

Demo 07-A Com

COUNTY: Beaufort
PERMIT OR RECORD NO.: 07-A
FILE TYPE: COMPLIANCE

RECORD OF COMMUNICATION	<input type="checkbox"/> PHONE CALL <input type="checkbox"/> DISCUSSION <input checked="" type="checkbox"/> SITE VISIT <input type="checkbox"/> CONFERENCE	
	<input type="checkbox"/> OTHER (SPECIFY) _____ (Record of item checked above)	
TO: Memo to File	FROM: Chuck Boyette <i>CGB</i>	DATE 5/20/04
TIME		
SUBJECT Closure activities		
SUMMARY OF COMMUNICATION		
<p>On May 20, 2004, I made a site visit to the referenced landfill at the request of Jim Spain, Public Works Director for Beaufort County. The purpose of the visit was to look at the closure activities that I noted in the March 24, 2004 audit of the site</p> <p>The C&D cell was covered and we made about 5 borings to check on the depth of cover. One boring revealed that there was 18 inches of cover over the waste, the rest of the borings were from 20 to 24 inches of cover. Flags were placed at the sites of the borings and Mr. Spain was instructed to have the locations of the borings placed on the map when they have the disposal boundaries surveyed.</p> <p>The cover looked good, they had striped the topsoil and stockpiled it, then covered with the subsoil and then placed at least 6 inches of topsoil on the site.</p> <p>We have scheduled a meeting with the County Manager, the person who will operate at the site and the P.W. Director for May 25, 2004. At that time I want to make sure that all parties understand what they are to do and what activities can and can not go on at the site.</p>		
CONCLUSIONS, Closure activities are well under way and it appears that they will continue to call me to see that they are moving in the direction that we want them to go		
FOLLOW-UP REQUIRED:		
<input type="checkbox"/> NO <input type="checkbox"/> PHONE CALL <input type="checkbox"/> SUBMITTAL <input type="checkbox"/> MEETING <input checked="" type="checkbox"/> RETURN VISIT BY: May 25, 2004 _____ (DATE)		
FOLLOW-UP NOTES		
ACTIONS TAKEN OR REQUIRED		
CC: Mark Poindexter, Mark Fry, Jim Barber		

USE CONTINUATION SHEET AS NECESSARY



FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	<input type="checkbox"/>	LCID	<input type="checkbox"/>	YW	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Compost	<input type="checkbox"/>	SLAS	<input type="checkbox"/>	COUNTY: Beaufort PERMIT NO.: 07-A FILE TYPE: COMPLIANCE
Closed MSWLF	<input type="checkbox"/>	HHW	<input type="checkbox"/>	White goods	<input type="checkbox"/>	Incin	<input type="checkbox"/>	T&P	<input type="checkbox"/>	FIRM	<input type="checkbox"/>	
CDLF	<input checked="" type="checkbox"/>	Tire T&P/Collection	<input type="checkbox"/>	Tire Monofill	<input type="checkbox"/>	Industrial Landfill	<input type="checkbox"/>	DEMO	<input type="checkbox"/>	SDTF	<input type="checkbox"/>	

Date of Audit: March 24, 2004.

Date of Last Audit: Dec. 15, 2003

FACILITY NAME AND ADDRESS:

Beaufort County Demolition Landfill
 PO Box 1027
 Washington, NC 27889

FACILITY CONTACT NAME AND PHONE NUMBER:

Paul Sprull, County Manager (252) 946-0079

FACILITY CONTACT ADDRESS (IF DIFFERENT):

Same

AUDIT PARTICIPANTS:

Chuck Boyette, Solid Waste Section
 Ronald Martin, Beaufort Co. Landfill

STATUS OF PERMIT:

Permit expired

PURPOSE OF AUDIT:

Follow up audit



NOTICE OF VIOLATION(S) (citation and explanation):

None

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

The landfill has stopped receiving waste and started closure activities as requested in the NOV issued on Dec. 15, 2003--The NOV is resolved!

OTHER COMMENTS /SUGGESTIONS:

Please contact me if you have any questions or concerns regarding this audit report.

