



pennsylvania

DEPARTMENT OF ENVIRONMENTAL PROTECTION
BETHLEHEM DISTRICT OFFICE

June 13, 2012



Lower Saucon Township Manager
3700 Old Philadelphia Pike
Bethlehem, PA 18015

Attn: Mr. Jack Cahalan

Re: IESI PA Bethlehem Landfill
I.D. #100020
Lower Saucon Township, Northampton County

Dear Mr. Cahalan:

Please find enclosed a copy of the report of an inspection performed by this District Office at the IESI PA Bethlehem Landfill, located in your municipality. A copy of the inspection report is being provided to you pursuant to the provisions of Section 1101(a)(1) of Act 101, the Municipal Waste Planning, Recycling and Waste Reduction Act of 1988.

If you have any questions, please feel free to contact me at 610-861-2136.

Sincerely,

Walter F. Govern III
Solid Waste Specialist

ROUTINE Waste Management Program

- Council
- Manager
- Asst. Mgr.
- Zoning
- Finance Enclosure
- Police
- P. Works
- P/C
- P & R
- EAC
- Engineer
- Solicitor
- Planner
- Landfill
- EMC
- Other

4530 Bath Pike | Bethlehem, Pennsylvania 18017-9074

610.861.2136 | Fax 610-861-2072

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT
P.O. Box 8472, Harrisburg, PA 17105-8472

Inspection ID 1791408

INSPECTION REPORT - MUNICIPAL WASTE LANDFILL

Permit Number <u>100020</u>		Employer I.D. Number (EIN) _____	
EPA I.D. Number _____		Operator Name <u>IESI PA BETHLEHEM LDFL CORP</u>	
Facility Name <u>IESI PA BETHLEHEM LDFL</u>		Address <u>2335 APPLEBUTTER RD</u>	
Address <u>2335 APPLEBUTTER RD</u>		Address <u>2335 APPLEBUTTER RD</u>	
SR <u>2012</u>		City <u>BETHLEHEM</u> State <u>PA</u> Zip <u>18015</u>	
City <u>BETHLEHEM</u> State <u>PA</u> Zip <u>18015</u>		City <u>BETHLEHEM</u> State <u>PA</u> Zip <u>18015-6004</u>	
Municipality <u>8924 Lower Saucon</u>		County <u>Northampton</u>	
Responsible Official <u>SAMUEL DONATO, JR.</u>		Title <u>PA. DISTRICT MANAGER</u>	
Person Interviewed <u>Al Achleyer</u>		Title <u>Compliance Manager</u>	
Inspector <u>Walter F Govern</u>		Telephone # _____ x _____	
eFACTS ID # Client <u>112995</u> Site <u>255983</u>		Title <u>Solid Waste Specialist</u>	
PF <u>268729</u> SF <u>266826</u>			
Comment _____			
Inspection Date Start	<u>Jun 12, 2012</u>	Inspection Time Start	<u>0900 hrs</u>
Inspection Date End	<u>Jun 12, 2012</u>	Inspection Time End	<u>1600 hrs</u>
Inspection Type	<u>RTNC Routine/Complete Inspection</u>		Inspection Result <u>NOVIO No Violations Noted</u>

Permit Expiration Date: 04/18/2013 Days/Week Operated: 6 Max. Daily Volume: 1800 tons

1 - No Violation Observed 2 - Not-Applicable 3 - Not-Determined 4 - Non-Compliance 5 - Resolved

STATUS					REQUIREMENT	COMMENTS ATTACHED	CHAPTER CITATION	LINE ITEM
1	2	3	4	5				
GENERAL PROVISIONS								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required insurance in effect (expiration date <u>12/31/2012</u>).	<input type="checkbox"/>	271.371	1
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operation in accordance with approved plans and permit.	<input type="checkbox"/>	273.201(c)(2)	2
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operation within permit boundaries (vertical and horizontal).	<input type="checkbox"/>	273.201(c)(2)	3
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal Timing and sequence as per Section 273.112(1).	<input type="checkbox"/>	273.201(c)(2)	4
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No unapproved wastes or liquids.	<input type="checkbox"/>	273.201(d)-(m)	5
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isolation distances are adhered to.	<input type="checkbox"/>	273.202(a)	6
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Facilities certification requirements followed.	<input type="checkbox"/>	273.203(a), (b)	7
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Written Department approval of new construction prior to waste disposal.	<input type="checkbox"/>	273.203(c)	8
DAILY OPERATIONS								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper signs posted.	<input type="checkbox"/>	273.211(a)	9
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site perimeter clearly marked and grid coordinate system in use.	<input type="checkbox"/>	273.311(b)-(d)	10
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper barriers installed around site and access controlled when attendant not present.	<input type="checkbox"/>	273.212(a)-(l)	11
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Access roads maintained and negotiable by collection vehicles.	<input type="checkbox"/>	273.213(a)-(l)	12
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved means of measuring and inspected waste utilized.	<input type="checkbox"/>	273.214(a), (b)	13
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate equipment on-site and stand-by equipment available.	<input type="checkbox"/>	273.215(a), (b)	14
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicles directed promptly to unloading area and promptly unloaded.	<input type="checkbox"/>	273.216(a), (b)	15

