 RH 8/3/11

LCID State of North Carolina
Department of Environment and Natural Resources
Division of Waste Management

LAND CLEARING & INERT DEBRIS LANDFILL
Facility Annual Report
For the period of **July 1, 2010-June 30, 2011**

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: Stone Company LLP Permit: 1909-LCID ID: 2010

Facility Website (URL): NA

Physical Address	Mailing Address
Street 1: ~~5180 A~~ Bi-52 Rock Hill Drive	Street 1:
Street 2:	Street 2:
City: Chapel Hill County: Chatham	City:
State: North Carolina Zip: 27517	State: North Carolina Zip:

RECEIVED JUL 27 2011 WASTE SECTION

Primary Facility Contact Person	Billing Contact Person
Name: Alan Stone	Name: Randy Turnmire (L.F. ATTENDANT) RH
Phone: 971-0918 Fax: 919-537-8295	Phone: 710-7937 Fax: NA
Email: Alanrocs@gmail.com	Email: NA

1. Tipping Fee: $ 20-110 per Depends on size of truck + trailer + axles
   Tipping Fee: $ per
   Tipping Fee: $ per
2. Estimate the amount of waste taken in an average week at this facility? very low ☐ tons ☐ cubic yards
3. How many weeks did you operate this year? 48 to 50 Depends on Holidays
4. What are the hours/days of operation for this facility? 7:30 - 4:00
5. What is the acreage of the footprint of the waste on site as of June 30? ~ 2.25 Acre(s) RH
6. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No
   If so, please report the date this occurred:

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:

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

Signature: Alan Stone Date: 7/27/11

Name: Alan Stone Title: President/owner

Phone Number: 919-971-0918 Email: Alanrocs@gmail.com

NC DENR
Division of Waste Management - Solid Waste Section

Risk Assessment Form

Facility Name: Stone Company LLP Permit: 1909 Lcid 2010

Address: 52 Rock Hill Dr.

City: Chapel Hill State: North Carolina Zip: 27517

Person completing Assessment: ALAN Stone Date:

Phone Number: 971-0918 Fax: 537-8295 Email: ALANROCS@gmail.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.

RECEIVED JUL 27 2011 SOLID WASTE SECTION

Receptors

1. Are there Residential Dwellings Within 1,500 feet of the Edge of Waste? ☒ Yes ☐ No
   If Yes, how many? ~20 ~~(1) my~~ House RH VIA MAP
   What are the three closest distances from the *Edge of Waste*? ~~1500~~ 200 Est. Feet 400 Feet 500 Feet RH
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 VIA CONV. W/A. STO 8/3/11 RH
   If Yes, how many? ~~3~~ 1 RH
   What are the three closest distances from the *Edge of Waste*? ~1500 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 RH
   What are the three closest distances from the *Edge of Waste*? ~500 Feet _____ Feet _____ Feet VIA MAP RH
   Please list the names of the water bodies: _____
5. Is Public Water Available Within 1,500 feet of the Edge of Waste? ☒ Yes ☒ No VIA CONV. W/A. STONE 8/3/11 RH
   If Yes, how many of the Residential Dwellings noted above are connected? NONE

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? Sediment ~~Control~~ ☐ Yes ☒ No RH
   If Yes, what is the specific remedial technology used? _____

Comments