

**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

P0084 Received  
 8/17/92  
 Postmarked 8/16/92  
 J. Crim  
 AUG 20 1992  
 P. Atkinson

**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 Western Carolina University Landfill Permit Number 50-1 50-01 RSH  
 Address Western Carolina University Physical Plant  
 Location Cullowhee, North Carolina 28723  
 Facility Owner Western Carolina University  
 Facility Operator Western Carolina University  
 Facility Contact Person Roger Turk  
 Phone Number of Contact Person 704 227-7224 FAX 704 227-7198  
 Date Facility Began Receiving Waste Unknown *Letter of approval 5/14/84*  
 Date Facility Expected to Close October 25, 1995  
 County(s) Served by this Facility Jackson (Private-WCU Only)  
 Tipping Fee \$ N/A /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	COUNTY	COUNTY	TONS	TOTAL lbs.	
July	Jackson			20.51 Tons	41,010	* 165 = .5 (x̄)
August	Jackson			27.07 Tons	54,130	* = .66 (x̄)
September	Jackson			41.01 Tons	82,020	* = (x̄)
October	Jackson			47.60 Tons	95,200	
November	Jackson			43.88 Tons	87,760	
December	Jackson			36.75 Tons	73,500	
January	Jackson			31.48 Tons	62,950	
February	Jackson			44.50	88,990	
March	Jackson			36.77	73,530	
April	Jackson			47.02	94,040	
May	Jackson			40.12	80,235	
June	Jackson			13.74	27,470	
TOTAL					860,835	lbs

\* Estimated WT (scales were returned to vendor for repair)  
 x̄ = 82025

430.42 TONS

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 (small quantities generated during facility maintenance/repair tasks)
- Landfilling of demolition waste (limbs, bricks, stumps)
- Landfilling of asbestos (small quantities generated during facility maintenance/repair task)
- 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: J. Andrew DeGrove Phone: 704 227-7224

Signature:  Date: 8-5-92