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1	2	3	4	5				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Solid waste spread and compacted as approved by Department as part of permit.	<input type="checkbox"/>	273.216(c)	16
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator implements fugitive air contaminant control/measures and prevents and controls air pollution including no exceeding of ambient air quality standards, no open burning, and minimizing generation of fugitive dust emissions from facility.	<input type="checkbox"/>	273.217(a)	17
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator complies with Air Quality Plan approval and Air quality Operating Permit.	<input type="checkbox"/>	273.217(b)	18
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator does not cause or allow attraction, harborage, or breeding of vector.	<input type="checkbox"/>	273.218(a)	19
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator implements nuisance minimization and control plan.	<input type="checkbox"/>	273.218(b)(1)	20
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator performs regular, frequent, and comprehensive site inspections to reduce potential for offsite odors.	<input type="checkbox"/>	273.218(b)(2)	21
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator promptly addresses and correct problems and deficiencies discovered during inspections.	<input type="checkbox"/>	273.218(b)(3)	22
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator implements nuisance minimization and control plan to minimize and control other conditions harmful to the environment or public health, or which create safety hazards, odors, dirt, noise, unsightliness and other public nuisances.	<input type="checkbox"/>	273.218(c)	23
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator does not receive solid waste at a landfill in excess of the maximum or average daily volume approved in the permit.	<input type="checkbox"/>	273.221(a)	24
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator implements radiation protection action plan.	<input type="checkbox"/>	273.223(a)	25
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator monitors incoming waste in accordance with Department's guidance or in a manner at least as protective of the environment, facility staff and public health and safety.	<input type="checkbox"/>	273.223(b)	26
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiation detector elements shall be as close as practical to wasteload and in appropriate geometry to monitor the waste.	<input type="checkbox"/>	273.223(c)	27
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator has portable radiation monitors capable of determining the dose rate and presence of contamination of a vehicle that has caused an alarm. Upon exceedance of alarm level, a radiological survey of the vehicle is performed.	<input type="checkbox"/>	273.223(d)	28
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator notifies Department immediately and isolates vehicle when radiation dose rates are exceeded.	<input type="checkbox"/>	273.223(e)	29
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitoring equipment is calibrated at frequency specified by manufacturer, but not less than once a year.	<input type="checkbox"/>	273.223(f)	30
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If radioactive material is detected, vehicle containing material shall not leave facility without written Department approval and an authorized federal Department of Transportation exemption form.	<input type="checkbox"/>	273.223(g)	31
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uniform cover of the approved daily cover material is placed on exposed solid waste at the end of each working day or at the end of every 24 hours, whichever interval is less.	<input type="checkbox"/>	273.232(a)	32
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If intermediate cover requires revegetation, it is established within 30 days.	<input checked="" type="checkbox"/>	273.233(e)	33
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Slopes constructed during daily landfilling and intermediate cover activities may not exceed 50 percent.	<input type="checkbox"/>	273.233(f)	34

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator does not cause or allow waste pollution within or outside the site from operation of the facility.	<input type="checkbox"/>	273.241(a)-(c)	35
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator has restored or replaced adversely affected water supply with an alternative source of like quantity and quality.	<input type="checkbox"/>	273.245(a)	36
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temporary water supply is provided within 48 hours.	<input type="checkbox"/>	273.245(b)	37
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Permanent water supply is provided within 90 days.	<input type="checkbox"/>	273.245(c)	38
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No waste 15 feet of inside top of the lined perimeter berm.	<input type="checkbox"/>	273.252(e)	39
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lined perimeter berm 4 ft. high constructed and maintained along edge of the lined disposal area.	<input type="checkbox"/>	273.252(f)	40
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Edge of liner clearly marked.	<input type="checkbox"/>	273.252(g)	41
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternate leachate recirculation method may be used if approved if one of the liner systems is a composite liner.	<input type="checkbox"/>	273.274(b)	42
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underground pipes used to transport leachate to leachate storage impoundments or tanks equipped with secondary containment or comply with 245.445.	<input type="checkbox"/>	273.275(g)	43
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator isolates coal seams, coal outcrops and coal refuse from waste deposits to prevent combustion of waste and damage to liner.	<input type="checkbox"/>	273.291(a)	44
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mine openings within site sealed as approved by Department.	<input type="checkbox"/>	273.291(b)	45
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator implements plan for controlling potential damage from subsidence submitted and approved under 273.120.	<input type="checkbox"/>	273.291(c)	46
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landfill designed, constructed, maintained and operated to prevent and minimize potential for fire, explosion, or release of solid waste constituents into air, water, or soil of the Commonwealth.	<input type="checkbox"/>	273.301	47
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency equipment including portable fire extinguishers, fire control equipment, spill control equipment, and decontamination equipment available. For fire equipment requiring water, facility has a water supply of or adequate quantity and pressure to supply the equipment.	<input type="checkbox"/>	273.302(a)	48
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency equipment tested and maintained.	<input type="checkbox"/>	273.302(c)	49
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate space maintained to allow unobstructed movement of emergency personnel and equipment.	<input type="checkbox"/>	273.302(d)	50
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Litter controlled/collected and barriers/fences in place.	<input type="checkbox"/>	273.220(a)-(c)	51
COVER/SLOPES/REVEGETATION								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily/intermediate cover meets performance and design requirements.	<input type="checkbox"/>	273.232(b) AND 273.233(b), (c)	52
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimum 5 day supply of daily and intermediate cover maintained on-site.	<input type="checkbox"/>	273.232(c) AND 273.233(d)	53
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intermediate cover applied within time limits.	<input type="checkbox"/>	273.233(a)	54
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intermediate slopes do not exceed 50%.	<input type="checkbox"/>	273.232(d)	55
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cap placed over entire surface of final lift meets performance standards.	<input type="checkbox"/>	273.234(a)(1)	56
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final cover meets performance and design requirements; applied within time limits.	<input type="checkbox"/>	273.234(b)-(e)	57
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final slopes stable and erosion controlled.	<input type="checkbox"/>	273.234(f)	58
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final slopes graded 3-15% or terraced to 33% as approved.	<input type="checkbox"/>	273.234(g)	59

