



**FACILITY COMPLIANCE AUDIT REPORT**  
**Division of Waste Management**  
**Solid Waste Section**

**UNIT TYPE:** (check all that apply to this audit with same Permit number)

Lined MSWLF	LCID		YW		Transfer		Compost		SLAS	COUNTY: Ashe PERMIT NO.: 05-02-TP FILE TYPE: COMPLIANCE
Closed MSWLF	HHW	<b>X</b>	White goods		Incin		T&P		FIRM	
CDFL	Tire T&P / Collection		Tire Monofill		Industrial Landfill		DEMO		SDTF	

Date of Audit: 3-8-07Date of Last Audit: 3-30-06

**GPS COORDINATES: (Decimal Degrees) N:** [ [Click here and type Coord.](#) ] **W:** [ [Click here and type Coord.](#) ]

**FACILITY NAME AND ADDRESS:**

Ashe County Permanent Household Hazardous Waste Collection Facility  
 311 Doggett Road  
 West Jefferson, NC

**FACILITY CONTACT NAME AND PHONE NUMBER:**

Scott Hurley, Director of Environmental Services  
 (336) 246-3721

**FACILITY CONTACT ADDRESS (IF DIFFERENT):**

PO Box 1327  
 West Jefferson, NC 28694

**AUDIT PARTICIPANTS:**

Jason Watkins, NCDENR-Solid Waste Section  
**Elmer Osborne, Ashe County**

**STATUS OF PERMIT:**

Permit No. 05-02-TP was modified 4 November 1998 and expired on **4 November 2003**. The facility Permit to Operate is currently under review for renewal.

**PURPOSE OF AUDIT:**

Comprehensive audit

**NOTICE OF VIOLATION(S) (citation and explanation):**

None

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

**STATUS OF PAST NOTED VIOLATIONS (List all noted last audit):**

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None

**AREAS OF CONCERN AND COMMENTS:**

1. Facility was clean and well maintained. All materials properly sorted and stored.

Please contact me if you have any questions or concerns regarding this audit report.

\_\_\_\_\_(signature) Phone: 336-771-5092

*Jason M. Watkins*

*Regional Representative*

**Distribution: original signed copy to facility -- signed copy to compliance officer – e-mail or copy to super**

Delivered on : <u>3-9-07</u> by		hand delivery	<input checked="" type="checkbox"/>	US Mail		Certified No. <input type="checkbox"/>
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cc: Deb Aja, SWS

Mark Poindexter, SWS