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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 WINDFISH DISPOSAL Location 25964 HWY 17

Date of Last Evaluation 19 JAN 96

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

A. Specific Condition(s) Violated

LCIDN71ComWindfishDisposal
N0063

Fac/Perm/Co ID # Carney J. Date 2/25/09 Doc ID# 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 No change in status

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

Evaluation Date 23 MAY 96 Solid Waste Section Joe Galle

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.

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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 WINDFIELD DISPOSAL Location 25904 HWY 17

Date of Last Evaluation 24 JAN 95

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

A. Specific Condition(s) Violated

II. Operational Requirements Followed _____ Yes _____ No N/A

15A N.C. Admin. Code 13B Section

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

Facility still inactive no waste has been rec'd. waiting on closure notice from central Off.

III. Other Violations of Rule or Law

IV. Evaluator's Comments

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

Evaluation Date 19 JAN 96 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)

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N0063

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 WINDFISH DISPOSAL LCID NOTIFICATION Location 25464 HWY 17

Date of Last Evaluation 22 NOV 94

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.

FACILITY NOT OPERATIONAL YET NO WASTE ACCEPTED

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments _____

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

Evaluation Date 24 JAN 95 Solid Waste Section J. A. Galle

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

Solid Waste Section (Review 7/94)

CI FAC PENDER

N0063 TFD

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 NOTIFICATION Permit # ——— County PENDER

Name of Facility WINDFISH DISPOSAL LCID NOTIFICATION Location HWY 17, 25464

Date of Last Evaluation N/A

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.

FACILITY NOT IN OPERATION YET

III. Other Violations of Rule or Law

IV. Evaluator's Comments advised Mr. Whisnant to be sure to update his sign at the entrance with a contact name and emergency phone number.

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

Evaluation Date 22 Nov 94 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)