



North Carolina Department of Environment and Natural Resources
Division of Waste Management

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

SOLID WASTE SECTION

March 18, 2010

Mr. Mark Herman, Public Works Director
City of Newton
Post Office Box 550
Newton, North Carolina 28658

Subject: Permit Modification – Application
City of Newton Land Clearing and Inert Debris Landfill (LCID)
Permit No. 18-11
Catawba County, DIN 10086

Dear Mr. Herman:

On March 17, 2010 you contacted me, by phone, regarding a Facility Compliance Audit prepared by Mr. Charles Gerstell Senior Environmental Specialist for the Division of Waste Management, dated February 12, 2010, at the City's LCID Landfill Facility. The Audit noted that the Facility was receiving, storing, processing and distributing yard waste without permit approval. In our phone conversation you requested information for the proper permitting of the Facility. The following information is provided to assist you in preparing the City's permit application.

There are four (4) types of composting units described in the North Carolina Administrative Code (NCAC). Each "Type" is further designated as a "Small" or a "Large" unit depending on the volume processed. Therefore the rules provide for eight possibilities for permitting composting operations. The Administrative Code does simplify these eight permitting possibilities into two (2) distinct permitting paths. The first path is for "Small Type 1" composting units only (15A NCAC 13B .1402(g)). The second path is for all other "Types".

Small Type 1 Composting Unit requirements

- "Type 1" units may receive yard and garden waste, silviculture waste, untreated and unpainted wood waste or any combination of these wastes, (15A NCAC 13B .1402(f)(1)).
- "Small" units shall process or store less than 6000 cubic yards of material per quarter and occupy less than two acres of land, (15A NCAC 13B .1402(f)(6)).
- The Unit must be located within the permitted solid waste management facility boundary.
- The operator of the process/unit must agree to operate in accordance with 15A NCAC 13B .1404(a)(1)-(10).



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- The unit must be operated in accordance with all other state or local laws, ordinances, rules, regulations or orders, (.1402(g)(3)(C)).
- The unit cannot be located over a closed landfill. (.1402(g)(3)(D))
- Safety measures must be taken to prevent fires and access to fire equipment or fire fighting services is provided.
- The primary operational requirement of "Small Type 1" units is the compost process must be maintained at or above 131 degrees Fahrenheit (55 degrees Celsius) for three days and aerated to maintain the elevated temperatures (.1406(10)).
- Distribution of finished product from a "Small Type I" unit shall be as follows: Compost or mulch that is produced at a "Small Type I" unit and that contains minimal pathogenic organisms, is free from offensive odor, and contains no sharp particles that would cause injury to persons handling the compost, shall have unrestricted applications and distributions if directions are provided with the compost product. Directions shall include any restrictions on use of the product, recommended safe uses and application rates.
- I have attached the simple application for this type facility.

All Other Types of Composting Units

- The City must comply with all appropriate requirements of 15A NCAC 13B .1400.
- Should the City be interested in any of the other types of composting units I recommend the City consult an experienced engineering consulting firm.

Please note that the City shall cease all un-permitted operations until it has an approved permit, the City's permitted LCID landfill, once constructed, is approved to receive yard waste. Finally, the City will be invoiced a \$250.00 permit modification fee once a complete application has been received. I will be your contact for this application so please address all of your questions and your application to me, at the address below. If you should have any questions regarding this matter you may contact me at (828) 296-4704 or my email address Larry.Frost@ncdenr.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry Frost".

Larry Frost
Regional Engineer

cc: Charles Gerstell – SWS/MRO
Deb Aja – SWS/ARO

North Carolina Department of Environment and Natural Resources
Division of Waste Management
Solid Waste Section

Type I Small Composting Unit Permit Modification

Pursuant to 15A NCAC 13B .1402(g)(3), the owner or operator requesting any Type 1 Small composting unit which is located within the facility boundary of a permitted solid waste facility and which processes and stores less than 6,000 cubic yards of material quarterly shall submit this information for a permit modification.

1. Site Name: _____ Permit Number: _____

2. Facility location (main entrance): _____

City: _____ County: _____ Zip: _____

Enclose a site drawing which includes the location of the proposed composting unit in relationship to other operations within the permitted facility boundary and occupies an area of less than 2 acres. An amendment or editing of an approved drawing of the permitted facility site can be used and the location of the proposed activity accurately located on the drawing.

3. Name of site operator: _____

4. Mailing address of site operator: _____

City: _____ State: _____ Zip: _____

5. Telephone number of site operator: () _____

6. Name of property owner (if different): _____

7. Mailing address of owner: _____

City: _____ State: _____ Zip: _____

8. Telephone number of property owner: () _____

9. Type of waste received [i.e., leaves, grass clippings, land clearing debris (wood, stumps, etc.) and source (land clearing activity or landscaping and yard maintenance)]: _____

10. Amount of waste received quarterly: _____

11. Amount of waste removed quarterly: _____

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS
(over)

12*. Description of composting process to be used: Please attach a copy of the updated portions to the facility's Operations Plan for the Composting Unit activity, which shall include a description of the process.

13*. Intended distribution of finished product: _____

14. Certification:

To the best of my knowledge and belief, I certify the information provided in this permit modification is true, accurate, and complete. Furthermore, I understand the requirements for a Type 1 Small Compost unit as outlined in .1402(f)(1)&(6), .1402(g), .1404(a)(1)-(9) and .1406(10) of the Solid Waste Compost Rules.

Name of Authorized Agent	Signature	Date
(SEAL)	NOTARY PUBLIC	
	My commission expires:	_____

*12. The description of the compost process must minimally include formation of wind rows and annual turning of leaves. If additional processing is done, explain briefly; i.e., usage of tub grinder, monthly aeration, etc.

*13. Explain briefly how the compost from your site is to be used.

INSTRUCTIONS

Purpose: Permit modification Type 1 Small composting units located within the permitted facility boundary of a solid waste facility is required by 15A NCAC 13B .1402(g)(3). A permit is required for facilities storing and processing more than 6,000 cubic yards of material quarterly. Contact the Solid Waste Section/Permitting Branch at the address below for more information.

Distribution: Mail two (2) completed original(s) and one (1) electronic copy (in .pdf format) to the following address:
Division of Waste Management
Solid Waste Section
Larry Frost, Permitting Engineer
2090 US Highway 70
Swannanoa, North Carolina 29778
Phone – (828) 296-4704

Disposition: This form will be transferred to the State Records Center when reference value ends. Records will be held for agency in the State Records Center five (5) additional years and then transferred to the custody of the Archives.

Acknowledgement: No composting activities shall commence on the proposed site until the Owner/Operator has received a permit to operate from the Division of Waste Management, Solid Waste Section, Permitting Branch.