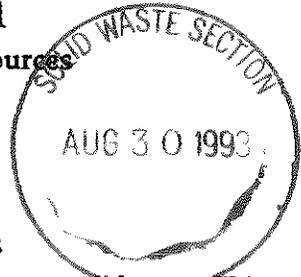


Received 5P OK
8-26-93

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 Madison Co. Solid Waste Dept. Permit Number 58-03
 Address 101 Brigman Farm Road, Marshall, NC 28753
 Location Sweet Water Road
 Facility Owner Madison County
 Facility Operator Jim Brown
 Facility Contact Person Jim Brown
 Phone Number of Contact Person (704) 649-2311 FAX 704-649-2311
 Date Facility Began Receiving Waste Facility is not yet receiving waste
 Date Facility Expected to Close 2032
 County(s) Served by this Facility Madison
 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	COUNTY	COUNTY	TOTAL TONS
July	0			0
August	0			0
September	0			0
October	0			0
November	0			0
December	0			0
January	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) _____

Facility not yet receiving waste

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

Facility not yet receiving waste

Material (specify) _____

Other activity (please describe) _____

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

- Yes
- No

If yes, please indicate the following: (attach additional sheets if necessary)

Name: Jim Brown

Certification type and expiration date: Mgr. of Landfill Operations June 1, 1994

Name: _____

Certification type and expiration date: _____

5. Have you begun the siting process for your county's next landfill?

- Yes. If yes, please describe: This will be the county's next site
- 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: JIM BROWN (please print) Phone: 704-649-2311

Signature: Jim Brown Date: 8-26-93