

Duke Power Company
422 South Church Street
Charlotte, NC 28242-0001

(704)373-4011



DUKE POWER

March 16, 1992



Richard Doby
North Carolina Solid Waste Management Division
Mooresville Regional Office
919 North Main Street
Mooresville, N.C. 28115

SUBJECT: Marshall Steam Station Landfill (18-04)
Sanitary Landfill Annual Report
File: MN - 707.25

Please find attached the completed Sanitary Landfill Annual Report form for the Marshall Steam Station Landfill (18-04) for the past report period (7/1/90 - 6/30/91). Please note that the tonnage data provided on the report is a combination of actual weights and estimated weights.

If you have any questions, please contact me at 704-373-2647.

A handwritten signature in cursive script that reads "L. D. Evans".

L. D. Evans, Scientist
Environmental Protection

LDE/A29214

Attachment

cc: B. E. Davis
M. E. Hollis
J. R. Hendricks
D. L. Burrell
M. A. Ruhe
L. S. Harper
Staff (route)

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 Marshall Steam Station Landfill Permit Number 18-04
 Address Hwy. 150 Terrell, NC 28682
 Location _____
 Facility Owner Duke Power Company
 Facility Operator Monex Resources, Inc./Duke Power Company
 Facility Contact Person Donna Burrell
 Phone Number of Contact Person 704-478-0320 FAX _____
 Date Facility Began Receiving Waste 1984
 Date Facility Expected to Close _____
 County(s) Served by this Facility Duke Power Facilities in N.C. & S.C. (Asbestos)
 Tipping Fee \$ NA /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 Catawba *	COUNTY **	COUNTY	TOTAL
July	32,389	47		
August	33,533	100		
September	28,558	123		
October	21,686	178		
November	13,173	244		
December	12,630	150		
January	18,502	33		
February	20,557	77		
March	13,430	171		
April	16,616	10		
May	24,232	46		
June	24,200	46		
TOTAL				

*On-site wastes
 **Duke Power Facilities in N.C. & S.C. (Asbestos)

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: _____
- 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: Larry D. Evans Phone: 904-373-2647