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STATUS					REQUIREMENT	COMMENTS ATTACHED	CHAPTER CITATION	LINE ITEM
1	2	3	4	5				
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Minimum revegetation and successful revegetation requirements adhered to.	<input checked="" type="checkbox"/>	273.235(a)-(e) AND 273.236(a), (b)	60
WATER QUALITY PROTECTION								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surface and groundwater treatment facilities properly operated and maintained.	<input type="checkbox"/>	273.241(b)	61
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Surface water percolation minimized/prevented.	<input type="checkbox"/>	273.242(b)(1) AND 273.234(e)(4)	62
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soil erosion and sedimentation controls designed and implemented as per approved plans; gullies over nine inches repaired.	<input type="checkbox"/>	273.242(a)-(c)	63
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sedimentation ponds and discharge structures designed, constructed, operated, and maintained in accordance with Chapters 273, 102, and 105.	<input type="checkbox"/>	273.243(a)-(g) AND 273.244	64
LINER SYSTEM								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Liner system designed, constructed, operated, and maintained when required.	<input type="checkbox"/>	273.251(a), (b)	65
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Edge of liner requirements adhered to (i.e., no waste within 25 feet of adjacent liner, 4 feet high lined berm, to prevent lateral escape of leachate, adequate spacing on inside of berm to collect stormwater and sediment).	<input type="checkbox"/>	273.252(d)	66
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leachate detection zone monitored weekly.	<input type="checkbox"/>	273.255(c)	67
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protective cover protects primary liner and leachate collection system and allows free flow of leachate into the collection system.	<input type="checkbox"/>	273.257(a)	68
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protective cover meets minimum requirements and at least 18 inches thick.	<input type="checkbox"/>	273.257(b)	69
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leachate collection system within protective cover meets minimum requirements.	<input type="checkbox"/>	273.258(a), (b)	70
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Barrier designed, constructed and maintained as required to prevent lateral migration of leachate off-site in surface mined areas.	<input type="checkbox"/>	273.259(a)-(d)	71
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 feet of select waste placed over protective cover.	<input type="checkbox"/>	273.260	73
LEACHATE TREATMENT								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leachate collected and handled through Department approved method(s).	<input type="checkbox"/>	273.272(a)-(c)	74
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leachate transportation requirements adhered to.	<input type="checkbox"/>	273.273(a)-(c)	75
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cessation of site operation if alternate leachate handling not available.	<input type="checkbox"/>	273.273(d)	76
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leachate treatment system permitted and fully operational at least 3 years before closure.	<input type="checkbox"/>	273.273(e)	77
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leachate recirculation in accordance with regulations.	<input type="checkbox"/>	273.274(1)-(4)	78
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leachate collection and storage systems on-site have capacity of 30 days or 250,000 gallons, whichever is greater.	<input type="checkbox"/>	273.275(a)-(f)	79
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Leachate flow rate measured daily; analyzed quarterly.	<input type="checkbox"/>	273.276(a)-(b)	80
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Department notified when remedial action(s) required.	<input type="checkbox"/>	273.277(1)-(4)	81
WATER QUALITY MONITORING								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved monitoring system installed and maintained.	<input type="checkbox"/>	273.281(a), (b) AND 273.283	82

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STATUS					REQUIREMENT	COMMENTS ATTACHED	CHAPTER CITATION	LINE ITEM
1	2	3	4	5				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quarterly and annual monitoring requirements adhered to and results submitted Department within time constraints.	<input type="checkbox"/>	273.284 AND 273.285	83
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Groundwater assessment plan submitted and implement as required.	<input type="checkbox"/>	273.286(a)-(g)	84
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Groundwater abatement plan submitted and implemented as required.	<input type="checkbox"/>	273.287(a)-(f)	85
RECORDKEEPING AND REPORTING								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operational records maintained, available and submitted as required.	<input type="checkbox"/>	273.288 AND 273.311-273.313	86
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Daily Operational Records kept in accordance with regulations for the life of the facility bond or longer if necessary.	<input type="checkbox"/>	273.311(d)	87
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator submits quarterly operation report.	<input type="checkbox"/>	273.312	88
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator submits annual operation report with fee.	<input type="checkbox"/>	273.313	89
MINERALS AND GAS								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas venting and monitoring in accordance with approved plans.	<input type="checkbox"/>	273.292(a)-(d)	90
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combustible gas levels not exceeded.	<input type="checkbox"/>	273.292(e)	91
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Forced gas venting if required.	<input type="checkbox"/>	273.292(f)	92
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gas recovery conducted as per approved plan and §273.293, including annual analysis.	<input type="checkbox"/>	273.293(a), (b)	93
EMERGENCY PROCEDURES								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contingency plan implemented if there is an emergency.	<input type="checkbox"/>	273.303(a)-(c)	94
RECYCLING								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operator shall salvage and recycle waste in accord with recycling plan. (273.196)	<input type="checkbox"/>	273.331(a)	95
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salvaging and recycling controlled by operator and prevents interference within operations and prevents health hazardous nuisance.	<input type="checkbox"/>	273.331(b)	96
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Salvaged materials stored in an approved area or transported offsite.	<input type="checkbox"/>	273.331(c)	97
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drop off center established for at least three recyclables.	<input type="checkbox"/>	273.332(a)	98
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drop off center properly located, contains bins or containers, open at least 8 hours per week and 4 hours during evenings or weekends.	<input type="checkbox"/>	273.332(b), (c)	99
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved public notice of availability of drop off center availability is provided.	<input type="checkbox"/>	273.332(d)	100
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On or before January 15 each year, operator informs municipality in writing of weight and type of materials recycled previous year.	<input type="checkbox"/>	273.332(e)	101
SPECIAL HANDLING AND RESIDUAL WASTES								
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special handling and residual wastes disposed with prior Department approval, and in accordance with permit and Chapter 273.	<input type="checkbox"/>	273.501	102
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Infectious waste disposal restrictions adhered to.	<input type="checkbox"/>	273.511(a)-(d)	103
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chemotherapeutic waste disposal restrictions adhered to.	<input type="checkbox"/>	273.512	104
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage sludge co-disposal and monofill requirements followed.	<input type="checkbox"/>	273.513	105
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sewage sludge sampling requirements adhered to and sludge meets standards for control of pathogens, vectors, and odors.	<input type="checkbox"/>	273.513(c)	106
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal of municipal waste incineration ash in landfill or landfill cell that meets Chapter 273 requirements.	<input type="checkbox"/>	273.514(a)	107

