



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	<input checked="" type="checkbox"/>	YW	Transfer	Compost	SLAS	COUNTY: Edgecombe PERMIT NO.: 33F FILE TYPE: COMPLIANCE
Closed MSWLF	HHW		White goods	Incin	T&P	FIRM	
CDFL	Tire T&P / Collection		Tire Monofill	Industrial Landfill	DEMO	SDTF	

Date of Audit: 10/4/2006.

Date of Last Audit: 2/11/2005

FACILITY NAME AND ADDRESS:

BARNHILL CONTRACTING ROCKY MOUNT ASPHALT PLANT
 PO BOX 1529
 TARBORO NC 27886
 HWY 97E

FACILITY CONTACT NAME AND PHONE NUMBER: Phone 252 824 8235, mobile 813 6200 Buddy Rose
 Fax 252 824 8276

GPS COORDINATES: (Decimal Degrees) N: **E:**

AUDIT PARTICIPANTS:

Ben Barnes NCDENR Solid Waste Section

STATUS OF PERMIT:

Active, permit issued 2004 expires on or about 2009

PURPOSE OF AUDIT:

To conduct a comprehensive audit of a permitted LCID facility

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):

NONE

OTHER COMMENTS /SUGGESTIONS:

- 1) Small amount of C&D waste on site at this time. Less than one pickup truck load.
- 2) Operator is conducting annual inspections of the site.
- 3) Make sure all erosion control devices are inspected weekly.
- 4) Make sure that the annual inspection is conducted of the perimeter of the site for any indication of methane disturbances
- 5) Make sure all waste is covered particularly the side slopes.

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

_____ (signature) Phone: 919 508 8519.

Ben Barnes Regional Representative

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

Delivered on :<u>October 5, 2006</u> by		hand delivery	X	US Mail		Certified No. []
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cc: Self
Mark Poindexter, Field Operations Branch Head
John Crowder, Eastern District Supervisor