

5303Com - Batch No. _____

15

LEE Co.

5303 Com



FACILITY COMPLIANCE AUDIT REPORT

Division of Waste Management Solid Waste Section

UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	LCID	YW	Transfer	Compost	<input checked="" type="checkbox"/>	SLAS		COUNTY: LEE PERMIT NO.: 53-03 SWC FILE TYPE: COMPLIANCE
Closed MSWLF	HHW	White goods	Incin	T&P		FIRM		
CDFL	Tire T&P / Collection	Tire Monofill	Industrial Landfill	DEMO		SDTF		

Date of Audit: 09-22-2005

Date of Last Audit: 04-21-2005

FACILITY NAME AND ADDRESS:

Town of Sanford Yard Waste Compost Facility
 North Fifth Street
 Sanford, North Carolina

FACILITY CONTACT NAME AND PHONE NUMBER:

Mr. Larry Craig
 (919) 775-8010

FACILITY CONTACT ADDRESS (IF DIFFERENT):

P.O. Box 3729
 Sanford, North Carolina 27331-3729

**AUDIT PARTICIPANTS:**

Steve Flynn, Town of Sanford, Supervisor
 Gary Graham, Town of Sanford, Operator
 Flint Worrell, DENR, Waste Mgmt. Specialist

STATUS OF PERMIT:

PERMIT MODIFICATION: 09/27/2004

PURPOSE OF AUDIT:

Comprehensive Audit

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

NONE

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):

NA

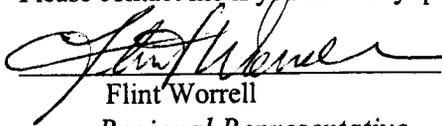
OTHER COMMENTS /SUGGESTIONS:

1. The records of windrow temperatures were recorded in the daily log. (by operator G. Graham)
2. The chicken manure is still being mixed into the waste as soon as possible as to minimize air exposure to the neighborhood. I did not observe any off site odors from the facility.
3. The facility was in great shape, windrows were neat and clean.
4. There was a large stockpile of LCID material to be grinded and few windrows.

FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

Page 2 of 2

Please contact me if you have any questions or concerns regarding this audit report.

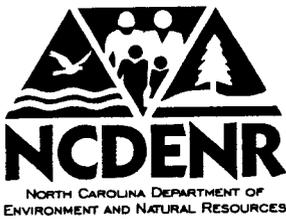


Phone: (910)-486-1541 Ext. 751

Flint Worrell
Regional Representative

Delivered on 09-27-2005 by		hand delivery	<input checked="" type="checkbox"/>	US Mail		Certified No. <input type="checkbox"/>
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Mark Poindexter, NCDENR-Solid Waste Section
John Crowder, NCDENR-Eastern Regional Supervisor



FACILITY COMPLIANCE AUDIT REPORT

Division of Waste Management Solid Waste Section



UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	<input type="checkbox"/>	LCID	<input type="checkbox"/>	YW	<input type="checkbox"/>	Transfer	<input type="checkbox"/>	Compost	<input checked="" type="checkbox"/>	SLAS	<input type="checkbox"/>	COUNTY: LEE PERMIT NO.: 53-03 SWC FILE TYPE: COMPLIANCE
Closed MSWLF	<input type="checkbox"/>	HHW	<input type="checkbox"/>	White goods	<input type="checkbox"/>	Incin	<input type="checkbox"/>	T&P	<input type="checkbox"/>	FIRM	<input type="checkbox"/>	
CDLF	<input type="checkbox"/>	Tire T&P / Collection	<input type="checkbox"/>	Tire Monofill	<input type="checkbox"/>	Industrial Landfill	<input type="checkbox"/>	DEMO	<input type="checkbox"/>	SDTF	<input type="checkbox"/>	

Date of Audit: 04-21-2005.