Chuck Boyette (signature)

(signature) Phone: (252) 946-6481

Regional Representative

Distribution: original signed copy to facility -- signed copy to compliance officer -- e-mail or copy to super

Delivered on : <u>March 29, 2004</u> by	<input type="checkbox"/>	hand delivery	<input checked="" type="checkbox"/>	US Mail	<input type="checkbox"/>	Certified No. []
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Cc : Mark Fry, Eastern Area Supervisor
 Mark Poindexter, Branch Head



FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	<input type="checkbox"/>	LCID	<input type="checkbox"/>	YW	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Compost	<input type="checkbox"/>	SLAS	<input type="checkbox"/>	COUNTY: Beaufort PERMIT NO.: 07-A FILE TYPE: COMPLIANCE
Closed MSWLF	<input type="checkbox"/>	HHW	<input type="checkbox"/>	White goods	<input type="checkbox"/>	Incin	<input type="checkbox"/>	T&P	<input type="checkbox"/>	FIRM	<input type="checkbox"/>	
CDLF	<input checked="" type="checkbox"/>	Tire T&P/Collection	<input type="checkbox"/>	Tire Monofill	<input type="checkbox"/>	Industrial Landfill	<input type="checkbox"/>	DEMO	<input type="checkbox"/>	SDTF	<input type="checkbox"/>	

Date of Audit: March 5, 2004.

Date of Last Audit: Dec. 15, 2003

FACILITY NAME AND ADDRESS:

Beaufort County Demolition Landfill
 PO Box 1027
 Washington, NC 27889

FACILITY CONTACT NAME AND PHONE NUMBER:

Paul Spruill, County Manager (252) 946-0079

FACILITY CONTACT ADDRESS (IF DIFFERENT):

Same

AUDIT PARTICIPANTS:

Chuck Boyette, Solid Waste Section
 Paul Spruill, Beaufort Co. Manager
 Rob Cutruell, Davis Trash Service
 Ronald Martin, Beaufort Co. Landfill Supervisor

STATUS OF PERMIT:

Permit expired

PURPOSE OF AUDIT:

Audit to discuss closure considerations and post closure uses

NOTICE OF VIOLATION(S) (citation and explanation):

None

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

They must cease receiving waste on March 15 as required in the NOV issued on Dec. 15, 2003 since it appears that they will not be able to obtain a new permit.

OTHER COMMENTS /SUGGESTIONS:

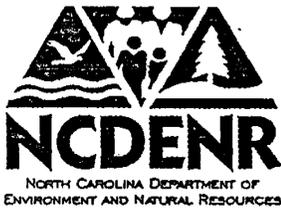
The meeting laid out timetable and conditions to be followed. Discussions on what and where post closure activities could take place was also covered. Please contact me if you have any questions or concerns regarding this audit report.

Chuck Boyette (signature) Phone: (252) 946-6481
 Regional Representative

Distribution: original signed copy to facility -- signed copy to compliance officer -- e-mail or copy to super

Delivered on : <u>March 8, 2004</u> by	<input type="checkbox"/>	hand delivery	<input checked="" type="checkbox"/>	US Mail	<input type="checkbox"/>	Certified No. []
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Cc : Mark Fry, Eastern Area Supervisor
 Mark Poindexter, Branch Head



FACILITY COMPLIANCE AUDIT REPORT
 Division of Waste Management
 Solid Waste Section

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UNIT TYPE: (check all that apply to this audit with same Permit number)											
Lined MSWLF		LCID		YW		Transfer		Compost		SLAS	COUNTY: Beaufort PERMIT NO :07-A FILE TYPE: COMPLIANCE
Closed MSWLF		HHW		White goods		Incin		T&P		FIRM	
CDLF	<input checked="" type="checkbox"/>	Tire T&P / Collection		Tire Monofill		Industrial Landfill		DEMO		SDTF	

Date of Audit: Dec. 15, 2003.

Date of Last Audit: Dec. 10, 2002

FACILITY NAME AND ADDRESS:

Beaufort County Demolition Landfill
 PO Box 1027
 Washington, NC 27889

FACILITY CONTACT NAME AND PHONE NUMBER:

Paul Spruill, County Manager (252) 946-0079

FACILITY CONTACT ADDRESS (IF DIFFERENT):

Same

AUDIT PARTICIPANTS:

Chuck Boyette, Solid Waste Section

STATUS OF PERMIT:

Permit expired

PURPOSE OF AUDIT:

Comprehensive audit



NOTICE OF VIOLATION(S) (citation and explanation):

.0201 Permit Required—The Beaufort County Demolition landfill is operating with an expired permit
 Conditions for Compliance- Within 90 days of this Notice of Violation, Beaufort County shall obtain a new permit or cease receiving waste for disposal at this facility!
 You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

N/A

OTHER COMMENTS /SUGGESTIONS:

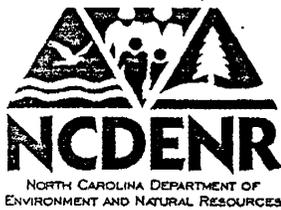
Please contact me if you have any questions or concerns regarding this audit report.

