



RCRIS

I

EPA ID #: NCR000001602

FACILITY NAME: City of Statesville Third Creek WWTP

CITY: Statesville, NC

8

EVALUATION DATA:

NEW: X CHANGE: DELETE:

006

PERSON: 025

BRANCH: 01

AGENCY: STATE

REASON:

SUPERVISOR NOV TRACKING INFO

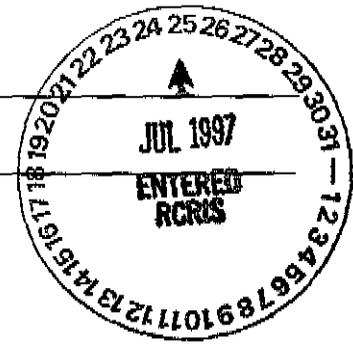
TYPE: CEI

INITIAL INSPECTION DATE: May 6, 1997

DOCKET: N/A

REINSP DATE: N/A

COMMENTS: Facility Determined to be in Compliance W/AOC 94-191



GENERATORS:

GBF: GER: GGR: GLB: GMR: GOR: GPT: GRR: GSC: GSQ:

TRANSPORTERS:

TGR: TMR: TOR: TRR: TWD:

TSD's

DBF: DCH: DCL:X DCP:X DFR:X DGS:X DGW:X DIN: DLB: DLF:X  
DLT: DMC: DMR: DOR: DOT: DPB: DPP:X DSI: DTR: DTT: DWP:

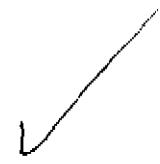
USED OIL:

TUO: TFO: BUO: MUO: PUO: RUO:

VIOLATION DATA: New: Change: Delete:

1. Agency: State Type: Date Determined:  
Class: Priority: Seq#  
Returned to Compliance: A  
Actual Date:  
Req. Description:  
Comment:

2. Agency: State Type: Date Determined:  
Class: Priority: Seq.#  
Returned to Compliance:  
Actual Date:  
Reg. Description:  
Comment:



## RCRA INSPECTION REPORT

### General Information

**Facility Name:** City of Statesville Third Creek WWTP

**Location:** Third Creek Road

**Mailing Address:** Post Office Box 1111, Statesville, NC 28687

**EPA ID.#:** NCR000001602

**Phone #:** 704/878-3438

**Contact/Title:** Ms. Renee Parkman, Asst. Director

**Inspection Date:** May 6, 1997

**Last Inspection:** Sept. 18, 1996

**Status:** Disposal Facility-AOC 94-191

**Type of Inspection:** CEI

**Waste Management Specialist(s):** Jesse W. Wells (025)

**Present at Inspection:** Renee Parkman

**Type of Business:** This facility is undergoing closure/post closure of eight monofil trenches. The trenches were determined to contain D006 cadmium enriched WWTP sludge. The sludge was generated from the clean out of two aeration basin at the Third Creek WWTP. During the inspection, closure activities were being conducted. The enriched sludge had been excavated and treated with cement for stabilization. At the time of the inspection treated sludge was being placed back into the former trench areas.

**Waste Generated:** D006-Wastewater Sludge (No hazardous waste is presently being generated at the facility).

**Manifest:** N/A

**Approved Transporters ?** N/A

**Approved TSDF's?** N/A

**Signed Copies?** N/A

**Filled Out Correctly?** N/A

**LDR Notification Attached?** Yes

**Waste Minimization:** N/A

**Written Program:**

**How:**

### Hazardous Waste Inspection Records

**Inspection on Storage Area:** N/A

**Inspection on H.W. Tank(s):** N/A

**Inspection on Ancillary Equipment:** N/A

**Inspection on Disposal Area:** Yes/ Facility generally inspects disposal area on a weekly basis. No set time was established in the AOC. Since 2/97 closure activities have been occurring in the disposal area.

### Contingency Plan

**On Site:** Yes

**Any Changes to Facility/Processes or Emergency Coordinators Since Last Review:** No

**Contingency Plan Used:** No

**(If Yes, Was It Adequate):**

Page Two

Facility Name: City of Statesville Third Creek WWTP

EPA ID. #: NCR000001602

Inspection Date: May 6, 1997

Agreements with Emergency Responders: Yes

Employee Interview

Name(s):

Trained:

Annual Report

Submitted: Yes

Copy at Facility: Yes

Emergency Preparedness

Facility Maintained and Operated to Prevent Releases: Yes

Internal Communications or Alarm Present: Yes

Device in Area of Operation to Summon Outside Help: Yes

Portable Fire Extinguishers and/or Fire Control Equipment: Yes

Spill Control Equipment: Yes

Adequate Water Volume, Foam, Equipment, or Auto Sprinkler: N/A

All Equipment/Alarms Tested and Maintained: N/A

All Personnel Handling H.W. have Access to Alarm Device: Yes

Aisle Space in Area of Facility Operations: N/A

Satellite Accumulation Area(s) Number: None

Location(s): N/A

Containers:

Closed? N/A    Labeled? N/A    <55 gallons? N/A    Stored <3 days if full? N/A

Storage Area(s) Number: None N/A

Description: N/A

Containers: Closed? N/A    Aisle Space? N/A    Labeled? N/A    Releases? N/A

Dated? N/A

<90 Days? N/A    Good Condition? N/A

Other H.W. Units (Applicable Regulations)

Description of Unit: Eight Monofil Trenches Subject to RCRA Closure/Post Closure. Four GW Monitor Wells as part of RCRA Closure [MW 5,6,7,8]. Facility subject to Quarterly Sampling.

