

According to G.S. 130A-309.09D(b), completed forms must be returned by August 1, 2016 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: CHEROKEE COUNTY SOLID WASTE LANDFILL Permit: 2002

Physical Address	Mailing Address
Street 1: <u>10160 US 19</u>	Street 1: <u>PO BOX 658</u>
Street 2: _____	Street 2: _____
City: <u>MARBLE</u> County: <u>Cherokee</u>	City: <u>MURPHY</u>
State: <u>North Carolina</u> Zip: <u>28905</u>	State: <u>North Carolina</u> Zip: <u>28906</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>JEFF CLARK</u>	Name: <u>TANIA FIREBAUGH</u>
Phone: <u>(828) 837-2621</u> Fax: <u>(828) 837-4669</u>	Phone: <u>(828) 837-5527</u> Fax: <u>(828) 837-9684</u>
Email: <u>jeff.clark@cherokeecounty-nc.gov</u>	Email: <u>tania.firebaugh@cherokeecounty-nc.gov5</u>

1. Tipping Fee: \$57.00 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. How is your leachate transported to the waste water treatment plant? Sewer Connection Pump Truck N/A

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: <u>6/29/2016</u>
	6. Airspace Used (cubic yards): <u>542,342</u>
	7. Total Tons Disposed in Airspace Used (tons): <u>325,133</u>

8. Do you utilize any alternate daily cover at this facility? If so, please describe below.

Alternate daily cover is tarp.

For Internal Use Only:

Received	16,799.93
Recycled	
Landfilled	16,799.93
Landfill Rate	1

10. 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 and amount recycled (tons):

Material	Tons	Material	Tons
Paper		Concrete/rubble/asphalt	
Plastic		Computer Equipment	
Carpet		Televisions	
Cardboard		Fluorescent Light Bulbs	
Glass		Used oil/oil filters	
Aluminum Cans		Wood	
Steel Cans		Gypsum/Drywall	
Other Metal		Other (specify):	
Pallets		Other (specify):	
Commingled Recyclables		Other (specify):	
Total Recycled Material			

Summary of Facility Activity

11. Input total amount of waste that was received, recycled, and that is exempt from taxation (ex-sludge, biosolids). Subtract total recycled material and total tax-exempt tons from total tonnage received. This number should represent the amount of tons subject to the solid waste disposal tax and thus should equal the E-500K tax tonnage total on right.

Waste/Material	Tons
Total Tonnage Received (question 9)	16,799.93
Total Received Materials Recycled (question 10)	-
Total Tons Landfilled at this Facility	= 16,799.93
Disposed Tons Exempt from Taxation* (if any)	-
Total Tonnage Subject to Disposal Tax	= 16,799.93

NC Solid Waste Disposal Tax

12. If required to file NC E-500K forms with NC Dept. of Revenue, provide the four quarterly tonnages this facility reported for fiscal year 2015-2016.

Quarter	Tons Reported
July 1 - September 30 (Qtr1)	4,696.57
October 1 - December 31 (Qtr2)	3,802.62
January 1 - March 31 (Qtr3)	3,919.65
April 1 - June 30 (Qtr4)	4,381.09
NC E-500K Tax Tonnage Total	16,799.93

13. If you indicated that your facility disposed tons of waste materials that were exempt from taxation in Question 11*, please provide a description of any tax exempt tons disposed and explain any difference existing between Total Tonnage Subject to Disposal Tax and NC E-500K Tax Tonnage Total.

#10: We recycle/reuse, have scrap tire and white good collection; however, we have not included this tonnage because it was never weighed upon receipt and was never included in our quarterly disposal tax payments. The only materials recycled AND weighed are electronics and pallets, and we deduct this tonnage before making the quarterly payment. We have just learned that sludge is not subject to the disposal tax, and we will deduct this tonnage before paying the disposal tax in 2016-2017.

Our tonnage reported for disposal tax is based on reports generated by our scale software, less the electronics and pallets.

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

If yes, indicate the following:

Name: <u>Jeff Clark</u>	Certification type and expiration date: <u>MOLO</u>
Name: <u>Dick Godfrey</u>	Certification type and expiration date: <u>MOLO 5/7/2019</u>
Name: <u>Wanda Payne</u>	Certification type and expiration date: <u>MOLO 5/25/2019</u>
Name: <u>Jerry Clark</u>	Certification type and expiration date: <u>LOS 4/16/19</u>
Name: <u>Jason Rowland</u>	Certification type and expiration date: <u>LOS 3/12/2019</u>

15. 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:

Lee Hill
2090 US Highway 70
Swannanoa, NC 28778
phone: 828.296.4700 email: lee.hill@ncdenr.gov

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

Signature: _____ Date: 7-15-2016

Name: Wanda Payne Title: Recycling Coordinator

Phone Number: (828) 837-4669 Email: wanda.payne@cherokeecounty-nc.gov

Facility Name: CHEROKEE COUNTY SOLID WASTE LANDFILL Permit: 2002

Address: 10160 US 19

City: MARBLE State: North Carolina Zip: 28905

Person completing Assessment: Wanda Payne Date: _____

Phone Number: (818) 837-2621 Fax: (828) 837-4669 Email: wanda.payne@cherokeecounty-nc.gov

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 Structures Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 30
 What are the three closest distances from the *Edge of Waste*? 540 Feet 535 Feet 810 Feet
2. Are there Water Supply Wells Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 16
 What are the three closest distances from the *Edge of Waste*? 776 Feet 860 Feet 950 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 Features Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many? 2
 What are the three closest distances from the *Edge of Waste*? 315 Feet 260 Feet _____ Feet
 Please list the names of the water bodies: VALLEY RIVER & TRIBUTARY OF VALLEY RIVER
5. Is Public Water Available Within 1,500 feet of the Edge of Waste? Yes No
 If Yes, how many of the Residential Structures noted above are connected? 25

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