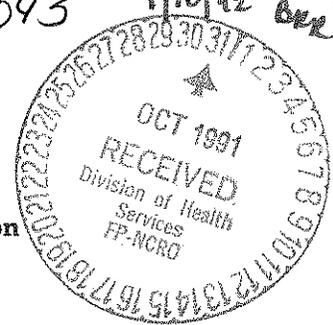


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# State of North Carolina

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 Davidson County Landfill Permit Number 29-02  
 Address PO Box 1067, Lexington, NC 27292  
 Location Lopp Road, Lexington, NC 27292  
 Facility Owner Davidson County  
 Facility Operator Davidson County  
 Facility Contact Person Norman Shronce, County Manager  
 Phone Number of Contact Person 704-242-2201 FAX 704-246-8440  
 Date Facility Began Receiving Waste 1972  
 Date Facility Expected to Close 2 to 3 years ~~1994~~ 1995  
 County(s) Served by this Facility (One) Davidson County  
 Tipping Fee \$ 17.50 /Ton (Please attach a schedule of tip fees if appropriate)

BRN  
 BRN } per N.S. contact  
 BRN

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>Davidson</u> | COUNTY | COUNTY | TOTAL |
|-----------|------------------------|--------|--------|-------|
| July      | 8,361                  |        |        |       |
| August    | 8,176                  |        |        |       |
| September | 9,183                  |        |        |       |
| October   | 11,448                 |        |        |       |
| November  | 9,188                  |        |        |       |
| December  | 9,495                  |        |        |       |
| January   | 8,732                  |        |        |       |
| February  | 9,697                  |        |        |       |
| March     | 8,538                  |        |        |       |
| April     | 12,015                 |        |        |       |
| May       | 11,674                 |        |        |       |
| June      | 10,704                 |        |        |       |
| TOTAL     | 117,211                |        |        |       |

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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: \_\_\_\_\_
- 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: M. Jean Alexander Phone: 704-242-2284