

*Handwritten initials/signature*

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 QUILFORD

Name of Facility WESTMORELAND LCID Location LESTER RD

Date of Last Evaluation \_\_\_\_\_

I. Permit Conditions Followed  Yes  No  N/A

A. Specific Condition(s) Violated \_\_\_\_\_

LCID N41 Com Westmoreland

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 9/20/00 Solid Waste Section *P. Harris*