



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: Cherokee PERMIT NO.: 20-01 FILE TYPE: COMPLIANCE
Closed MSWLF	X	HHW		White goods		Incin		T&P		FIRM		
CDLF		Tire T&P / Collection		Tire Monofill		Industrial Landfill		DEMO		SDTF		

Date of Audit: 10/20/06.

Date of Last Audit: 7/28/06

FACILITY NAME AND ADDRESS:

Cherokee County Municipal Solid Waste Landfill
 State Road 1515, Fairview Road
 Marble, N. C. 28905

GPS COORDINATES: (Decimal Degrees) N: 35.17883 W: 083.90334

FACILITY CONTACT NAME AND PHONE NUMBER:

Robert Allen, Cherokee County Solid Waste Director
 Telephone 828-837-2621

FACILITY CONTACT ADDRESS (IF DIFFERENT):

Robert Allen, Director
 Cherokee County Solid Waste Department
 C/o Cherokee County Courthouse 75
 75 Peachtree Street
 Murphy, N. C. 28906

AUDIT PARTICIPANTS:

Jim Patterson, DENR-Solid Waste Section
 Jeff Clark, Cherokee County Solid Waste Department

STATUS OF PERMIT:

Closed

PURPOSE OF AUDIT:

Post Closure inspection of Municipal Solid Waste Landfill

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):

N/A

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AREAS OF CONCERN AND COMMENTS:

1. Landfill has just been mown. Looks good.
2. The old recycling trailers sitting on the landfill need to be removed.
3. The methane gas flare is not operating continuously due to lack of methane.

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

___James E. Patterson_____ (signature) Phone: 828-296-4700 _____.
Regional Representative

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

Delivered on : <u>[Click and type date]</u> by		hand delivery		US Mail		ified No. <u>[]</u>
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