

WAKE Co. 2003

9233T2003

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



Michael F. Easley, Governor
William G. Ross Jr., Secretary
Dexter R. Matthews, Director

October 24, 2003

Mr. J. Russell Allen, City Manager
City of Raleigh
222 West Hargett Street
Raleigh, North Carolina 27602

Subject: City of Raleigh Transfer Facility
Permit # 92-33T
Raleigh, Wake County, North Carolina

Dear Mr. Allen:

Enclosed is a Permit to Construct for the referenced solid waste Transfer Facility and the accompanying conditions for the above referenced facility.

Please note Construction Condition #4, which identifies the pre-operational requirements for this facility that need to be met prior to the issuance of a Permit to Operate. Please review the conditions of the permit carefully and if you have any questions or comments please contact Jim Barber in the Raleigh Central Office (919)733-0692 Ext: 255 or Robert Hearn at (919) 571-4700 for the pre-operational site inspection.

Sincerely,

Jim Barber
Permitting Branch Supervisor
Solid Waste Section

cc: Jim Coffey
Mark Fry
Robert Hearn
Raleigh Central File - Wake County (92-33T)
John Bove - Hazen & Sawyer

1646 Mail Service Center, Raleigh, North Carolina 27699-1646
Phone: 919-733-0692 \ FAX: 919-733-4810 \ Internet: www.enr.state.nc.us/

FACILITY PERMIT NO: 92-33T
ORIGINAL DATE ISSUED(PTC): 10/24/03
ORIGINAL DATE ISSUED(PTO): XX/XX/0X

STATE OF NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT
1646 MAIL SERVICE CENTER; RALEIGH, N.C. 27699-1646

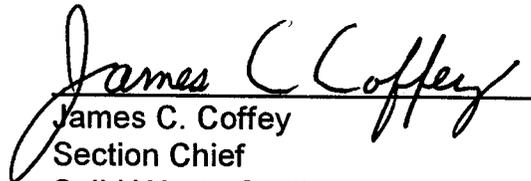
SOLID WASTE PERMIT

CITY OF RALEIGH

is hereby issued a PERMIT TO CONSTRUCT a

TRANSFER FACILITY

located at 4130 New Bern Ave., located adjacent to and on the property of the closed City of Raleigh landfill, in the City of Raleigh, Wake County, North Carolina in accordance with Article 9, Chapter 130A-294 of the General Statutes of North Carolina and all rules promulgated thereunder and subject to the conditions set forth in this permit. The facility is located and described by the construction plan submitted and the permit application narrative.


James C. Coffey
Section Chief
Solid Waste Section
Division of Waste Management

PERMIT NUMBER: 92-33T
ORIGINAL DATE ISSUED(PTC): October 24, 2003
ORIGINAL DATE ISSUED(PTO): XX/XX/0X
FACILITY NAME: CITY OF RALEIGH TRANSFER STATION
RALEIGH, NORTH CAROLINA

CONDITIONS OF PERMIT (CONSTRUCTION)

1. This permit is for construction of a MSW transfer station and related infrastructure at the City of Raleigh Transfer Facility, located at the closed City of Raleigh landfill, in accordance with the plans in the permit submittal document dated August 2002 and received on 26 September 2002. Any revisions or modifications to these plans shall be approved by the N.C. Solid Waste Section.
2. All sedimentation and erosion control activities shall be conducted in accordance with the Sedimentation Control Act, 15A NCAC 4, the letter dated 23 September 2003 and all other applicable state, federal and local permits secured prior to construction.
3. All earth disturbing activities will be conducted in accordance with all federal, state, and local requirements.
4. The following requirements shall be met prior to receiving a "PERMIT TO OPERATE" from the Solid Waste Section:
 - a. Site inspection shall be made by a representative of the N.C. Solid Waste Section.
 - b. Site preparation shall be in accordance with the approved construction plan, unless revisions or modifications are presented to the N.C. Solid Waste Section for approval. Three sets of "As-built" drawings shall be submitted with the project engineers certification, indicating that the transfer station and related infrastructure was constructed in accordance with the plans.
 - c. A "final" operations plan shall be submitted for the transfer facility with the following items addressed:
 - a. Finalized service area of the transfer station;
 - b. Identify receiving landfill for waste disposal and address the service area of the proposed receiving facility;
 - c. Location of collection drains in the trailer loading area and location of said drains on the as-built drawings;
 - d. The permit number and the words "No hazardous or liquid wastes accepted" shall be posted on an entrance sign with the facility name, permit number and emergency contact number. Site access controls shall be installed and operational.

ATTACHMENTS

1. Transfer Station application dated 24 September 2002, received 26 September 2002, that included:
 - d. Site plans, architectural plans and structural plans;
 - e. Engineering Report;
 - f. Operational plan.
2. Environmental Assessment: City of Raleigh Solid Waste Transfer Facility document dated 2 August 2001.
3. Letter dated 23 September 2003 from the Division of Land Quality addressing the approval of the erosion and sedimentation control plan for the transfer station.
4. Letter dated 17 December 2001 from the Department of Administration addressing the EA prepared for the transfer station.

Circle one: Add New Facility

Edit Existing Facility
(only list permit # and info. that has changed)

Add C&D Unit

SW SITES DATABASE

PERMIT NUM: (10) 92-33
SITE NAME: (40) CITY OF RALEIGH TRANSFER STATION
SITE ADDRESS: (30) 4130 NEW BERN AVE.
SITE CITY: (25) RALEIGH COUNTY: WAKE

FACILITY TYPE DATABASE

FACILITY TYPE (circle one): LF I T TP MRF C YW

WASTE TYPE :
(check only the main type of waste received)

MSW ✓
IND _____
CD _____
LCID _____
MED _____
TIRE _____
TIRE COLL _____
OTHER (list) _____

FACILITY INFO DATABASE

STATUS: OPEN CLOSED INACTIVE

LINED: YES NO

PUB/PRIV: PUBLIC PRIVATE

REGIONAL: YES NO

IF REGIONAL, LIST COUNTIES _____

APPLICANT DATABASE

APPLICANT NAME: (25) J. RUSSELL ALLEN

APPLICANT TITLE: (30) CITY MANAGER

APPLICANT ROAD: (30) 222 WEST HARGETT ST.

APPLICANT CITY: (20) RALEIGH STATE:(2) NC ZIP: (10) 27602

APPLICANT PHONE: 919-890-3000 APPLICANT FAX: 890-3058

CONTACT NAME: (25) GERALD LATTA

CONTACT TITLE: (30) SOLID WASTE DIRECTOR

CONTACT ROAD: (30) SAME.

CONTACT CITY: (20) RALEIGH STATE:(2) NC ZIP: (10) _____

CONTACT PHONE: 919-831-6890 CONTACT FAX: 919-831-6632

OPERATOR NAME:(25) _____

OPERATOR TITLE:(30) _____

OPERATOR ROAD:(30) _____

OPERATOR CITY: (20) _____ STATE:(2) _____ ZIP: (10) _____

OPERATOR PHONE: _____

Signature: [Signature] Date Completed: 12/3/03