhoy</u>	Certification type and expiration date: <u>Certified Landfill Technical Associate (6/5/18)</u>
Name: <u>Wesley Kaylor</u>	Certification type and expiration date: <u>Certified Landfill Technical Associate (6/8/18)</u>
Name: <u>Chad House</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist (9/21/15)</u>
Name: <u>Nina Underwood</u>	Certification type and expiration date: <u>Certified Landfill Manager (1/13/17)</u>
Name: <u>Darren Preslar</u>	Certification type and expiration date: <u>Certified Landfill Manager (6/15/16)</u>

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: Darren Preslar

Digitally signed by Darren Preslar
DN: cn=Darren Preslar, o=City of Albemarle, ou=Local Government, email=dpreslar@ci.albemarle.nc.us, c=US
Date: 2015.07.20 17:50:15 -0400

Date: Jul 30, 2015

Name: Darren Preslar

Title: Assistant Public Works Director

Phone Number: (704) 984-9674

Email: dpreslar@ci.albemarle.nc.us

Facility Name: City Of Albemarle Solid Waste Facility and Recycling Center Permit: 8401-MSWLF-1999

Address: 40592B Stony Gap Road

City: Albemarle State: North Carolina Zip: 28001

Person completing Assessment: Darren Preslar Date: Jul 30, 2015

Phone Number: (704) 984-9674 Fax: (704) 986-6127 Email: dpreslar@ci.albemarle.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? _____
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*? 125 Feet 130 Feet 170 Feet
Please list the names of the water bodies: Jacob's Creek (Tributary)
- 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