

**Georgia Department of Natural Resources**  
**Environmental Protection Division**

Mountain District Office, 16 Center Road, Cartersville, Georgia 30121

Judson H. Turner, Director

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Remit Correspondence to:  
Post Office Box 3250  
Cartersville, Georgia 30120

FEB 24 2014

*Called  
Chris  
2-28*

Honorable Becky Hood, Chairman  
Gordon County Board of Commissioners  
Post Office Box 580  
Calhoun, Georgia 30703

Re: Routine Inspection  
Red Bone Ridge MSWLF  
Permit No. 064-016D  
Gordon County

Dear Chairman Hood:

This is to confirm an inspection on February 19, 2014 of the referenced facility to determine compliance with the Solid Waste Handling Permit and the Rules and Regulations for Solid Waste Management. Kevin Talley was present during the inspection. Site operations received a satisfactory rating of 90. Deficiencies noted during the inspection are listed below.

- Exposed rubbish and debris needs to be covered.
- Rills need to be corrected.

Please submit a response, within thirty (30) days of receipt of this letter, describing how these issues will be corrected. EPD appreciates your willingness to comply with the Rules and Regulations. If there are any questions concerning this matter, I may be reached at (770) 387-4900.

Sincerely,



Jamie Lancaster  
Environmental Specialist  
Mountain District Office

cc: EPD Solid Waste Management Suite 104  
Chris Johnson 1224 Pleasant Hill Rd. Ext., Ranger, GA 30734

MISSISSIPPI

Georgia Department of Natural Resources  
 Environmental Protection Division  
 4244 International Parkway, Suite 100

County: Gordon  
 Date: 19-Feb-14  
 Permit #: 064-016D(SL)



**Municipal Solid Waste Evaluation Report**

Facility Name: Red Bone Ridge MSWL

**Compliance Status and Schedule**

Current Status: In Compliance  Out of Compliance  Schedule  Priority   
 Performance Points = 90 (See Below)

Compliance Schedule Status	In	Out	N/A	Date Due
Approved Closure/Post-closure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Approved Groundwater System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Groundwater Assessment Monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Approved Methane System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Financial Responsibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Violations in Categories I & II will result in automatic "out of compliance" status.**

**I. Permit and D & O Plan Compliance**

Items of Major Environmental Impact	Construction Violations (Explain)	Operational and Maintenance Violations (Explain)
A. Groundwater		
B. Surface Water Protection 1. Sediment Control 2. Leachate Control 3. Disposal in Water		
C. Air Protection 1. Open Burning 2. Methane Elevated Levels Remediation Plan		
D. Land Protection 1. Buffers 2. Sequence of Fill 3. Survey Control		

**II. Major Act and Rules Requirements Compliance**

	Compliance Status
1. Certified Operator	<input type="checkbox"/>
Name: <u>Kevin Talley</u>	<input type="checkbox"/>
2. Maintaining Operating Record	<input type="checkbox"/>
3. Weighing Procedures	<input type="checkbox"/>
4. Prohibited Acts	<input type="checkbox"/>
5. Prohibited Waste Disposal	<input type="checkbox"/>
6. Construction Certification	<input type="checkbox"/>

**Violations in Category III resulting in less than "80" rating is "out of compliance."**

**III. Performance Requirements Compliance**

	Compliance Status	
	Out	Points
<b>1. Environmental Protection:</b>		
A. <u>Water</u>		
1. Water monitoring data current, accompanied by certification statement;	<input type="checkbox"/>	<u>5</u>
water monitoring points identified, accessible and in good condition	<input type="checkbox"/>	0,5
2. Leachate control maintained;	<input type="checkbox"/>	<u>5</u>
runoff directed to permanent sediment control impoundment;	<input type="checkbox"/>	0,5
sediment control structures maintained (ponds cleaned, silt fences maintained, etc.)	<input type="checkbox"/>	
B. <u>Air</u>		
1. Dust control on access roads;	<input type="checkbox"/>	<u>5</u>
		0,5
2. Methane gas monitoring data current;	<input type="checkbox"/>	<u>5</u>
methane gas structures maintained	<input type="checkbox"/>	0,5
C. <u>Land</u>		
1. Facility buffers delineated and maintained;	<input type="checkbox"/>	<u>5</u>
facility survey control established and maintained	<input type="checkbox"/>	0,5
2. Disturbed areas, including stockpiles, protected, stabilized, and maintained (exposed for more than three months).	<input checked="" type="checkbox"/>	<u>0</u>
		0,5
<b>2. Unloading:</b>		
A. Restricted to working face or immediate vicinity	<input type="checkbox"/>	<u>5</u>
B. Information and direction signs	<input type="checkbox"/>	0,5
<b>3. Spreading and Compaction:</b>		
A. Waste spread in uniform layers, generally two feet thick	<input type="checkbox"/>	<u>5</u>
B. Waste compacted to smallest practical volume	<input type="checkbox"/>	0,5
C. Size of working face minimized	<input type="checkbox"/>	
<b>4. Daily Cover:</b>		
A. Compacted, clean earth, 6" thickness (minimum); or alternate cover applied in approved manner	<input type="checkbox"/>	<u>5</u>
		0,5
B. Placed over waste within 24 hours	<input type="checkbox"/>	<u>5</u>
C. Adequate vector control	<input type="checkbox"/>	0,5

