

24IHSSF501



DocumentID NCD980502900

Site Name CUMBERLAND COUNTY LANDFILL

DocumentType Notification Form (NF)

RptSegment 1

DocDate 4/22/1988

DocRcvd 4/25/1988

Box SF501

AccessLevel PUBLIC

Division WASTE MANAGEMENT

Section SUPERFUND

Program IHS (IHS)

DocCat Facility

COPY

N.C. Department of Human Resources
Division of Health Services

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SECTION A

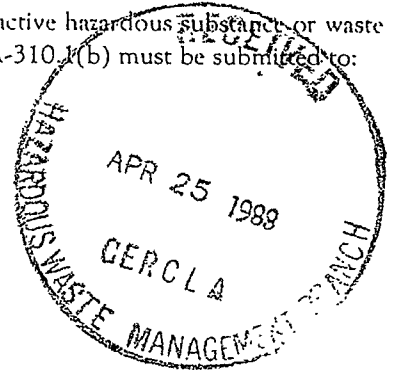
NOTIFICATION OF AN INACTIVE HAZARDOUS SUBSTANCE OR WASTE DISPOSAL SITE

North Carolina General Statutes Section 130A-310 provides for protection of the public from inactive hazardous substance or waste disposal sites. Notification information, required by North Carolina General Statutes Section 130A-310.1(b) must be submitted to:

Superfund Unit
Division of Health Services
P.O. Box 2091
Raleigh, NC 27602-2091

Please read instructions before completing.

Please type or print in black ink.



A. SITE NAME AND PERSON REQUIRED TO NOTIFY:

1. Site Name CLIFFDALE LANDFILL / Cumberland Co Lcfl
(One site per form)

2. Person Completing Form: L. S. CARTER
 Name _____
 Mailing Address 698 ANN ST.
 City FAYETTEVILLE State NC Zip Code 28301
 Telephone (919) 483-4897

 Present Owner _____
 Past Owner _____
 Present Operator _____
 Past Operator _____
 Other _____ ☒
 (specify) Director, County
Solid Waste Management

3. Present Owner: CUMBERLAND COUNTY
 Name _____
 Mailing Address P.O. Box 1829
 City FAYETTEVILLE State N.C. Zip Code 28302
 Telephone (919) 483-8131

 Corporation _____
 Partnership _____
 Individual _____
 Other Responsible Party _____ ☒
 (specify) COUNTY

4. Other _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Telephone () _____

 Past Owner _____
 Present Operator _____
 Past Operator _____
 Other Responsible Party _____
 (specify) _____

5. Other _____
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Telephone () _____

 Past Owner _____
 Present Operator _____
 Past Operator _____
 Other Responsible Party _____
 (specify) _____

Site Name

CLIFFDALE

B. SITE LOCATION:

1. Street or Route Address 7583 LOWELL HARRIS ROAD
 City or Town FAYETTEVILLE, N.C. 28304
 County CUMBERLAND COUNTY

2. Directions to the Site (Use state road numbers where possible.)

U.S. 401 South from Fayetteville to Raeford
Turn off on SR 1400 (Cliffdale Road)
Turn off on LOWELL HARRIS Road - proceed in Cliffdale Landfill Gate.
(SR 2749)

3. Attach a Department of Transportation map or a USGS map showing the location of the site or facility. Label the map with the site name.

4. Check the appropriate description of the area surrounding the site. (More than one may apply.)

- ☒ Residential ☐ Industrial ☒ Forest Land
☐ Business ☐ Pasture Land ☒ Farm Land
☐ Other (specify) _____

C. TYPE AND YEARS OF OPERATION:

1. Type of Operation State permitted sanitary landfill ☐ Present
 Standard Industrial Classification Code (SIC) N/A ☒ Past
 Years of Operation (Dates) from 07/22 to 07/80
2. Type of Operation _____ ☐ Present
 Standard Industrial Classification Code (SIC) _____ ☐ Past
 Years of Operation (Dates) from ____/____/____ to ____/____/____
3. Type of Operation _____ ☐ Present
 Standard Industrial Classification Code (SIC) _____ ☐ Past
 Years of Operation (Dates) from ____/____/____ to ____/____/____

D. ENVIRONMENTAL PERMIT HISTORY:

If no environmental permit has been issued, check "None" for each type of permit. Complete for each of the following.

