

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: Municipal Solid Waste Landfill Permit: 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>

- Tipping Fee: \$66.00 \_\_\_\_\_ per Ton (Attach a schedule of tipping fees if appropriate.)
- Does the tip fee above include the \$2.00 Solid Waste Tax?  Yes  No
- Did your facility stop receiving waste during this past Fiscal Year?  Yes  No  
 If so, please report the date this occurred: \_\_\_\_\_
- How is your leachate transported to the waste water treatment plant?  Sewer Connection  Pump Truck  N/A

<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>5/18/16</u>
	6. Airspace Used (cubic yards): <u>1,135,392</u>
	7. Total Tons Disposed in Airspace Used (tons): <u>684,342.13</u>

8. Do you utilize any alternate daily cover at this facility? If so, please describe below.
- |                               |
|-------------------------------|
| 1. Tarping 50 x 50 work space |
| 2. 50/50 mulch                |
|                               |
|                               |

For Internal Use Only:

Received	36,192.19
Recycled	3,960.86
Landfilled	32,231.33
Landfill Rate	0.8906



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	742.88	Concrete/rubble/asphalt	689.52
Plastic	180.9	Computer Equipment	
Carpet	43.27	Televisions	97.41
Cardboard	1,146.59	Fluorescent Light Bulbs	5.8
Glass	432.86	Used oil/oil filters	
Aluminum Cans		Wood	
Steel Cans		Gypsum/Drywall	
Other Metal	445.29	Other (specify): shingles	74.71
Pallets	93.1	Other (specify): clothes	8.53
Commingled Recyclables		Other (specify):	
<b>Total Recycled Material</b>			<b>3,960.86</b>

**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)	36,192.19
Total Received Materials Recycled (question 10)	- 3,960.86
Total Tons Landfilled at this Facility	= 32,231.33
Disposed Tons Exempt from Taxation* (if any)	-
<b>Total Tonnage Subject to Disposal Tax</b>	<b>= 32,231.33</b>

**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)	8,346.96
October 1 - December 31 (Qtr2)	7,701.52
January 1 - March 31 (Qtr3)	7,375.44
April 1 - June 30 (Qtr4)	8,233.93
<b>NC E-500K Tax Tonnage Total</b>	<b>31,657.85</b>

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.

Used oil was 5870 gallons plus 10 drums of oil filters. Skews figure if I report gallons/drums above.  
 Question 12: tons were pulled from the landfill areas to be recycled.

14. 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, 5/25/19</u>
Name: <u>Sammy Hedden</u>	Certification type and expiration date: <u>Landfill Operator, 10/8/17</u>
Name: <u>Donnie Holden</u>	Certification type and expiration date: <u>Transfer Station Op. 10/18/18</u>
Name: <u>Nick Fowler</u>	Certification type and expiration date: <u>Landfill Operator 6/3/17</u>
Name: <u>David Ledbetter</u>	Certification type and expiration date: <u>Transfer Station Op. 4/27/19</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: Jul 28, 2016

Name: June Cassada Title: Business Manager

Phone Number: (828) 349-2215 Email: jcassada@maconnc.org

Facility Name: Municipal Solid Waste Landfill Permit: 5703

Address: 1448 Lakeside Drive

City: Franklin State: North Carolina Zip: 28734

Person completing Assessment: Chris Stahl Date: Jul 28, 2016

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 Structures 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 940 Feet
- 2. Are there Water Supply 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 940 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*? 400 Feet 575 Feet \_\_\_\_\_ Feet  
Please list the names of the water bodies: Little Tennessee, spring
- 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? 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**