| MSW | State of North Carolina<br>Department of Environment and Natural Resources<br>Division of Waste Management | **MUNICIPAL SOLID WASTE LANDFILL**<br>Facility Annual Report<br>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: Albemarle, City of-Landfill Permit: 8401-MSWLF-1999 ID: P0820

Facility Website (URL): www.ci.albemarle.nc.us

| Physical Address | Mailing Address |
|---|---|
| Street 1: 40592B Stony Gap Road | Street 1: P O Box 190 |
| Street 2: | Street 2: 144 North Second St |
| 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) 984-9680 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: $35.00 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)

| Airspace (Capacity): Questions in this section relate to all cells/units of the lined 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 daily, intermediate and final cover. | 4. Date Facility Last Surveyed: 06/15/2011<br>5. Airspace Used (cubic yards): 936,255<br>6. Total Tons Disposed in Airspace Used (tons): 544,224 |
|---|---|

7. How is your leachate transported to the waste water treatment plant? ☐ Sewer Connection ☒ Pump Truck

8. Did your facility stop receiving waste during this past Fiscal Year? ☐ Yes ☒ No

If so, please report the date this occurred:

9. Total waste landfilled at this facility during the period of July 1, 2010, through June 30, 2011. 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 | 3,666.78 | 3,867.28 | 3,605.72 | 4,285.93 | 4,285.4 | 3,871.46 | 3,712.28 | 3,605.44 | 4,462.96 | 4,160.25 | 4,396.17 | 4,237.71 | 48,157.38 |

Grand Total 48,157.38

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

If yes, indicate the following:

| | |
|---|---|
| Name: Darren Preslar | Certification type and expiration date: Certified Landfill Manager 6-15-2013 |
| Name: Nina Underwood | Certification type and expiration date: Certified Landfill Manager 1-13-2014 |
| Name: Jan Borgmann | Certification type and expiration date: Certified Landfill Operation Specialist 8-21-2012 |
| Name: Chad House | Certification type and expiration date: Certified Landfill Operation Specialist 8-21-2012 |
| Name: James Randall | Certification type and expiration date: Certified Landfill Operation Specialist 8-21-2012 |

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:

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: Nina Underwood

Digitally signed by Nina Underwood
DN: cn=Nina Underwood, o=City of Albemarle, ou=Public Works Department, email=nunderwood@ci.albemarle.nc.us, c=US
Date: 2011.07.29 12:31:22 -04'00'

Date: Jul 29, 2011

Name: Nina Underwood

Title: Assistant Public Works Director

Phone Number: (704) 984-9667

Email: nunderwood@ci.albemarle.nc.us

NC DENR
Division of Waste Management - Solid Waste Section

# Risk Assessment Form

Facility Name: Albemarle, City of-Landfill Permit: 8401-MSWLF-1999

Address: 40592B Stony Gap Road

City: Albemarle State: North Carolina Zip: 28001

Person completing Assessment: Nina Underwood Date: Jul 29, 2011

Phone Number: (704) 984-9667 Fax: (704) 986-6127 Email: nunderwood@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*? 100 Feet 105 Feet 110 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? _____

**Comments**