



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: City Of Albemarle Solid Waste Facility and Recycling Center Permit: 8401-CDLF-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>144 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: \$33.00 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 284.41 tons Gypsum/drywall _____ tons Other Metal 45.4 tons

Cardboard 22.52 tons Shingles _____ tons Electronics 52.2 tons Other Plastic 54.09 tons

Wood _____ tons Other (specify) Mixed Glass (3.2 tons) , Latex Paint (463 lbs.) , Used Oil Filters (245 lbs.) , Mixed Paper

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: 05/06/2014

6. Airspace Used (cubic yards): 640,873

7. Total Tons Disposed in Airspace Used (tons): 315,862

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

If yes, indicate the following:

Name: <u>Darren Preslar</u>	Certification type and expiration date: <u>Certified Landfill Manager 6-15-2016</u>
Name: <u>Nina Underwood</u>	Certification type and expiration date: <u>Certified landfill Manager 1-13-2017</u>
Name: <u>Wesley Kaylor</u>	Certification type and expiration date: <u>Certified Landfill Technical Associate 6-8-2015</u>
Name: <u>Chad House</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 9-21-2015</u>
Name: _____	Certification type and expiration date: _____

11. Comments, suggestions or notes:

(483.97 Tons) of Brick charged at a recyclables rate of \$15 / ton were placed in the C & D Landfill as part of a in-house stormwater management project during Y2013-2014. This number was included in the December 2013, "total waste landfilled" referred to on page eight.

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 Date: 7-31-2014

Digitally signed by Darren Preslar
 DN: cn=Darren Preslar, ou=City of Albemarle, ou=Public Works Department, email=dpreslar@ci.albemarle.nc.us,
 c=US
 Date: 2014.07.31 13:15:44 -0400

Name: Darren Preslar Title: Assistant Director, Public Works Department

Phone Number: (704) 984-9674 Email: dpreslar@ci.albemarle.nc.us

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

Address: 40592B Stony Gap Road

City: Albemarle State: North Carolina Zip: 28001

Person completing Assessment: Darren Preslar Date: 7-31-2014

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*? 620 Feet 630 Feet 640 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? Monitored Natural Attenuation

Comments