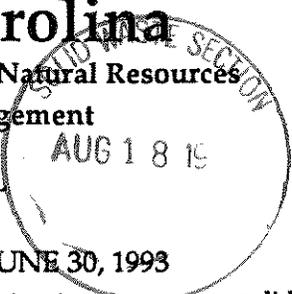


State of North Carolina

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



OK 38
Received
7/22/93

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 BERKELEY MILLS Permit Number 42-02
 Address 32 SMYTH RD HENDERSONVILLE, N.C. 28792
 Location SOUTH OF MILL - BALFOUR, NC
 Facility Owner KIMBERLY-CLARK CORPORATION
 Facility Operator RONA L. WELLS
 Facility Contact Person STAN SUMMERFIELD
 Phone Number of Contact Person 704 697-4028 FAX 697-4150
 Date Facility Began Receiving Waste OCT, 1982
 Date Facility Expected to Close CLOSED, AWAITING STATE LETTER
 County(s) Served by this Facility NONE
 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, 1992, thru June 30, 1993.

Indicate tonnage received from each county served by this facility.

MONTH	COUNTY <u>N/A</u>	COUNTY <u>N/A</u>	COUNTY <u>N/A</u>	TOTAL TONS
July				
August				
September				
October				
November				
December				
January				
February				
March				
April				
May				
June				
TOTAL TONS	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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) No Activity

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) FINAL COVER COMPLETE, GRASS GROWING

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 N/A

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: KEAN SUMMERFIELD Phone: 704 697-4028
(please print)

Signature: *Kean Summerfield* Date: 7-16-93