

According to G.S. 130A-309.09D(b), completed forms must be returned by August 1, 2016 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: Lenoir County Solid Waste Department Permit: 5409-MSWLF

Physical Address	Mailing Address
Street 1: <u>2949 Hodges Farm Road</u>	Street 1: <u>Same</u>
Street 2: _____	Street 2: _____
City: <u>LaGrange</u> County: <u>Lenoir</u> 	City: _____
State: <u>North Carolina</u> Zip: <u>28551</u>	State: <u>North Carolina</u> Zip: _____

Primary Facility Contact Person	Billing Contact Person
Name: <u>Tom Miller</u>	Name: <u>Same</u>
Phone: <u>2525664194</u> Fax: <u>2525665690</u>	Phone: _____ Fax: _____
Email: <u>tmiller@co.lenoir.nc.us</u>	Email: _____

- Tipping Fee: \$44.00 per Ton (Attach a schedule of tipping fees if appropriate.)
- Does the tip fee above include the \$2.00 Solid Waste Tax? Yes No
- Did your facility stop receiving waste during this past Fiscal Year? Yes No
 If so, please report the date this occurred: _____
- How is your leachate transported to the waste water treatment plant? Sewer Connection Pump Truck N/A

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>4/29/16</u>
	6. Airspace Used (cubic yards): <u>533,357</u>
	7. Total Tons Disposed in Airspace Used (tons): <u>584,637.12</u>

8. Do you utilize any alternate daily cover at this facility? If so, please describe below.

For Internal Use Only:

Received	
Recycled	
Landfilled	
Landfill Rate	

10. 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 and amount recycled (tons):

Material	Tons	Material	Tons
Paper		Concrete/rubble/asphalt	
Plastic		Computer Equipment	
Carpet		Televisions	
Cardboard		Fluorescent Light Bulbs	
Glass		Used oil/oil filters	
Aluminum Cans		Wood	
Steel Cans		Gypsum/Drywall	
Other Metal		Other (specify):	
Pallets		Other (specify):	
Commingled Recyclables		Other (specify):	
		Total Recycled Material	

Summary of Facility Activity

11. Input total amount of waste that was received, recycled, and that is exempt from taxation (ex-sludge, biosolids). Subtract total recycled material and total tax-exempt tons from total tonnage received. This number should represent the amount of tons subject to the solid waste disposal tax and thus should equal the E-500K tax tonnage total on right.

Waste/Material	Tons
Total Tonnage Received (question 9)	
Total Received Materials Recycled (question 10)	-
Total Tons Landfilled at this Facility	=
Disposed Tons Exempt from Taxation* (if any)	-
Total Tonnage Subject to Disposal Tax	=

NC Solid Waste Disposal Tax

12. If required to file NC E-500K forms with NC Dept. of Revenue, provide the four quarterly tonnages this facility reported for fiscal year 2015-2016.

Quarter	Tons Reported
July 1 - September 30 (Qtr1)	
October 1 - December 31 (Qtr2)	
January 1 - March 31 (Qtr3)	
April 1 - June 30 (Qtr4)	
NC E-500K Tax Tonnage Total	

13. If you indicated that your facility disposed tons of waste materials that were exempt from taxation in Question 11*, please provide a description of any tax exempt tons disposed and explain any difference existing between Total Tonnage Subject to Disposal Tax and NC E-500K Tax Tonnage Total.

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

If yes, indicate the following:

Name: <u>James T. Miller, Sr.</u>	Certification type and expiration date: <u>MOLO 2/13/17</u>
Name: <u>Benny Canady</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 2/3/19</u>
Name: <u>Mike Turnage</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 12/4/18</u>
Name: <u>Cecil James Langston</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 2/26/19</u>
Name: _____	Certification type and expiration date: _____

15. 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:

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

Signature: Tom Miller by DF Date: 9/7/16

Name: Tom Miller Title: Lenoir County Solid Waste Department Director

Phone Number: 2525664194 Email: tmiller@co.lenoir.nc.us/dfalkowski@co.lenoir.nc.us

Facility Name: Lenoir County Solid Waste Department Permit: 5409-MSWLF
Address: 2949 Hodges Farm Road
City: LaGrange State: North Carolina Zip: 28551
Person completing Assessment: Tom Miller Date: 9/7/16
Phone Number: 2525664194 Fax: 2525665690 Email: tmiller@co.lenoir.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 Structures 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 Water Supply 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 Features Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 3
What are the three closest distances from the *Edge of Waste*? 675 Feet 900 Feet 1200 Feet
Please list the names of the water bodies: Unnamed, Falling Creek Tributary, Unnamed
- 5. Is Public Water Available Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many of the Residential Structures 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