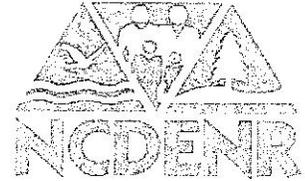


**SOLID WASTE MANAGEMENT FACILITY
FIRE OCCURRENCE NOTIFICATION
NC DENR Division of Waste Management
Solid Waste Section**



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: Johnston County Landfill PERMIT # 51-03

DATE AND TIME OF FIRE: 5/17/13 @ 4:35:00 PM

HOW WAS THE FIRE REPORTED AND BY WHOM:
The C&D Landfill Operator reported a waste fire to landfill supervision by using a two way radio. NCDENR Solid Waste Inspector, Mary Whaley was notified by phone the same day at 5:15 PM.

LIST ACTIONS TAKEN:
The LF Operator pushed the smoldering waste off of the working area then covered it with soil.

WHAT WAS THE CAUSE OF THE FIRE:
We think a burning cigarette may have been dropped into the load by the driver or someone on the original job site. No ignition source or catalyst was found during the investigation.

DESCRIBE AREA, TYPE, AND AMOUNT OF WASTE INVOLVED:
The fire was in the C&D Landfill operating area (less than 50' x 50') and the smoldering waste was less than 1 yd³.

WHAT COULD HAVE BEEN DONE TO PREVENT THIS FIRE:
The hauler may or may not have noticed something while hauling the load. There was no visible smoke from the vehicle when the load was delivered to the landfill. The smoldering waste was not noticed until the hauler had already left the landfill area. The reaction time by LF Staff to identify and cover the smoldering waste was less than 5 minutes. We see no rational way that landfill staff could have prevented this fire.

DESCRIBE PLAN OF ACTIONS TO PREVENT FUTURE INCIDENTS:
Smoking is already prohibited in the landfill area. This was a unique situation where a small amount of smoldering material was in the bottom of a container filled with C&D waste and it only began smoking after it was dumped and pushed. This sort of fire happens infrequently. We plan to continue training operators to recognise problems and communicate emergencies to the proper supervision then react appropriately.

NAME: Rick Proctor TITLE: Solid Waste Manager DATE: 5/20/13

THIS SECTION TO BE COMPLETED BY SOLID WASTE SECTION REGIONAL STAFF

DATE RECEIVED 5-20-13 MBW

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:
N/A