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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 # NOTIFICATION County GUILFORD

Name of Facility WHITAKER LCID Location BIRD RD.

Date of Last Evaluation _____

I. Permit Conditions Followed Yes No N/A

A. Specific Condition(s) Violated _____

LCIDN4/ComWhitaker

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 _____

V. Continuation Page Required? Yes No Receiving Signature W. O. Whitaker

Evaluation Date 9/7/00 Solid Waste Section P. Dennis

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Evaluation Date 4/17/00 Solid Waste Section P. Lewis