



According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2011 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 Solid Waste Management Facility Permit: 1107-CDLF-1998 ID: P0825

Facility Website (URL): www.buncombecounty.org

Physical Address	Mailing Address
Street 1: <u>85 Panther Branch Road</u>	Street 1: <u>81 Panther Branch Road</u>
Street 2: _____	Street 2: _____
City: <u>Alexander</u> County: <u>Buncombe</u>	City: <u>Alexander</u>
State: <u>North Carolina</u> Zip: <u>28701</u>	State: <u>North Carolina</u> Zip: <u>28701</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Jerry Mears</u>	Name: <u>Jerry Mears</u>
Phone: <u>(828) 250-5467</u> Fax: <u>(828) 250-5479</u>	Phone: <u>(828) 250-5467</u> Fax: <u>(828) 250-5478</u>
Email: <u>jerry.mears@buncombecounty.org</u>	Email: <u>jerry.mears@buncombecounty.org</u>

1. Tipping Fee: \$43.00 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. 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)

- Paper _____ tons Fluorescent lightbulbs _____ tons Used oil/oil filters _____ tons Steel Cans _____ tons
 Cardboard _____ tons PETE (#1) Plastic _____ tons Aluminum Cans _____ tons Other Metal _____ tons
 Wood _____ tons HDPE (#2) Plastic _____ tons Computer Equipment _____ tons Televisions _____ tons
 Glass _____ tons Concrete/rubble/asphalt _____ tons Gypsum/drywall _____ tons Other Plastic _____ tons
 Other (specify) _____

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.

4. Date Facility Last Surveyed: 04/01/2011
 5. Airspace Used (cubic yards): 771,226
 6. Total Tons Disposed in Airspace Used (tons): 488,786

7. Did your facility stop receiving waste during this past Fiscal Year? Yes No
 If so, please report the date this occurred: _____

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

If yes, indicate the following:

Name: Roger Chastain Certification type and expiration date: MOLO 6/26/12

Name: Dean Payne Certification type and expiration date: Landfill Operations Specialist 4/19/14

Name: Jerry Mears Certification type and expiration date: MOLO 5/25/13

Name: Kristy Smith Certification type and expiration date: MOLO 2/9/14/Bioreactor Landfill Manager 10/22/14

Name: James Danner, James Yount, Charles Certification type and expiration date: 5/16/12;4/19/14;4/19/14;2/13/12;2/13/12;4/19/14;4/27/14

10. 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: Aug 1, 2011

Name: Kristy Smith Title: Bioreactor Manager

Phone Number: (828) 250-5473 Email: kristy.smith@buncombecounty.org

Facility Name: Buncombe County Solid Waste Management Facility Permit: 1107-CDLF-1998

Address: 85 Panther Branch Road

City: Alexander State: North Carolina Zip: 28701

Person completing Assessment: Kristy Smith Date: 7-28-11

Phone Number: (282) 250-5473 Fax: (828) 250-5478 Email: kristy.smith@buncombecounty.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? 2
What are the three closest distances from the *Edge of Waste*? 759 Feet 1028 Feet Feet
- 2. Are there Potable Wells 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*? 759 Feet 1028 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? 5
What are the three closest distances from the *Edge of Waste*? 300 Feet 600 Feet 600 Feet
Please list the names of the water bodies: Tributaries (2) to Panther Branch; (2) Tribs to French Broad; French Broad
- 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