External Facility Condition: Good Condition.

Page Three

Facility Name: City of Statesville Third Creek WWTP

EPA LD. #: NCR000001602

Inspection Date: May 6, 1997

Site Deficiencies: Facility determined to be in compliance w/ AOC 94-191

J.M. Wells 5/9/97  
RCRA Inspector (Date)

Mailed to Facility  
Facility Contact (Date)

Follow Up Inspection: N/A

GROUND WATER INSPECTION FORM - PART 265

Name of Site: City of Statesville Third Creek WWTP  
EPA I.D.: NCR 000001602

County: Iredell

Inspection Date: May 6, 1997

Signature of Inspector(s): *James W. Wilkins*

Signature of Facility Contact: \_\_\_\_\_

In each blank place a "C" for in compliance, or an "X" for not in compliance, or a "N/A" if not required. All blanks should be completed.

SUBPART F - GROUND WATER MONITORING

1. Install, operate, and maintain ground water monitoring system in compliance with 265.90(b) reference 265.91 or 265.90(d)

C minimum of 4 wells installed; one of the wells must be installed upgradient and the other wells must be located downgradient of the waste management area; the downgradient wells must be as close as technically feasible to the limits of the waste management area.

2. Ground Water Sampling and Analysis Plan

C developed and maintained in accordance with 265.92(a)

3. Ground Water Assessment Plan [(265.93(d)(2))]

C developed and submitted to the State Program Administrator, if required.

4. Quarterly/Semi Annual Ground Water Sampling [265.93(d)(7)]

C quarterly and/or semi-annual ground water samples collected and analyzed as specified.

5. Record Keeping and Reporting [265.94(b)]

C maintain records of ground water sample analyses at the facility.

C submit annual report containing the results of the Groundwater Assessment Program by March 1, 19\_\_.

RCRA monitor wells are designated as MW 5,6,7,8. Facility subject to quarterly analysis. Facility determined to be in Compliance.



Submitted by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
Entered by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

EPA ID: WCA000000011802

Facility Name: City of Hatesville City: third creek

EVALUATION DATE: New:  Change: \_\_\_\_\_ Delete: \_\_\_\_\_ ( \_\_\_\_\_ : Required)

Agency: 15 Mo. 019 Day 27 Year 1916 Type FR/A Control Number \_\_\_\_\_  
Date: \_\_\_\_\_ Data Entry Personnel \_\_\_\_\_

Person: 10518 Reason:    

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applic. D: Del.)

Generators

GER	
GGR	
GLB	
GSO	
GMR	
GOR	
GPT	
GRR	
GSC	

Transporters

TGR	
TMR	
TOR	
TRR	
TWD	

TSD's

DCH		DLB		DPB	
DCL		DLF		DPF	
DCP		DLT		DSI	
DFR		DMC		DTR	
DGS		DMR		DTT	
DGW		DOR		DWP	
DIN		DOT			

Compliance Schedule (TSD, Gen., Trans.)  
FEA     CAS    

Evaluation Comments:  
(72) 1: Renewed financial test;  
2: In Compliance

VIOLATION DATA: New: \_\_\_\_\_ Change: \_\_\_\_\_ Delete: \_\_\_\_\_

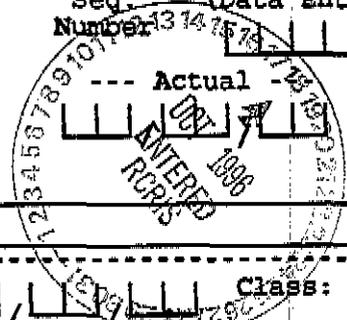
# \_\_\_\_\_ Agency:     Type:     Date (mdy)    /   /    Class:      
Determined:    /   /   

Priority:     Branch:     Person:     Seq. (Data Entry) Number    /   /   

Return to Compliance:    /   /    -- Scheduled -- --- Actual ---  
   /   /       /   /   

Reg. Type:     Reg. Description (30): \_\_\_\_\_

Comment (72): \_\_\_\_\_



# \_\_\_\_\_ Agency:     Type:     Date (mdy)    /   /    Class:      
Determined:    /   /   

Priority:     Branch:     Person:     Seq. (Data Entry) Number    /   /   

Return to Compliance:    /   /    -- Scheduled -- --- Actual ---  
   /   /       /   /   

