C&D	State of North Carolina Department of Environment and Natural Resources Division of Waste Management	**CONSTRUCTION & DEMOLITION WASTE LANDFILL** Facility Annual Report For the period of **July 1, 2014-June 30, 2015**

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: City Of Albemarle Solid Waste Facility and Recycling Center Permit: 8401-CDLF-1999

Physical Address	Mailing Address
Street 1: 40592B Stony Gap Road	Street 1: P.O. Box 190
Street 2: Albemarle	Street 2: 144 North Second Street
City: Albemarle County: Stanly	City: Albemarle
State: North Carolina Zip: 28001	State: North Carolina Zip: 28002-0190

Primary Facility Contact Person	Billing Contact Person
Name: Darren Preslar	Name: Nina Underwood
Phone: (704) 984-9674 Fax: (704) 986-6127	Phone: (704) 984-9667 Fax: (704) 986-6127
Email: dpreslar@ci.albemarle.nc.us	Email: nunderwood@ci.albemarle.nc.us

1. Tipping Fee: $34.00 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	46.42 tons
☒ Cardboard	37.1 tons	☐ Shingles	tons	☒ Electronics	40.39 tons	☒ Other Plastic	tons
☐ Wood	tons	☒ Other (specify)	Glass (1.9 tons), Latex Paint (500 lbs.), Used Oil Filters (341 lbs.), Mixed Paper (7.3 tons)				

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: 03/07/2015 6. Airspace Used (cubic yards): 650,484 7. Total Tons Disposed in Airspace Used (tons): 320,016.2

8. Total waste landfilled at this facility during the period of July 1, 2014, through June 30, 2015. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. Do not include waste diverted for recycling, reuse, mulching, or composting. Please indicate COUNTY and STATE, if received from another state.

Received From	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
Stanly County	293.87	411.68	523.25	866.63	522.14	371.11	354.83	282.81	418.11	400.29	344.33	306.87	5,095.92

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

If yes, indicate the following:

Name: Laura Vanhoy	Certification type and expiration date: Certified Landfill Technical Associate (6/5/18)
Name: Wesley Kaylor	Certification type and expiration date: Certified Landfill Technical Associate (6/8/18)
Name: Chad House	Certification type and expiration date: Certified Landfill Operations Specialist (9/21/15)
Name: Nina Underwood	Certification type and expiration date: Certified Landfill Manager (1/13/17)
Name: Darren Preslar	Certification type and expiration date: Certified Landfill Manager (6/15/16)

11. Comments, suggestions or notes:

555 lbs. of PET plastic bottles were also collected and recycled

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: Darren Preslar

Digitally signed by Darren Preslar
DN: cn=Darren Preslar, o=City of Albemarle, ou=Local Government, email=dpreslar@ci.albemarle.nc.us, c=US
Date: 2015.07.29 17:21:18 -04'00'

Date: Jul 30, 2015

Name: Darren Preslar

Title: Assistant Director, Public Works Department

Phone Number: (704) 984-9674

Email: dpreslar@ci.albemarle.nc.us

NC DENR
Division of Waste Management - Solid Waste Section

Risk Assessment Form

Facility Name: City Of Albemarle Solid Waste Facility and Recycling Center Permit: 8401-CDLF-1999

Address: 40592B Stony Gap Road

City: Albemarle State: North Carolina Zip: 28001

Person completing Assessment: Darren Preslar Date: Jul 30, 2015

Phone Number: (704) 984-9674 Fax: (704) 986-6127 Email: dpreslar@ci.albemarle.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? 1
   What are the three closest distances from the *Edge of Waste*? 620 Feet 630 Feet 640 Feet

   Please list the names of the water bodies: Jacob's Creek (Tributary)

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? Monitored Natural Attenuation

Comments