



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

NAME OF SITE HARDENMAN COUNTY		REGISTRATION NUMBER SNL 35-0223		DATE 11/15/13			
LOCATION (physical) Landfill Way		PURPOSE <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Other					
OWNER/OPERATOR HARDENMAN CO.		TYPE OF FACILITY <input checked="" type="checkbox"/> CLASS I <input type="checkbox"/> CLASS II <input type="checkbox"/> CLASS III <input 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 area(s)	8050	___	___	Leachate entering runoff	8360	___	___
Certified personnel not present during operating hours	8060	___	___	Leachate entering a water course	8370	___	___
Unapproved salvaging of waste	8070	___	___	Inadequate gas migration control system	8380	___	___
Evidence of open burning	8080	___	___	Inadequate maintenance of gas migration control system	8390	___	___
Inadequate fire protection	8090	___	___	Potential for explosions or uncontrolled fires	8420	___	___
Unsatisfactory litter control	8110	___	___	Waste not confined to a manageable area	8430	___	___
Inadequate employee facilities	8120	___	___	Improper spreading of waste	8440	___	___
No communication devices	8130	___	___	Improper compacting of waste	8450	___	___
Inadequate operating equipment	8140	___	___	Unsatisfactory initial cover	8460	<input checked="" type="checkbox"/>	___
Unavailability of backup equipment	8150	___	___	Unsatisfactory intermediate cover	8470	___	___
Unavailability of cover material	8160	___	___	Unsatisfactory final cover	8480	___	___
Inadequate maintenance of runoff/runoff system(s)	8170	___	___	Excessive pooling of water	8490	___	___
Inadequate erosion control	8180	___	___	Unsatisfactory stabilization of cover	8510	___	___
Inadequate dust control	8190	___	___	Dumping of waste into water	8520	___	___
Unauthorized waste accepted	8210	___	___	Unsatisfactory records or reports	8530	___	___
Unapproved special waste accepted	8220	___	___	Groundwater monitoring system improperly maintained	8540	___	___
Tires improperly handled	8230	___	___	Operation does not correspond with engineering plans	8570	___	___
Medical waste improperly handled	8240	___	___	Operation does not correspond with permit condition(s)	8580	___	___
Dead animals improperly handled	8250	___	___	Permit, plans, operating manual not available	8590	___	___
Washout of solid waste	8270	___	___	No operating scales	8610	___	___
No permanent benchmark	8280	___	___				
Inadequate random inspection program	8290	___	___				
Mishandling of special waste	8300	___	___				
Buffer zone standard violated	8310	___	___				
Inadequate maintenance of leachate management system	8320	___	___				
COMMENTS: Written Complaint Investigation - Facility needs to cover working face as soon as possible. Slight odor detected near passive gas vents. Approximately 20 buzzards observed. There have been several days of rain & sleet. It is raining at the time of this inspection.							
PERSON INTERVIEWED (Signature) <i>[Signature]</i>				INSPECTED BY (Signature) <i>[Signature]</i>			
TITLE				TITLE EP511			
TIME OF DAY 12:30 p.m.		WEATHER CONDITIONS Cold, Rain		COMPLIANCE DATE 2/15/13			

Distribution: Facility - White

Field Office - Canary

Central Office - XC