Chuck Boyette (signature) Phone: (252) 946-6481
 Regional Representative

Distribution: original signed copy to facility -- signed copy to compliance officer -- e-mail or copy to super

Delivered on <u>Dec. 15, 2003</u> by		hand delivery		US Mail	<input checked="" type="checkbox"/>	Certified No. [7003 1680 0006 5751 4311]
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Cc : Mark Fry, Eastern Area Supervisor
 Mark Poindexter, Branch Head



FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

UNIT TYPE: (check all that apply to this audit with same Permit number)											
Lined MSWLF		LCID		YW		Transfer		Compost		SLAS	COUNTY: Beaufort PERMIT NO.: 07-A FILE TYPE: COMPLIANCE
Closed MSWLF		HHW		White goods		Incin		T&P		FIRM	
CDLF	<input checked="" type="checkbox"/>	Tire T&P/ Collection		Tire Monofill		Industrial Landfill		DEMO		SDTF	

Date of Audit: Dec. 10, 2002.

Date of Last Audit: June 28, 2002

FACILITY NAME AND ADDRESS:

Beaufort County Demolition Landfill
 PO Box 1027
 Washington, NC 27889

FACILITY CONTACT NAME AND PHONE NUMBER:

Donald Davenport, County Manager (252) 946-0079

FACILITY CONTACT ADDRESS (IF DIFFERENT):

Same

AUDIT PARTICIPANTS:

Ronald Martin, Beaufort County Solid Waste
 Chuck Boyette, Solid Waste Section

STATUS OF PERMIT:

Permit issued in 1995- needs review (have talked with Jim Barber about a meeting on this issue) ✓

PURPOSE OF AUDIT:

Comprehensive audit

NOTICE OF VIOLATION(S) (citation and explanation):

None

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

N/A

OTHER COMMENTS /SUGGESTIONS:

Working face small and compact—site looks good!
 Please contact me if you have any questions or concerns regarding this audit report.

Chuck Boyette (signature) Phone: (252) 946-6481
 Regional Representative

Distribution: original signed copy to facility -- signed copy to compliance officer – e-mail or copy to super

Delivered on <u>:Dec. 16, 2002</u> by		hand delivery	<input checked="" type="checkbox"/>	US Mail		Certified No. []
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Cc : Mark Fry, Eastern Area Supervisor
 Mark Poindexter, Branch Head



FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section



UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	<input type="checkbox"/>	LCID	<input type="checkbox"/>	YW	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Compost	<input type="checkbox"/>	SLAS	<input type="checkbox"/>	COUNTY: Beaufort PERMIT NO.: 07-A FILE TYPE: COMPLIANCE
Closed MSWLF	<input type="checkbox"/>	HHW	<input type="checkbox"/>	White goods	<input type="checkbox"/>	Incineration	<input type="checkbox"/>	T&P	<input type="checkbox"/>	FIRM	<input type="checkbox"/>	
CDLF	<input checked="" type="checkbox"/>	Tire T&P / Collection	<input type="checkbox"/>	Tire Monofill	<input type="checkbox"/>	Industrial Landfill	<input type="checkbox"/>	DEMO	<input type="checkbox"/>	SDTF	<input type="checkbox"/>	

Date of Audit: June 28, 2002.

Date of Last Audit: April 24, 2002

FACILITY NAME AND ADDRESS:

Beaufort County Demolition Landfill
 PO Box 1027
 Washington, NC 27889

FACILITY CONTACT NAME AND PHONE NUMBER:

Donald Davenport, County Manager (252) 946-0079

FACILITY CONTACT ADDRESS (IF DIFFERENT):

Same

AUDIT PARTICIPANTS:

Ronald Martin, Beaufort County Solid Waste
 Chuck Boyette, Solid Waste Section

STATUS OF PERMIT:

Permit issued in 1995

PURPOSE OF AUDIT:

Follow-up audit

NOTICE OF VIOLATION(S) (citation and explanation):

None

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

N/A

OTHER COMMENTS /SUGGESTIONS:

All items that I had commented on at the last inspection have been properly addressed
 Please contact me if you have any questions or concerns regarding this audit report.

