

OK
1/14/92

FAX
TO Tim Morgan
CO Lincoln Co.
FROM Paper
DATE _____
FAX# 704-735-0223
EVERY FAX #1

North Carolina

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

SANITARY LANDFILL ANNUAL REPORT

JAN 14 1992

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 Lincoln County Landfill Permit Number 55-03
 Address Route #1 Crouse
 Location State Road 1169
 Facility Owner Lincoln County
 Facility Operator Lincoln County
 Facility Contact Person John Avery
 Phone Number of Contact Person 704-732-9030 FAX _____
 Date Facility Began Receiving Waste 12-04-87
 Date Facility Expected to Close 12-04-04
 County(s) Served by this Facility Lincoln
 Tipping Fee \$ 10.00 per/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 Lincoln	COUNTY _____	COUNTY _____	TOTAL
July	150 4500			
August	150 4500			
September	150 4500			
October	150 4500			
November	150 4500			
December	150 4500			
January	140 4200			
February	135 4050			
March	135 4050			
April	135 4050			
May	135 4050			
June	135 4050			
TOTAL	1715			

109 ↓

51450

Corrected
JAN. 6/16/93

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2. Please indicate types of material 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 (lumps, 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 AT Convenient Sites (3)
- Used oil collection AT 3 Convenient Sites
- Home-hold 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/CRCDA 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: 27 acres at Providence at the stage to be permitted by the state
- 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:

Phone: 919-693-9761

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 Convenient Sites at Landfill
- Used oil collection Convenient Sites at Landfill
- 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 operators 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?

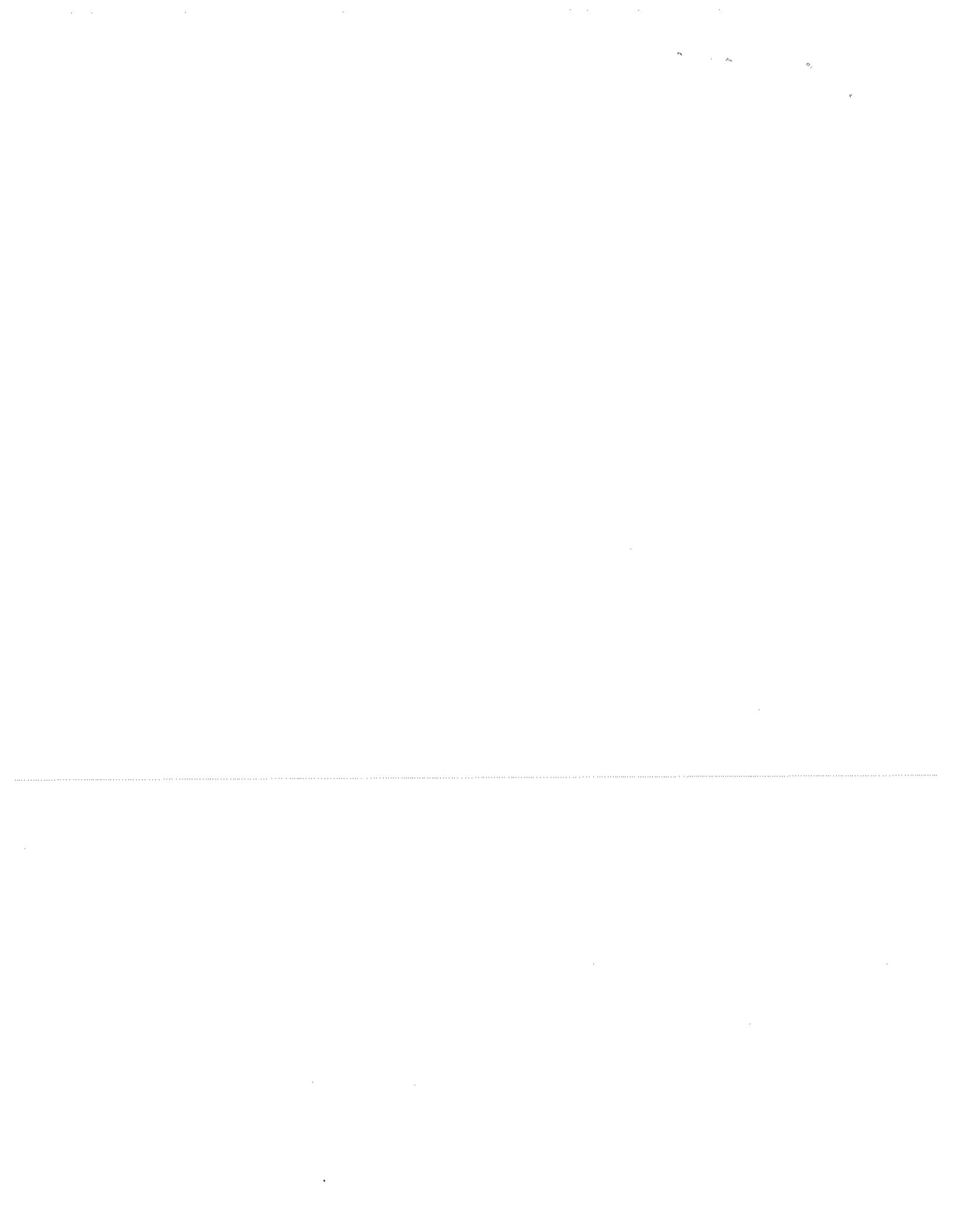
- Yes If yes, please describe: 97 Acres at Providence at the
stage to be permitted by the state.
- No

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: *John K. ...* Phone: 919-693-9761



OK
1/14/92 PRC

FAX
TO: Tim Morgan
CO: Lincoln Co.
FROM: Paul
DATE: _____
PGS: 2
FAX#: 204-735-0213
AVERY FX-10

North Carolina
Department of Environment, Health, and Natural Resources
Waste Management and Office of Waste Reduction
Box 27687 Raleigh, North Carolina 27611

**SANITARY LANDFILL
ANNUAL REPORT**

JAN 14 1992

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

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- Landfilling of asbestos
- Landfilling of shredded or split tires
- Landfilling of ash
- Landfilling of other waste (please specify) _____

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- 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: John Avery
Certification type and expiration date: Manager Landfill Operations 3-16-92 Cert #255
Name: _____
Certification type and expiration date: _____

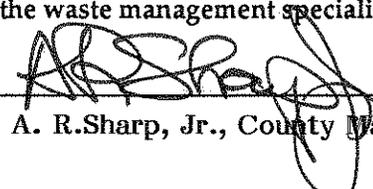
5. Have you begun the siting process for your county's next landfill?

- 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:  Phone: 704-732-9000
A. R. Sharp, Jr., County Manager