



According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2012 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: Haywood County Solid Waste Management Permit: 4407-CDLF- ID: P1102

Facility Website (URL): www.haywoodnc.net

Physical Address	Mailing Address
Street 1: <u>3898 Fines Creek Rd</u>	Street 1: <u>278 Recycle Rd</u>
Street 2: _____	Street 2: _____
City: <u>Waynesville</u> County: <u>Haywood</u>	City: <u>Clyde</u>
State: <u>North Carolina</u> Zip: <u>28785</u>	State: <u>North Carolina</u> Zip: <u>28721</u>

Primary Facility Contact Person	Billing Contact Person
Name: <u>Stephen King</u>	Name: <u>Stephen King</u>
Phone: <u>(828) 627-8042</u> Fax: <u>(828) 627-8137</u>	Phone: <u>(828) 627-8042</u> Fax: <u>(828) 627-8137</u>
Email: <u>sking@haywoodnc.net</u>	Email: <u>sking@haywoodnc.net</u>

1. Tipping Fee: \$55.00 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 and provide tonnages)
 - 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
 - Shingles _____ 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: closure certified <u>8/31/09</u>
	5. Airspace Used (cubic yards): <u>105,607.46</u>
	6. Total Tons Disposed in Airspace Used (tons): _____

7. Did your facility stop receiving waste during this past Fiscal Year? Yes No
 If so, please report the date this occurred: 6/30/2008

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

If yes, indicate the following:

Name: _____ Certification type and expiration date: _____
Name: _____ Certification type and expiration date: _____

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: Jul 13, 2012

Name: Stephen King Title: Director

Phone Number: (828) 627-8042 Email: sking@haywoodnc.net

Facility Name: Haywood County Solid Waste Management Permit: 4407-CDLF-

Address: 3898 Fines Creek Rd

City: Waynesville State: North Carolina Zip: 28785

Person completing Assessment: Stephen King Date: Jul 13, 2012

Phone Number: (828) 627-8042 Fax: (828) 627-8137 Email: sking@haywoodnc.net

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? 19
What are the three closest distances from the *Edge of Waste*? 627 Feet 720 Feet 800 Feet
- 2. Are there Potable 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*? 627 Feet 720 Feet 800 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? 1
What are the three closest distances from the *Edge of Waste*? 100 Feet _____ Feet _____ Feet
Please list the names of the water bodies: unnamed tributary
- 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