Type of Permit	None	Permit Number	Date Issued	Expiration Date	Comments
1. NPDES	<input type="checkbox"/>	_____	____/____/____	____/____/____	_____
2. Air	<input type="checkbox"/>	_____	____/____/____	____/____/____	_____
3. RCRA	<input type="checkbox"/>	_____	____/____/____	____/____/____	_____
4. RCRA interim status	<input type="checkbox"/>	_____	____/____/____	____/____/____	_____
5. State	<input type="checkbox"/>	_____	____/____/____	____/____/____	_____
a. Non-discharge	<input type="checkbox"/>	_____	____/____/____	____/____/____	_____
b. High productivity well	<input type="checkbox"/>	_____	____/____/____	____/____/____	_____
c. Other (specify) <u>*</u>	<input type="checkbox"/>	<u>5846</u>	<u>05/86</u>	<u>05/91</u>	<u>(Methane Control System)</u>
6. Local (specify) _____	<input type="checkbox"/>	_____	____/____/____	____/____/____	_____
7. Other (specify) _____	<input type="checkbox"/>	_____	____/____/____	____/____/____	_____

* Permit for Construction and operation of air pollution abatement facilities or emission sources (DNER + CD)

Site Name CLIFFDALE

E. CURRENT ENVIRONMENTAL PERMITS:

If no environmental permit has been issued, check "None" for each type of permit. Complete for each of the following.

Type of Permit	None	Permit Number	Date Issued	Expiration Date	Comments
1. NPDES	<input type="checkbox"/>		---/---/---	---/---/---	
2. Air	<input type="checkbox"/>		---/---/---	---/---/---	
3. RCRA	<input type="checkbox"/>		---/---/---	---/---/---	
4. RCRA interim status	<input type="checkbox"/>		---/---/---	---/---/---	
5. State	<input type="checkbox"/>		---/---/---	---/---/---	
a. Non-discharge	<input type="checkbox"/>		---/---/---	---/---/---	
b. High productivity well	<input type="checkbox"/>		---/---/---	---/---/---	
c. Other (specify) <u>✓</u>	<input type="checkbox"/>	(See par D)	---/---/---	---/---/---	
6. Local (specify)	<input type="checkbox"/>		---/---/---	---/---/---	
7. Other (specify)	<input type="checkbox"/>		---/---/---	---/---/---	

F. KNOWN OR SUSPECTED RELEASE OF HAZARDOUS SUBSTANCE OR WASTE TO THE ENVIRONMENT:
(More than one may apply.)

Environmental Media	Known	Suspected	Date of Known or Suspected Release	Likely	Unlikely	None	Comments
1. Groundwater	<input type="checkbox"/>	<input type="checkbox"/>	---/---/---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Surface water	<input type="checkbox"/>	<input type="checkbox"/>	---/---/---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
3. Surface soil	<input type="checkbox"/>	<input type="checkbox"/>	---/---/---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
4. Subsurface soil	<input type="checkbox"/>	<input type="checkbox"/>	---/---/---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Air	<input type="checkbox"/>	<input type="checkbox"/>	---/---/---	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

G. PHYSICAL STATE OF HAZARDOUS SUBSTANCE OR WASTE AS DEPOSITED: (More than one may apply.)

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> Solid | 5. <input type="checkbox"/> Non-Containerized Gas |
| 2. <input type="checkbox"/> Powder | 6. <input type="checkbox"/> Containerized Gas |
| 3. <input type="checkbox"/> Liquid | 7. <input type="checkbox"/> Other (describe) _____ |
| 4. <input type="checkbox"/> Sludge | |

H. HAZARDOUS SUBSTANCE OR WASTE DISPOSAL AND STORAGE METHOD: (More than one may apply.)

- | | | |
|---|---|---|
| 1. <input type="checkbox"/> Piles | 5. <input type="checkbox"/> Tanks, above ground | 9. <input type="checkbox"/> Drums, above ground |
| 2. <input type="checkbox"/> Land treatment | 6. <input type="checkbox"/> Septic tanks | 10. <input type="checkbox"/> Drums, above ground, in open |
| 3. <input checked="" type="checkbox"/> Landfill | 7. <input type="checkbox"/> Impoundment | 11. <input type="checkbox"/> Drums, below ground |
| 4. <input type="checkbox"/> Tanks, underground | 8. <input type="checkbox"/> Underground injection | 12. <input type="checkbox"/> Other (specify) _____ |

