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, 2011-June 30, 2012**

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2012 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: Hoke County LCID Permit: 47A-LCID-1996 ID: P0744

Facility Website (URL): drussell@hokecounty.org

Physical Address	Mailing Address
Street 1: 700 C C Steel Road	Street 1: P O Box 179
Street 2:	Street 2:
City: Raeford County: Hoke	City: Raeford
State: North Carolina Zip: 28376	State: North Carolina Zip: 28376

Primary Facility Contact Person	Billing Contact Person
Name: Don Russell	Name: Patty Price
Phone: (910) 875-5332 Fax: (910) 904-0804	Phone: (910) 875-5332 Fax: (910) 904-0804
Email: drussell@hokecounty.org	Email: pprice@hokecounty.org

1. Tipping Fee: $19.00 per ton

   Tipping Fee: $ per

   Tipping Fee: $ per

2. Estimate the amount of waste taken in an average week at this facility? 19 ☒ tons ☐ cubic yards

3. How many weeks did you operate this year? 52

4. What are the hours/days of operation for this facility? 8-4:30 M-F, 9-3:00 Sat.

5. What is the acreage of the footprint of the waste on site as of June 30? .33 Acre(s)

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:

Drew Hammonds
225 Green Street, Suite 714
Fayetteville, NC 28301
phone: 910.433.3351 email: Andrew.Hammonds@ncdenr.gov

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

Signature: Don Russell Date: 7/31/2012

Name: Don Russell Title: Solid Waste Director

Phone Number: (910) 875-5332 Email: drussell@hokecounty.org

NC DENR
Division of Waste Management - Solid Waste Section

Risk Assessment Form

Facility Name: Hoke County LCID Permit: 47A-LCID-1996

Address: 700 C C Steel Road

City: Raeford State: North Carolina Zip: 28376

Person completing Assessment: Don Russell Date: 7/31/2012

Phone Number: (910) 875-5332 Fax: (910) 904-0804 Email: drussell@hokecounty.org

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? _____

Comments