# Hazardous Waste Compliance Data Entry Form

**EPA ID Number:** N C R 0 0 0 0 0 1 6 0 2

**Facility Name:** THIRD CREEK WWTP

**Street:** 444 THIRD CREEK ROAD

**City:** STATESVILLE, NC **ZIP:** 28687 **County:** IREDELL

**Contact Name:** JERRY BYERLY **Phone#:** 704-878-3438

**EVALUATION DATA** New: X Change: ____ Delete: ____

Date: 07/08/2008 Evaluation Type: CEI

Date: ___/___/_____ Evaluation Type: _____

Inspector ID #: 046

**Evaluation Comments:**

SNC DETERMINATION: If this evaluation resulted in a SNC determination, fill in this block. (NOTE: SNC determinations are SNY/SNN evaluations. The SNY/SNN evaluation can also be submitted later on a separate form.)

Facility is (check one):

_____ a SNC (SNY evaluation) Docket # _____

or

_____ no longer a SNC (SNN evaluation)

**YES / NO CSE ONLY**

| Waste Involved | Volume | Exposure Media (a, gw, sw, s) | Distance to Residences | Number of People involved | Distance to On-site wells | Distance to Off-site wells |
|---|---|---|---|---|---|---|
| | | | | | | |

Date Determined: ___ ___/___ ___/___ ___

Branch: 01 Person: 046

Return to Compliance: ___ ___/___ ___/___ ___ (Scheduled) ___ ___/___ ___/___ ___ (Actual)

Regulation Description: _____

Comment: _____

**NC DEPT OF ENVIRONMENT & NATURAL RESOURCES**
**DIVISION OF WASTE MANAGEMENT**
**HAZARDOUS WASTE SECTION**

# RCRA INSPECTION REPORT

1. **Facility Information:** Third Creek Wastewater Treatment Plant
444 Third Creek Road
Statesville, N.C. 28687
**NCR 000 001 602,TSD Facility**

PO Box 1111
Statesville, NC 28677

2. **Facility Contact:** Mr. Jerry Byerly, Assistant Director of Water Resources
704-878-3438

3. **Survey Participants:** Mr. Todd Newman, Plant Supervisor
Mr. Jerry Byerly, (via phone)
Mr. Sean Morris, Senior Environmental Specialist

4. **Date of Inspection:** July 8, 2008

**Date of Report:** July 11, 2008

5. **Purpose of Inspection:** To determine compliance with Post Closure Care, Administrative Order on Consent, and Groundwater Monitoring Requirements.

6. **Facility Description:**

Third Creek Wastewater Treatment Plant is located in Statesville, NC. The facility is operating under an Administrative Order on Consent that was signed on March 8, 1995. Wastewater treatment sludge from Aeration Basin 1 and 2 was removed because of elevated cadmium levels in the facility's wastewater discharge. Soil from the Aeration Basins was removed and placed in 8-landfill trenches onsite. 7 out of the 8 trenches exceeded the TCLP limit for cadmium. The closed trenches are also regulated under a NC Division of Water Quality, Surface Disposal of Residual Solids (503), Permit # WQ0004040.

Waters Edge Environmental conducts an annual cap integrity inspection. The last inspection was conducted on 5/29/08 but the final report has not been submitted from Waters Edge.

7. **Waste Type:**

None

8. **Areas of Inspection:**

Manifests:

N/A

Company Name: THIRD CREEK WWTP
EPA ID Number: NCR 000 001 602
Date: 7/8/08

Required Records/Document Checklist

The generator must provide and make available, but not limited to, any persons knowledgeable of your HW management program and the following records/documents at the time of inspection:

1. Records of weekly inspection of containers stored in designated Hazardous Waste Storage Areas.
2. Records of daily inspection of tanks containing hazardous waste. *
3. Records of weekly inspection of drip pads (and after storms). *
4. Job titles for each position related to hazardous waste management and the name of the employee filling each job.
5. Job description of positions related to hazardous waste management.
6. Written description of type and amount of introductory and continuing training that will be given to each hazardous waste management position.
7. Records of annual or introductory hazardous waste training for each employee managing hazardous waste.
8. Copies of signed hazardous waste manifests.
9. Copy of land ban notification for each hazardous waste transported from facility.
10. Copy of latest facility contingency plan.
11. Copy of latest Biennial Report. *
12. Copy of written, description of or other type of Waste program/method.

* If applicable

I acknowledge or certify that the noted records/documents requested above are required to be maintained at the facility. All records currently available and staff cognizant of these records were made available at the time of the inspection.

Signature: Todd H. Norm
Facility Contact or Representative

Inspection Date 7-8-08