Chuck Boyette
 Regional Representative

(signature) Phone: (252) 946-6481

Distribution: original signed copy to facility -- signed copy to compliance officer -- e-mail or copy to super

Delivered on <u>July 1, 2002</u> by	<input type="checkbox"/>	hand delivery	<input checked="" type="checkbox"/>	US Mail	<input type="checkbox"/>	Certified No. []
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Cc : Mark Fry, Eastern Area Supervisor
 Courtney washburn, Raleigh Central Office
 Ronald Martin, Beaufort Co. Landfill





FACILITY COMPLIANCE AUDIT REPORT

Division of Waste Management

Solid Waste Section



UNIT TYPE: (check all that apply to this audit with same Permit number)											
Lined MSWLF		LCID		YW		Transfer		Compost		SLAS	COUNTY: Beaufort PERMIT NO.: 07-A FILE TYPE: COMPLIANCE
<input checked="" type="checkbox"/>		HHW		White goods		Incin		T&P		FIRM	
<input checked="" type="checkbox"/>		Tire T&P/Collection		Tire Monofill		Industrial Landfill		DEMO		SDTF	

Date of Audit: April 24, 2002.

Date of Last Audit: 1997

FACILITY NAME AND ADDRESS:

Beaufort County Demolition Landfill
 PO Box 1027
 Washington, NC 27889

FACILITY CONTACT NAME AND PHONE NUMBER:

Ronald Martin (252) 946-0810

FACILITY CONTACT ADDRESS (IF DIFFERENT):

Same

AUDIT PARTICIPANTS:

Ronald Martin, Beaufort County
 Chuck Boyette, Solid Waste Section

STATUS OF PERMIT:

~~Closed~~ active
 CGB

PURPOSE OF AUDIT:

Semi-Annual Comprehensive

NOTICE OF VIOLATION(S) (citation and explanation):
 None

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):

N/A

OTHER COMMENTS /SUGGESTIONS:

Permit # needs to be posted, plans should be available, certified operator should be on site when open to receive waste and monitoring wells should be secure. Please attend to these items within the next 2 weeks !
 Please contact me if you have any questions or concerns regarding this audit report.

(signature) Phone: (252) 946-6481
Regional Representative

Distribution: original signed copy to facility -- signed copy to compliance officer -- e-mail or copy to super

Delivered on : <u>April 29, 2002</u> by		hand delivery	<input checked="" type="checkbox"/>	US Mail		Certified No. []
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*CC: Mark Fry
 Courtney Washburn*

NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

TP
P0367
040

Type of Facility LCID (old Demo) Permit # 07-A County Beaufort

Name of Facility Beaufort Co. Demo Landfill Location SR. 1334

Date of Last Evaluation _____

I. Permit Conditions Followed Yes No N/A

A. Specific Condition(s) Violated _____

II. Operational Requirements Followed Yes No

15A N.C. Admin. Code 138 Section _____

A. Specific Violation(s) by number and letter.

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments Site in good condition.

V. Continuation Page Required? Yes No Receiving Signature [Signature]

Evaluation Date 4-14-77 Solid Waste Section [Signature]

Purpose: G.S. 130A-294 requires that an evaluation program be established for the operation of solid waste management facilities on a statewide basis. The Solid Waste Management Act and Solid Waste Management Rules codified at 15A NCAC 13B list requirements which must be followed by solid waste facilities.

Instructions: Solid Waste Section personnel shall complete the evaluation form each time they conduct official evaluations. The form shall be signed by the person(s) receiving the report.

Distribution: Part I White: facility copy
Part II Canary: Raleigh central office file copy
Part III Pink: Regional office file copy

Disposition: This form may be retained in accordance with the Record Retention and Disposition Schedule of the Solid Waste Section, Solid Waste Management Division of the Department of Environment, Health and Natural Resources.

RECEIVED

APR 24 1997

**SOLID WASTE MANAGEMENT
RAYETTEVILLE REGIONAL OFFICE**

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NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

Type of Facility LCID Permit # 07-A County Beaufort

Name of Facility Beaufort Co. Demo LF Location SR 1334

Date of Last Evaluation _____

I. Permit Conditions Followed Yes No N/A

A. Specific Condition(s) Violated _____

II. Operational Requirements Followed Yes No

15A N.C. Admin. Code 13B Section _____

A. Specific Violation(s) by number and letter.

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments Site in compliance with subsection 7 Rules

V. Continuation Page Required? Yes No Receiving Signature _____

Evaluation Date 11-1-96 Solid Waste Section [Signature]

Purpose: G.S. 130A-294 requires that an evaluation program be established for the operation of solid waste management facilities on a statewide basis. The Solid Waste Management Act and Solid Waste Management Rules codified at 15A NCAC 13B list requirements which must be followed by solid waste facilities.

Instructions: Solid Waste Section personnel shall complete the evaluation form each time they conduct official evaluations. The form shall be signed by the person(s) receiving the report.