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Comments:

On June 12th, 2012, a routine monthly inspection was conducted in the afternoon at IESI PA Bethlehem Landfill (IESI). Attending the inspection was Walter F. Govern III (this inspector), representing the PA Department of Environmental Protection (Department). Representing IESI PA Bethlehem Landfill (IESI) during this inspection was Al Schleyer, Compliance Manager. During the time of this inspection it was raining, 67°F, wind out of the south southeast at 14 mph, humidity 88%. (accuweather.com)

This morning, the Department held a Waste Haulers Inspection Program (WHIP) event at IESI. The WHIP event ran from 0615 hrs to 1100 hrs. A total of 44 waste hauling vehicles were inspected.

The following items were discussed / observed during the inspection of IESI :

- Prior to entering the landfill for the routine monthly inspection, this inspector conducted an odor patrol along Applebutter Road, Skyline Drive, through Steel City and around the north side of the landfill on Riverside Drive. No litter or odors were observed during this odor patrol. The entrance road to the facility and the access roads to the working face were observed to be clean and clear of debris and litter during the time of this inspection. No windblown litter was observed in the trees within the landfills fences. No windblown litter was observed on the slopes of the landfill during the time of this inspection. A few bags were observed at the base of the MSE wall. Mr. Schleyer dispatched some laborers to address the bags.

- The flare was in operation at IESI during the time of this inspection. It was burning landfill gas at a temperature of 1665 °F at a flow rate of 2171 cfm.

- IESI is continuing the spreading of topsoil on the western slope of the landfill. Approximately half of the western

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

INSPECTION REPORT COMMENTS

Comments:

slope had been hydroseeded and vegetation is already beginning to grow. The final half of the western slope will be topsoiled in the next few weeks. Topsoil is staged on the western slope to be spread. Hydroseeding is expected to be completed by the end of June.

- The Cell 4B is the area that is accepting waste during the time of this inspection. There was one truck dumping at the working face during the time this inspector was observing the working face. No trucks were waiting to dump.

- The construction of the new cell (Cell 4E) is under way. IESI is beginning to spread the clay layer at the base of the new cell. Liner placement is expected to begin by June 15, 2012 (weather permitting).

- The radiation logs for June up to the date of this inspection were reviewed. There were no radiation hits since this inspector's last inspection. Log sheets were reviewed showing that the radiation monitors were detecting hits on known sources. Radiation monitor calibration is due July 13, 2012.

- Daily tonnage reports were observed for June up to the date of this inspection. The weight logs appear complete. The maximum daily tonnage observed in June up to the date of this inspection was logged on 06/01/2012 at 1771.5 tons. The overweight report for the month of June up to the date of this inspection logged 18 overweight trucks. 4 of the 18 were over the 3% mark since this inspector's last inspection. A copy of the overweight trucks report from May is attached to this report as Attachment A.

- IESI ran an advertisement for public drop off at the landfill from January 2nd - January 4th in the Morning Call.

- Insurance certificates were reviewed and are valid. The certificate expires 12/31/2012.

COMMENTS

JUNE 2012

Total Transactions for month (TT, RL, RO, FL)

OVERWEIGHT VEHICLES

80000 0-Jan 2400
73280 0-Jan 2198.4

32,400
75,478

(Record each vehicle that exceeds 73,280 pounds and each combination vehicle that exceeds 80,000 pounds)

	DATE	TIME	GROSS WEIGHT	TI, RO	RL, FL	Transfer Station	TRUCK #	DRIVER NAME	ISS WEIGHTMASTER	WARNING	#1 #2 #3 #4 #5					DATE SCALE CALIBRATED
											SUSPENSION	SUSPENSION	SUSPENSION	SUSPENSION	SUSPENSION	
1	6/1/2012	10:53 AM	84,400	TT			SAKT3	GIOVANNI B. CONIGLIARO JR	DEE	X	5-Jun					
2	6/1/2012	12:45 PM	81,740	TT			OLEX817	CARLOS A BATISTA	MARYANN	X						
3	6/2/2012	8:31 AM	80,300	TT		50	ISA024	LONSO ESPINOSA	DEE	X						
4	6/2/2012	7:42 AM	80,400	TT		50	VOY106	MIGUEL T LAPTEPA	DEE	X						
5	6/2/2012	8:10 AM	80,660	TT		50	VIS318	JORGE MORAN	DEE	X						
6	6/2/2012	11:26 AM	80,120	TT		50	VOY248	BAEZ JAROM	MARYANN	X						
7	6/4/2012	11:33 AM	104,380	TT			OLEX812	MARCO A. ROCHIA	JILL	X	8-Jun					
8	6/4/2012	11:40 AM	80,460	TT		50	GRE666	RODOLFO FERNANDEZ	JILL	X						
9	6/4/2012	12:56 PM	80,340	TT		50	VOY173	RODOLFO DEZA-DIRO	DEE	X						
10	6/4/2012	3:07 PM	84,540	TT			OLEX837	RANDOLPH SULLIVAN	MARYANN	X	8-Jun					
11	6/5/2012	7:21 AM	80,120	TT		50	ISA024	LONSO ESPINOSA	DEE	X						
12	6/5/2012	8:13 AM	80,700	TT		50	TAUR251	CARLOS DURAN	DEE	X						
13	6/5/2012	2:31 PM	83,640	TT			OLEX83640	OSVALDO ORO	MARYANN	X						
14	6/5/2012	2:28 PM	84,460	TT			OLEX829	JORGE LONDON	MARYANN	X						
15	6/9/2012	7:50 AM	83,760	TT			YAN63	RICHARD CARONIA	DEE	X						
16	6/9/2012	8:50 AM	81,200	TT			MS2	ROBERT SCHWEER	MARYANN	X						
17	6/9/2012	10:55 AM	80,020	TT			VOY173	RODOLFO DEZA-DIRO	MARYANN	X						
18	6/9/2012	10:52 AM	80,840	TT		50	STR390	MANUEL LENA-TAMAY	MARYANN	X						
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Attachment A

