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 ~~COLEY LANDFILL~~ LCID Permit # _____ County GUILFORD

Name of Facility COLEY LCID Location O'FERRELL FARM RD

Date of Last Evaluation _____

I. Permit Conditions Followed ✓ Yes ____ No ____ N/A

A. Specific Condition(s) Violated

LCIDN41ComColey

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 _____

Evaluation Date 10/11/00 Solid Waste Section _____

DEHNR 3793 (Part I White: Facility Part II Canary: Central Office Part III Pink: Regional Office)

Solid Waste Section (Review 7/94)