

a/g/az
Ben

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 Shearon Harris Landfill Permit Number 92-10
 Address P.O. Box 165 SR 1134
 Location New Hill, NC
 Facility Owner Carolina Power & Light
 Facility Operator Carolina Power & Light
 Facility Contact Person Larry Garner
 Phone Number of Contact Person 362-2255 FAX 362-2400
 Date Facility Began Receiving Waste 9/86
 Date Facility Expected to Close January 2011
 County(s) Served by this Facility Wake
 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	WAKE			13
August				14
September				17
October				17
November				16
December				15
January				12
February				10
March				11
April				30
May				12
June				9
TOTAL				176 tons

183

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
- 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.)

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

Person completing this form: Ricky Miller Phone: (919)-546-7185

Signature:  Date: 7/30/92