

**SOLID WASTE MANAGEMENT FACILITY
 FIRE OCCURRENCE NOTIFICATION
 NC DENR Division of Waste Management
 Solid Waste Section**



Notify the Section verbally within 24 hours and submit written notification within 15 days of the occurrence.
(If additional space is needed, use back of this form.)

NAME OF FACILITY: Ingleside Compost Facility PERMIT # 41-10

DATE AND TIME OF FIRE: 3-16-16 @ 3:10pm

HOW WAS THE FIRE REPORTED AND BY WHOM:

Alvin Privette (ICF equipment operator) called and reported it on the radio.

LIST ACTIONS TAKEN:

We called 911 and used fire extinguishers to keep it under control until the fire department arrived.

WHAT WAS THE CAUSE OF THE FIRE:

I believe it was caused from heat off a piece of equipment parked on the leaf pile.

DESCRIBE AREA, TYPE, AND AMOUNT OF WASTE INVOLVED:

The material was old leaves and it was a very small area around 3ft X 3ft.

WHAT COULD HAVE BEEN DONE TO PREVENT THIS FIRE:

Being sure that any time a machine is not moving that it is shut off and parked on a paved or dirt surface.

DESCRIBE PLAN OF ACTIONS TO PREVENT FUTURE INCIDENTS:

Having a tail gate meeting instructing all operators to not leave a machine idling when not in motion and to park on a paved or dirt surface when not in use.

NAME: Michael W Spencer TITLE: Solid Waste Disposal Superintendent DATE: 3-17-16

THIS SECTION TO BE COMPLETED BY SOLID WASTE SECTION REGIONAL STAFF

DATE RECEIVED _____

List any factors not listed that might have contributed to the fire or that might prevent occurrence of future fires:

FOLLOW-UP REQUIRED:

NO PHONE CALL SUBMITTAL MEETING RETURN VISIT BY: _____ (DATE)

ACTIONS TAKEN OR REQUIRED:

SWS discussed with Mr. Spencer via telephone on 03/16/16.