C&D State of North Carolina Department of Environment and Natural Resources Division of Waste Management

CONSTRUCTION & DEMOLITION WASTE LANDFILL

Facility Annual Report
For the period of **July 1, 2014-June 30, 201**5

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: Buncombe County C&D Unit	Permit: 1107-CDLF-1998						
Physical Address	Mailing Address						
Street 1: 85 Panther Branch Road	Street 1: 81 Panther Branch Road						
Street 2:	Street 2:						
City: Alexander County: Buncombe	City: Alexander State: North Carolina Zip: 28701						
State: North Carolina Zip: 28701							
Primary Facility Contact Person	Billing Contact Person						
Name: Stephen Hunter	Name: Kristy Smith						
Phone: (828) 250-5460 Fax: (828) 250-5478	Phone: (828) 250-5460 Fax: (828) 250-5478						
Email: stephen.hunter@buncombecounty.org	Email: kristy.smith@buncombecounty.org						
2. Does the tip fee above include the \$2.00 Solid Waste Tax? Yes 3. Did your facility stop receiving waste during this past Fiscal Year? 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 If you checked Recycling/Reuse Collection, please indicate the material Carpet Carpet Concrete/rubble/asphalt tons Cardboard Shingles tons Wood Other (specify)	☐ Yes No White Goods Collection Household Hazardous Waste Collection ials accepted and amount collected: (check all that apply and provide tonnages) ☐ Gypsum/drywall ☐ tons ☐ Other Metal ☐ tons ☐ Electronics ☐ Other Plastic ☐ tons						
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: 4/27/15 6. Airspace Used (cubic yards):905,431						

8. Total waste landfilled at this facility <u>during the period of July 1, 2014, through June 30, 2015</u>. Indicate **tonnage** received by COUNTY of waste origin. If waste was received from a transfer station, indicate the COUNTY LOCATION OF THE TRANSFER STATION. Do not include waste diverted for recycling, reuse, mulching, or composting. Please indicate COUNTY and STATE, if received from another state.

Received From	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Total
Buncombe County	2,299.78	1,773.29	2,149.61	2,079.35	1,172.54	1,907.36	1,408.47	1,071.07	2,081.04	2,577.3	1,942.11	2,372.33	22,834.25

Grand Total 22,834.25

9. If required to file NC E-500K forms with NC Dept. of Revenue, provide the four quarterly tonnages this facility reported for fiscal year 2014-2015.

Quarter	Tons Reported
July 1 - September 30	6,222.68
October 1 - December 31	5,159.25
January 1 - March 31	4,560.58
April 1 - June 30	6,891.74
Total	22,834.25

Name: Certification type and expiration date: 11. Comments, suggestions or notes: Certification type and expiration date:	10. Are there SWANA or other certified If yes, indicate the following:	operator(s) at this facili	ity? × Yes No
Name: Certification type and expiration date: Name: Certification type and expiration date: 11. Comments, suggestions or notes: Certification type and expiration date:	Name: SEE MSW FORM	Certification type a	and expiration date:
Name: Certification type and expiration date: Certification type and expiration date:	Name:	Certification type a	and expiration date:
Name: Certification type and expiration date: Certification type and expiration date:	Name:	Certification type a	and expiration date:
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 country from which waste was received. Please return your completed report to: Deb Aja 2090 US Highway 70 Swannanoa, NC 28778 Swansanoa, NC 28778 Swansanoa, NC 2878 Signature: Kristy Smith Date: Jul 30, 2015 Name: Kristy Smith Title: Bioreactor Manager	Name:	Certification type a	and expiration date:
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	-	Digitally signed by Kristy Smit	D I 100 0015
Phone Number: (828) 250-5473 Email: kristy.smith@buncombecounty.org		U	Title: Bioreactor Manager
	Phone Number: (828) 250-5473	Email: kristy.sn	nith@buncombecounty.org

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NC DENR Division of Waste Management - Solid Waste Section

Risk Assessment Form

Facility Nam	e: Buncombe County C&D Unit				Permit:	1107-CDLF	-1998
Address: 85	Panther Branch Road						
City: Alexander		State: North Carolina		Zip: 2870)1		
Person com	pleting Assessment: Kristy Smith				Date: Jul	13, 2015	
Phone Numb	per: (828) 250-5473 Fax:	(828) 250-5478	Email: kristy.sm	nith@bunco	mbecounty	.org	
Instructions:	Please indicate either Yes or No determine the distance or distan maps) and type that information potable well locations, etc.	ces for each Receptor fro	m the <i>Edge of V</i>	Vaste (using	range find	ers and/or (
Receptors							
1. Are the	re Residential Dwellings Within 1,5	500 feet of the Edge of Wa	aste?	× Yes	☐ No		
	es, how many? 2 at are the three closest distances	from the <i>Edge of Waste</i> ?	759 Fe	et 1028	Feet		Feet
2. Are the	re Potable Wells Within 1,500 feet	of the Edge of Waste?		× Yes			
	es, how many? 2 at are the three closest distances	from the <i>Edge of Waste</i> ?	759 Fe	et 1028	Feet		Feet
3. Are the	e Community/Municipal Wells Wit	thin 1,500 feet of the Edge	e of Waste?	Yes	 X No		
If Y	es, how many?						
Wh	at are the three closest distances	from the Edge of Waste?	Fe	et	Feet ——		Feet —
4. Are the	re Surface Water Bodies Within 1,	500 feet of the Edge of W	aste?	× Yes	☐ No		
	es, how many? 5 at are the three closest distances	from the <i>Edge of Waste</i> ?	300 Fe	et 600	Feet	600	Feet
Ple	ase list the names of the water bo	dies: Tributaries (2) to P	anther Branch; (2) Tribs to	French Broa	ad; French I	Broa₫
5. Is Public	c Water Available Within 1,500 fee	et of the Edge of Waste?		Yes	× No		
If Y	es, how many of the Residential [Owellings noted above are	connected?				
Corrective N	<u>leasures</u>						
6. Is there	an active methane extraction sys	tem (blower, flare, etc.)?		Yes	× No		
7. Is there	a passive methane extraction sys	tem (trench, vents in cap,	flare, etc.)?	Yes	× No		
8. Is there	groundwater remediation taking p	place on site?		Yes	× No		
If Yes,	what is the specific remedial techr	nology used?					
<u>Comments</u>							

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