N0090 TD I

023

NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

Type of Facility LCID Permit # notification County Northampton Co

Name of Facility Northampton Co LCID Location Hwy 305N Jackson

Date of Last Evaluation _____

I. Permit Conditions Followed ____ Yes ____ No ✓ N/A

A. Specific Condition(s) Violated _____

LCID N66 Com Northampton Co.
LCID N0090

Fac/Perm/Co ID #	Date	Doc ID#
Carson J.	2/25/09	DIN

II. Operational Requirements Followed ✓ Yes ____ No

15A N.C. Admin. Code 13B Section _____

A. Specific Violation(s) by number and letter.

(T)

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments _____

V. Continuation Page Required? ____ Yes ✓ No Receiving Signature Debra Stokes

Evaluation Date June 20, 1997 Solid Waste Section Benjamin F. Barnes

DEHNR 3793 (Part I White: Facility Part II Canary: Central Office Part III Pink: Regional Office)

Solid Waste Section (Review 7/94)

Purpose: G.S. 130A-294 requires that an evaluation program be established for the operation of solid waste management facilities on a statewide basis. The Solid Waste Management Act and Solid Waste Management Rules codified at 15A NCAC 13B list requirements which must be followed by solid waste facilities.

Instructions: Solid Waste Section personnel shall complete the evaluation form each time they conduct official evaluations. The form shall be signed by the person(s) receiving the report.

Distribution: Part I White: facility copy
Part II Canary: Raleigh central office file copy
Part III Pink: Regional office file copy

Disposition: This form may be retained in accordance with the Record Retention and Disposition Schedule of the Solid Waste Section, Solid Waste Management Division of the Department of Environment, Health and Natural Resources.

NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

N0293
023

Type of Facility LCID Permit # Notification County Northampton Co

Name of Facility Northampton Solid Waste Facility Location Hwy #305 N Jackson

Date of Last Evaluation _____

I. Permit Conditions Followed ____ Yes ____ No ✓ N/A

A. Specific Condition(s) Violated _____

1997 MAR 4 Received Solid Waste Section

II. Operational Requirements Followed ✓ Yes ____ No

15A N.C. Admin. Code 13B Section _____

A. Specific Violation(s) by number and letter.

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments _____

V. Continuation Page Required? ____ Yes ✓ No Receiving Signature _____

Evaluation Date March 4, 1997 Solid Waste Section Ben Barnes

DEHNR 3793 (Part I White: Facility Part II Canary: Central Office Part III Pink: Regional Office)

Solid Waste Section (Review 7/94)

I ID
P05537
N0090 P0107 ?
I 3/28/96

NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

Type of Facility LCID Permit # Notification County Northampton

Name of Facility Northampton Co. S.W. Facility Location Hwy 305 N Jackson

Date of Last Evaluation

I. Permit Conditions Followed ✓ Yes ___ No ✓ N/A

A. Specific Condition(s) Violated

II. Operational Requirements Followed ✓ Yes ___ No

3/28/96

15A N.C. Admin. Code 13B Section

A. Specific Violation(s) by number and letter.

III. Other Violations of Rule or Law

IV. Evaluator's Comments

V. Continuation Page Required? ___ Yes ✓ No Receiving Signature Melissa Stokes

Evaluation Date March 11, 1996 Solid Waste Section Ben Barnes

DEHNR 3793 (Part I White: Facility Part II Canary: Central Office Part III Pink: Regional Office)

Solid Waste Section (Review 7/94)

TFD
N0090

NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

Type of Facility LCID Permit # notification County Northampton

Name of Facility Northampton Solid Waste Facility Location Hwy 305 North

Date of Last Evaluation _____

I. Permit Conditions Followed ____ Yes ____ No ✓ N/A

A. Specific Condition(s) Violated _____

II. Operational Requirements Followed ____ Yes ✓ No

15A N.C. Admin. Code 13B Section .0566

A. Specific Violation(s) by number and letter.

(2) The facility shall accept only those wastes which it is permitted to receive

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments plywood must be removed from facility

V. Continuation Page Required? ____ Yes ✓ No Receiving Signature sent certified

Evaluation Date August 30, 1995 Solid Waste Section Bla Barnes

DEHNR 3793 (Part I White: Facility Part II Canary: Central Office Part III Pink: Regional Office)

Solid Waste Section (Review 7/94)