

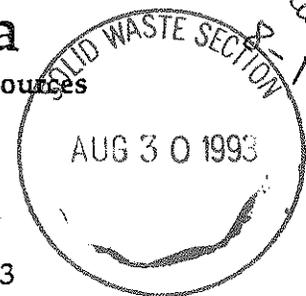
State of North Carolina

Department of Environment, Health, and Natural Resources

Division of Solid Waste Management

SANITARY LANDFILL ANNUAL REPORT

FOR THE PERIOD OF JULY 1, 1992-JUNE 30, 1993



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 have been 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 should 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 must 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. Corp. Landfill No. 5 Permit Number 44-01
 Address SR 1613
 Location Canton, NC 28716
 Facility Owner Champion Int. Corp.
 Facility Operator Champion Int. Corp.
 Facility Contact Person George W. Pickard
 Phone Number of Contact Person (704) 646-2653 FAX (704) 646-2920
 Date Facility Began Receiving Waste Dec. 1979
 Date Facility Expected to Close 8/93
 County(s) Served by this Facility Haywood (Champion Waste Only)
 Tipping Fee \$ NA /Ton (please attach a schedule of tip fees if appropriate)

1. Total waste landfilled at this facility during the period of July 1, 1992, thru June 30, 1993.

Indicate tonnage received from each county served by this facility.

| MONTH 1992/1993 | COUNTY | COUNTY | COUNTY | TOTAL TONS |
|--------------------|---------|--------|--------|------------|
| July - 1992 | Haywood | | | 0 |
| August | 0 | | | 0 |
| September | 0 | | | 0 |
| October | 0 | | | 0 |
| November | 0 | | | 0 |
| December | 0 | | | 0 |
| January - 1993 | 0 | | | 0 |
| February | 0 | | | 0 |
| March | 0 | | | 0 |
| April | 0 | | | 0 |
| May | 0 | | | 0 |
| June | 0 | | | 0 |
| TOTAL TONS | 0 | | | 0 |

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) Site undergoing closure - not accepting waste

4. Are there SWANA/GRCDA or other certified operator(s) at this facility?

- Yes
- No

If yes, please indicate the following: (attach additional sheets 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 cooperation. (Attach additional sheets if needed.)

This completed report must be mailed to the Waste Management Specialist for your area.

Person completing this form: James A. Gougeon Phone: 704-646-2028
(please print)

Signature: [Handwritten Signature] Date: 8/19/93



July 26, 1993

Mr. James Patterson
North Carolina Department of Environment
Health and Natural Resources
Asheville Regional Office
59 Woodfin Place
Asheville, NC 28801

Dear Jim:

Per your request and in compliance with G.S. 130A-309.09D, attached is the completed Sanitary Landfill Annual Report for the period of July 1, 1992 through June 30, 1993. Total tons of waste landfilled is provided by month.

Should you have questions or desire further information, please call me at (704) 646-2028.

Sincerely,

Jim Giaouque
Process Engineer

JAG/jab

Attachment

Mr. James Patterson
July 26, 1993
Page 2



xc: Mr. Jim Coffey
North Carolina Department of Environment,
Health and Natural Resources
Solid Waste Section
PO Box 27687
Raleigh, NC 27611-7687

Ms. Sherri Hoyt
North Carolina Department of Environment,
Health and Natural Resources
Solid Waste Section
PO Box 27687
Raleigh, NC 27611-7687

Mr. Bobby Lutfy
North Carolina Department of Environment,
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