



**TENNESSEE DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF SOLID WASTE MANAGEMENT
SOLID WASTE DISPOSAL FACILITY EVALUATION**

NAME OF SITE Kingsport Demolition Landfill				REGISTRATION NUMBER DML 82-0016 EXT		DATE 2-6-12	
LOCATION (physical) Brookside Lane				PURPOSE <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint <input type="checkbox"/> Other			
OWNER/OPERATOR City of Kingsport				TYPE OF FACILITY <input type="checkbox"/> CLASS I <input type="checkbox"/> CLASS II <input type="checkbox"/> CLASS III <input checked="" type="checkbox"/> CLASS IV			
		V1	V2			V1	V2
Inadequate vector control	8010	___	___	Leachate improperly managed	8330	___	___
Access not limited to operating hours	8020	___	___	Inadequate leachate collection		___	___
Inadequate artificial or natural barrier	8030	___	___	system	8340	___	___
Inadequate information signs	8040	___	___	Leachate observed at the site	8350	___	___
Unsatisfactory access road(s)/parking		___	___	Leachate entering runoff	8360	___	___
area(s)	8050	___	___	Leachate entering a water		___	___
Certified personnel not present		___	___	course	8370	___	___
during operating hours	8060	___	___	Inadequate gas migration control		___	___
Unapproved salvaging of waste	8070	___	___	system	8380	___	___
Evidence of open burning	8080	___	___	Inadequate maintenance of gas		___	___
Inadequate fire protection	8090	___	___	migration control system	8390	___	___
Unsatisfactory litter control	8110	___	___	Potential for explosions or		___	___
Inadequate employee facilities	8120	___	___	uncontrolled fires	8420	___	___
No communication devices	8130	___	___	Waste not confined to a		___	___
Inadequate operating equipment	8140	___	___	manageable area	8430	___	___
Unavailability of backup equipment	8150	___	___	Improper spreading of waste	8440	___	___
Unavailability of cover material	8160	___	___	Improper compacting of waste	8450	___	___
Inadequate maintenance of		___	___	Unsatisfactory initial cover	8460	___	___
runon/runoff system(s)	8170	___	___	Unsatisfactory intermediate		___	___
Inadequate erosion control	8180	___	___	cover	8470	___	___
Inadequate dust control	8190	___	___	Unsatisfactory final cover	8480	___	___
Unauthorized waste accepted	8210	___	___	Excessive pooling of water	8490	___	___
Unapproved special waste accepted	8220	___	___	Unsatisfactory stabilization of		___	___
Tires improperly handled	8230	___	___	cover	8510	___	___
Medical waste improperly handled	8240	___	___	Dumping of waste into water	8520	___	___
Dead animals improperly handled	8250	___	___	Unsatisfactory records or reports	8530	___	___
Washout of solid waste	8270	___	___	Groundwater monitoring system		___	___
No permanent benchmark	8280	___	___	improperly maintained	8540	___	___
Inadequate random inspection		___	___	Operation does not correspond		___	___
program	8290	___	___	with engineering plans	8570	___	___
Mishandling of special waste	8300	___	___	Operation does not correspond		___	___
Buffer zone standard violated	8310	___	___	with permit condition(s)	8580	___	___
Inadequate maintenance of leachate		___	___	Permit, plans, operating manual		___	___
management system	8320	___	___	not available	8590	___	___
				No operating scales	8610	___	___
COMMENTS: LAKE COMPOSTING AREA - NO ISSUES OBSERVED							
- TIRE STORAGE AREA - NO ISSUES OBSERVED							
- Metal in rear of Tire storage area Needs to be							
moved into metal storage area.							
- area along west side of fuel area has received intermediate							
cover & has been surveyed.							
- NO Violations							
PERSON INTERVIEWED (Signature) <i>[Signature]</i>				INSPECTED BY (Signature) <i>[Signature]</i>			
TITLE <i>Foreman</i>				TITLE <i>Gov. Spec. IV</i>			
TIME OF DAY <i>1:50 PM</i>		WEATHER CONDITIONS <i>Cloudy cool</i>		COMPLIANCE DATE <i>N/A</i>			

Distribution: Facility - White

Field Office - Canary

Central Office - XC