



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

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

March 20, 2012

CERTIFIED MAIL 7010 3090 0001 4226 3219
RETURN RECEIPT REQUESTED

Mr. J. Bryan Smith
Atlantic Sewage Control
PO Box 2560
Kitty Hawk, NC 27949

SUBJECT: **Notice of Violation**
Atlantic Sewage Control
SLAS-27-18
SR 1124 in Currituck County

Dear Mr. Smith:

On January 9, 2012, Mr. Chester R. Cobb with the State of North Carolina, Division of Waste Management Solid Waste Section received the application for renewal of septage land application site permit, SLAS-27-18. Upon the review of the submitted documents, the following violations were noted:

- A. **15A NCAC 13B .0835(g)** states "Applications for renewal permits shall be submitted to the Division at least 90 days prior to the expiration date of the permit. The Division shall notify permit holders of facility permit expiration dates 120 days prior to permit expiration." The application for renewal of permit, SLAS-27-18, was received on January 9, 2012. However, the permit for SLAS-27-18 had expired on January 7, 2012.
- B. **15A NCAC 13B .0838(a) (18)** states "Approved nutrient management plans shall be followed." Upon review of the submitted septage land application logs for 2011, it was noted that the applied amount for Field 2 exceeded the maximum permitted application amount by 11,000 gallons in November. The nutrient management plan has an application rate of 10,000 gal/ac listed for Field 2 in November. Thus, a maximum of 45,000 gallons (10,000 gal/ac * 4.5 ac) could be applied to Field 2 in November. The submitted records show 56,000 gallons applied to Field 2 in November 2011.

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COMPLIANCE SCHEDULE

Based upon the foregoing, Atlantic Sewage Control shall immediately come into compliance with all requirements of the application regulations in 15A NCAC 13B .0835(g) and .0838(a) (18) by completing the following:

- A. In the future, Atlantic Sewage Control shall submit the application for permit renewal 90 days prior to the expiration date of the permit.
- B. Atlantic Sewage Control shall insure that the monthly application rates along with the maximum annual application rate, 100,000 gal/ac/yr, are not exceeded on a site or field basis.
- C. Atlantic Sewage Control shall provide written certification on company letterhead confirming the noted compliance schedule has been completed. Include in this certification any actions taken to prevent these violations from occurring in the future and any supporting documentation. **Mail this certification to Chester R. Cobb at 1646 Mail Service Center, Raleigh, NC 27699-1646 within 14 days of receipt of this letter.**

Failure to comply with this schedule may subject the facility and/or all responsible parties 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. Pursuant to N.C.G.S. 130A-22(a) and 15A NCAC 13B .0701-.0707, an administrative penalty of up to \$15,000.00 per day may be assessed for each violation of the Solid Waste Laws, Regulations, Conditions of a Permit, or an Order issued under Article 9 of Chapter 130A of the N.C. General Statutes.

If you have any questions please contact me at (919) 707-8283 or e-mail chester.cobb@ncdenr.gov.

Sincerely,



Chester R. Cobb
Solid Waste Section

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Diane Kent</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (<i>Printed Name</i>) <i>Diane Kent</i></p> <p>C. Date of Delivery <i>MAR 23 2012</i></p>
<p>1. Article Addressed to:</p> <p>MR J BRYAN SMITH ATLANTIC SEWAGE CONTROL PO BOX 2560 KITTY HAWK NC 27949</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>
<p>2. Article Number: (<i>Transfer from service label</i>)</p>	<p>7010 3090 0001 4226 3219</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	