Date of Last Audit: 5-10-2001

FACILITY NAME AND ADDRESS:

Town of Sanford Yard Waste Compost Facility
 North Fifth Street
 Sanford, North Carolina

FACILITY CONTACT NAME AND PHONE NUMBER:

Mr. Larry Craig
 (919) 775-8010

FACILITY CONTACT ADDRESS (IF DIFFERENT):

P.O. Box 3729
 Sanford, North Carolina 27331-3729



AUDIT PARTICIPANTS:

Steve Flynn, Town of Sanford, Supervisor
 Gary Graham, Town of Sanford, Operator
 Flint Worrell, DENR, Waste Mgmt. Specialist

STATUS OF PERMIT:

Review: 09-28-2004

PURPOSE OF AUDIT:

Comprehensive Audit

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

NONE

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 (List all noted last audit):

(no violations noted)

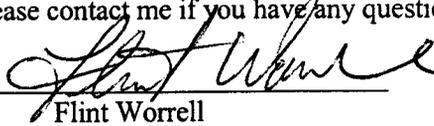
OTHER COMMENTS /SUGGESTIONS:

1. The records of windrow temperatures were recorded in the daily log. (by operator G. Graham)
2. The chicken manure is still being mixed into the waste as soon as possible as to minimize air exposure to the neighborhood. I did not observe any off site odors from the facility. The last recorded odor complaint was in May of 2002.
3. The facility was in great shape, windrows were neat and clean.

FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

Page 2 of 2

Please contact me if you have any questions or concerns regarding this audit report.



Phone: (910)-486-1541

Flint Worrell
Regional Representative

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Mark Poindexter, NCDENR-Solid Waste Section
John Crowder, NCDENR-Eastern Regional Supervisor





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FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	LCID	YW	Transfer	Compost	<input checked="" type="checkbox"/>	SLAS	COUNTY: LEE PERMIT NO.: 53-03 SWC FILE TYPE: COMPLIANCE
Closed MSWLF	HHW	White goods	Incineration	T&P		FIRM	
CDLF	Tire T&P / Collection	Tire Monofill	Industrial Landfill	DEMO		SDTF	

Date of Audit: 2 / 10 / 03

Date of last Audit: 1 / 30 / 03

FACILITY NAME AND ADDRESS:

Town of Sanford Yard Waste Compost Facility
 N. Fifth Street
 Sanford, North Carolina

FACILITY CONTACT NAME AND PHONE NUMBER:

Mr. Larry Craig
 (919) 775-8010

FACILITY CONTACT ADDRESS (IF DIFFERENT):

P. O. Box 3729
 Sanford, North Carolina 27331-3729

AUDIT PARTICIPANTS:

Robert Hearn, DENR, Solid Waste Section

STATUS OF PERMIT:

Due for review; permit expires 3/1/03

PURPOSE OF AUDIT:

Partial audit

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

(no violations noted)

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 (List all noted last audit):

(no violations noted)

OTHER COMMENTS /SUGGESTIONS:

1. Observed manure being incorporated into windrows during visit; did notice substantial odor in vicinity of this operation; discussed management with equipment operator; asked him to try to minimize amount of time that manure is left exposed by incorporation immediately upon delivery and application to the piles; he explained that they were aware of neighbors' concerns and do try to minimize odors;
2. Yard waste has recently been processed; leaf windrows are in great shape.

FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

Page 2 of 2

Please contact me if you have any questions or concerns regarding this audit report.

