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Backus	07/06/2012	16879	4702-TRANSFER-1994



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

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

July 6, 2012

Mr. Don Russell
Solid Waste Director
Hoke County
P. O. Box 179
Raeford, NC 28376

Subject: Application Completeness and Technical Review
Hoke County Transfer Facility
Permit No. 47-02T, Hoke County, Document ID No. 16879

Dear Mr. Russell:

The Division of Waste Management, Solid Waste Section (Section) received your request for a permit amendment for the continued operation of the Hoke County Transfer Facility (Permit No. 47-02T) (DIN 16778) and the appropriate permit fee. Your application is considered complete within the context of NCGS §130A-295.8(e).

A determination of completeness means that the application includes all required components but does not mean that the required components provide all of the information that is required for the Section to make a decision on the application.

Under NCGS §150B-3, when an applicant makes a timely and sufficient application for issuance or renewal of a permit, the existing permit does not expire until a final decision on the application is made. Therefore, until the final decision is made, you are authorized to continue operation of the Hoke County Transfer Facility in accordance with your most recent Solid Waste Permit and the Solid Waste Management Rules (15A NCAC 13B).

Based on my review of your application, I have the following comments. The format of our permits has changed. We now include deed information. I could not find the deed in the information I have available and I could not download it from the Register of Deeds. Please provide a copy of the deed.

1. Please provide a drawing or aerial photo of the site that is up-to-date and includes the on buildings, scales, storage areas, roads, fences, gates, etc. that support the waste management activities stated in the application. Include labels to identify key buildings and storage areas. This can be included in an appendix.

2. The Section has a "Fire Occurrence Notification" that is accessible online at <http://portal.ncdenr.org/web/wm/sw/forms> under the "Fire" heading. I have attached it for your reference and use.
3. The operation plan should include a section on recordkeeping. It should describe, in general terms, the information you collect in operating the facility. For example, waste coming in and going out, training records, leachate/wash-down water tank levels or pumping, waste inspection records, etc.
4. For special wastes, include any additional actions or requirements. For example, I would assume that the refrigerant is removed from white goods before they leave the transfer station and that you have a limit of tire storage.

Please make changes to the operation plan as appropriate and send to me.

In addition to the Operations Plan and fee, an Environmental Compliance Review must be conducted in accordance with NCGS §130A-295.3 before a permit can be issued. Mr. Allen Gaither will be contacting you regarding information needed to satisfy this requirement.

If you have any questions regarding this matter, please contact me at (919) 707-8257 or by email at pat.backus@ncdenr.gov.

Sincerely,



Patricia Backus, P.E.
Environmental Engineer
Solid Waste Section

Encl

cc: Ed Mussler, P.E., Permitting Branch Head
Dennis Shackelford, Eastern District Supervisor
Drew Hammonds, Environmental Senior Specialist

**SOLID WASTE MANAGEMENT FACILITY
 FIRE OCCURRENCE NOTIFICATION
 NC DENR Division of Waste Management
 Solid Waste Section**



Notify the Section verbally within 24 hours and submit written notification within 15 days of the occurrence.
(If additional space is needed, use back of this form.)

NAME OF FACILITY: _____ PERMIT # _____

DATE AND TIME OF FIRE: _____ @ _____

HOW WAS THE FIRE REPORTED AND BY WHOM:

LIST ACTIONS TAKEN:

WHAT WAS THE CAUSE OF THE FIRE:

DESCRIBE AREA, TYPE, AND AMOUNT OF WASTE INVOLVED:

WHAT COULD HAVE BEEN DONE TO PREVENT THIS FIRE:

DESCRIBE PLAN OF ACTIONS TO PREVENT FUTURE INCIDENTS:

NAME: _____ TITLE: _____ DATE: _____

 THIS SECTION TO BE COMPLETED BY SOLID WASTE SECTION REGIONAL STAFF
 DATE RECEIVED _____
 List any factors not listed that might have contributed to the fire or that might prevent occurrence of future fires:

FOLLOW-UP REQUIRED:
 NO PHONE CALL SUBMITTAL MEETING RETURN VISIT BY: _____ (DATE)

ACTIONS TAKEN OR REQUIRED:
