



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: Lenoir County Landfill Permit: 5403-CDLF

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>(252) 566-4194</u> Fax: <u>(252) 566-5690</u>		Phone: _____ Fax: _____	
Email: <u>tmiller@co.lenoir.nc.us</u>		Email: _____	

1. Tipping Fee: \$39.00 _____ 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 _____ tons Gypsum/drywall _____ tons Other Metal 122.58 tons
 Cardboard _____ tons Shingles _____ tons Electronics 111.34 tons Other Plastic _____ tons
 Wood _____ tons Other (specify) Used Oil - 6622 Gal. Oil Filters - 47 barrels Fluorescent - 7909 bulbs

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: 5/22/15
 6. Airspace Used (cubic yards): 500,759
 7. Total Tons Disposed in Airspace Used (tons): 348,800

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

If yes, indicate the following:

Name: Tom Miller Certification type and expiration date: MOLO 2/13/17

Name: Kim Fordham Certification type and expiration date: MOLO 5/6/17

Name: Benny Canady Certification type and expiration date: Certified Landfill Operations Specialist 2/3/16

Name: Wayne Smith Certification type and expiration date: Certified Landfill Operations Specialist 3/16/16

Name: Gene Stallings Certification type and expiration date: Certified Landfill Operations Specialist 2/3/16

11. Comments, suggestions or notes:

[Empty box for comments, suggestions or notes]

REMINDER: According to (G.S. 130A-509.09(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:

Wes Hare
127 Cardinal Drive Ext.
Wilmington, NC 28405
phone: 910.796.7405 email: Wes.Hare@ncdenr.gov

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

Signature: *Tom Miller* Date: 7/24/2015

Name: Tom Miller Title: Solid Waste Director

Phone Number: (252) 566-4194 Email: tmiller@co.lenoir.nc.us

Facility Name: Lenoir County Landfill Permit: 5403-CDLF

Address: 2949 Hodges Farm Road

City: LaGrange State: North Carolina Zip: 28551

Person completing Assessment: Tom Miller / Kim Fordham Date: 7/24/15

Phone Number: (252) 566-4194 Fax: (252) 566-5690 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 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*? 119 Feet 250 Feet 620 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 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