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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 PENDER

Name of Facility ANDERSON DISPOSAL PIT Location HWY 53

Date of Last Evaluation 3 JAN 96

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

A. Specific Condition(s) Violated

LCIDN71ComAnderson
Disposal Pit N0062

| Fac/Perm/Co ID # | Date | Doc ID# |
|---|---|---|
| Carmen J. | 2/25/09 | DIN |

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 looks good, please call me if you have any questions. 910-395-3900

V. Continuation Page Required? ____ Yes ✓ No Receiving Signature

Evaluation Date 2 April 96 Solid Waste Section Joe Gallo

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

Solid Waste Section (Review 7/94)

**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.

TO

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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 PENDER

Name of Facility ANDERSON DISPOSAL PIT Location HWY 53

Date of Last Evaluation 3 NOV 95

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 Facility looks good all waste chipped, facility graded for proper run off of water. Thanks for your hard work and effort all violations have been corrected.

V. Continuation Page Required? ____ Yes ✓ No Receiving Signature

Evaluation Date 30 Jan 96 Solid Waste Section for Walls

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

Solid Waste Section (Review 7/94)

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N0062

# 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 PENDER

Name of Facility ANDERSON DISPOSAL PIT Location HWY 53

Date of Last Evaluation 20 JUNE 95

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 All waste was being chipped at the time of the inspection, area very wet.

V. Continuation Page Required? ____ Yes ____ No Receiving Signature

Evaluation Date 3 NOV 95 Solid Waste Section Joe Galli

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

Solid Waste Section (Review 7/94)

TPD VV

# NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

N0062

## SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

Type of Facility LCID Permit # NOTIFICATION County PENDER

Name of Facility ANDERSON DISPOSAL PIT Location HWY 53

Date of Last Evaluation 11 JAN 95

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 .0566

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

(3) requires that solid waste be restricted to the smallest area feasible. Your waste is spread out over 2 acres

(4) requires that adequate soil cover be applied monthly or when active area reaches one acre in size whichever occurs first. Your waste has not been covered.

III. Other Violations of Rule or Law (10) requires that waste shall not be disposed of in water. Water has impounded in and around waste.

IV. Evaluator's Comments

V. Continuation Page Required? ✓ Yes ____ No Receiving Signature

Evaluation Date 20 JUNE 95 Solid Waste Section J A Galls

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

Solid Waste Section (Review 7/94)

**FACILITY EVALUATION REPORT**
**CONTINUATION PAGE**

C&E

ANDERSON DISPOSAL PIT

**Permit #** NOTIFICATION

**Evaluation Date** 20 JUNE 95

**I. Permit Condition(s) Violated:**

**A. Specific Condition(s) Violated**

**II. Operational Requirements Followed**

**A. Specific Violation(s) by number and letter.** .0506

(14) requires that leachate be properly managed on site. Leachate from the waste site is running uncontrolled off site

**III. Other Violations of Rules or Law**

**IV. Evaluator's Comments** reduce active area of waste and cover with adequate soil cover. Grade site to prevent ponding in and around waste and develop a leachate collection system to prevent off site migration of leachate. A follow up inspection will be conducted in August. If you have any questions please call me at (910) 395-3900

TRD PENDER

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Type of Facility LCID Permit # NOTIFICATION County PENDER

Name of Facility ANDERSON DISPOSAL PIT Location HWY 53

Date of Last Evaluation 11 JAN 95

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 .0566

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

(16) requires that a sign be posted listing a contact name and emergency phone number. It was noted that no name or phone number was listed on your posted sign.

III. Other Violations of Rule or Law

IV. Evaluator's Comments The site looks real good you only need to update your sign with the required information

V. Continuation Page Required? ____ Yes ✓ No Receiving Signature

Evaluation Date 11 Jan 95 Solid Waste Section Joe Gallo

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

Solid Waste Section (Review 7/94)