

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: Lincoln County Landfill Permit: 5503-MSWLF-1986 ID: P0091

Facility Website (URL): lincolncounty.org

Physical Address	Mailing Address
Street 1: <u>5291 Crouse Road</u>	Street 1: <u>SAME</u>
Street 2: _____	Street 2: _____
City: <u>Crouse</u> County: <u>Lincoln</u>	City: _____
State: <u>North Carolina</u> Zip: <u>28033</u>	State: <u>North Carolina</u> Zip: _____

Primary Facility Contact Person	Billing Contact Person
Name: <u>Mark Bivins</u>	Name: <u>Mark Bivins</u>
Phone: <u>(704) 732-9030</u> Fax: <u>(704) 732-9048</u>	Phone: <u>(704) 732-9030</u> Fax: <u>(704) 732-9048</u>
Email: <u>mbivins@lincolncounty.org</u>	Email: <u>mbivins@lincolncounty.org</u>

1. Tipping Fee: \$32.00 _____ 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) Any Metals, #1 - #7 Plastics

<p>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.</p>	4. Date Facility Last Surveyed: <u>July 25, 2012</u>
	5. Airspace Used (cubic yards): <u>108,487</u>
	6. Total Tons Disposed in Airspace Used (tons): <u>43,092.62</u>

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: _____

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

If yes, indicate the following:

Name: <u>David M Bivins</u>	Certification type and expiration date: <u>MOLO - 9/20/2012</u>
Name: <u>James Horn</u>	Certification type and expiration date: <u>Certified Landfill Operation Specialist - 10/14/14</u>
Name: <u>Doug Morrison</u>	Certification type and expiration date: <u>Certified Landfill Operation Specialist -2/23/15</u>
Name: <u>Josh Scott</u>	Certification type and expiration date: <u>Certified Landfill Operation Specialist - 10/14/14</u>
Name: <u>Jimmy Wise</u>	Certification type and expiration date: <u>Certified Landfill Operation Specialist - 10/14/14</u>

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:

Bill Wagner
2090 US Highway 70
Swannanoa, NC 28778
phone: 828.296.4705 email: Bill.Wagner@ncdenr.gov

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

Signature: _____ Date: Jul 31, 2012

Name: Mark Bivins Title: Solid Waste Manager

Phone Number: (704) 732-9030 Email: mbivins@lincolncounty.org

Facility Name: Lincoln County Landfill Permit: 5503-MSWLF-1986

Address: 5291 Crouse Road

City: Crouse State: North Carolina Zip: 28033

Person completing Assessment: Mark Bivins Date: Jul 31, 2012

Phone Number: (704) 732-9030 Fax: (704) 732-9048 Email: mbivins@lincolncounty.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? 5
What are the three closest distances from the *Edge of Waste*? 820 Feet 1350 Feet 1390 Feet
- 2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
If Yes, how many? 7
What are the three closest distances from the *Edge of Waste*? 820 Feet 1350 Feet 1390 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? 6
What are the three closest distances from the *Edge of Waste*? 190 Feet 500 Feet 680 Feet
Please list the names of the water bodies: 4 unnamed tributaries to Indian Creek plus 2 unnamed ponds
- 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? 1

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