



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		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: 6/20/2006

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 Ed White Assistant Superintendent Streets Division 252 972 1294

FACILITY CONTACT ADDRESS(IF DIFFERENT)

SAME

AUDIT PARTICIPANTS:

Ben Barnes NCDENR Solid Waste Section, Ed White, City of Rocky Mount

STATUS OF PERMIT:

Active, permit issued 2003 due for review on or about 2008

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:

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- 1) Some C&D was observed on the site but much less than that observed on June 20, 2006. I observed a plastic drum, 12 drain tile, pvc, and some plywood. This material must be removed, disposed of in a facility permitted to receive this type of waste and receipts provided to the Division.

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

Delivered on : <u>October 18, 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