Robert Hearn (signature) Phone: (919) 571-4700
Regional Representative

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

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FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

+UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	LCID	YW	Transfer	Compost	<input checked="" type="checkbox"/>	SLAS		COUNTY: LEE PERMIT NO.: 53-03 SWC 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: 1 / 30 / 03

Date of last Audit: 10 / 28 / 02

FACILITY NAME AND ADDRESS:

Town of Sanford Yard Waste Compost Facility
 N. Fifth Street
 Sanford, North Carolina

FACILITY CONTACT NAME AND PHONE NUMBER:

Mr. Larry Craig
 (919) 775-8010

FACILITY CONTACT ADDRESS (IF DIFFERENT):

P. O. Box 3729
 Sanford, North Carolina 27331-3729

AUDIT PARTICIPANTS:

Robert Hearn, DENR, Solid Waste Section

STATUS OF PERMIT:

Due for review; permit expires 3/1/03

PURPOSE OF AUDIT:

Partial audit

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

(no violations noted)

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 (List all noted last audit):

(no violations noted)

OTHER COMMENTS /SUGGESTIONS:

1. Facility operations appear consistent with permit and operations plan;
2. Windrows in good shape; runoff minimal.

FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

Page 2 of 2

Please contact me if you have any questions or concerns regarding this audit report.

Robert Hearn (signature) Phone: 919-571-4700
Regional Representative

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

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FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	LCID	YW	Transfer	Compost	<input checked="" type="checkbox"/>	SLAS	COUNTY: LEE PERMIT NO.: 53-03 SWC 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: 10 /28 /02

Date of last Audit: 5/ 10 /02

FACILITY NAME AND ADDRESS:

Town of Sanford Yard Waste Compost Facility
 N. Fifth Street
 Sanford, North Carolina

FACILITY CONTACT NAME AND PHONE NUMBER:

Mr. Larry Craig
 (919) 775-8010

FACILITY CONTACT ADDRESS (IF DIFFERENT):

P. O. Box 3729
 Sanford, North Carolina 27331-3729

AUDIT PARTICIPANTS:

Robert Hearn, DENR, Solid Waste Section

STATUS OF PERMIT:

Due for review; permit expires 3/1/03

PURPOSE OF AUDIT:

Partial audit

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

(no violations noted)

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 (List all noted last audit):

(no violations noted)

OTHER COMMENTS /SUGGESTIONS:

1. Facility appears in good shape; bulk of fall leaf waste not received yet;
2. Storage and processing areas very neat and well kept.

FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

Page 2 of 2

Please contact me if you have any questions or concerns regarding this audit report.

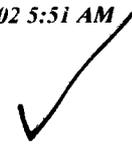
Robert Neavn (signature) Phone: (919) 571-4700
Regional Representative

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FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section



+UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF		LCID		YW		Transfer		Compost	<input checked="" type="checkbox"/>	SLAS		COUNTY: LEE PERMIT NO.: 53-03 SWC FILE TYPE: COMPLIANCE
Closed MSWLF		HHW		White goods		Incineration		T&P		FIRM		
CDLF		Tire T&P / Collection		Tire Monofill		Industrial Landfill		DEMO		SDTF		

Date of Audit: 5/10/02

Date of Last Audit: 12/5/01 ✓

FACILITY NAME AND ADDRESS:

Town of Sanford Yard Waste Compost Facility
 N. Fifth Street
 Sanford, North Carolina

FACILITY CONTACT NAME AND PHONE NUMBER:

Mr. Larry Craig
 (919) 775-8010

FACILITY CONTACT ADDRESS (IF DIFFERENT):

P. O. Box 3729
 Sanford, North Carolina 27331-3729

AUDIT PARTICIPANTS:

Robert Hearn, DENR, Solid Waste Section

STATUS OF PERMIT:

Due for review; permit expires 3/1/03

PURPOSE OF AUDIT:

Comprehensive Audit; complaint investigation

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

(no violations noted)

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 (List all noted last audit):

(no violations noted)

OTHER COMMENTS /SUGGESTIONS:

1. Investigated complaint regarding excess odors resulting from chicken waste on site that is added to waste for as a nitrogen source; did not observe any odors at time of inspection; according to attendant on site, manure is mixed into waste as soon as possible after manure is received so as to minimize exposure of manure to environment; also, manure is unloaded on far (south) side of facility so as to be as far away from neighbors as possible; these measures if followed should minimize odors resulting from this phase of facility operation;
2. Need to regularly record and maintain log of windrow temperatures so as to precisely manage composting

FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

Page 2 of 2

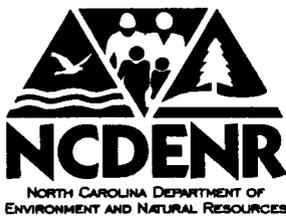
3. Facility is otherwise in great shape; windrows clean and neat.

Please contact me if you have any questions or concerns regarding this audit report.

Robert Hearn (signature) Phone: (919) 571 4700. x 242
Regional Representative

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

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FACILITY COMPLIANCE AUDIT REPORT
Division of Waste Management
Solid Waste Section

+UNIT TYPE: (check all that apply to this audit with same Permit number)

Lined MSWLF	LCID	YW	Transfer	Compost	<input checked="" type="checkbox"/>	SLAS	COUNTY: LEE PERMIT NO.: 53-03 SWC 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: 12/5/01

Date of Last Audit:

FACILITY NAME AND ADDRESS:

Town of Sanford Yard Waste Compost Facility
 N. Fifth Street
 Sanford, North Carolina

FACILITY CONTACT NAME AND PHONE NUMBER:

Mr. Larry Craig
 (919) 775-8010

FACILITY CONTACT ADDRESS (IF DIFFERENT):

P. O. Box 3729
 Sanford, North Carolina 27331-3729

AUDIT PARTICIPANTS:

Robert Hearn, DENR, Solid Waste Section

STATUS OF PERMIT:

Active

PURPOSE OF AUDIT:

Semi-annual Comprehensive Audit

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

(no violations noted)

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 (List all noted last audit):

(no violations noted)

OTHER COMMENTS /SUGGESTIONS:

1. Facility is in great shape; windrows clean and neat.

Please contact me if you have any questions or concerns regarding this audit report.

Robert Hearn (signature) Phone: (919) 571-4700
 Regional Representative



FACILITY COMPLIANCE AUDIT REPORT

Division of Waste Management

Solid Waste Section

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

Delivered on <u>1/29/02</u> by		hand delivery	<input checked="" type="checkbox"/>	US Mail		Certified No. []
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NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT



JAMES B. HUNT JR.
GOVERNOR

WAYNE McDEVITT
SECRETARY

WILLIAM L. MEYER
DIRECTOR

November 13, 1998

Mr. Larry Craig
Refuse Superintendent
Public Works Department
City of Sanford
P.O. Box 3729
Sanford, North Carolina 27331-3729

Re: Permit # SWC-53-03 – City of Sanford

Dear Mr. Craig:

The Division of Waste Management, Solid Waste Section has reviewed the City of Sanford's request to modify its existing Type III Compost Facility by using the over flow area for windrows. It appears your request can be approved pending the following:

- 1) The orientation of the windrows should be shown on the site plan. Windrows should be laid out in such a manner that water will not collect at the base of the windrows.
- 2) The engineers seal on the site plan appears to be dated 1992. An up to date seal needs to be on the application.
- 3) Four copies of the revised application must be submitted.

If you have questions, please feel free to contact me at 919-733-0692, extension 253.

Sincerely,

Ted Lyon, Supervisor
Composting and Land Application Branch

h:cla/compost/apprev/53-lee/sanford/ywmod-98#1

⚡ SOLID WASTE SECTION PERMIT APPLICANT COMPLIANCE REVIEW ⚡

Instructions: Complete upper portion and submit this form to the Field Operations Branch Compliance Officer.

Review Requested by: Ted Lee Date Requested: 2/26/98

Type of Permit: Compost - Type 3 Check One: New Permit Renewal

Applicant Contact and Business Name: City of Sanford - Larry Craig

Parent Company/Known Subsidiaries/Other known names business has operated under:

Known Counties of Operation: Lee County

Does the applicant have a past or current solid waste permit? Yes No

If yes, write facility type: _____, and permit #: _____

To be completed by Compliance Officer and returned to Permitting or Composting & Land Application Branch staff.

