

State of North Carolina Department of Environment and Natural Resources Division of Waste Management	LAND CLEARING & INERT DEBRIS LANDFILL Facility Annual Report For the period of July 1, 2013-June 30, 2014
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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: Cabarrus LCID Landfill Permit: 13F-LCID

Physical Address	Mailing Address
Street 1: <u>5001 Morehead Road</u>	Street 1: _____
Street 2: _____	Street 2: _____
City: <u>Concord</u> County: <u>Cabarrus</u>	City: _____
State: <u>North Carolina</u> Zip: <u>28027</u>	State: <u>North Carolina</u> Zip: _____

Primary Facility Contact Person	Billing Contact Person
Name: <u>Corky McClure</u>	Name: _____
Phone: <u>(704) 455-3445</u> Fax: <u>(704) 455-3449</u>	Phone: _____ Fax: _____
Email: _____	Email: _____

1. Tipping Fee: \$20.00 per pick up
 Tipping Fee: \$30.00 per single axle
 Tipping Fee: \$35.00 per tandem

2. Estimate the amount of waste taken in an average week at this facility? 0 tons cubic yards
3. How many weeks did you operate this year? 0
4. What are the hours/days of operation for this facility? 0
5. What is the acreage of the footprint of the waste on site as of June 30? 0 Acre(s)
6. Did your facility stop receiving waste during this past Fiscal Year? Yes No
 If so, please report the date this occurred: July 1

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: _____ Date: Aug 29, 2014

Name: Suzie McClure Title: Office Manager

Phone Number: (704) 455-3445 Email: corkymc@ctc.net

NC DENR
Division of Waste Management - Solid Waste Section

Risk Assessment Form

Facility Name: Cabarrus LCID Landfill Permit: 13F-LCID

Address: 5001 Morehead Road

City: Concord State: North Carolina Zip: 28027

Person completing Assessment: _____ Date: _____

Phone Number: _____ Fax: _____ Email: _____

Instructions:	Please indicate either <i>Yes or No</i> for each Receptor and Post Closure Maintenance question. Then please determine the distance or distances for each Receptor from the <i>Edge of Waste</i> (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.
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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? _____

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? french drain

Comments

We are closed.