



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: Coble's Sandrock, Inc Permit: 0105-CDLF-1998

Physical Address	Mailing Address
Street 1: <u>5833 Foster Store Rd</u>	Street 1: <u>5833 Foster Store Rd</u>
Street 2: _____	Street 2: _____
City: <u>Liberty</u> County: <u>Alamance</u>	City: <u>Liberty</u>
State: <u>North Carolina</u> Zip: <u>27298</u>	State: <u>North Carolina</u> Zip: <u>27298</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Brenda Coble</u>	Name: <u>Brenda Coble</u>
Phone: <u>(336) 565-4750</u> Fax: _____	Phone: <u>(336) 565-4750</u> Fax: _____
Email: <u>brendalcoble@bellsouth.net</u>	Email: <u>brendalcoble@bellsouth.net</u>

1. Tipping Fee: \$30.00 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 968.51 tons Gypsum/drywall _____ tons Other Metal 297.63 tons

Cardboard 29.47 tons Shingles 311.79 tons Electronics _____ tons Other Plastic _____ tons

Wood 1,353.95 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: 7/15/15

6. Airspace Used (cubic yards): 991,714

7. Total Tons Disposed in Airspace Used (tons): 649,739

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

If yes, indicate the following:

Name: BRENDA COBLE Certification type and expiration date: CERTIFIED LANDFILL OPERATIONS SPECIALIST

Name: DEANNA MARTIN Certification type and expiration date: CERTIFIED LANDFILL OPERATIONS SPECIALIST

Name: TIMMY JACKSON Certification type and expiration date: CERTIFIED LANDFILL OPERATIONS SPECIALIST

Name: _____ Certification type and expiration date: _____

Name: _____ Certification type and expiration date: _____

11. Comments, suggestions or notes:

[Empty rectangular box for 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:

John Patrone
PO Box 5123
High Point, NC 27262
phone: 336.776.9673 email: John.Patrone@ncdenr.gov

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

Signature: BRENDA COBLE

Digitally signed by BRENDA COBLE
DN: cn=BRENDA COBLE, o=COBLE'S C&D LANDFILL, ou, email=brendacoble@bellsouth.net, c=US
Date: 2015.07.21 10:44:35 -0400

Date: Jul 21, 2015

Name: Brenda L. Coble

Title: secretary

Phone Number: (336) 565-4750

Email: brendalcoble@bellsouth.net

Facility Name: Coble's Sandrock, Inc Permit: 0105-CDLF-1998

Address: 5833 Foster Store Rd

City: Liberty State: North Carolina Zip: 27298

Person completing Assessment: Brenda Coble Date: Jul 21, 2015

Phone Number: (336) 565-4750 Fax: _____ Email: brendalcoble@bellsouth.net

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? 3
What are the three closest distances from the *Edge of Waste*? 811 Feet 1496 Feet 1105 Feet
- 2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 2
What are the three closest distances from the *Edge of Waste*? 879 Feet 1207 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*? 179 Feet _____ Feet _____ Feet
Please list the names of the water bodies: Paw Paw Creek
- 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

Eleven passive landfill gas vents were installed during Phase 1 and 2 closure 2013