

NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

D
N0096

Type of Facility LCID Permit # NOTIFICATION County CARTERET

Name of Facility Willis #1 Location END OF JONES RD

Date of Last Evaluation 1 MAR 96

I. Permit Conditions Followed Yes No N/A

A. Specific Condition(s) Violated

LCIDN16 Com Willis No. 1
N0096

II. Operational Requirements Followed Yes No

15A N.C. Admin. Code 138 Section _____

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

III. Other Violations of Rule or Law

IV. Evaluator's Comments facility looks good, be careful not to put any waste

in water. Thank you.

V. Continuation Page Required? Yes No Receiving Signature _____

Evaluation Date 30 MAY 96 Solid Waste Section Joe Galla

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.

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NOO 8 8
96
3/17/96

Type of Facility LCIO Permit # NOTIFICATION County CARTERET

Name of Facility Willis # 1 Location END OF JONES RD

Date of Last Evaluation 27 OCT 95

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 _____

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

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments site looks good, remember you need to cover all waste every 30 days. I noticed a small amount of unpermitted waste which needs to be removed.

V. Continuation Page Required? Yes No Receiving Signature _____

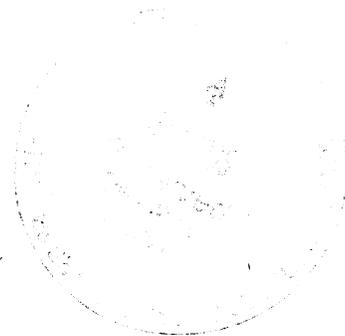
Evaluation Date 1 MAR 96 Solid Waste Section Joe Lally

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Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

NOV 1996

Type of Facility LCFD Permit # _____ County CARTERET

Name of Facility WILLIS #1 Location END OF JONES RD

Date of Last Evaluation N/A

I. Permit Conditions Followed _____ Yes _____ No N/A

A. Specific Condition(s) Violated _____

NOV 1995

II. Operational Requirements Followed _____ Yes No

15A N.C. Admin. Code 138 Section .0566 (16)

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

requires that a sign be posted at the facility entrance showing a contact name and emergency phone number. No sign was posted at the time of this inspection.

III. ~~Other Violations of Rule or Law~~ *Comments: This was your first inspection, you will need to post a sign at the entrance listing a contact name & emergency phone #. Also remember to keep your*

IV. Evaluator's Comments *gate locked when facility is not in use and remember the cover, compaction and no burning regulations stated in the operational requirements .0566(3),(4),(12).*

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

Evaluation Date 27 OCT 95 Solid Waste Section Joe Galle

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