



**FACILITY COMPLIANCE DIT REPORT**  
**Division of Waste Management**  
**Solid Waste Section**

N0669  
 Notified  
 LCID

<b>UNIT TYPE:</b>											
Lined MSWLF		LCID	<b>X</b>	YW		Transfer		Compost		SLAS	COUNTY: GUILFORD PERMIT NUMBER: NOTIFICATION FILE TYPE: COMPLIANCE
Closed MSWLF		HHW		White Goods		Incin		T&P		FIRM	
CDLF		Tire T&P / Collection		Tire Monofill		Industrial Landfill		DEMO		SDTF	

Date of Audit: August 25, 2005

Date of Last Audit: June 17, 2005

**FACILITY NAME AND ADDRESS:**

Proctor Land Clearing and  
 Inert Debris Landfill Notification Site  
 Hwy 150 West  
 Greensboro, NC 27455

LCIDN41 Com Proctor N0669

**FACILITY CONTACT NAME AND PHONE NUMBER:**

Brenda P. Winfree  
 (336) 643-5022



**FACILITY CONTACT ADDRESS:**

830 Hwy 150 West  
 Greensboro, NC 27455

**AUDIT PARTICIPANTS:**

James B. Bealle III, Environmental Technician/SWS

**STATUS OF PERMIT:**

N/A

**PURPOSE OF AUDIT:**

Follow-up Landfill Audit

**NOTICE OF VIOLATION(S) (citation and explanation):**  
 No violation(s).

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

**STATUS OF PAST NOTED VIOLATIONS:**

Reference – “Facility Compliance Audit Report, Notice of Violation(s)” dated June 17, 2005:

15A N.C.A.C. 13B, Section .0566(4) – **RESOLVED**; Soil cover has been addressed.

FACILITY COMPLIANCE AUDIT REPORT  
Division of Waste Management  
Solid Waste Section

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**OTHER COMMENTS/SUGGESTIONS:**

All operations appear to be well maintained.

Please contact me if you have any questions or concerns regarding this Audit Report.



(signature) Phone: (704) 663-1699

*Regional Representative*

**Distribution: original signed copy to facility -- signed copy to compliance officer -- e-mail or copy to super**

Delivered on: <u>August 26, 2005</u> by		Hand Delivery	<b>X</b>	US Mail		Certified Mail <input type="checkbox"/>
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Revised 11/20/03 11:57 AM

**FACILITY COMPLIANCE DIT REPORT**  
**Division of Waste Management**  
**Solid Waste Section**

NØ669  
Notified LCI

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Date of Audit: June 17, 2005

Date of Last Audit: N/A

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 Inert Debris Landfill Notification Site  
 Hwy 150 West  
 Greensboro, NC 27455

**FACILITY CONTACT NAME AND PHONE NUMBER:**

Brenda P. Winfree  
 (336) 643-5022

**FACILITY CONTACT ADDRESS:**

830 Hwy 150 West  
 Greensboro, NC 27455

**AUDIT PARTICIPANTS:**

Tamika M. Kinney, Intern/SWS  
 James B. Bealle III, Environmental Technician/SWS



**STATUS OF PERMIT:**

N/A

**PURPOSE OF AUDIT:**

Complaint Investigation

**NOTICE OF VIOLATION(S) (citation and explanation):**

*15A N.C.A.C. 13B, Section .0566(4)* – “Adequate soil cover shall be applied monthly, or when the active area reaches one (1) acre in size, whichever occurs first.” You are in violation of *Section .0566(4)*. Cover all LCID waste with a minimum of one (1) foot of suitable soil cover sloped to allow surface water runoff in a controlled manner by **August 31, 2005**.

You are hereby advised that, pursuant to N.C.G.S. 130A-22, an administrative penalty of up to \$5,000 per day may be assessed for each violation of the Solid Waste Statute or Regulations. If the violation(s) noted here continue, you may be subject to enforcement actions including penalties, injunction from operation of a solid waste management facility or a solid waste collection service and any such further relief as may be necessary to achieve compliance with the North Carolina Solid Waste Management Act and Rules.

**STATUS OF PAST NOTED VIOLATIONS:**

N/A

FACILITY COMPLIANCE AUDIT REPORT  
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Solid Waste Section

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**OTHER COMMENTS/SUGGESTIONS:**

Please keep me informed of your progress. Upon completion, a Follow-up Landfill Audit is required. Thank you in advance for your cooperation.

Please contact me if you have any questions or concerns regarding this Audit Report.



(signature) Phone: (704) 663-1699

*Regional Representative*

**Distribution: original signed copy to facility -- signed copy to compliance officer -- e-mail or copy to super**

Delivered on: <u>July 20, 2005</u> by		Hand Delivery		US Mail	X	Certified Mail [ <u>7003 2260 0001</u> <u>3550 0550</u> ]
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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 Guilford

Name of Facility PROCTOR LCID Location US 150

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 138 Section \_\_\_\_\_

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

III. Other Violations of Rule or Law \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. Evaluator's Comments NO ACTIVITY AT SITE  
\_\_\_\_\_  
\_\_\_\_\_

V. Continuation Page Required?  Yes  No Receiving Signature \_\_\_\_\_

Evaluation Date 10/20/00 Solid Waste Section [Signature]