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BRR

# 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 Fort Bragg Sanitary Landfill Permit Number 26-02  
 Address Fort Bragg, NC  
 Location Fort Bragg, NC 28307-5000  
 Facility Owner U.S. Army  
 Facility Operator Directorate of Engineering and Housing, 18th Abn Corps & Ft Bragg  
 Facility Contact Person Stephen J. Mackmull  
 Phone Number of Contact Person 919-396-3372 FAX 919-396-2047  
 Date Facility Began Receiving Waste 1981  
 Date Facility Expected to Close undetermined  
 County(s) Served by this Facility U.S. Army Reservation - Fort Bragg, NC  
 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 |
|-----------|--------|--------|--------|-------|
| July      | 3,333  |        |        |       |
| August    | 3,323  |        |        |       |
| September | 3,333  |        |        |       |
| October   | '      |        |        |       |
| November  | '      |        |        |       |
| December  | '      |        |        |       |
| January   | '      |        |        |       |
| February  | '      |        |        |       |
| March     | '      |        |        |       |
| April     | '      |        |        |       |
| May       | '      |        |        |       |
| June      | '      |        |        |       |
| TOTAL     | 40,000 |        |        |       |

*39,996 Tons estimated BRR*  
*051 MRP*

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 (stock piled - not placed in landfill working area)
- 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. (Attach additional sheets if needed.)

Scales are expected to be operational by Jan 93.

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

Person completing this form: Mr. J.W. Squire Phone: 919-396-3372

Signature: J.W. Squire Date: 17 Nov 92