



Solid Waste Processing Facility and Transfer Station Inspection Report

State Form 48276 (R2/10/10)

Indiana Department of Environmental Management
Solid Waste Compliance Section
Office of Land Quality
100 North Senate Avenue, Room N-1101
Indianapolis, Indiana 46204-2251

Inspector Name: Jerry Jackson
Inspector Phone: 317-694-3102

Inspection Date: 6-28-2024

Time In: 8:40AM
Time Out: 10:10AM

Facility Name: Hamilton Co TS	Type of Inspection: Routine
County: Hamilton	Permit #: 29-02
	Permit Expires: 10-22-2027
Last inspection date (month, day, year): 3-19-2024	Violation at last inspection: No

CHECKED ITEMS ARE VIOLATIONS OF 329 IAC 11 OR IC 13-20 THAT MUST BE CORRECTED

<input type="checkbox"/>	224	329 IAC 11-9-2/11-9-6 Permit Deviation/Modification	<input type="checkbox"/>	240	329 IAC 11-13.5-9(a)(2) Residue Test Results	<input type="checkbox"/>	256	329 IAC 11-13.5-14(a)(2) Wash Down
<input type="checkbox"/>	225	329 IAC 11-13.5-2 Access Control	<input type="checkbox"/>	242	329 IAC 11-13.5-9(b) Records Maintenance	<input type="checkbox"/>	257	329 IAC 11-13.5-14(a)(3) Overnight Storage of Waste
<input type="checkbox"/>	226	329 IAC 11-13.5-3 On-Site Roads	<input type="checkbox"/>	243	329 IAC 11-13.5-8 Use of Contingency Plan	<input type="checkbox"/>	258	329 IAC 11-13.5-15 Hazardous, Infectious Waste
<input type="checkbox"/>	227	329 IAC 11-13.5-4 Signs	<input type="checkbox"/>	244	329 IAC 11-15-4(a) Manifest Preparation/Delivery	<input type="checkbox"/>	259	329 IAC 11-13.5-14(b)(1) Safety Devices
<input type="checkbox"/>	228	329 IAC 11-13.5-6(a) Facility Requirements	<input type="checkbox"/>	245	329 IAC 11-15-4(b) Retaining Manifests	<input type="checkbox"/>	260	329 IAC 11-13.5-14(b)(2) Recycling Storage
<input type="checkbox"/>	229	329 IAC 11-13.5-6(b) Solid Waste Confined/Cleanliness	<input type="checkbox"/>	246	329 IAC 11-15-5(a) Receipt & Review of Manifest Copy	<input type="checkbox"/>	261	329 IAC 11-13.5-14(b)(3) Holding Tank
<input type="checkbox"/>	230	329 IAC 11-13.5-6(c) Storage	<input type="checkbox"/>	247	329 IAC 11-15-5(b) Acceptance from Transfer Station	<input type="checkbox"/>	262	329 IAC 11-13.5-14(b)(4) On-Site/Up-To-Date Plans
<input type="checkbox"/>	231	329 IAC 11-13.5-6(d) Residues	<input type="checkbox"/>	248	329 IAC 11-9-1 Permits Required	<input type="checkbox"/>	263	329 IAC 11-13.5-15(1) Infectious Waste Storage
<input type="checkbox"/>	232	329 IAC 11-13.5-6(e) Salvaging	<input type="checkbox"/>	249	329 IAC 11-13.5-13 Monitoring of Municipal Incoming Waste	<input type="checkbox"/>	264	329 IAC 11-13.5-15(2) Infectious Waste Storage & Containment
<input type="checkbox"/>	233	329 IAC 11-13.5-6(f) Salvage Storage	<input type="checkbox"/>	250	329 IAC 11-13.5-13(e) Random Inspections	<input type="checkbox"/>	265	329 IAC 11-13.5-15(3) Infectious Waste Packaging & Labeling
<input type="checkbox"/>	234	329 IAC 11-13.5-7(a) Vectors, Dust, Odors, Noise	<input type="checkbox"/>	251	329 IAC 11-13.5-13(f) Overview of Inspections	<input type="checkbox"/>	266	329 IAC 11-13.5-15(4) Infectious Waste Containers
<input type="checkbox"/>	235	329 IAC 11-13.5-7(b) Fire Equipment/Open Burning	<input type="checkbox"/>	252	329 IAC 11-13.5-17(a) Records On-Site	<input type="checkbox"/>	267	329 IAC 11-13.5-15(5) Infectious Waste Label/Packaged According to DOT
<input type="checkbox"/>	236	329 IAC 11-13.5-7(c) Communication System	<input type="checkbox"/>	253	329 IAC 11-13.5-17(b) Annual Report	<input type="checkbox"/>	268	329 IAC 11-13.5-15(6) Infectious Waste Delivery to Permitted Facility
<input type="checkbox"/>	237	329 IAC 11-13.5-7(d) First Aid Kit	<input type="checkbox"/>	254	329 IAC 11-13.5-10 Training	<input type="checkbox"/>	269	329 IAC 11-13.5-15(7) Infectious Waste Reusable Container Decontamination
<input type="checkbox"/>	238	329 IAC 11-13.5-7(e) Scavenging	<input type="checkbox"/>	255	329 IAC 11-13.5-14(a)(1) Standing Water	<input type="checkbox"/>	270	329 IAC 11-13.5-7(f) Written Emergency Response Plan
<input type="checkbox"/>	239	329 IAC 11-13.5-9(a)(1) Manifests, Quarterly Reports, SW Reports				<input type="checkbox"/>	271	329 IAC 11-13.5-7(g) Spill Prevention Kit

Comments: The floor in front of door 3 has a large hole in the floor. The drive for the semi-trucks needs repaired. They are working within the guidelines of the permit.

Confidential Information

In accordance with 329 IAC 6.1 (<http://www.in.gov/legislative/iac/T03290/A00061.PDF>) a person submitting information to the department for which confidential treatment is requested shall make a written claim of confidentiality at the time of submittal of the information. A person may request confidential treatment of information at the time the information is acquired through the actions of the department, such as inspections. The written claim for confidential treatment may be broad, but must be sufficiently clear to allow for accurate identification of the information claimed to be confidential. In accordance with 329 IAC 6.1-4-1(d), supporting information must be submitted to the commissioner within five (5) working days from the time the information claimed as confidential is acquired by the department. A person submitting a claim of confidentiality shall designate and segregate the information and the supporting information to which the claim applies in a manner that is sufficiently clear to allow the department to identify all confidential claim materials. Confidential information may include (but is not limited to) written or printed material, maps, charts, photographs, or samples (see definition of information at 329 IAC 6.1-2-8). The undersigned Owner/Representative has alleged information acquired during this inspection **does** **does not** (check one) contain confidential information. A check in the “does” box is not a written claim for confidential treatment of information acquired during this inspection.

Notice of Oral Report

In accordance with IC 13-14-5 an oral report of the inspection was provided to the undersigned Owner/Agent at the conclusion of the inspection. The oral report includes any specific matters discovered during the inspection that the IDEM representative believes may be a violation of a law or of a permit issued by the department. The report does not include matters not evident to the IDEM representative or any fact that indicates an intentional, a knowing, or a reckless violation.

Received by: Dave Polson, Leslie Taljaard, HD	E-mail Address: dpolson@wm.com Leslie.taljaard@hamiltoncounty.in.gov health@hamiltoncounty.in.gov
Date Emailed by Inspector: 6-28-2024	<input type="checkbox"/> Needs Mailed