1. The applicant's compliance history for the past three years was reviewed on Feb 26 1998.

2. The applicant has an outstanding compliance order with administrative penalty.
Yes If yes, describe unresolved issue(s): _____

No

3. The applicant has been issued two or more compliance orders in the past three years.
Yes If yes, describe nature of the violation(s): _____

No

4. Permit denial based on the applicant's compliance history is recommended.
Yes Remarks: _____

No

February 26, 1998
Date

Misty Franklin
Compliance Officer

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Waste Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director



July 22, 1997

Mr. Larry Craig
Refuse Superintendent
City of Sanford
P.O. Box 338
Sanford, North Carolina 27330

Dear Mr. Craig:

The Division of Waste Management, Solid Waste Section, has reviewed the application you submitted to have the City of Sanford's Yard Waste Facility repermited. The application is incomplete for the following reasons:

1. The application must contain a soil evaluation as required in .1405(a)(4)(B). The information submitted concerning soils is not adequate.
2. A site plan, as required in .1405(a)(5), was not submitted.
3. Items (D), (E) and (F) in .1405(a)(6) were not addressed.
4. Items (B), (E) and (F) in .1405(a)(7) were not addressed. The capacity of the turner used should be included in .1405(a)(7)(G).
5. .1405(a)(8) was not addressed.
6. An operation and maintenance manual as required in .1405(a)(10) was not included. This should be on a separate page and should include all the information necessary to operate the facility.
7. The application must include evidence that an erosion and run-off control plan was approved by the Division of Land Quality, installed in accordance with the plan and has been maintained in proper working order.

If you have any questions concerning this review, please feel free to contact me at 919-733-0692 extension 253.

Sincerely,

Ted Lyon, Supervisor
Composting and Land Application Branch

<h:cla/compost/apprev/53-lee/sanford/ywapp2.rev>

P.O. Box 27687,
Raleigh, North Carolina 27611-7687
Voice 919-733-4996



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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 YW COMPOST (TYPE I) Permit # 53-03 County LEE

Name of Facility SANFORD YW FACILITY Location FIFTH ST.

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 1406

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

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments SITE IS IN EXCELLENT CONDITION

V. Continuation Page Required? Yes No Receiving Signature Robert Hearn

Evaluation Date 6/6/97 Solid Waste Section Robert Hearn

NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT

70
P0441

Type of Facility YW / COMPOST Permit # 53-03 County LEE

Name of Facility SANFORD YARD WASTE FACILITY Location FIFTH ST.

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 .0904

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

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments PLEASE TRY TO MINIMIZE DISCHARGE OF LEACHATE TO
DITCH BY IMPLEMENTING WATER CONSERVATION PRACTICES; SITE
IS OTHERWISE IN EXCELLENT SHAPE.

V. Continuation Page Required? Yes No Receiving Signature Robert S. Hearn

Evaluation Date 5/21/96 Solid Waste Section Robert S. Hearn 634p

TFP

P04111

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 YW/COMPOST Permit # 53-03 County LEE

Name of Facility SANFORD YARD WASTE FACILITY Location 5th STREET

Date of Last Evaluation 2/17/94

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 .0904

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

III. Other Violations of Rule or Law

IV. Evaluator's Comments SITE IN GREAT SHAPE, AS USUAL

V. Continuation Page Required? Yes No Receiving Signature Larry Craig

Evaluation Date 11/30/94 Solid Waste Section Robert S. Hearn

TFO (Ollie) 13

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 YW COMPOST Permit # S3-03 YW County LEE

