

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: Macon County LandfillPermit: 5703 MSWLF 1992

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 pad

Received

JUL 29 2014

Land Quality Section  
Asheville

<b>Airspace (Capacity):</b> 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: <u>6/3/14</u>
	6. Airspace Used (cubic yards): <u>1,050,121</u>
	7. Total Tons Disposed in Airspace Used (tons): <u>623,532.19</u>

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: Chris Stahl Certification type and expiration date: MOLO 5/25/16  
Name: Wesley Peek Certification type and expiration date: Landfill Operation Spec. 3/27/16  
Name: Sammy Hedden Certification type and expiration date: Landfill Operation Spec. 10/8/14  
Name: Donnie Holden Certification type and expiration date: Landfill Operation Spec. 6/21/16  
Name: Nick Fowler Certification type and expiration date: Landfill Operation Spec. 10/7/14

12. Comments, suggestions or notes:

Thank you always for your assistance!

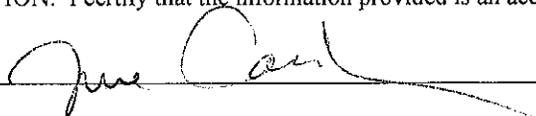
Notes: Regarding the tonnages reported on the question 10. The tons reported to pay taxes are less because many tons are pulled out on the tipping floor and recycled. These tons were initially counted by the computer as reported on question 9.

**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:

Troy Harrison  
2090 US Highway 70  
Swannanoa, NC 28778  
phone: 828.296.4701 email: Troy.Harrison@ncdenr.gov

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

Signature: 

Date: Jul 28, 2014

Name: June Cassada

Title: Business Manager

Phone Number: (828) 349-2215

Email: jcassada@maconnc.org

Facility Name: Macon County Landfill Permit: 5703 MSWLF 1992

Address: 1448 Lakeside Drive

City: Franklin State: North Carolina Zip: 28734

Person completing Assessment: Chris Stahl Date: Jul 28, 2014

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**