

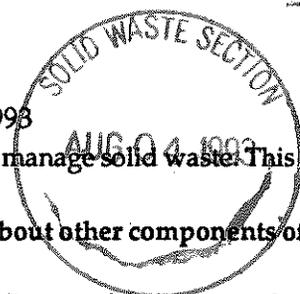
State of North Carolina

Department of Environment, Health, and Natural Resources
Division of Solid Waste Management

JUL 28 1993

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 ABT co INC. Permit Number 97-03
 Address PO Box 98 ROARING RIVER NC 28669
 Location HIGHWAY 268 ROARING RIVER NC 28669
 Facility Owner ABT co INC
 Facility Operator Erich Burke
 Facility Contact Person Erich Burke
 Phone Number of Contact Person (919) 696-2751 FAX (919) 696-3410
 Date Facility Began Receiving Waste ~ 1970
 Date Facility Expected to Close 1998
 County(s) Served by this Facility None - On Site Generated Wood Ash 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	COUNTY	COUNTY	COUNTY	TOTAL TONS
July	WILKES	N.A.		
August	333			
September	319			
October	333			
November	244			
December	538			
January	269			
February	416			
March	339			
April	447			
May	349			
June	355			
TOTAL TONS	346			4288

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 (WOOD 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 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: Erich Burke Phone: (919) 696-2751
(please print)

Signature: E. Burke Date: 7.21.93

Reviewed 7-30-93 RSR