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

12/19/91 BRR OK

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.

P

Facility Name CHAMPION INT'L CORP. Permit Number 42-03
Address N. ROANOKE AVE.
Location ROANOKE RAPIDS, NC 27870 FLYASH PILE
Facility Owner
Facility Operator
Facility Contact Person MYRL NISELY
Phone Number of Contact Person 919-535-6236 FAX 535-6401
Date Facility Began Receiving Waste WOODWASTE 1962 FLYASH 1966
Date Facility Expected to Close 2-3 YEARS
County(s) Served by this Facility NONE
Tipping Fee $ NONE /Ton *(Please attach a schedule of tip fees if appropriate)*

1. Total ~~waste landfilled~~ CUBIC YD 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~~ Halifax	~~COUNTY~~	~~COUNTY~~	TOTAL
July	5380			
August	5720			
September	5173			
October	5866			
November	5275			
December	3901			
January	~~34609~~ ?	23,089		
February	~~9931~~	6,688		
March	~~19446~~	13,017		
April	13516			
May	12018			
June	6018			
TOTAL	~~126,853 cu/yd~~	105,661 cu/yd	31,698.3 Tons Total	

BRR

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38 ~~x 2225 ton~~

(600 lbs. per cu/yd x 126,853 cu/yd ÷ 200
31,698.3 tons

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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 NONE
- ☐ 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: NEW LANDFILL ACROSS RIVER
- ☐ 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: Myrl A. Nasby Phone: 919-535-6236