Reg. Type:     Reg. Description (30): \_\_\_\_\_

Comment (72): \_\_\_\_\_

# \_\_\_\_\_ Agency:     Type:     Date (mdy)    /   /    Class:      
Determined:    /   /   

Priority:     Branch:     Person:     Seq. (Data Entry) Number    /   /   

Return to Compliance:    /   /    -- Scheduled -- --- Actual ---  
   /   /       /   /   

Reg. Type:     Reg. Description (30): \_\_\_\_\_

Comment (72): \_\_\_\_\_

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~~SOG~~

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SOG

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6

RCRIS

EPA ID#: NCR 000001602  
Facility name: City of Statesville Third Creek WWTP City:  
Statesville, N.C.

SQLG

Evaluation data:  
New:  Change: Delete:

Person: 025 Branch: 01  
Agency: s Reason:

Supervisor NOV Tracking Info

Type: CEI  
Initial Inspection Date: 18 Sep 1996  
Docket Number:  
Reinsptdate:  
COMMENTS: No violations noted at the time of the inspection.

GENERATORS

GER: GRR: GLB: GMR: GOR: GPT: GSQ:

TRANSPORTERS

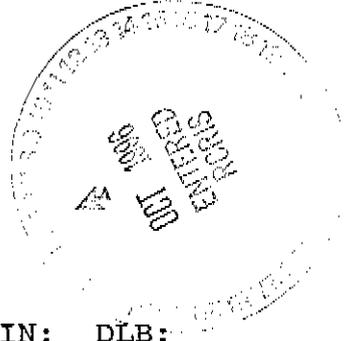
TGR: TMR: TOR: TRR: TWD:

USED OIL

TUO: TFO: BUO: MUO: PUO:  
RUO:

TSD'S

DBF: DCH: DCL:  DCP:  DFR:  DGS:  DGW:  DIN: DLB:  
DLF:  DLT: DMC: DMR: DOR: DOT: DPB:  
DPP:  DSI: DTR: DTT: DWP:



VIOLATION DATA: New:  Change: Delete:

- Agency: s Type: date determined: 18 Sep 1996  
class: Priority: \_\_\_\_\_ Seq.# \_\_\_\_\_  
Return to compliance:  
Actual date:  
Reg Description:  
Comment:
- Agency: s Type: date determined: 18 Sep 1996  
class: Priority: \_\_\_\_\_ Seq.# \_\_\_\_\_  
Return to compliance:  
Actual date:  
Reg Description:  
Comment:

RCRA INSPECTION REPORT

1. FACILITY INFORMATION           City of Statesville Third Creek WWTP  
Third Creek Rd  
Statesville, N.C.           28677  
NCR 000001602   TSD
  
2. FACILITY CONTACT           Ms. Renee Parkman  
704/878-3438
  
3. SURVEY PARTICIPANTS       Renee Parkman, Daryl Himes (Federal  
EPA), Jesse Wells
  
4. DATE OF INSPECTION       18 Sep 1996
  
5. PURPOSE OF INSPECTION     To determine compliance with 40 CFR 265  
& AOC 94-191.
  
6. FACILITY DESCRIPTION  
  
This facility is undergoing closure/post closure of eight monofil  
trenches. The trenches were determined to contained D006 cadmium  
enriched WWTP sludge. The sludge was generated from the clean out of  
two aeration basin at the Third Creek WWTP.
  
7. TYPE WASTE  
  
D006-Wastewater Sludge
  
8. AREAS OF INSPECTION  
    (Yes = compliance, no = violation, na = not applicable)  
    - Emergency Preparedness: yes  
    - Inspection Records: yes  
    - Contingency Plan: yes  
    - Training Records: yes  
    - Manifests/LDR: n/a  
  
    - 90/180 day storage areas: n/a  
    - Satellite Accumulation Area: NA  
    - External facility condition: n/a  
    - Other HW units: NA  
    - Recommendations: None
  
9. Waste Minimization

10. SITE DEFICIENCIES:

In Compliance

- 1) :
- 2) :
- 3) :
- 4) :
- 5) :
- 6) :
- 7) :
- 8) :

J. L. Wells  
INSPECTOR

9/20/96  
DATE

\_\_\_\_\_  
FACILITY CONTACT

Division of Waste Management  
September 19, 1996

Memorandum To: File

From: Jesse W. Wells *JWW*  
Subject: City of Statesville  
Third Creek WWTP  
NCR 000001602  
Iredell County, N.C.

Per Ms. Phyllystine Spinks, the City of Statesville is using a financial test for closure and post-closure activities. The closure estimate is \$372,456.00 and post-closure estimate is \$652,215.00. The test expires September 30, 1996.

