



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	<input checked="" type="checkbox"/>	Transfer		Compost		SLAS		COUNTY: Greene PERMIT NO.: 40-02 FILE TYPE: COMPLIANCE
Closed MSWLF		HHW		White goods	<input checked="" type="checkbox"/>	Incin		T&P		FIRM		
CDLF	<input checked="" type="checkbox"/>	Tire T&P / Collection	<input checked="" type="checkbox"/>	Tire Monofill		Industrial Landfill		DEMO		SDTF		

Date of Audit: July 11, 2006.

Date of Last Audit: [Click and type date]

FACILITY NAME AND ADDRESS:

GREENE CO. C&DLF
 P.O. Box 543
 SNOW HILL, NORTH CAROLINA 28580

GPS COORDINATES: (Decimal Degrees) N: 35.52515 W: 077.69514

FACILITY CONTACT NAME AND PHONE NUMBER:

David Jones 252 747 5720 Fax 252 747 4702 Cell 252 939 5721

FACILITY CONTACT ADDRESS (IF DIFFERENT):

SAME

AUDIT PARTICIPANTS:

Ben Barnes Solid Waste Section

STATUS OF PERMIT:

[Click here and type any comments]

PURPOSE OF AUDIT:

To Conduct a Comprehensive Audit of a Construction and Demolition 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:

Operator Certifications: David Jones due 9/22/2006, Eddie Barfield due May 16, 2009, David Hill due April 7, 2006

- 1) Someone in the office needs to know where the files are when David Jones is not on site.
- 2) County needs to investigate grant for white goods pad.
- 3) Facility appears to be well operated.

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

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_____ (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 : <input type="text" value="Click and type date"/> by	<input type="checkbox"/>	hand delivery	<input type="checkbox"/>	US Mail	<input type="checkbox"/>	Certified No. <input type="text" value=""/>
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cc: Mark Poindexter, Field Operations Branch Head
John Crowder, Eastern District Supervisor.