COPIES OF ENFORCEMENT FROM W.H.I.P. EVENT

DATED JUNE 12, 2012 AT

IESI PA BETHLEHEM LANDFILL



NOTICE OF VIOLATION

TRANSPORTER: TRUCK/TRACTOR TRAILER
NAME Olexion Rubbish Hauling, Inc. DATE 9/2/2012 TIME 0730
ADDRESS 75 Tyler Place MUNICIPALITY Lower Saucon Township
CITY South Plainfield STATE NJ ZIP CODE _____ COUNTY Northampton
TRUCK/TRACTOR LICENSE PLATE AN903E STATE NJ LOCATION TEST Bethlehem Land Fill
WH# WH1163 VIN 1FUJA6CVX3LL7078 DRIVERS NAME Michael D. McEachern
TRAILER LICENSE PLATE T23 Y3A STATE NJ WASTE TYPE: MUNICIPAL RESIDUAL
WH# WH1163 VIN 2M532137446097298 INSPECTOR Amy Faulch

As a result of an inspection conducted by the Department of Environmental Protection (hereinafter referred to as Department) it has been determined that the above-named person or municipality is in violation of the Solid Waste Management Act, Act of July 7, 1980, P.L. 380, No. 97, as amended, 35 P.S. Section 6018.101 et seq. (hereinafter referred to as SWMA), the Municipal Waste Planning, Recycling and Waste Reduction Act, Act of July 28, 1988, P.L. 556, No. 101, 53 P.S. Section 4000.101 et seq. (hereinafter referred to as Act 101), the Waste Transportation Safety Act, the Act of June 29, 2002, Pa C.S. § 6201 et seq. (hereinafter referred to as Act 90), and the regulations promulgated thereunder, as circled below:

1. Transporting, or causing or assisting in the transportation of, solid waste within Pennsylvania in a vehicle which failed to have proper identification signs in violation of 25 Pa. Code Section 285.218 or 299.220.
A. Lacked a sign B. Lettering less than 6 inches C. Sign not complete D. _____
2. Transporting, or causing or assisting in the transportation of, municipal waste or residual waste within Pennsylvania in equipment which failed to have proper fire extinguishing equipment in violation of SWMA and 25 Pa. Code Section 285.213(a) or 299.213(a).
A. Lacked fire extinguisher B. Fire extinguisher discharged C. _____
3. Transporting, or causing or assisting in the transportation of, municipal waste or residual waste within Pennsylvania in a way that the waste was not enclosed, covered or otherwise properly managed during transportation in violation of the SWMA and 25 Pa. Code Section 285.211(a), 285.213, 299.211(a) or 299.213.
A. Load improperly enclosed B. Load not enclosed C. Load leaking D. _____
4. Transporting, or causing or assisting in the transportation of, municipal waste or residual waste within Pennsylvania in a vehicle without a daily operational record or with an incomplete daily operational record in violation of the SWMA and 25 Pa. Code Section 285.217(a) or 299.219(a).
A. No record B. Incomplete record C. _____
5. Violating, or causing or assisting in a violation of, Sections 610(4), 610(6) and 610(9) of the SWMA and 25 Pa. Code Section 285.215(a) and (c) or 299.215(a) and (c) by operating a vehicle, or allowing a vehicle to be operated, in a manner that created a nuisance and a hazard to the public safety and welfare by exceeding the gross weight limitations of Section 4941 of the Vehicle Code.
A. Combination (tractor and trailer) exceeded 80,000 pounds. Weight: _____
B. Two-axle motor vehicle exceeded 38,000 pounds. Weight: _____
C. Three-axle motor vehicle exceeded 58,400 pounds. Weight: _____
D. Four-axle motor vehicle exceeded 73,280 pounds. Weight: _____
6. Transporting, or causing or assisting in the transportation of residual waste within Pennsylvania without providing for accident prevention and contingency planning, in violation of the SWMA and 25 Pa. Code Section 299.216, as follows:
A. No safety equipment in vehicle B. Operator not capable C. No absorbent materials in vehicle D. No copy of contingency plan in vehicle
7. Act 90 - Vehicle not authorized. Failure to possess valid final, temporary, or emergency Act 90 waste transporter written authorization for truck, truck tractor, trailer (choose which applies), in violation of Section 6204(a) of Act 90.
Act 90 - Failure to properly display valid final Act 90 waste transportation authorization stickers on truck, truck tractor, trailer (choose which applies)
Act 90 - Failure to possess valid final Act 90 waste transportation written authorization in the truck, truck tractor, trailer (choose which applies)
8. Act 111 - Failure to possess waste tire hauler authorization
9. Other violations found: _____

TOTAL VIOLATIONS NOTED 1

COMMENTS:

Hole in tarp at rear of trailer. Repair hole(s) in tarp.