GROUND WATER INSPECTION FORM - PART 265

Name of Site: City of Statesville Third Creek WMP

EPA I.D.: NCP 000 001 602

County: Iredell

Inspection Date: September 18, 1996

Signature of Inspector(s): Jesse W. Wells

Signature of Facility Contact: Jesse Parkman

In each blank place a "C" for in compliance, or an "X" for not in compliance, or a "N/A" if not required. All blanks should be completed.

**SUBPART F - GROUND WATER MONITORING**

1. Install, operate, and maintain ground water monitoring system in compliance with 265.90(b) reference 265.91 or 265.90(d)

C minimum of 4 wells installed; one of the wells must be installed upgradient and the other wells must be located downgradient of the waste management area; the downgradient wells must be as close as technically feasible to the limits of the waste management area.

2. Ground Water Sampling and Analysis Plan

C developed and maintained in accordance with 265.92(a)

3. Ground Water Assessment Plan [(265.93(d)(2))]

C developed and submitted to the State Program Administrator, if required.

4. Quarterly/Semi Annual Ground Water Sampling [265.93(d)(7)]

C quarterly and/or semi-annual ground water samples collected and analyzed as specified.

5. Record Keeping and Reporting [265.94(b)]

C maintain records of ground water sample analyses at the facility.

C submit annual report containing the results of the Groundwater Assessment Program by March 1, 19\_\_.

# RCRA INSPECTION REPORT

X = VIOLATION NOTED NA = NOT APPLICABLE

Facility Name: City of Statesville Third Creek WWTTP  
Location: Third Creek Rd., S. of U.S. Hwy 70, East of Statesville  
Mailing Address: City of Statesville, P.O. Box 1111, Statesville, N.C. 28677-1111  
EPA ID#: NCR 000 001 602 Phone Number: (704) 878-3438  
Contact/Title: Mrs. Renee Parkman  
Inspection Date: September 18 1996 Last Inspection: June 9, 1995  
Status: TSD/GW Facility Type of Inspection: CEI  
Inspector(s): Jesse Wells, Daryl Hines Federal (Lead Agency)  
Present at Inspection: Renee Parkman, Daryl Hines  
Type of Business: Wastewater treatment (POTW)  
Wastes Generated: D006 (Cadmium enriched sludge was disposed in manifold trenches, Cadmium >1.0 mg/l (TELP) was discovered in seven of eight trenches)  
Manifests: Approved Transporters?        Approved TSDF?         
Filled Out Correctly?        Signed Copies?         
LDR Notification Attached?         
No haz waste manifested since last inspection.  
Waste Minimization:         
Inspection Records:  
Evidence that inspections are conducted: Inspections being conducted once per week - fencing - monitor wells  
Contingency Plan:  
On-Site? Yes  
Any changes to facility/processes or Emergency Coordinator since last review? No  
Contingency Plan Implemented? NO (If yes, was it adequate?)  
Training Records: Reviewed training records  
Certified Training Documents Available? Yes  
New Employees Since Last Inspection? NO  
Evidence of Improper/Inadequate Training? NO  
Employee Interviews:  
Name(s):        Trained?         
Annual Report Submitted? Yes  
Emergency Preparedness:  
Facility Maintained and Operated to Prevent Releases? Yes  
Internal Communications or Alarm Present? n/a  
Portable Fire Extinguishers and/or Fire Control Equipment? n/a  
Spill Control Equipment: n/a  
Adequate Water Volume, Foam Equipment or Auto Sprinklers? n/a  
All Equipment/Alarms Tested and Maintained? n/a

Page Two - RCRA Inspection Report

Facility Name: City of Statesville, Third Creek WWTP  
EPA ID#: NCR 000 001 602  
Inspection Date: September 18, 1996

All Personnel Handling HW have Access to Alarm/Device? n/a

Adequate Aisle Space in Areas of Facility Operation? n/a

Agreements with Emergency Responders? Yes

Satellite Accumulation Area(s):

Location(s): n/a

Satellite Containers: Closed? n/a

Labeled/Contents Identified? \_\_\_\_\_

< 55 Gallons? \_\_\_\_\_

Storage Area(s): n/a Description: \_\_\_\_\_

Containers: Closed? \_\_\_\_\_ Aisle Space? \_\_\_\_\_ Labeled? \_\_\_\_\_

Dated? \_\_\_\_\_ Evidence of Release? \_\_\_\_\_

< 90 Days? \_\_\_\_\_ Good Condition? \_\_\_\_\_

Other HW Units: (Applicable Regulations)

Description of Unit: Eight disposal trenches w/cadmium enriched sludge, subject to closure/post-closure as outlined in AOC # 94-191

External Facility Condition: Fair

Site Deficiencies:

Facility determined to be in compliance at the time of the inspection.