I. HAZARDOUS SUBSTANCE OR WASTE TYPE USED OR DISPOSED ON SITE: (More than one may apply.)

- | | |
|--|--|
| 1. <input type="checkbox"/> Organics | 7. <input type="checkbox"/> Bases |
| 2. <input type="checkbox"/> Inorganics | 8. <input type="checkbox"/> PCBs |
| 3. <input type="checkbox"/> Solvents | 9. <input checked="" type="checkbox"/> Mixed municipal waste |
| 4. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Unknown |
| 5. <input type="checkbox"/> Heavy metals | 11. <input type="checkbox"/> Other (specify) _____ |
| 6. <input type="checkbox"/> Acids | |

Site Name

CLIFFDALE

J. HAZARDOUS SUBSTANCE OR WASTE QUANTITY: (More than one may apply.)

1. Pounds:

- ☐ less than 10 pounds
☐ 10 pounds or more, but less than 100 pounds
☐ 100 pounds or more, but less than 1000 pounds
☐ 1000 pounds or more
☒ Unknown

4. Gallons:

- ☐ less than 10 gallons
☐ 10 gallons or more, but less than 100 gallons
☐ 100 gallons or more, but less than 1000 gallons
☐ 1000 gallons or more
☒ Unknown

2. Drums:

- ☐ less than 10 drums
☐ 10 drums or more, but less than 100 drums
☐ 100 drums or more, but less than 1000 drums
☐ 1000 drums or more
☒ Unknown

5. Total area of site:

- ☐ less than 1 acre
☐ 1 acre or more, but less than 5 acres
☐ 5 acres or more, but less than 10 acres
☒ 10 acres or more
☐ Unknown

3. Cubic Feet:

- ☐ less than 10 cubic feet
☐ 10 cubic feet or more, but less than 100 cubic feet
☐ 100 cubic feet or more, but less than 1000 cubic feet
☐ 1000 cubic feet or more
☒ Unknown

K. SOURCE OF HAZARDOUS SUBSTANCE OR WASTE USED OR DISPOSED ON SITE:

(More than one may apply)

	Used On Site	On-Site Disposal	Off-Site Disposal
1. Mining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Textiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fertilizer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Paper/printing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Leather tanning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Iron/steel foundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Chemical, general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Plating/polishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Military/ammunition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Electrical conductors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Transformers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Utility companies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Sanitary/refuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Photo finish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Lab/hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Wood treating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Battery reclamation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Pesticides formulation, packaging and/or distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Herbicide formulation, packaging and/or distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Other Agrichemical formulation, packaging and/or distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Dry cleaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Petrochemical processing or refining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Other (specify) <u>MUNICIPAL SOLID WASTE</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Site Name

CLIFFDALE

L. SPECIFIC HAZARDOUS SUBSTANCE OR WASTE COMPOUNDS ASSOCIATED WITH THE SITE, IF KNOWN: (More than one may apply.)

Waste Compounds/ Substances	Generated On Site	Off-Site Disposal	On-Site Disposal
1. <u>MUNICIPAL SOLID WASTE (MSW)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

M. ACCESSIBILITY OF SITE: (More than one may apply.)

- ☐ Security guard
- ☒ Physical barrier (steep bank, creek, walls, etc.)
Describe physical barriers Steep banks on three sides of facility
- ☐ Site completely surrounded by fence
- ☒ Site partially surrounded by fence
- ☒ Locked gate
- ☐ Unlocked gate
- ☐ No control of access to site
- ☒ Other (specify) Daily operations of a Household Solid Waste Container Site.
(Transfer Station in nature)

N. REMEDIAL ACTION: (More than one may apply.)

- ☐ No environmental action
- ☐ Environmental study
- ☐ Remedial action

N/A

O. AVAILABILITY OF ANALYTICAL MONITORING DATA:

Is analytical monitoring data for the site available?

Limited history of leachate testing prior to 1980.
☒ YES ☐ NO

IF YES: check the appropriate box to indicate the purpose for which the data was collected. (More than one may apply.)

- ☐ CERCLA
☐ RCRA
☐ Remedial Action
☐ Environmental Audit
☒ Other (specify) Normal procedures by State DHES.

