| TIRE LF | State of North Carolina<br>Department of Environmental Quality<br>Division of Waste Management | **TIRE LANDFILL**<br>Facility Annual Report<br>For the period of **July 1, 2017-June 30, 2018** |
|---|---|---|

According to G.S. 130A-309.09D(b), completed forms must be returned by August 1, 2018, 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: _____ Permit: _____

| Physical Address | Mailing Address |
|---|---|
| Street 1: | Street 1: |
| Street 2: | Street 2: |
| City: County: | City: |
| State: North Carolina Zip: | State: North Carolina Zip: |

| Primary Facility Contact Person | Billing Contact Person |
|---|---|
| Name: | Name: |
| Phone: Fax: | Phone: Fax: |
| Email: | Email: |

1. Tipping Fee: $_____ per Ton (Attach a schedule of tipping fees if appropriate.)

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

   If so, please report the date this occurred: _____

3. Indicate types of disposal activity occurring at this facility (Check all that apply).

- ☐ Landfilling of residential waste
- ☐ Landfilling of commercial waste
- ☐ Landfilling of industrial waste
- ☐ Landfilling of construction and demolition waste, please estimate percent of waste landfilled: _____ %
- ☐ Landfilling of land clearing and inert debris waste (limbs, brick, stumps)
- ☐ Landfilling of asbestos
- ☐ Landfilling of shredded or split tires
- ☐ Landfilling of ash
- ☐ Landfilling of other waste (specify): _____

4. Total **total tires landfilled at this facility** during the period of July 1, 2017 through June 30, 2018. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station,treatment and processing, or mixed waste processing facility indicate the COUNTY LOCATION OF THE FACILITY. DO NOT include waste diverted for recycling, reuse, mulching, or composting. Please list ALL counties from which you received waste. Please indicate COUNTY and STATE, if received from another state.

| Received from | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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Grand Total

**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: _____ Date: _____

Name: _____ Title: _____

Phone Number: _____ Email: _____

Print Form

NC DEQ
Division of Waste Management - Solid Waste Section

# Risk Assessment Form

Facility Name: _____ Permit: _____

Address: _____

City: _____ State: North Carolina Zip: _____

Person completing Assessment: _____ Date: _____

Phone Number: _____ Fax: _____ Email: _____

| 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 Structures 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 Water Supply 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 Features 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 Structures 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**