Distribution: Part I White: facility copy
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Part III Pink: Regional office file copy

Disposition: This form may be retained in accordance with the Record Retention and Disposition Schedule of the Solid Waste Section, Solid Waste Management Division of the Department of Environment, Health and Natural Resources.



NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

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P0367

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

Type of Facility Demo LF (LCID) Permit # 07-A County Beaufort

Name of Facility Beaufort County Demo Site Location SR1334 Bath

Date of Last Evaluation _____

I. Permit Conditions Followed Yes No N/A

A. Specific Condition(s) Violated _____

II. Operational Requirements Followed Yes No

15A N.C. Admin. Code 138 Section _____

A. Specific Violation(s) by number and letter. _____

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments Rain water must be removed from disposal area.

No waste disposal in water.

V. Continuation Page Required? Yes No Receiving Signature Paul D. Morris

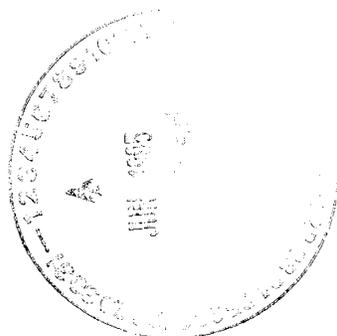
Evaluation Date 5-18-95 Solid Waste Section Paul D. Morris

Purpose: G.S. 130A-294 requires that an evaluation program be established for the operation of solid waste management facilities on a statewide basis. The Solid Waste Management Act and Solid Waste Management Rules codified at 15A NCAC 13B list requirements which must be followed by solid waste facilities.

Instructions: Solid Waste Section personnel shall complete the evaluation form each time they conduct official evaluations. The form shall be signed by the person(s) receiving the report.

Distribution: Part I White: facility copy
Part II Canary: Raleigh central office file copy
Part III Pink: Regional office file copy

Disposition: This form may be retained in accordance with the Record Retention and Disposition Schedule of the Solid Waste Section, Solid Waste Management Division of the Department of Environment, Health and Natural Resources.

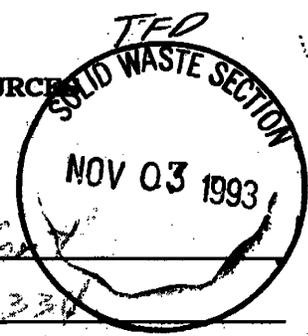


NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT



Type of Facility Demo LF Permit # 07-A County Beaufort

Name of Facility Robert Co. Demo Site Location SR 1334

Date of Last Evaluation _____

I. Permit Conditions Followed Yes No N/A

A. Specific Condition(s) Violated

II. Operational Requirements Followed Yes No

15A N.C. Admin. Code 138 Section _____

A. Specific Violation(s) by number and letter.

III. Other Violations of Rule or Law

IV. Evaluator's Comments Site in compliance with permit conditions & operational requirements.

V. Continuation Page Required? Yes No Receiving Signature [Signature]

Evaluation Date 9-28-93 Solid Waste Section [Signature]

Purpose: G.S. 130A-294 requires that an evaluation program be established for the operation of solid waste management facilities on a statewide basis. The Solid Waste Management Act and Solid Waste Management Rules codified at 15A NCAC 13B list requirements which must be followed by solid waste facilities.

Instructions: Solid Waste Section personnel shall complete the evaluation form each time they conduct official evaluations. The form shall be signed by the person(s) receiving the report.

Distribution: Part I White: facility copy
Part II Canary: Raleigh central office file copy
Part III Pink: Regional office file copy

Disposition: This form may be retained in accordance with the Record Retention and Disposition Schedule of the Solid Waste Section, Solid Waste Management Division of the Department of Environment, Health and Natural Resources.

NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

T.F.D.

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

Type of Facility Sanitary Landfill Permit # 07-02 County Beaufort

Name of Facility Beaufort Co. Landfill Location S.R. 1334

Date of Last Evaluation _____

RECEIVED

I. Permit Conditions Followed Yes No N/A

OCT 24 1991

A. Specific Condition(s) Violated _____

SOLID WASTE MANAGEMENT
FAYETTEVILLE REGIONAL OFFICE

II. Operational Requirements Followed Yes No

15A N.C. Admin. Code 138 Section _____

A. Specific Violation(s) by number and letter. _____

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments Site in very good condition. Sedimentation violations cited on head quality inspection have been corrected on perimeter ditch.

V. Continuation Page Required? Yes No Receiving Signature _____

Evaluation Date 10-15-91 Solid Waste Section Bill W. Morris

DEMR 3793 (Part I White: Facility Part II Gray: Central Office Part III Pink: Regional Office)
Solid Waste Section (Review 7/94)