



**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.: 33G FILE TYPE: COMPLIANCE
Closed MSWLF	HHW	<input type="checkbox"/>	White goods	Incin	T&P	FIRM	
CDLF	Tire T&P / Collection	<input type="checkbox"/>	Tire Monofill	Industrial Landfill	DEMO	SDTF	

Date of Audit: 6/20/2006.

Date of Last Audit: 4/7/2005

**FACILITY NAME AND ADDRESS:**

CITY OF ROCKY MOUNT LAND CLEARING AND INERT DEBRIS LF (phase VII)  
 CITY OF ROCKY MOUNT  
 P.O. DRAWER 1180  
 ROCKY MOUNT, NORTH CAROLINA 27802

**GPS COORDINATES: (Decimal Degrees) N:**35.99492 **E:** 077.75092

**FACILITY CONTACT NAME AND PHONE NUMBER:**

Mr. Doug Roberson Director of Public Works 1252 772 1299, Fax 1 252 972 1173

**FACILITY CONTACT ADDRESS(IF DIFFERENT**

SAME

**AUDIT PARTICIPANTS:**

Ben Barnes NCDENR Solid Waste Section

**STATUS OF PERMIT:**

Active

**PURPOSE OF AUDIT:**

To conduct a comprehensive audit of a LCID 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):**

NONE

**AREAS OF CONCERN AND COMMENTS:**

- 1) Site is receiving too much C&D mixed with the LCID, This material must be removed, disposed of in a facility permitted to receive this type of waste and receipts provided to the Division.

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

\_\_\_\_\_(signature) Phone: 919/571/4700.

*Ben Barnes Regional Representative*

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

<b>Delivered on :<u>July 6, 2006</u>by</b>		Hand delivery	<b>X</b>	US Mail		Certified No. [ ]
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Cc: Self  
Mark Poindexter, Field Operations Branch Head  
John Crowder, Eastern District Supervisor