FILE FOLDER

DESCRIPTION ON TAB:

11350/1

☐ **Outside/inside of actual folder did not contain hand written information**

☑ **Outside/inside of actual folder did contain hand written information**

***Scanned as next image**

Confidential Records Management, Inc.
New Bern, NC
1-888-622-4425
9/08

11350/1 Landfill Permit

JAN 1 1984

ENVIRONMENTAL HEALTH/SANITATION INSPECTION REPORT

NAV HOSP (CLNC) 6240/1A (8-83)

FROM: Commanding Officer
TO: Base Maintenance Officer

File- 11350/1

REF: (a) NAVMED P-5010

1. In accordance with reference (a) an environmental health/sanitation inspection of the Sanitary Landfill was conducted on 28 Feb 84 by HM2 Quinn. Findings and recommended corrective action are as follows.

AN * INDICATES THAT THE FINDING HAS BEEN PREVIOUSLY REPORTED.

FINDINGS	RECOMMENDED CORRECTIVE ACTION
(1) No discrepancies noted at the time of inspection	

HM2 Quinn

2. The overall sanitary condition was found to be: Satisfactory

Copy to:
Dir, [redacted]ntal
Aff[redacted]

APPROVED:
C. Z. HENDERSON
By direction

☆ U.S. GOVERNMENT PRINTING OFFICE: 1983—639-014/212

11350/1
NREAD
6 Sep 1984

From: Director, Natural Resources and Environmental Affairs Division
To: Base Maintenance Officer, Marine Corps Base, Camp Lejeune

Subj: LANDFILL OPERATION; INSPECTION OF

Encl: (1) Inspection Form for Sanitary Landfill dated 31 Aug 1984

1. The enclosure provides results of a routine inspection of the operation of the Base Sanitary Landfill relative to requirements of State Operating Permit Number 67-03. As a whole, the State representative, Mr. Holyfield, was impressed by the operation. The discrepancies are minor, but unless corrected by next inspection, will result in a written notice of violation.

2. Mr. Holyfield commented on the need to seed completed areas, but did not include these comments in the enclosure. Accordingly, it is advisable that action to seed completed areas be initiated as soon as possible. The next inspection should occur during November. Point of contact in this matter is Mr. Danny Sharpe, extension 5003.

J. I. WOOTEN

Copy to:
AC/S, FAC

Writer: D. D. Sharpe, NREAD, 5003
Typist: J. Cross, 6Sep84, 5003

Wet
Weather Conditions

N.C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

67-03
Permit Number

INSPECTION FORM FOR SANITARY LANDFILLS

Camp LeJeune Landfill
Name of Site

Onslow
County

Swads Ferry Rd
Location

X. R. Shepard
Signature of Person(s) Receiving Report

SIR: An inspection of your land disposal site has been made this date and you are notified of the violations, if any, marked below with a cross (X).

1. PLAN REQUIREMENTS
   - ____ Site plan approved
   - ____ Construction plans approved
   - ____ Plans being followed

2. SPREADING & COMPACTING
   - ____ Waste restricted to the smallest area practicable
   - ____ Waste properly compacted

3. COVER REQUIREMENTS
   - ____ Six inches daily cover
   - ____ Two foot final cover
   - ____ One foot intermediate cover

4. DRAINAGE CONTROLLED
   - ____ On-site erosion
   - ____ Off-site siltation
   - X Erosion control devices
   - ____ Seeding of completed areas
   - ____ Temporary seeding

5. WATER PROTECTION
   - ____ Off-site leaching
   - ____ Waste placed in water
   - X Surface water impounded
   - ____ Monitoring wells installed

6. ACCESS
   - ____ Attendant on duty
   - ____ Access controls
   - ____ All weather road
   - ____ Dust controlled

BURNING
   - ____ Evidence of burning
   - ____ Fire control equipment available

8. SPECIAL WASTES
   - ____ Spoiled food, animal carcasses, abattoir waste, hatchery waste, etc., covered immediately

9. UNAUTHORIZED WASTES ACCEPTED WITHOUT WRITTEN PERMISSION
   - ____ Type _____

10. VECTOR CONTROL
   - ____ Effective control measures

11. MISCELLANEOUS
   - ____ Blowing material controlled
   - ____ Proper signs posted

REMARKS: Sedimentation basin needs reworking; several areas of standing water on completed areas (ponds & as recently completed areas. Overall site & operation is very good. Completed areas has excellent cover.

DATE 8-31-84

NAME R. Donald Hollifield
Solid & Hazardous Waste Management Branch

DHS FORM 1709 (7/82)
Solid & Hazardous Waste Management Branch

ENCLOSURE (1)