DEHNR-3832(10/91)

BKR

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

SOLID WASTE SECTION SEP 2, 1992

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 Champion Int'l Corp. Permit Number 42-03
Address N. Roanoke Ave Roanoke Rapids, NC 27870
Location Halifax Cnty
Facility Owner Champion
Facility Operator Thomas C. Puryear
Facility Contact Person Myrl A. Nisely
Phone Number of Contact Person 919-535-6236 FAX 919-535-6465
Date Facility Began Receiving Waste 1967
Date Facility Expected to Close about 1996, depending on flyash sales.
County(s) Served by this Facility ~~none~~ Halifax Co. BKR
Tipping Fee $ — /Ton — *(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 Halifax	COUNTY	COUNTY	TOTAL
July	1479.0			
August	1479.0	estimated per Myrl Nisely - BKR		
September	1479.0			
October	1444.2	Began weighing mid-Oct.		
November	1403.5			
December	1570.1			
January	~~2282.9~~	2364.6 correction per M.N. - BKR		
February	1984.9			
March	2403.8			
April	633.3			
May	1546.3			
June	1442.8			
TOTAL	~~14,711.1~~			Net Deposited = ~~13,319.7~~

Flyash Sold, Tons
Sept 231
Oct 230
Nov 229.6
Dec 307.7
Jan 117
Feb 231.7
Mar 44.4
1391.4

~~19,230.5 tons total~~ — BKR 9/2/92
083

Data Entry use → 17,839.10 T

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) Wood waste - pallets, lumber, bark, sawdust

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) Sale of flyash for use in potting soil. See extra column on 1st page

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~~ company's next landfill?

- ☒ Yes If yes, please describe: See Nondischarge Permit WQ 0000436
- ☐ 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: Myrl A Nisely Phone: 535-6236

Signature: Myrl A Nisely Date: 8/13/92