Name of Facility SANFORD YARD WASTE FACILITY Location 5TH STREET, PUB. WORKS

Date of Last Evaluation 11/30/92

I. Permit Conditions Followed Yes No N/A

A. Specific Condition(s) Violated _____

RECEIVED

FEB 22 1993

SOLID WASTE MANAGEMENT
FAYETTEVILLE REGIONAL OFFICE

II. Operational Requirements Followed Yes No

15A N.C. Admin. Code 13B Section .0904

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

III. Other Violations of Rule or Law _____

IV. Evaluator's Comments SITE IS IN EXCELLENT CONDITION

V. Continuation Page Required? Yes No Receiving Signature Lewis C. McAllister

Evaluation Date 2/17/94 Solid Waste Section Robert G. Hannon

TFO

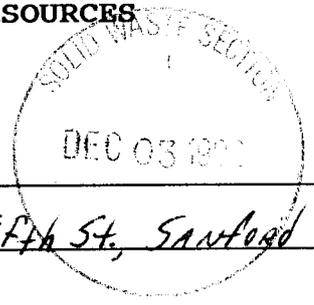
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NC DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES

Division of Solid Waste Management

Solid Waste Section

SOLID WASTE MANAGEMENT FACILITY EVALUATION REPORT



Type of Facility Yard Waste Compost Permit # 53-03-YW County LEE

Name of Facility City of Sanford Yard Waste Composting Fac. Location N. Fifth St., Sanford

Date of Last Evaluation This is initial evaluation

I. Permit Conditions Followed Yes No N/A

A. Specific Condition(s) Violated (4)(b) - Sign requirements.

II. Operational Requirements Followed Yes No

15A N.C. Admin. Code 138 Section .0904

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

4A, 5A to C

III. Other Violations of Rule or Law

IV. Evaluator's Comments Repair on site erosion.

* Overall site is in excellent condition.

V. Continuation Page Required? Yes No Receiving Signature Victoria L. Spivey

Evaluation Date 11-30-92 Solid Waste Section Mark H. Fry

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

RECORD OF COMMUNICATION

- PHONE CALL
- DISCUSSION
- FIELD TRIP
- CONFERENCE
- OTHER (SPECIFY) **PROPOSED YARD WASTE FACILITY**

(Record of item checked above)

TO: *SUZANNE Molloy*

FROM: *MARK S. FRY*

DATE *9-16-91*
TIME *AM*

SUBJECT: *Proposed Yard Waste Facility for the City of Sanford-Lee Co.*

SUMMARY OF COMMUNICATION

The site is part of a 55 acre tract of land located north of Sanford and behind the Cities Public Works & Maintenance complex. I met with Sanford's Engineer, Victor Cym who thinks that the facility may receive close to or more than 600 cu. yds. per quarter. It appears that all buffer requirements can be met. The site is mainly wooded. Enclosed is a map which indicates a draw through the middle of the property. The draw was dry when I visited the site. It appears that some type of run off or surface water control measures may have to be taken due to steep slopes in some areas.

*Winnie,
Please mail to
Suzanne at
Raleigh office,
M.F.C.*

Victor Cym - 775 - 8301

CONCLUSIONS

INFORMATION COPIES

TO:



CERTIFICATE OF PLAN APPROVAL



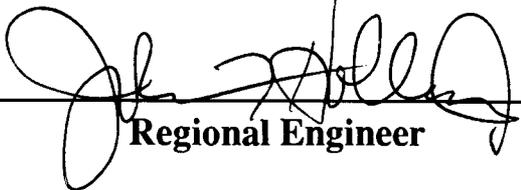
The posting of this certificate certifies that an erosion and sedimentation control plan has been approved for this project by the North Carolina Department of Environment, Health, and Natural Resources in accordance with North Carolina General Statute 113A - 57 (4) and 113A - 54 (d) (4) and North Carolina Administrative Code, Title 15A, Chapter 4B.0007 (c). This certificate must be posted at the primary entrance of the job site before construction begins and until establishment of permanent groundcover as required by North Carolina Administrative Code, Title 15A, Chapter 4B.0027(b).

COMPOST FACILITY - LEE COUNTY

Project Name and Location

3-6-92

Date of Plan Approval


Regional Engineer