IND	State of North Carolina Department of Environment and Natural Resources Division of Waste Management	**INDUSTRIAL WASTE LANDFILL** Facility Annual Report For the period of **July 1, 2014-June 30, 2015**

According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2015 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 industrial waste (specify waste): _____
- ☐ Landfilling of construction and demolition waste
- ☐ Landfilling of asbestos
- ☐ Landfilling of ash
- ☐ Landfilling of sludge
- ☐ Landfilling of other waste (specify): _____

4. 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 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 weekly, intermediate and final cover.	5. Date Facility Last Surveyed: _____ 6. Airspace Used (cubic yards): _____ 7. Total Tons Disposed in Airspace Used (tons): _____

8. Total waste landfilled at this facility during the period of July 1, 2014, through June 30, 2015. Indicate **tonnage** received by COUNTY of waste origin. 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	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total

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:

Shawn McKee
1646 Mail Service Center
Raleigh, NC 27699-1646
phone: 919.707.8284 email: Shawn.McKee@ncdenr.gov

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

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 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