Signature

Inspector Signature

657956

(continued on reverse side)

White - Operator

Yellow - Inspector



NOTICE OF VIOLATION

TRANSPORTER: TRUCK/TRACTOR TRAILER
NAME Caliby Trucking Corp. DATE 06/12/2012 TIME 0729
ADDRESS 339 W 44th St Apt 5RW MUNICIPALITY Lower Saucon Twp
CITY New York STATE NY ZIP CODE 10036-5133 COUNTY Northampton
TRUCK/TRACTOR LICENSE PLATE AN482E STATE NJ LOCATION JESJ Canidell
WH# WH 14574 VIN 1FUJBBAV32LF25409 DRIVERS NAME Miguel Tlatelpa
TRAILER LICENSE PLATE THP69T STATE NJ WASTE TYPE: MUNICIPAL RESIDUAL
WH# WH 14574 VIN 2E1D1X884YRK INSPECTOR Walter F. Goren III

As a result of an inspection conducted by the Department of Environmental Protection (hereinafter referred to as Department) it has been determined that the above-named person or municipality is in violation of the Solid Waste Management Act, Act of July 7, 1980, P.L. 380, No. 97, as amended, 35 P.S. Section 6018.101 et seq. (hereinafter referred to as SWMA); the Municipal Waste Planning, Recycling and Waste Reduction Act, Act of July 28, 1988, P.L. 556, No. 101, 53 P.S. Section 4000.101 et seq. (hereinafter referred to as Act 101), the Waste Transportation Safety Act, the Act of June 29, 2002, Pa C.S. § 6201 et seq. (hereinafter referred to as Act 90), and the regulations promulgated thereunder, as circled below:

1. Transporting, or causing or assisting in the transportation of, solid waste within Pennsylvania in a vehicle which failed to have proper identification signs in violation of 25 Pa. Code Section 285.218 or 299.220.
 - A. Lacked a sign
 - B. Lettering less than 6 inches
 - C. Sign not complete
 - D. _____
2. Transporting, or causing or assisting in the transportation of, municipal waste or residual waste within Pennsylvania in equipment which failed to have proper fire extinguishing equipment in violation of SWMA and 25 Pa. Code Section 285.213(a) or 299.213(a).
 - A. Lacked fire extinguisher
 - B. Fire extinguisher discharged
 - C. _____
3. Transporting, or causing or assisting in the transportation of, municipal waste or residual waste within Pennsylvania in a way that the waste was not enclosed, covered or otherwise properly managed during transportation in violation of the SWMA and 25 Pa. Code Section 285.211(a), 285.213, 299.211(a) or 299.213.
 - A. Load improperly enclosed
 - B. Load not enclosed
 - C. Load leaking
 - D. _____
4. Transporting, or causing or assisting in the transportation of, municipal waste or residual waste within Pennsylvania in a vehicle without a daily operational record or with an incomplete daily operational record in violation of the SWMA and 25 Pa. Code Section 285.217(a) or 299.219(a).
 - A. No record
 - B. Incomplete record
 - C. _____
5. Violating, or causing or assisting in a violation of, Sections 610(4), 610(6) and 610(9) of the SWMA and 25 Pa. Code Section 285.215(a) and (c) or 299.215(a) and (c) by operating a vehicle, or allowing a vehicle to be operated, in a manner that created a nuisance and a hazard to the public safety and welfare by exceeding the gross weight limitations of Section 4941 of the Vehicle Code.
 - A. Combination (tractor and trailer) exceeded 80,000 pounds. Weight: _____
 - B. Two-axle motor vehicle exceeded 38,000 pounds. Weight: _____
 - C. Three-axle motor vehicle exceeded 58,400 pounds. Weight: _____
 - D. Four-axle motor vehicle exceeded 73,280 pounds. Weight: _____
6. Transporting, or causing or assisting in the transportation of residual waste within Pennsylvania without providing for accident prevention and contingency planning, in violation of the SWMA and 25 Pa. Code Section 299.216, as follows:
 - A. No safety equipment in vehicle
 - B. Operator not capable
 - C. No absorbent materials in vehicle
 - D. No copy of contingency plan in vehicle
7. Act 90 - Vehicle not authorized. Failure to possess valid final, temporary, or emergency Act 90 waste transporter written authorization for truck, truck tractor, trailer (choose which applies), in violation of Section 6204(a) of Act 90.

Act 90 - Failure to properly display valid final Act 90 waste transportation authorization stickers on truck, truck tractor, trailer (choose which applies)

Act 90 - Failure to possess valid final Act 90 waste transportation written authorization in the truck, truck tractor, trailer (choose which applies)
8. Act 111 - Failure to possess waste tire hauler authorization
9. Other violations found: _____

TOTAL VIOLATIONS NOTED 2

COMMENTS:
Some holes in tarp that should be repaired. Waste should be transported in a manner so as to prevent waste from leaking from the vehicle.

Signature _____ Inspector Signature Walter F. Goren III 517998

(continued on reverse side)

White - Operator Yellow - Inspector



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

TRANSPORTATION COMPLIANCE INSPECTION REPORT

TRANSPORTATION COMPANY/DRIVER DATA Date 06/12/2012 Time 0653

Co. Name: Republic Services of New Jersey LLC Citation No.: P9254037-1 Docket: _____ Incident: _____

Co. Address: 9 Frontage Rd. Driver Last Name: Finney FN: Patrick M.I. A

Co. City: Clinton Co. State/Prov.: NJ Driver Address: 833 W 27th St.

