



According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2011 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: Alexander County CDLF Permit: 0201-CDLF-1997 ID: P0816

Facility Website (URL): http://www.alexandercountync.gov/solid-waste.php

Physical Address	Mailing Address
Street 1: <u>2500 Payne Dairy Rd</u>	Street 1: <u>621 Liledoun Rd Box 12</u>
Street 2: _____	Street 2: _____
City: <u>Taylorsville</u> County: <u>Alexander</u>	City: <u>Taylorsville</u>
State: <u>North Carolina</u> Zip: <u>28681</u>	State: <u>North Carolina</u> Zip: <u>28681</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Josh Mitchell</u>	Name: _____
Phone: <u>(828) 632-1101</u> Fax: <u>(828) 632-0059</u>	Phone: _____ Fax: _____
Email: <u>jmittell@alexandercountync.gov</u>	Email: _____

1. Tipping Fee: \$50.00 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. 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: (check all that apply)

 - Paper Wood Concrete/rubble/asphalt Gypsum/drywall
 - Cardboard Glass Aluminum Cans Steel Cans
 - PETE (#1) Plastic HDPE (#2) Plastic Computer Equipment Televisions
 - Fluorescent lightbulbs Used oil/oil filters Other Metal Other Plastic
 - Other (specify) _____

<p>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.</p>	4. Date Facility Last Surveyed: <u>6/28/11</u>
	5. Airspace Used (cubic yards): <u>92,738</u>
	6. Total Tons Disposed in Airspace Used (tons): <u>38,797</u>

7. Did your facility stop receiving waste during this past Fiscal Year? Yes No
 If so, please report the date this occurred: _____

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

If yes, indicate the following:

Name: Freddy Mitchell Certification type and expiration date: landfill operations specialist 3/27/13

Name: RD Story Certification type and expiration date: landfill operations specialist 2/13/15

Name: William Shook Certification type and expiration date: landfill operations specialist 3/19/13

Name: _____ Certification type and expiration date: _____

Name: _____ Certification type and expiration date: _____

10. Comments, suggestions or notes:

[Empty 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:

C.T. Gerstell
610 East Center Avenue
Mooresville, NC 28115
phone: 704.235.2144 email: Charles.Gerstell@ncdenr.gov

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

Signature: _____ Date: _____

Name: Josh Mitchell Title: Solid Waste Director

Phone Number: (828) 632-1101 Email: jmittchell@alexandercountync.gov

Facility Name: Alexander County CDLF Permit: 0201-CDLF-1997

Address: 2500 Payne Dairy Rd

City: Taylorsville State: North Carolina Zip: 28681

Person completing Assessment: Josh Mitchell Date: _____

Phone Number: (828) 632-1101 Fax: (828) 632-0059 Email: jmittell@alexandercountync.gov

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*? _____ 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? phytoremediation, EOS injection, natural attenuation

Comments