7/29/92

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DEHNR-3832(10/91)

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, 1991 -JUNE 30, 1992

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 will be 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 will be of value to local governments and the state in assessing waste management programs and future solid waste planning.

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 must be sent to the county manager of each county served by this facility.

Facility Name WEYERHAEUSER COMPANY Permit Number 25-02
Address P. O. BOX 1391, NEW BERN, NC 28560
Location 1785 WEYERHAEUSER ROAD, VANCEBORO, NC 28586
Facility Owner WEYERHAEUSER PAPER COMPANY
Facility Operator GEORGE D. HENSON VICE PRESIDENT/MILL MANAGER
Facility Contact Person DAVID F. GARDNER ENVIRONMENTAL MANAGER
Phone Number of Contact Person (919) 633-7427 FAX (919) 633-7552
Date Facility Began Receiving Waste DECEMBER 1979
Date Facility Expected to Close UNKNOWN
County(s) Served by this Facility WEYERHAEUSER PAPER COMPANY -ONLY (Craven Co.) New Bern
Tipping Fee $ N/A /Ton N/A *(Please attach a schedule of tip fees if appropriate.)*

1. Total waste landfilled at this facility during the period of July 1, 1991, thru June 30, 1992. Indicate tonnage received from each county served by this facility.

MONTH	~~COUNTY~~	~~COUNTY~~	~~COUNTY~~	TOTAL Craven Co.
July				760
August				853
September				1,204
October				627
November				559
December				552
January				525
February				505
March				470
April				275
May				255
June				48
TOTAL				6,633 Total Tons

NOTE: ALL TONNAGES ARE AN ESTIMATE
(Based on 300 lbs./cu. yd. conversion - BKA)

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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) WASTE WOOD FIBER

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 N/A
- ☐ 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: On Site Completed August 1991
- ☐ 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. (Attach additional sheets if needed.)

This report must be sent to the waste management specialist for your area.

Person completing this form: David F. Gardner Phone: (919) 633-7427

Signature:_____ Date:_____