Page Three - RCRA Inspection Report

Facility Name: City of Statesville Third Creek WWTP  
EPA ID#: NCR 000 001 602  
Inspection Date: September 18, 1996

Site Deficiencies (Continued):  
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\_\_\_\_\_  
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\_\_\_\_\_  
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Recommendations:  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

J. W. Wells 9/18/96  
Inspector (Date)

Renee Parkman 9/19/96  
Facility Contact (Date)

Follow Up Inspection:  
Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inspector (Date)

Facility Contact (Date)

Region IV CM&E Form - Side A

EPA ID: NCR010001602

Submitted by: LGS Date: 4/19/96

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

Facility Name: City of Statesville

City: Statesville

EVALUATION DATA: New:  Change: \_\_\_\_\_ Delete: \_\_\_\_\_ ( \_\_\_\_\_ : Required)

Agency: S Date: Mo. 12 Day 10 Year 95

Type: NR

Control Number Data Entry Personnel

Person: KIGS Reason:

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applic. D:Del.)

Generators

GER	
GGR	
GLB	
GSE	
GMR	
GCR	
GPT	
GRR	
GSC	

Transporters

TGR	
TMR	
TOR	
TRR	
TWD	

TSD's

DCH	
DCL	
DCP	
DFR	
DGS	
DGW	
DIN	

DLB	
DLF	
DLT	
DMC	
DMR	
DOR	
DOT	

DPB	
DPP	
DSI	
DTR	
DTT	
DWP	

Compliance Schedule (TSD, Gen., Trans.)  
FEA  CAS

Evaluation Comments:  
(72) 1: Evaluate and Approve Revised SAP  
2: \_\_\_\_\_

VIOLATION DATA: New: \_\_\_\_\_ Change: 232425 Delete: \_\_\_\_\_

# Agency:  Type:  Date (mdy) Determined: / /  Class:   
Priority:  Branch:  Person:  Seq. Number (Data Entry)   
Return to Compliance:  Scheduled  Actual   
Reg. Type:  Reg. Description (30): \_\_\_\_\_  
Comment (72): \_\_\_\_\_

# Agency:  Type:  Date (mdy) Determined: / /  Class:   
Priority:  Branch:  Person:  Seq. Number (Data Entry)   
Return to Compliance:  Scheduled  Actual   
Reg. Type:  Reg. Description (30): \_\_\_\_\_  
Comment (72): \_\_\_\_\_

# Agency:  Type:  Date (mdy) Determined: / /  Class:   
Priority:  Branch:  Person:  Seq. Number (Data Entry)   
Return to Compliance:  Scheduled  Actual   
Reg. Type:  Reg. Description (30): \_\_\_\_\_  
Comment (72): \_\_\_\_\_

Continue violation data on Side B if necessary -

EPA ID: MCR0000001002

Submitted by: \_\_\_\_\_ Date: / /  
Entered by: \_\_\_\_\_ Date: / /

Facility Name: City of Hatesville (Third Creek) City: \_\_\_\_\_

EVALUATION DATE: New:  Change: \_\_\_\_\_ Delete: \_\_\_\_\_ ( \_\_\_\_\_ ) Required

Agency: SI Mo. 11 Day 19 Year 1985 Type ER14

Control Number \_\_\_\_\_  
Data Entry Personnel \_\_\_\_\_

Person: 058 Reason:

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applic. D: Del.)

Generators  
GER  
GGR  
GLB  
GSQ  
GMR  
GOR  
GPT  
GRR  
GSC

Transporters  
TGR  
TMR  
TOR  
TRR  
TWD

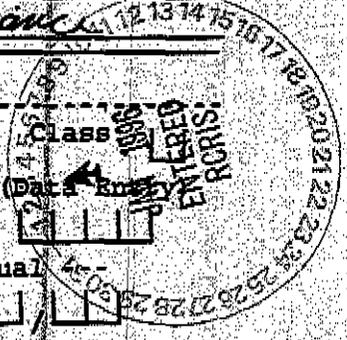
TSD's  
DCH  
DCL  
DCP  
DFR  
DGS  
DGW  
DIN  
DLB  
DLF  
DLT  
DMC  
DMR  
DOR  
DOT  
DEB  
DEP  
DSI  
DTR  
DTT  
DWP

Compliance Schedule (TSD, Gen., Trans.)  
FEA  CAS

Evaluation Comments:  
(72) 1: Reviewed closure plan dated 8-7-95  
2: In Compliance

VIOLATION DATA: New: \_\_\_\_\_ Change: \_\_\_\_\_ Delete: \_\_\_\_\_

# \_\_\_\_\_ Agency:  Type:  Date (mdy) \_\_\_\_\_  
Determined: \_\_\_\_\_ Class \_\_\_\_\_  
Priority:  Branch:  Person:  Seq. Number \_\_\_\_\_  
Return to Compliance: -- Scheduled -- --- Actual ---  
Reg. Type:  Reg. Description (30): \_\_\_\_\_  
Comment (72): \_\_\_\_\_



