

NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

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Type of Facility LCID Permit # NOTIFIED County Guilford

Name of Facility ANTHONY LCID ^{GXL N} Location ANTHONY RD.

Date of Last Evaluation _____

I. Permit Conditions Followed Yes No N/A

A. Specific Condition(s) Violated _____

LCIDN41 Com Anthony LF

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 _____

V. Continuation Page Required? Yes No Receiving Signature _____

Evaluation Date 3/9/80 Solid Waste Section P. [Signature]