



According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2014 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: Madison County Solid Waste Dept.

Permit: 58-03CDLF-1995

Physical Address		Mailing Address	
Street 1: <u>271 Craig Rudisill Rd.</u>		Street 1: <u>271 Craig Rudisill Rd.</u>	
Street 2: <u>Same</u>		Street 2: _____	
City: <u>Marshall</u>	County: <u>Madison</u>	City: <u>Marshall</u>	
State: <u>North Carolina</u>	Zip: <u>28753</u>	State: <u>North Carolina</u>	Zip: <u>28753</u>
Primary Facility Contact Person		Billing Contact Person	
Name: <u>James L. Huff</u>		Name: <u>Cheryl Chander</u>	
Phone: <u>(828) 649-2311</u>	Fax: <u>(828) 649-0324</u>	Phone: <u>(828) 649-2311</u>	Fax: <u>(828) 649-0324</u>
Email: <u>jhuff@madisoncountync.org</u>		Email: <u>cschandler@madisoncounty.gov</u>	

1. Tipping Fee: \$34.00 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 and amount collected: (check all that apply and provide tonnages)

Carpet _____ tons Concrete/rubble/asphalt 0.5 tons Gypsum/drywall _____ tons Other Metal _____ tons
 Cardboard _____ tons Shingles _____ tons Electronics _____ tons Other Plastic _____ tons
 Wood 0.6 tons Other (specify) 360 lbs of pallets

Airspace (Capacity): Questions in this section relate to all cells/units of the C&D 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: June 13, 2014

6. Airspace Used (cubic yards): 51,400

7. Total Tons Disposed in Airspace Used (tons): 19,528

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

If yes, indicate the following:

Name: <u>Larry Wright</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 4/15/2017</u>
Name: <u>Richard Roberts</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 4/15/2017</u>
Name: <u>James Ensley</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 8/21/2016</u>
Name: <u>James Huff</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 2/25/2017</u>
Name: <u>Jerry Rector</u>	Certification type and expiration date: <u>Certified Landfill Operations Specialist 2/13/2015</u>

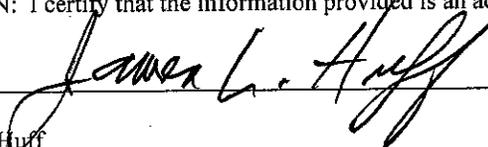
11. Comments, suggestions or notes:

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:

Andrea Keller
2090 US Highway 70
Swannanoa, NC 28778
phone: 828.296.4700 email: Andrea.Keller@ncdenr.gov

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

Signature:  Date: 7/30/14
Name: James L. Huff Title: Solid Waste Director

Phone Number: (828) 649-2311 Email: jhuff@madisoncountync.org

Facility Name: Madison County Solid Waste Dept. Permit: 58-03CDLF-1995

Address: 271 Craig Rudisill Rd.

City: Marshall State: North Carolina Zip: 28753

Person completing Assessment: _____ Date: _____

Phone Number: (828) 649-2311 Fax: (828) 649-0324 Email: jhuff@madisoncountync.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? 9
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? 9
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? 1
What are the three closest distances from the *Edge of Waste*? 630 Feet _____ Feet _____ Feet
Please list the names of the water bodies: unnamed Tributary to Walnut Creek

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