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

12/16/91 BRR UK

✓ OKS 12/13/91

Private

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

Rec'd 11/18/91 SOLID WASTE SECTION DEC 16 1991

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.

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Facility Name BERKELEY MILLS Permit Number ~~4202~~ 45-02
Address SYMTH RD Henderson County
Location SOUTH OF BALL PARK RD
Facility Owner KIMBERLY CLARK CORP.
Facility Operator J. L. SCHWOERER
Facility Contact Person STAN SUMMERFIELD
Phone Number of Contact Person Bus (704) 697-4028 FAX
Date Facility Began Receiving Waste APPROX. OCT. 1982
Date Facility Expected to Close UNKNOWN
County(s) Served by this Facility NONE
Tipping Fee $ N/A /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 N/A	COUNTY N/A	COUNTY N/A	TOTAL Henderson
July				0
August				
September				
October				
November				
December				
January				
February				
March				
April				
May				
June				
TOTAL	0	0	0	0

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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) NO ACTIVITY

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) NO ACTIVITY

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 N/A

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: STAN SUMMERFIELD Phone: (704) 697-4028