# \_\_\_\_\_ Agency:  Type:  Date (mdy) \_\_\_\_\_  
Determined: \_\_\_\_\_ Class \_\_\_\_\_  
Priority:  Branch:  Person:  Seq. Number \_\_\_\_\_  
Return to Compliance: -- Scheduled -- --- Actual ---  
Reg. Type:  Reg. Description (30): \_\_\_\_\_  
Comment (72): \_\_\_\_\_

# \_\_\_\_\_ Agency:  Type:  Date (mdy) \_\_\_\_\_  
Determined: \_\_\_\_\_ Class \_\_\_\_\_  
Priority:  Branch:  Person:  Seq. Number \_\_\_\_\_  
Return to Compliance: -- Scheduled -- --- Actual ---  
Reg. Type:  Reg. Description (30): \_\_\_\_\_  
Comment (72): \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

EPA ID: NCR000001002

Entered by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Facility Name: City of Stateville

City: \_\_\_\_\_

EVALUATION DATE: New:  Change: \_\_\_\_\_ Delete: \_\_\_\_\_ ( \_\_\_\_\_ : Required)

Agency: B Date: 12/19/95 Type: FIER

Control Number  
Data Entry Personnel 3

Person: 0519 Reason:

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applic. D: Del.)

Generators  
GER  
GGR  
GLB  
GSQ  
GMR  
GOR  
GPT  
GRR  
GSC

Transporters  
TGR  
TMR  
TOR  
TRR  
TWD

TSD's  
DCH  
DCL  
DCL  
DFR  
DGS  
DGW  
DIN

DLB  
DLF  
DLT  
DMC  
DMR  
DOR  
DOT

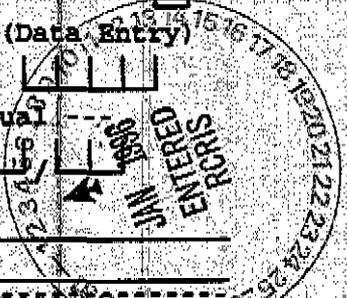
DEB  
DEP  
DSI  
DTR  
DTT  
DWP

Compliance Schedule (TSD, Gen., Trans.)  
FEA  CAS

Evaluation Comments: (72) 1: Reviewed post-closure plan; (8-7-95) In Compliance  
2: \_\_\_\_\_

VIOLATION DATA: New: \_\_\_\_\_ Change: \_\_\_\_\_ Delete: \_\_\_\_\_

# \_\_\_\_\_ Agency:  Type:  Date (mdy) Determined: \_\_\_/\_\_\_/\_\_\_ Class:   
Priority:  Branch:  Person:  Seq. Number (Data Entry)   
Return to Compliance: -- Scheduled -- --- Actual ---  
Reg. Type:  Reg. Description (30): \_\_\_\_\_  
Comment (72): \_\_\_\_\_



# \_\_\_\_\_ Agency:  Type:  Date (mdy) Determined: \_\_\_/\_\_\_/\_\_\_ Class:   
Priority:  Branch:  Person:  Seq. Number (Data Entry)   
Return to Compliance: -- Scheduled -- --- Actual ---  
Reg. Type:  Reg. Description (30): \_\_\_\_\_  
Comment (72): \_\_\_\_\_

# \_\_\_\_\_ Agency:  Type:  Date (mdy) Determined: \_\_\_/\_\_\_/\_\_\_ Class:   
Priority:  Branch:  Person:  Seq. Number (Data Entry)   
Return to Compliance: -- Scheduled -- --- Actual ---  
Reg. Type:  Reg. Description (30): \_\_\_\_\_  
Comment (72): \_\_\_\_\_

EPA ID: MCR000001602

Submitted by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Entered by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility Name: City of Waterville City: \_\_\_\_\_

EVALUATION DATE: New:  Change: \_\_\_\_\_ Delete: \_\_\_\_\_ (\_\_\_\_ : Required)

Agency: S Date: 11/30/95 Type: FEA Control Number: \_\_\_\_\_  
Data Entry Personnel: B

Person: DISD Reason:    

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applicable D: Del.)

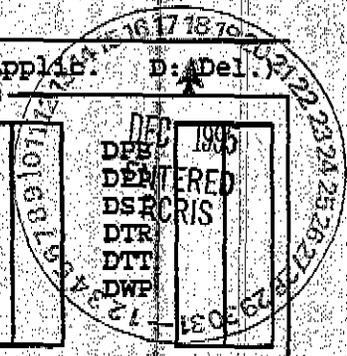
Generators  
GER  
GGR  
GLB  
GSQ  
GMR  
GOR  
GPT  
GRR  
GSC

Transporters  
TGR  
TMR  
TOR  
TRR  
TWD

TSD's  
DCH  
DCL  
DCP  
DFR  
DGS  
DGW  
DIN

DLB  
DLF  
DLT  
DMC  
DMR  
DOR  
DOT

DFE  
DENTERED  
DS  
DTR  
DTT  
DWP



Compliance Schedule (TSD, Gen., Trans.)