		Compliance Status	
		Out	Points
<b>5. <u>Intermediate Cover:</u></b>			
A.	Compacted, clean earth, 1' thickness (minimum)	<input type="checkbox"/>	<u>5</u> 0,5
B.	Placed over each portion of any intermediate lift/area following completion of that portion	<input type="checkbox"/>	<u>5</u> 0,5
<b>6. <u>Final Cover:</u></b>			
A.	Final cover applied and certified according to closure plan	<input type="checkbox"/>	<u>5</u> 0,5
B.	Finished areas vegetated and stabilized per closure plan	<input type="checkbox"/>	<u>5</u> 0,5
<b>7. <u>Grading and Drainage:</u></b>			
A.	Slopes of disposal area sufficient to maximize runoff and minimize erosion (3% to 33% - final grade)	<input type="checkbox"/>	<u>5</u> 0,5
B.	Surface water run-on and runoff controls provided and maintained	<input type="checkbox"/>	<u>5</u> 0,5
<b>8. <u>Continuity of Operation:</u></b>			
A.	All weather access road to disposal area	<input type="checkbox"/>	<u>5</u>
B.	Provisions for prompt equipment repair or replacement	<input type="checkbox"/>	0,5
C.	Access authorized to authorized entrance	<input type="checkbox"/>	
D.	Authorized entrance closed when site is not in operation	<input type="checkbox"/>	
<b>9. <u>Rubbish and Litter Control:</u></b>			
A.	Exposed rubbish and debris (except in designated recovered materials area)	<input checked="" type="checkbox"/>	<u>0</u> 0,5
B.	Litter control (fencing or other barriers, daily policing)	<input type="checkbox"/>	
<b>10. <u>Fire Protection:</u></b>			
A.	Earth stockpile one day supply within 200' of working face	<input type="checkbox"/>	<u>5</u>
B.	Approved alternative method	<input type="checkbox"/>	0,5
C.	Soil stockpiles (overburden, fire control, cover) places so as not to be a "cave in" threat to open trenches	<input type="checkbox"/>	
<b>11. <u>Waste Requiring Special Handling:</u></b>			
A.	Recovered materials area maintained	<input type="checkbox"/>	<u>5</u>
B.	Yard trimmings composting area maintained	<input type="checkbox"/>	0,5
C.	Proper operation of air curtain destructor	<input type="checkbox"/>	
D.	Special provisions for immediate disposal of dead animals or highly putrescible waste (eggs, entrails, offal, etc.)	<input type="checkbox"/>	
E.	Provisions for handling asbestos or other waste requiring special handling	<input type="checkbox"/>	

**Performance Points**

90

Location of current operation: Estimated site life remaining: 46 years

Phase 1 Area/Trench/Cell 2B Lift 4

Time of inspection: 10:15 a.m.  p.m.  Weather Conditions: Cloudy

Reason for inspection: Routine  Other

**Discussed with:**

Name Title Address Telephone

Kevin Talley

Chris Johnson Regional Manager 1224 Pleasant Hill Rd. Ext., Ranger, GA 30734 706-629-5633

**Copy of this report submitted to:**

Name Title Address Telephone

Becky Hood Chairman, Gordon Co. BOC P.O. Box 580, Calhoun, GA 30703

Chris Johnson Regional Manager 1224 Pleasant Hill Rd. Ext., Ranger, GA 30734 706-629-5633

Photographs: Yes  No  Location \_\_\_\_\_

Inspector: Jamie Lancaster

Reviewer: Stacey Wise Review Date: 2/21/2014

Attachments: \_\_\_\_\_

## Facility Operating Record

	Compliance Status			
	Director Notified	In	Out	N/A
<b>A. Location Restrictions</b>				
1. Airport Safety				
a. Location Restriction	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Bird Hazard	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Flood Plains				
a. 100 year flood not restricted	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Reduction in floodplain will not cause flooding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Landfill adequately protected from washout of solid waste	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Wetlands				
a. USCOE jurisdictional determination made	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Permits obtained where necessary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Seismic Impact Zones (new and lateral expansions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Unstable Areas				
a. Signature and seal of registered GA P.E.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Certification of structural integrity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B. Procedures for Excluding Prohibited Waste</b>				
1. Written procedures for random inspections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Inspection records	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Personnel records of training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Copies of notification sent to director when hazardous waste is discovered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>C. Gas Monitoring</b>				
1. Quarterly monitoring results	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If methane exceeds limits provide written record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. Within 7 days, levels detected and steps taken to protect human health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Within 60 days, implementation of remediation plan and Director notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D. Liquid Waste Restrictions</b>				
1. Liquid waste prohibited	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Liner and leachate collection system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Gas condensate management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Leachate management records	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E. Groundwater Monitoring</b>				
1. Approved plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Certification of installation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Monitoring reports	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**F. Closure and Post Closure Criteria**

1. Closure Criteria

- |   |                          |                                     |                          |                                     |
|---|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| a. Approved plan                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| b. Notice of final closure                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Copy of deed to include:                         |                          |                                     |                          |                                     |
| 1. Notice of landfill operation                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Legal description location                       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Type of waste deposited                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Confirmation (written) of b & c recorded on deed | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Signed compliance certification by GA P.E.       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

2. Post Closure Criteria

- |  |                          |                                     |                          |                                     |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------------------|
| a. Approved plan   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| b. Results of all monitoring activities                              | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Notice to Director within 5 days of exceedance of standards       | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Remediation plan within 30 days                                   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. copy of written approval for removal of any contaminated material | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**G. Financial Assurance**

- |   |                          |                                     |                          |                          |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| 1. Written cost estimates   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Copy of financial instrument   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Written justification for reduction in cost of reimbursements paid out | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Notice to Director for any of the above necessary                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**H. Measuring and Reporting Requirements**

- |                                      |                          |                                     |                          |                          |
|--------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| 1. Quarterly tonnage reports         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Annual remaining capacity reports | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Annual tonnage fees               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Compliance evaluation reports     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments or Discrepancies Noted:**

Exposed rubbish and debris needs to be covered.

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Rills need to be corrected.

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Industrial stormwater sampling was reviewed during inspection.

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Litter was being picked up during inspection.

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