IF DATA WAS COLLECTED: FIRST COMPLETE SECTION P. CERTIFICATION AND SIGNATURE ON THE NEXT PAGE AND THEN COMPLETE DHS 3525, SECTION B SITE DATA ADDENDUM NOTIFICATION OF AN INACTIVE HAZARDOUS SUBSTANCE OR WASTE DISPOSAL SITE.

Site Name

CLIFFDALE

P. CERTIFICATION AND SIGNATURE:

I certify that to the best of my knowledge and belief the information supplied on this form is complete and accurate.

Signature

Laurence S. Carter

Date

4-22-88

Name and Title (Type or print)

L. S. CARTER, DIRECTOR CUMBERLAND COUNTY SWIM

Mailing Address

698 ANN ST.

FAYETTEVILLE, N.C. 28301

NORTH CAROLINA

Cumberland

County

I,

Betsy Currence

, a Notary Public for said County and State, do hereby certify that

Laurence S. Carter

personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the

22nd

day of

April

19

88

(Official Seal)

Betsy Currence

Notary Public

My commission expires

October 1,

19

90

SECTION B

SITE DATA ADDENDUM FOR AN INACTIVE HAZARDOUS SUBSTANCE
OR WASTE DISPOSAL SITE

North Carolina General Statutes Section 130A-310 provides for protection of the public from inactive hazardous substance or waste disposal sites. Notification information and site data, required by North Carolina General Statutes Section 130A-310.1(b) must be submitted to:

Superfund Unit
Division of Health Services
P.O. Box 2091
Raleigh, NC 27602-2091

Please read instructions before completing.

Please type or print in black ink.

A. SITE NAME AND PERSON REQUIRED TO NOTIFY:

1. Site Name CLIFFDALE LANDFILL
(One site per form)

2. Person Completing Form:
Name L.S. CARTER
Mailing Address 698 ANN ST.
City FAYETTEVILLE State NC Zip Code 28301
Telephone (919) 483-4897

Present Owner ☐
Past Owner ☐
Present Operator ☐
Past Operator ☐
Other ☒
(specify) Director, County
Solid Waste Management

3. Present Owner:
Name CUMBERLAND COUNTY
Mailing Address P.O. Box 1829
City Fayetteville State NC Zip Code 28302
Telephone (919) 483-8131

Corporation ☐
Partnership ☐
Individual ☐
Other ☒
(specify) County

B. SITE LOCATION:

Street or Route Address 7583 LOWELL HARRIS ROAD
City or Town FAYETTEVILLE, N.C. 28304
County CUMBERLAND

Site Name

CLIFFDALE

C. ON-SITE WATER AND SEWER:

1. Wastewater Management

Does the site currently have an on-site wastewater management system? ☐ YES ☒ NO

Has the site previously had an on-site wastewater management system? ☐ YES ☒ NO ☐ UNKNOWN

If there is a past or present on-site wastewater treatment system, check all appropriate boxes below to describe the wastewater treatment system used at the facility. Indicate the dates of operation for each wastewater treatment system. More than one system may apply. Complete for all on-site systems, both past and present.

	Process Wastewater		Sanitary Wastewater		Dates of Operation	
	Yes	No	Yes	No	Beginning	Ending
Municipal Pretreatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
a. With sludge generation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
b. Without sludge generation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
On-site wastewater disposal						
a. Drainfield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
b. Septic tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
c. Land Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Biological treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Discharge to surface water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Name of surface water	_____					
NPDES #	_____					

2. Water Supply Source

Does the site now have or has it in the past had a water system? ☐ YES ☒ NO

If yes, complete the following:

	Groundwater		Surface Water		Dates of Operation	
	Yes	No	Yes	No	Beginning	Ending
Municipal or County _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Community _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___
Non-Community _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___

If surface water source is used, name of the body of water _____

Provide the use of the surface water:

☐ Potable

☐ Production

☐ Cooling

☐ Fire protection

☐ Irrigation

☐ Other (specify) _____

Attach a facility or local map with intake point marked for private or on-site surface water sources. Label the map with the site name.