FEA     CAS    

Evaluation Comments:  
1: Received financial test. In Compliance  
2: \_\_\_\_\_

VIOLATION DATA: New: \_\_\_\_\_ Change: \_\_\_\_\_ Delete: \_\_\_\_\_

# \_\_\_\_\_ Agency:     Type:     Date (mdy):    /   /    Class:      
Determined:    /   /    Seq. (Data Entry) Number:      
Priority:     Branch:     Person:      
Return to Compliance: -- Scheduled -- --- Actual ---  
Reg. Type:     Reg. Description (30): \_\_\_\_\_  
Comment (72): \_\_\_\_\_

# \_\_\_\_\_ Agency:     Type:     Date (mdy):    /   /    Class:      
Determined:    /   /    Seq. (Data Entry) Number:      
Priority:     Branch:     Person:      
Return to Compliance: -- Scheduled -- --- Actual ---  
Reg. Type:     Reg. Description (30): \_\_\_\_\_  
Comment (72): \_\_\_\_\_

# \_\_\_\_\_ Agency:     Type:     Date (mdy):    /   /    Class:      
Determined:    /   /    Seq. (Data Entry) Number:      
Priority:     Branch:     Person:      
Return to Compliance: -- Scheduled -- --- Actual ---  
Reg. Type:     Reg. Description (30): \_\_\_\_\_  
Comment (72): \_\_\_\_\_

Continue violation data on side B if necessary -

Submitted by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
 Entered by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

EPA ID: NCR0000001602

Facility Name: City of Hatesville City: \_\_\_\_\_

EVALUATION DATE: New:  Change: \_\_\_\_\_ Delete: \_\_\_\_\_ ( \_\_\_\_\_ : Required)

Agency: S Date: 12/01/95 Type: FAA Control Number: \_\_\_\_\_  
 Data Entry Personnel: \_\_\_\_\_  
 Person: OLSB Reason:    

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applicable D: Del.)

Generators

GER	
GGR	
GLB	
GSQ	
GMR	
GOR	
GPT	
GRR	
GSC	

Transporters

TGR	
TMR	
TOR	
TRR	
TWD	

DCH		DLB		DPB	
DCL		DLF		DPP	
DCP		DLT		DSI	
DFR		DMC		DTR	
DGS		DMR		DTT	
DGW		DOR		DWP	
DIN		DOT			

Compliance Schedule (TSD, Gen., Trans.)

FEA     CAS    

Evaluation Comments: (72) 1: Received financial test, in compliance  
 2: \_\_\_\_\_

VIOLATION DATA: New: \_\_\_\_\_ Change: \_\_\_\_\_ Delete: \_\_\_\_\_

# \_\_\_\_\_ Agency:     Type:     Date (mdy):    ,    ,     Class:      
 Determined:    ,    ,     Seq. (Data Entry) Number:      
 Priority:     Branch:     Person:      
 Return to Compliance: -- Scheduled -- --- Actual ---  
   ,    ,        ,    ,      
 Reg. Type:     Reg. Description (30): \_\_\_\_\_  
 Comment (72): \_\_\_\_\_

# \_\_\_\_\_ Agency:     Type:     Date (mdy):    ,    ,     Class:      
 Determined:    ,    ,     Seq. (Data Entry) Number:      
 Priority:     Branch:     Person:      
 Return to Compliance: -- Scheduled -- --- Actual ---  
   ,    ,        ,    ,      
 Reg. Type:     Reg. Description (30): \_\_\_\_\_  
 Comment (72): \_\_\_\_\_

# \_\_\_\_\_ Agency:     Type:     Date (mdy):    ,    ,     Class:      
 Determined:    ,    ,     Seq. (Data Entry) Number:      
 Priority:     Branch:     Person:      
 Return to Compliance: -- Scheduled -- --- Actual ---  
   ,    ,        ,    ,      
 Reg. Type:     Reg. Description (30): \_\_\_\_\_  
 Comment (72): \_\_\_\_\_

