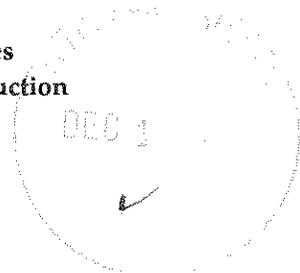




State of North Carolina

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 MARTIN CO. LANDFILL Permit Number 59-01
 Address MCCASKEY ROAD S.R. 1420 - WILLIAMSTON N.C.
 Location S.R. 1441. OFF MCCASKEY
 Facility Owner MARTIN CO.
 Facility Operator RUSSELL E. KEBEL
 Facility Contact Person RUSSELL E. KEBEL
 Phone Number of Contact Person 792-1240 FAX (919) 792-7477
 Date Facility Began Receiving Waste 1972
 Date Facility Expected to Close POSSIBLY 1993 OR 1994
 County(s) Served by this Facility MARTIN (1)
 Tipping Fee \$ 0 /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 - <u>Martin</u>	COUNTY	COUNTY	TOTAL
July	<u>2,507 *</u>			
August	<u>2,507 *</u>			
September	<u>2,507 *</u>			
October	<u>2,267</u>			
November	<u>2,308</u>			
December	<u>2,062</u>			
January	<u>2,167</u>			
February	<u>2,702</u>			
March	<u>2,875</u>			
April	<u>3,797</u>			
May	<u>3,311</u>			
June	<u>2,076</u>			
TOTAL	<u>30,086 Tons</u>			

117

* Estimated

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 - SEE ATTACHED SHEET PERTAINING TO RECYCLES.
- 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: REGIONAL LANDFILL IN PROCESS
- 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: RUSSELL KEEL Phone: 792-1240

Signature: Russell E. Keel Date: 10-24-92