Site Name CLIFFDALE

D. ON-SITE WELLS:

Does the site now have or has it in the past had any on-site wells? ☒ YES | ☐ NO
If yes, complete the following:

1. Attach a facility or site map showing the location of all on-site wells. Label the attachment: "D. 1. On-Site Wells".

2. Total number of on-site wells: 21

3. For each on-site well, provide the following information:

a. Label the corresponding well on the map required in D. 1.: _____

b. Presently used? ☒ YES ☐ NO

c. If not presently in use, give year abandoned: _____

d. Type of well: ☒ Monitoring ☐ Injection
☐ Production ☐ Fire Protection
☐ Cooling ☐ Irrigation
☐ Potable ☐ Other (specify) Methane Gas Extraction

e. Permitted well? ☐ YES ☐ NO N/A

Permit Number _____

f. Type of construction: See attachment

g. Date installed: 1985 & 1986

h. Depth of well: 20' to 30' ft.

i. Size (diameter): See attachment inches

j. Depth to static water level: 15-30' ft.

k. Has laboratory analysis ever indicated ground water contamination? ☐ YES ☒ NO

Additional Section B, Part D. 3. forms are available.

E. CLOSEST OFF-SITE WELL

Provide the following information for the closest currently used off-site well within a one-mile radius of the site, where such information is known to you: Unknown

1. Owner _____

2. Location Address _____

3. City _____

4. Show the location of the well on a map of the area. Label the attachment: "E. 4. Off-Site Well".

F. ANALYTICAL MONITORING DATA

Complete for any monitoring which has been done at the site.

1. Groundwater — Has groundwater monitoring been conducted at the site? ☐ YES ☒ NO
If yes, complete the following:

	Date	Method	Method Number	Compounds Detected	Level
a. Organics					
(1) Purgeables					
(2) Base Neutrals/Acid					
(3) PCB					
(4) Pesticides/Herbicides					
(5) Other					
b. Inorganics					

Laboratory performing analyses: _____

Does the laboratory have EPA contract laboratory status? ☐ YES ☐ NO

Site Name

CLIFFDALE

2. Surface Water — Has surface water monitoring been conducted at the site? ☒ YES ☐ NO *In State Records*
If yes, complete the following:

	Date	Method	Method Number	Compounds Detected	Level
a. Organics					
(1) Purgeables					
(2) Base Neutrals/Acid					
(3) PCB					
(4) Pesticides/Herbicides					
(5) Other					
b. Inorganics					

Laboratory performing analyses: _____

Does the laboratory have EPA contract laboratory status? ☐ YES ☐ NO

3. Soil — Has soil testing been conducted at the site? ☐ YES ☒ NO
If yes, complete the following:

	Date	Method	Method Number	Compounds Detected	Level
a. Organics					
(1) Purgeables					
(2) Base Neutrals/Acid					
(3) PCB					
(4) Pesticides/Herbicides					
(5) Other					
b. Inorganics					

Laboratory performing analyses: _____

Does the laboratory have EPA contract laboratory status? ☐ YES ☐ NO

4. Air — Has air monitoring been conducted at the site? ☐ YES ☒ NO
If yes, complete the following:

	Date	Method	Method Number	Compounds Detected	Level
a. Organics					
b. Inorganics					
c. Particulates					
d. Visible Emissions					
e. Ambient Air Monitoring					
f. Other					

Laboratory performing analyses: _____

Does the laboratory have EPA contract laboratory status? ☐ YES ☐ NO

G. CLEANUP ACTIONS

Describe briefly any cleanup activities at the site and attach a map showing cleanup activities. Label the map with the site name.

Periodic Erosion, Sedimentation control activities.

Design and construction of Methane Gas monitoring and control system.

Site Name

CLIFFDALE

List documents related to cleanup actions including, but not limited to, work plans, cleanup action plans, and remedial action plans.

Document Date	Document Name	Purpose of Document
		N/A

H. RECORDATION

Is the location/existence of the disposal site recorded in the register of deeds' office in the county or counties in which the land is located? ☒ YES ☐ NO

If yes, date of recordation: 1972

I. CERTIFICATION AND SIGNATURE:

I certify that to the best of my knowledge and belief, the information supplied on this form is complete and accurate.

Signature

Laurence S. Carter

Date

4-22-88

Name and Title (Type or print)

L. S. CARTER, DIRECTOR SWM

Mailing Address

698 ANN ST.

Fayetteville, N.C. 28301

NORTH CAROLINA

Cumberland

County

I,

Betsy Currence

, a Notary Public for said County and State, do hereby certify that

Laurence S. Carter

personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the

22nd

April

19 88

(Official Seal)

Betsy Currence

Notary Public

My commission expires

October 1,

19 90