TENNESSEE DIVISION OF SOLID WASTE MANAGEMENT CCC FACILITY INSPECTION CHECKLIST*

| CC | C | |
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| FACI | L | ITY |

| Facility Information | | DATE | WEATHER | | |
|------------------------------|--|---|---------------------------|--|--|
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| *SEE DISCLAIMER ON LAST PAGE | | | | | |
| | VIOLATION | Citation Refe | OBSERVATION NVO AOC V1 V2 | | |
| | | | NVO AGE VI VI | | |
| 24 | Operation does not comply with notification | 0400-11-0102(2)a(3)(ii) 0400-11-0102(2)a(3)(iii) | | | |
| COMMENTS | | | | | |
| 2010 | Unauthorized or uncontrolled access | 0400-11-0110(3)(a) | | | |
| COMMENTS | | | | | |
| 2020 | Access and general operation areas not paved | 0400-11-0110(3)(b) | | | |
| COMMENTS | | | | | |
| 2030 | Uncontrolled run-on and run-off water | 0400-11-0110(3)(c)1,2 | | | |
| COMMENTS | | | | | |
| 2040 | Inadequate fire protection | 0400-11-0110(3)(d) | | | |
| COMMENTS | | | | | |
| 2050 | Inadequate communications equipment | 0400-11-0110(3)(e) | | | |
| COMMENTS | | | | | |
| 2060 | Inadequate personnel facilities | 0400-11-0110(3)(f)1,2 | | | |
| COMMENTS | | | | | |
| 2070 | Inadequate water service to the facility | 0400-11-0110(3)(g) | | | |
| COMMENTS | | | | | |

| *SEE DISCLAIMER ON LAST PAGE | | | | |
|------------------------------|--|---------------------|------------------------------|--|
| | VIOLATION | REGULATION | OBSERVATION NVO AOC V1 V2 | |
| 2080 | Inadequate collection/management of liquid residue | 0400-11-0110(3)(h) | | |
| COMMENTS | | | | |
| 2090 | Improper handling of recycled materials | 0400-11-0110(3)(i)1 | | |
| COMMENTS | | | | |
| 2100 | Waste handling not conducted on paved surfaces | 0400-11-0110(3)(i)2 | | |
| COMMENTS | | | | |
| 2110 | Improper storage of solid waste | 0400-11-0110(3)(i)3 | | |
| COMMENTS | | | | |
| 2120 | Unsatisfactory litter control | 0400-11-0110(3)(i)4 | | |
| COMMENTS | | | | |
| 2130 | Trained personnel not present during operating hours | 0400-11-0110(3)(j) | | |
| COMMENTS | | | | |
| 2140 | Unauthorized handling of special wastes | 0400-11-0110(3)(I) | | |
| COMMENTS | | | | |
| 2150 | Unauthorized medical waste | 0400-11-0110(3)(m) | | |
| COMMENTS | | | | |

| Follow-Up Inspection Date | |
|---------------------------|--|
| Inspector Name | |

Additional Comments:



