

DEPTER-38310911
Solid Waste Division
Division 1072

Revision 7-1-97

State of North Carolina

Department of Environment, Health, and Natural Resources
Division of Solid Waste Management and Office of Waste Reduction
P.O. Box 27687 Raleigh, North Carolina 27611

SANITARY LANDFILL ANNUAL REPORT

FOR THE PERIOD OF JULY 1, 1990 - JUNE 30, 1991

Solid waste disposal facilities are a vital part of the North Carolina infrastructure to manage solid waste. This report gathers information about solid waste facilities in the state.

Separate surveys have been sent to all counties and cities to gather information about other components of solid waste management programs in North Carolina.

Thank you for your assistance in completing this report. The information gathered as a part of this process should be of value to local governments and the state in assessing waste management programs and needs in planning for the future.

If you have any questions or concerns regarding this report please contact the Solid Waste Section at 919-733-0692 or a waste management specialist. Completed forms should be returned to the waste management specialist for your area. Refer to the attached map for names and addresses. A copy of this report should be sent to the county manager of each county served by this facility.

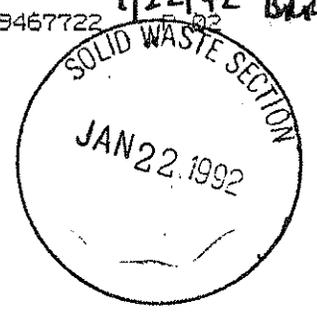
Facility Name BEAUFORT COUNTY LANDFILL Permit Number 09-02 BRN
 Address Rt. 2 Box 414, WASHINGTON, NC
 Location SR 1334 near Whitepost community west of Bath
 Facility Owner BEAUFORT COUNTY
 Facility Operator BEAUFORT COUNTY
 Facility Contact Person RONALD MARTIN - LANDFILL FOREMAN
 Phone Number of Contact Person 919-923-0810 FAX 919-946-7722
 Date Facility Began Receiving Waste 1978 (see D. Page 4 - BRN)
 Date Facility Expected to Close OCT 1, 1993 for municipal solid waste
 County(s) Served by this Facility BEAUFORT / PART OF HYDE
 Tipping Fee \$ 0 /Ton (Please attach a schedule of tip fees if appropriate)

1. Total waste landfilled at this facility during the period of July 1, 1990, thru June 30, 1991. Indicate tonnage received from each county served by this facility.

MONTH	COUNTY <u>BEAUFORT</u>	COUNTY <u>Hyde</u>	COUNTY	TOTAL
July	4050	125		4175
August	4050	125		4175
September	4050	125		4175
October	4050	125		4175
November	4050	125		4175
December	4050	125		4175
January	4050	125		4175
February	4050	125		4175
March	4050	125		4175
April	4050	125		4175
May	4050	125		4175
June	4050	125		4175
TOTAL	48,600	1500		50,100 Total

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DEHNR-3832(10/91)
Solid Waste Section
(Review 10/92)



Partial per file

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Facility Operator BEAUFORT COUNTY

Facility Contact Person RONALD MARTIN - LANDFILL FOREMAN

Phone Number of Contact Person 919-923-0810 FAX 919-946-7722

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Tipping Fee \$ 0-0 /Ton (Please attach a schedule of tip fees if appropriate)

1. Total waste landfilled at this facility during the period of July 1, 1990, thru June 30, 1991. Indicate tonnage received from each county served by this facility.

MONTH	COUNTY <u>Beaufort</u>	COUNTY <u>Hyde</u>	COUNTY	TOTAL
July	3000	100		
August	3000	100		
September	3000	100		
October	3000	100		
November	3000	100		
December	3000	100		
January	3000	100		
February	3000	100		
March	3000	100		
April	3000	100		
May	3000	100		
June	3000	100		
TOTAL	36,000	1200		37,200 Total

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2. Please indicate types of disposal activity occurring at this facility. (Check all that apply)

- Landfilling of residential waste
- Landfilling of commercial waste
- Landfilling of industrial waste
- Landfilling of yard waste
- Landfilling of construction and demolition waste
- Landfilling of demolition waste (limbs, bricks, stumps)
- Landfilling of asbestos
- Landfilling of shredded or split tires
- Landfilling of ash
- Landfilling of other waste (please specify) _____

3. Please indicate other types of activities occurring at this landfill. (Check all that apply)

- Scrap tire collection
- Yard waste composting
- Recyclable material collection
- Used oil collection
- Household hazardous waste collection
- White goods separation
- Lead acid battery collection
- Shredding or grinding (Other than tires) operation
Material (specify) _____
- Other Activity (Please describe) _____

4. Are there SWANA /GRCDA or other certified operator(s) at this facility?

- Yes
- No

If yes, please indicate the following: (attach additional sheet if necessary)

Name: _____

Certification type and expiration date: _____

Name: _____

Certification type and expiration date: _____

5. Have you begun the siting process for your county's next landfill?

- Yes If yes, please describe: REGIONAL EFFORTS WITH BERTIE HEATFORD AND MARTIN
- No

Other Comments

We would appreciate your comments about this report or other matters regarding solid waste management in North Carolina. Thank you for your time.

This report should be sent to the waste management specialist for your area.

Person completing this form: DON DAVENPORT Phone: 919-946-0079

