



North Carolina Department of Environment and Natural Resources

Dexter R. Matthews, Director

Division of Waste Management

Michael F. Easley, Governor
William G. Ross Jr., Secretary
Document ID No. 4551

SOLID WASTE SECTION

May 20, 2008

Mr. Marcus Jones, Director, Engineering and Facility Services
Henderson County
213 First Avenue East
Hendersonville, North Carolina 28792

Subject: Administrative Completeness Review and
Request for Additional Information
Household Hazardous Waste Unit
Henderson County Solid Waste Landfill
Facility
Permit No. 45-01
Henderson County

Dear Mr. Jones:

The Division of Waste Management received your application for the addition of a household hazardous waste (HHW) unit at the Henderson County MSWLF Facility on January 28, 2008, entitled;

- *Permit to Operate, Household Hazardous Waste Facility, for, Henderson County Soil Waste, MSWLF Facility Permit No. 45-01.* Prepared for Henderson County. Prepared by Mountain Environmental Group. Dated January 24, 2008. Document ID No. 3806.

The Division responded to your application, in my letter dated January 28, 2008, by requesting permit fee payment, prior to processing of the application. Division records now indicate that the County's payment of a permit modification fee, for the described activity, was received on May 7, 2008. Your application is now considered administratively complete.

A preliminary review of the application has been completed, as well. The review indicates that the following additional information will be required to process your application:

2090 US Highway 70, Swannanoa, North Carolina 28778
Phone (828) 296-4500 \ FAX (828) 299-7043 \ Internet <http://wastenotnc.org>
An Equal Opportunity / Affirmative Action Employer – Printed on Dual Purpose Recycled Paper

- Submit a completed "Application For North Carolina Household Hazardous Waste Number" form (enclosed). The form should be submitted to me along with the remainder of the requested information and not sent to the address on the back of the form.
- Submit a comprehensive facility/site plan (drawing), with the location of each unit of the solid waste facility indicated. Include the location of the collection, processing, and storage areas for the proposed household hazardous waste unit.
- Submit an update to the facility's comprehensive Operations Plan, include an operations manual for the proposed HHW unit.
- Submit a contingency plan for the proposed HHW unit, which is designed to prevent or minimize public health or environmental damage in the event of fire, explosion or any discharge of household hazardous waste or their constituents to air, land, ground water or surface water.
- Submit a closure plan which describes how at completion of closure the owner/operator will, remove all household hazardous waste and their residues from the containment system, of the proposed HHW unit.
- Submit a complete copy of the facility's deed information, for permit recordation purposes.

Please return the requested information to me at the address on this letter (one written copy and one electronic copy in .pdf format). Should you have any questions regarding this matter you may contact me at (828) 296-4704.

Sincerely,



Larry Frost
Regional Engineer

Enclosure

cc: Denese Ballew – Mountain Environmental, 1560 Pisgah Drive, Canton, NC 28716

**APPLICATION FOR
 HOUSEHOLD HAZARDOUS WASTE IDENTIFICATION NUMBER**

A household hazardous waste I.D. number shall be required to ship collected materials off-site for treatment and/or processing.
 Please check the appropriate box and fill in the blanks.

Temporary Event

Permanent Facility

OPERATOR/CONTRACTOR

Facility/Event Host				County			
Contact Person				Title			
Mailing Address							
City				State	NC	Zip	
Phone		Fax		E-mail			
On-Site Contractor							
Contact Person				Title			
Mailing Address							
City				State	NC	Zip	
Phone		Fax		E-mail			

TRANSPORTER

Company Name				ID No.			
Contact Person				Title			
Mailing Address							
City				State		Zip	
Phone		Fax		E-mail			

DISPOSER/RECYCLER

Company Name				ID No.			
Contact Person				Title			
Mailing Address							
City				State		Zip	
Phone		Fax		E-mail			

COLLECTION DETAILS

Physical Location of Event/Facility	
Date of Temporary Event (if applicable)	
Materials To Be Collected	
Materials To Be Recycled	
Additional Comments	

CERTIFICATION OF OPERATOR/CONTRACTOR:

I certify that the information supplied is accurate and correct to the best of my knowledge and belief, and that this facility will only accept household hazardous waste. I am authorized to make this request on behalf of the operator at the location given.

Name _____ Title _____

Company _____

Signature _____ Date _____

Purpose: Application for household hazardous waste identification number. This number shall be used to ship collected materials off-site for treatment and/or processing.

Distribution: Mail completed original to the following address:

Division of Waste Management
Solid Waste Section
1646 Mail Service Center
Raleigh, North Carolina 27699-1646

Contact: Bill Patrakis (919) 508-8512

Disposition: This form shall be maintained in accordance with the standards of the Solid Waste Section's Records Disposition Schedule published by the North Carolina Division of Archives and History.

The Solid Waste Section shall assign an identification number upon receipt of application.

***Temporary Day -** Upon completion of a Temporary Collection day, a report on HHW collected, disposed, and recycled shall be returned to the Solid Waste Section.

***Permanent Site -** An annual report on HHW collected, disposed, and recycled shall be returned to the Solid Waste Section.

SOLID WASTE SECTION USE ONLY

Date Received: _____

Date Approved: _____

HHW ID Number: NC__H_____