



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: A-1 Sandrock Inc Permit: 41-17

Physical Address	Mailing Address
Street 1: <u>2091 Bishop Rd</u>	Street 1: _____
Street 2: _____	Street 2: _____
City: <u>Greensboro</u> County: <u>Guilford</u>	City: _____
State: <u>North Carolina</u> Zip: <u>27406</u>	State: <u>North Carolina</u> Zip: _____

Primary Facility Contact Person	Billing Contact Person
Name: <u>Ronnie Petty</u>	Name: <u>Terry Spence</u>
Phone: <u>(336) 207-6052</u> Fax: <u>(336) 661-7733</u>	Phone: <u>(336) 517-5524</u> Fax: <u>(336) 617-7332</u>
Email: <u>ronniepetty@alsandrockinc.com</u>	Email: <u>terry@alsandrockinc.com</u>

1. Tipping Fee: \$36.00 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 16,500 tons Gypsum/drywall _____ tons Other Metal 469.4 tons

Cardboard 155.29 tons Shingles 4,500 tons Electronics _____ tons Other Plastic 8.59 tons

Wood 5,129.35 tons Other (specify) Tires 5.28

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: 10/01/2014

6. Airspace Used (cubic yards): 482,908.89

7. Total Tons Disposed in Airspace Used (tons): 348,224.6

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

If yes, indicate the following:

Name: Ronald E Petty Certification type and expiration date: Molo 6/10/2017

Name: Jason Tarkenton Certification type and expiration date: Safety- June 2017

Name: Andy Tucker Certification type and expiration date: Safety- June 2017

Name: Barry Cobb Certification type and expiration date: Molo July-2018

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:

Deb Aja
 2090 US Highway 70
 Swannanoa, NC 28778
 phone: 828.296.4702 email: Deborah.Aja@ncdenr.gov

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

Signature: Ronald E Petty III Digitally signed by Ronald E Petty III
 DN: cn=Ronald E Petty III, o=A-1 Sandrock Inc, ou, email=ronniepetty@al sandrockinc.com, c=US
 Date: 2015.07.30 15:01:39 -0400

Date: 7/30/2015

Name: Ronald E Petty III Title: Vice President

Phone Number: (336) 207-6052 Email: ronniepetty@al sandrockinc.com

Facility Name: A-1 Sandrock Inc Permit: 41-17

Address: 2091 Bishop Rd

City: Greensboro State: North Carolina Zip: 27406

Person completing Assessment: Ronnie Petty Date: Jul 14, 2015

Phone Number: (336) 207-6052 Fax: _____ Email: ronniepetty@a1sandrockinc.com

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? 1
What are the three closest distances from the *Edge of Waste*? 975 Feet 1325 Feet _____ Feet
- 2. Are there Potable Wells 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*? 945 Feet 975 Feet 1325 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*? 100 Feet 1200 Feet _____ Feet
Please list the names of the water bodies: Hickory Creek and un-named tributary of Deep River
- 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