3





# RCRA INSPECTION REPORT

X = VIOLATION NOTED NA = NOT APPLICABLE

Facility Name: City of Statesville, Third Creek WWTP. Monofil (GW Facility)  
Location: Third Creek Road, S. of U.S. Hwy 70, East of Statesville.  
Mailing Address: City of Statesville, P.O. Box 1111 Statesville, N.C. 28644-1111  
EPA ID#: EPA I.D. Pending Phone Number: (704) 878-3438  
Contact/Title: Mr. Joe Hudson  
Inspection Date: June 7, 1995 Last Inspection: N/A  
Status: DISPOSER Type of Inspection: CEI/De minimis Compliance w/AOC Docket # 94-1  
Inspector(s): Jesse W. Wells  
Present at Inspection: \_\_\_\_\_  
Type of Business: Waste Water Treatment (POTW)  
Wastes Generated: Sludge (Cadmium enriched sludge was buried in monofil trenches  
Cadmium 71.0 mg/l (MLP) was discovered in seven trenches  
Manifests: Approved Transporters? \_\_\_\_\_ Approved TSDF? \_\_\_\_\_  
Filled Out Correctly? \_\_\_\_\_ Signed Copies? \_\_\_\_\_  
LDR Notification Attached? \_\_\_\_\_  
No Haz. Waste manifested from the facility. AOC addresses disposal of  
Haz. waste.  
Waste Minimization: \_\_\_\_\_  
Inspection Records:  
Evidence that inspections are conducted: \_\_\_\_\_  
Contingency Plan:  
On-Site? Yes  
Any changes to facility/processes or Emergency Coordinator since  
last review? No - The contingency plan satisfies requirements of the  
AOC  
Contingency Plan Implemented? No (If yes, was it adequate?)  
Training Records:  
Certified Training Documents Available? Yes  
New Employees Since Last Inspection? NA  
Evidence of Improper/Inadequate Training? NA  
Employee Interviews:  
Name(s): \_\_\_\_\_ Trained? \_\_\_\_\_  
Annual Report Submitted? \_\_\_\_\_  
Emergency Preparedness:  
Facility Maintained and Operated to Prevent Releases? Yes  
Internal Communications or Alarm Present? \_\_\_\_\_  
Portable Fire Extinguishers and/or Fire Control Equipment? \_\_\_\_\_  
Spill Control Equipment: \_\_\_\_\_  
Adequate Water Volume, Foam Equipment or Auto Sprinklers? \_\_\_\_\_  
All Equipment/Alarms Tested and Maintained? \_\_\_\_\_

Page Two - RCRA Inspection Report

Facility Name: City of Statesville Third Creek WWTTP manafils  
EPA ID#: EPA ID Pending  
Inspection Date: June 7, 1995

All Personnel Handling HW have Access to Alarm/Device? \_\_\_\_\_

Adequate Aisle Space in Areas of Facility Operation? \_\_\_\_\_

Agreements with Emergency Responders? \_\_\_\_\_

Satellite Accumulation Area(s):  
Location(s): \_\_\_\_\_

Satellite Containers: Closed? \_\_\_\_\_  
Labeled/Contents Identified? \_\_\_\_\_  
< 55 Gallons? \_\_\_\_\_

Storage Area(s): (1) Description: \_\_\_\_\_  
4 wells installed (3 drums @ each well) Samples have been taken to  
characterize the stored material.

Containers: Closed? \_\_\_\_\_ Aisle Space? \_\_\_\_\_ Labeled? \_\_\_\_\_  
Dated? \_\_\_\_\_ Evidence of Release? \_\_\_\_\_  
< 90 Days? \_\_\_\_\_ Good Condition? \_\_\_\_\_

Other HW Units: (Applicable Regulations)  
Description of Unit: \_\_\_\_\_

External Facility Condition: \_\_\_\_\_

Site Deficiencies:  
1. Facility has failed to submit Part A permit application. Required  
under Item 5 in AOC.

Page Three - RCRA Inspection Report

Facility Name: City of Statesville Third Creek WWTP

EPA ID#: EPA ID Pending

Inspection Date: June 7, 1995

Site Deficiencies (Continued):

Recommendations: 1. Extension filed for closure cost estimate per Ms. Jenny Kopp 6/7/95

- 2. Item A - Detailed Chemical analysis of waste disposed - IT Report dated Febr. 1994 Sampling & Analysis Trip Report - 265.13 A
- 3. Item B - Waste Analysis Plan - Plan was approved by the State for determining haz. waste constituents/concentration of buried sludge. Plan met approval of the State - Plan outlined in 12/28/93 correspondence from I.T. Chip.
- 4. Item C - Entry restricted - Perimeter fencing - (Recommend develop log) to comply w/ 40 CFR 265.16(a). Recommend inspection of gate/fencing (once every seven days)
- 5. Develop written policy concerning entry into area. (ie must be properly trained, SIGN OFF ON Review of Contingency plan). IF People cannot document training or are working not working under direct supervision of trained personnel, entry should be denied to the area.
- 6. Item E - Treatment Plant has been cleaned of sludge. Four seasons removed sludge, filter pressed, & Chem. fixed - Sludge was handled as non-hazardous - disposed of @ BFI Landfill (Charlotte).
- 7. Appoint Primary & Alternate Emer. Coordinators include home address & home phone. Add into contingency plan section & mail copy of plan certified or hand deliver & sign

Jane L. Tuttle 6/7/95  
Inspector (Date)

X - Gene Parkman 6/7/95  
Facility Contact (Date)

Follow Up Inspection:

Comments:

Inspector (Date)

Facility Contact (Date)