

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: MACON COUNTY - MSW LANDFILLPermit: 5703

Physical Address		Mailing Address	
Street 1: <u>1448 LAKESIDE DRIVE</u>		Street 1: <u>109 SIERRA DRIVE</u>	
Street 2: _____		Street 2: _____	
City: <u>FRANKLIN</u>	County: <u>Macon</u>	City: <u>FRANKLIN</u>	
State: <u>North Carolina</u>	Zip: <u>28734</u>	State: <u>North Carolina</u>	Zip: <u>28734</u>
Primary Facility Contact Person		Billing Contact Person	
Name: <u>CHRIS STAHL</u>		Name: <u>JUNE CASSADA</u>	
Phone: <u>(828) 349-2100</u>	Fax: <u>(828) 349-2185</u>	Phone: <u>(828) 349-2215</u>	Fax: <u>(828) 349-2185</u>
Email: <u>CSTAHL@MACONNC.ORG</u>		Email: <u>JCASSADA@MACONNC.ORG</u>	

1. Tipping Fee: \$66.00 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. Did your facility stop receiving waste during this past Fiscal Year? Yes No

If so, please report the date this occurred: _____

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) CARPET AND CLOTHES

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.

5. Date Facility Last Surveyed: 4/29/15

6. Airspace Used (cubic yards): 1,087,944

7. Total Tons Disposed in Airspace Used (tons): 650,534.4

8. How is your leachate transported to the waste water treatment plant? Sewer Connection Pump Truck

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

If yes, indicate the following:

Name: <u>CHRIS STAHL</u>	Certification type and expiration date: <u>MOLO 5/25/16</u>
Name: <u>WESLEY PEEK</u>	Certification type and expiration date: <u>LANDFILL OP. SPEC. 3/27/16</u>
Name: <u>SAMMY HEDDEN</u>	Certification type and expiration date: <u>LANDFILL OPERATION SPEC. 10/8/17</u>
Name: <u>DONNIE HOLDEN</u>	Certification type and expiration date: <u>LANDFILL OPERATION SPEC. 6/21/16</u>
Name: <u>NICK FOWLER</u>	Certification type and expiration date: <u>LANDFILL OPERATION SPEC. 10/7/17</u>

12. Comments, suggestions or notes:

Notes: Regarding the tonnages reported on question 10. The tons reported to pay taxes are less due to material being pulled from various areas...to be recycled. Said tons are initially counted by the computer and put on question 9.

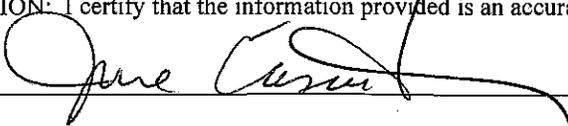
REMITTANCE: According to (G.S. 130A-309 (9)(b)) this report must be sent to the Regional Environmental Senior Specialist for your area and a copy of this report must be sent to the County Manager of each county from which waste was received.

Please return your completed report to:

Deb Aja
2090 US Highway 70
Swannanoa, NC 28778
phone: 828.296.4702 email: Deborah.Aja@ncdenr.gov

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

Signature: _____



Date: Jul 20, 2015

Name: June Cassada

Title: Business Manager

Phone Number: (828) 349-2215

Email: jcassada@maconnc.org

Facility Name: MACON COUNTY - MSW LANDFILL Permit: 5703

Address: 1448 LAKESIDE DRIVE

City: FRANKLIN State: North Carolina Zip: 28734

Person completing Assessment: CHRIS STAHL Date: Jul 7, 2015

Phone Number: (828) 349-2100 Fax: (828) 349-2185 Email: CSTAHL@MACONNC.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? 24
 What are the three closest distances from the *Edge of Waste*? 940 Feet 940 Feet 1010 Feet
2. Are there Potable Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 8
 What are the three closest distances from the *Edge of Waste*? 940 Feet 940 Feet 980 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? 3
 What are the three closest distances from the *Edge of Waste*? 400 Feet 315 Feet 575 Feet
 Please list the names of the water bodies: Little Tennessee, unnamed pond, unnamed spring
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? 16

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