



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

CONSTRUCTION & DEMOLITION WASTE
LANDFILL
Facility Annual Report
For the period of July 1, 2013-June 30, 2014

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2014 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: Alexander CDLF

Permit: 0201-CDLF-1997

Physical Address	Mailing Address
Street 1: 2500 Paynes Dairy Rd	Street 1: 621 Liledoun Rd
Street 2:	Street 2:
City: Taylorsville County: Alexander	City: Taylorsville
State: North Carolina Zip: 28681	State: North Carolina Zip: 28681

Primary Facility Contact Person	Billing Contact Person
Name: Josh Mitchell	Name:
Phone: (808) 632-1101 Fax: (828) 632-0059	Phone: Fax:
Email: jmitchell@alexandercountync.gov	Email:

1. Tipping Fee: \$50.00 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 and amount collected: (check all that apply and provide tonnages)

- Carpet _____ tons
- Concrete/rubble/asphalt _____ tons
- Gypsum/drywall _____ tons
- Other Metal _____ tons
- Cardboard 205 tons
- Shingles _____ tons
- Electronics _____ tons
- Other Plastic _____ tons
- Wood _____ tons
- Other (specify) _____

Airspace (Capacity): Questions in this section relate to all cells/units of the C&D 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 weekly, intermediate and final cover.

5. Date Facility Last Surveyed: 6/20/14

6. Airspace Used (cubic yards): 107,799

7. Total Tons Disposed in Airspace Used (tons): 47,542.32

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

If yes, indicate the following:

Name: Freddy Mitchell Certification type and expiration date: 2/27/16
Name: RD Story Certification type and expiration date: 2/13/18
Name: _____ Certification type and expiration date: _____
Name: _____ Certification type and expiration date: _____
Name: _____ Certification type and expiration date: _____

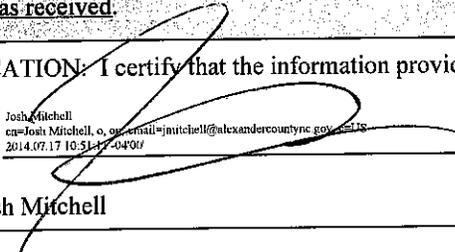
11. Comments, suggestions or notes:

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:

C.T. Gerstell
610 East Center Avenue
Mooresville, NC 28115
phone: 704.235.2144 email: Charles.Gerstel@ncdenr.gov

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

Signature:  Date: Jul 17, 2014
Josh Mitchell
ca=Josh Mitchell, o, ou=emil=jmitchell@alexandercountync.gov, cn=2014.07.17 10:51:17 -0400

Name: Josh Mitchell Title: Public Works/Facilities Director

Phone Number: (828) 632-1101 Email: jmitchell@alexandercountync.gov

Facility Name: Alexander CDLF Permit: 0201-CDLF-1997

Address: 2500 Paynes Dairy Rd

City: Taylorsville State: North Carolina Zip: 28681

Person completing Assessment: Josh Mitchell Date: Jul 17, 2014

Phone Number: (828) 632-1101 Fax: (828) 632-0059 Email: jmittchell@alexandercountync.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? _____
 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? na

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? phytoremediation, EOS injection, natural attenuation

Comments