Not in dbf

NC

N0425

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 ONSLOW

Name of Facility SPARKS CREEK Location SWANSBORO

Date of Last Evaluation N/A

I. Permit Conditions Followed ____Yes ____No ✓ N/A

A. Specific Condition(s) Violated

LCIDN67ComSparksCreek
N0425

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

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 This is your first inspection, everything needed is in place your gate is up and secured your sign is posted. We have already discussed the rules and you are ready to start operation.

V. Continuation Page Required? ✓ Yes ____No Receiving Signature

Evaluation Date 9 MAY 96 Solid Waste Section Joe Galb

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.

FACILITY EVALUATION REPORT
CONTINUATION PAGE

SPACKS CREEK LCID - ONSLOW

Permit # NOTIFICATION

Evaluation Date 9 MAY 96

I. Permit Condition(s) Violated:

A. Specific Condition(s) Violated

II. Operational Requirements Followed

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

III. Other Violations of Rules or Law

IV. Evaluator's Comments Thank you for your cooperation and patients, If you have any questions about this inspection or the operation of your facility please call me @ 910-395-3900