Co. Zip: 08809-1293 Co. Phone: (908) 730-7800 Driver Lic. No.: 23 094 982 State/Prov.: PA

Date of Birth: 07/18/1972

TRACTOR OWNER

Co. Name: _____

Co. Address: SAME

Co. City: _____ Co. State/Prov.: _____

Co. Zip: _____ Co. Phone: _____

TRAILER OWNER

Co. Name: _____

Co. Address: N/A

Co. City: _____ Co. State/Prov.: _____

Co. Zip: _____ Co. Phone: _____

VEHICLE TYPE CODES

Codes: TIF - Tractor Trailer Flatbed **P** - Packer Truck
 TTD - Tractor Trailer Dump R - Rolloff Carrier
 TTW - Tractor Trailer Walking Floor D - Dump Truck/Triaxle
 TTV - Tractor Trailer Van/Box OTH - Other

WASTE TYPE CODES

Codes: **MWL** - Municipal Waste Loose INF - Infectious
 MWB - Municipal Waste Baled ASB - Asbestos Containing
 MDW - Municipal Demo Waste RCS - Residual Contaminated Soil
 MSS - Municipal Sewage Sludge RSS - Other Residual (specify)
 MIA - Municipal Incin. Ash HAZ - Hazardous (specify)
 WT - Waste Tires

VEHICULAR DATA

DOT No. _____

Vehicle Type: Packer

Vehicle Make: MACK

License Tractor: AN 334 M State/Prov.: NJ

VIN No. 1M2K195C32M019419

WTSP Auth. No. WH0257 WTT Auth. No. _____

License Trailer: N/A State/Prov.: _____

VIN No. _____

WTSP Auth. No. _____

Waste Type MWL

Waste Origin (County/St): _____

Transfer Stn.: _____

VIOLATION CODES

Codes: A1 - No valid Act 90 Sticker
 A2 - No valid written auth in truck
 A3 - Sticker in wrong location
 A4 - No valid Tire Trans. Auth. Card
S1 - No Sign M2 - Mixing Spcc Handling Waste
 S2 - Lettering <6" see 285.211(b)(3)
 S3 - Sign Incomplete O1 - Overweight
 F1 - No Fire Ext. RO - Residual Waste ONLY
 F2 - Fire Ext. Discharged
 E1 - Improperly Enclosed R1 - Safety Equipment Violation
 B2 - Tarping Related R2 - No PPC Plan in Cab
B3 - Load Leaking R3 - No Res. Transportation Log
 M1 - No Municipal Log R4 - Operator Not Capable

ENFORCEMENT ACTION CODES

Codes: VW - Verbal Warning **SP** - Summary Filed
 NV - Written Warning OT - Other (specify)
FN - Field NOV NO - Notice of Violation

ENFORCEMENT DATA

Inspection Date: 06/12/2012 Site: TESI Landfill

Total DEP Viols: 2 PSP Viols? (y/n): _____ PSP Enf? (y/n): _____

Viol 1: S1 Photo: YES Enf Action: SF Result: _____ Fine: _____

Viol 2: B3 Photo: YES Enf Action: FN Result: _____ Fine: _____

Viol 3: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____

Viol 4: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____

Viol 5: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____

Viol 6: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____

COMMENTS: Vehicle must have waste type posted on side of vehicle. Sign should read "Municipal Waste" or "Residual waste". The vehicle should be maintained so as to prevent waste from leaking out of the vehicle.

ACKNOWLEDGEMENT OF SERVICE. The undersigned driver hereby acknowledges receipt of this inspection report. This signature does not constitute an acknowledgement that any or all of the violations listed on the inspection report have occurred or continue to occur.

Driver: [Signature] Signature

Inspector: [Signature] Signature
Walter F. Govern III



NOTICE OF VIOLATION

TRANSPORTER: TRUCK / TRACTOR TRAILER

NAME Republic Services of New Jersey LLC DATE 06/12/2012 TIME 0653
 ADDRESS 9 Frontage Rd. MUNICIPALITY Lower Saucon Twp.
 CITY Clinton STATE NJ ZIP CODE 08809-1293 COUNTY Northampton
 TRUCK / TRACTOR LICENSE PLATE AN 334 M STATE NJ LOCATION TFS Landfill
 WH# W4D57 VIN 1MAK195C32MD19419 DRIVERS NAME Derrick A. Finney
 TRAILER LICENSE PLATE _____ STATE _____ WASTE TYPE: MUNICIPAL RESIDUAL
 WH# _____ VIN _____ INSPECTOR Walter F. Govern III

As a result of an inspection conducted by the Department of Environmental Protection (hereinafter referred to as Department) it has been determined that the above-named person or municipality is in violation of the Solid Waste Management Act, Act of July 7, 1980, P.L. 380, No. 97, as amended, 35 P.S. Section 6018.101 et seq. (hereinafter referred to as SWMA), the Municipal Waste Planning, Recycling and Waste Reduction Act, Act of July 28, 1988, P.L. 556, No. 101, 53 P.S. Section 4000.101 et seq. (hereinafter referred to as Act 101), the Waste Transportation Safety Act, the Act of June 29, 2002, Pa C.S. § 6201 et seq. (hereinafter referred to as Act 90), and the regulations promulgated thereunder, as circled below:

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 A. Lacked a sign B. Lettering less than 6 inches C. Sign not complete D. _____
2. Transporting, or causing or assisting in the transportation of, municipal waste or residual waste within Pennsylvania in equipment which failed to have proper fire extinguishing equipment in violation of SWMA and 25 Pa. Code Section 285.213(a) or 299.213(a).
 A. Lacked fire extinguisher B. Fire extinguisher discharged C. _____
3. Transporting, or causing or assisting in the transportation of, municipal waste or residual waste within Pennsylvania in a way that the waste was not enclosed, covered or otherwise properly managed during transportation in violation of the SWMA and 25 Pa. Code Section 285.211(a), 285.213, 299.211(a) or 299.213.
 A. Load improperly enclosed B. Load not enclosed C. Load leaking D. _____
4. Transporting, or causing or assisting in the transportation of, municipal waste or residual waste within Pennsylvania in a vehicle without a daily operational record or with an incomplete daily operational record in violation of the SWMA and 25 Pa. Code Section 285.217(a) or 299.219(a).
 A. No record B. Incomplete record C. _____
5. Violating, or causing or assisting in a violation of, Sections 610(4), 610(6) and 610(9) of the SWMA and 25 Pa. Code Section 285.215(a) and (c) or 299.215(a) and (c) by operating a vehicle, or allowing a vehicle to be operated, in a manner that created a nuisance and a hazard to the public safety and welfare by exceeding the gross weight limitations of Section 4941 of the Vehicle Code.
 A. Combination (tractor and trailer) exceeded 80,000 pounds. Weight: _____
 B. Two-axle motor vehicle exceeded 38,000 pounds. Weight: _____
 C. Three-axle motor vehicle exceeded 58,400 pounds. Weight: _____
 D. Four-axle motor vehicle exceeded 73,280 pounds. Weight: _____
6. Transporting, or causing or assisting in the transportation of residual waste within Pennsylvania without providing for accident prevention and contingency planning, in violation of the SWMA and 25 Pa. Code Section 299.216, as follows:
 A. No safety equipment in vehicle B. Operator not capable C. No absorbent materials in vehicle D. No copy of contingency plan in vehicle
7. Act 90 - Vehicle not authorized. Failure to possess valid final, temporary, or emergency Act 90 waste transporter written authorization for truck, truck tractor, trailer (choose which applies), in violation of Section 6204(a) of Act 90.
 Act 90 - Failure to properly display valid final Act 90 waste transportation authorization stickers on truck, truck tractor, trailer (choose which applies)
 Act 90 - Failure to possess valid final Act 90 waste transportation written authorization in the truck, truck tractor, trailer (choose which applies)
8. Act 111 - Failure to possess waste tire hauler authorization
9. Other violations found: _____

TOTAL VIOLATIONS NOTED 1

COMMENTS:
Vehicle should be maintained so as to prevent waste from leaking out of the vehicle

Signature Jabul Loring Inspector Signature Walter F. Govern III 251718
 (continued on reverse side)



COMMONWEALTH OF PENNSYLVANIA CITATION NO.

NON-TRAFFIC CITATION P8254037-1

1. Magisterial District Number 03-2-04		2. Docket Number		3. Social Security Number	
4. Address of Magisterial District Office 1404 Walter St. Bethlehem PA 18015				5. Driver's Number	
7. Defendant's Name - First Middle Last Republic Services of New Jersey, LLC					
6. Defendant's Address (Street-City-State-Zip Code) 9 Frontage Rd. Clinton NJ 08809-1293					
9. Race/Ethnicity (W) <input type="checkbox"/> White (B) <input type="checkbox"/> Black (I) <input type="checkbox"/> Native American		(A) <input type="checkbox"/> Asian (H) <input type="checkbox"/> Hispanic (U) <input type="checkbox"/> Unknown		10. Sex (M) <input type="checkbox"/> Male (F) <input type="checkbox"/> Female	
14. JUVENILE <input type="checkbox"/> Yes		15. Parents Notified <input type="checkbox"/> Yes		16. Parent's Name	
17. Date Notified					
18. Time					
19. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Harassment <input type="checkbox"/> Retail Theft <input type="checkbox"/> Other: Illegal Transportation of Solid Waste					
<input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Theft of Services <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Public Drunkenness <input type="checkbox"/> Scattering Rubbish <input type="checkbox"/> Purchase, Consumption, Possession or Transportation of Liquor or Malt or Brewed Beverages					
20. Nature of Offense Defendant caused or assisted in a violation of 25 Pa Code 285.218(2) by allowing solid waste to be transported in a vehicle which did not bear the type of waste being hauled.				21. Pa. Code Title 285.218(2)	
22. CRIMES CODE TITLE 18 610 9				23. SECTION 23.50	
24. SUB SEC.				25. FINE	
26. COSTS				27. J.C.P.A./G.J.E.A.	
28. TOTAL DUE \$				29. Lab Services Requested	
30. Date 6/12/2015		31. Time 0653		32. Day TUES	
33. City/Twp./Boro Lower Merion Twp.		34. Code 210		35. Zone	
36. Location TEST landfill		37. County Northampton		38. County Code 48	
39. Defendant's Signature - Acknowledges Receipt of Citation X [Signature]				40. Date 6/12/15	
41. <input type="checkbox"/> Issued <input type="checkbox"/> Filed <input type="checkbox"/> Filed on info. received				42. I verify that the facts set forth in this citation are true to the best of my knowledge, information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.	
OFFICER'S SIGNATURE [Signature]		BADGE NUMBER EP00517998		ORI NUMBER PA022015 Y	
43. Station Address 4530 Bath Pike Bethlehem PA 18045					
44. Offense Code		45. Property Record No.		46. Systems Code	
47. Initial Report		48. Attention LDE		49. Incident No.	
50. Victim's Name		51. Date of Birth (MM/DD/YY)		52. Sex	
53. Race/Ethnicity				54. Victim's Address (Street-City-State-Zip Code)	
55. Phone Number				56. Remarks / Subpoena List Must respond to citation within 10 (ten) days from the date of issuance. Contact District Judges Office at (610) 865-4010.	
				57. Supv. Init.	
				Badge No.	

P8254037-1

AOPC 407-95 (Rev. 12/09)

MAGISTERIAL DISTRICT JUDGE



1A



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

TRANSPORTATION COMPLIANCE INSPECTION REPORT

TRANSPORTATION COMPANY/DRIVER DATA Date 6/12/12 Time 1022

Co. Name: Republic Services of New Jersey LLC Citation No.: P9563633-2 Docket: _____ Incident: _____

Co. Address: 9 Frontage Rd. Driver Last Name: Finney FN: Patrick M.I. A

Co. City: Clinton Co. State/Prov: NJ Driver Address: 233 W 27th St.

Co. Zip: 08809-1293 Co. Phone: (908) 730-7100 Driver Lic. No.: 23 094 982 State/Prov: PA

Driver Lic. No.: 23 094 982 State/Prov: PA

Date of Birth: 07/19/1972

TRACTOR OWNER

Co. Name: _____

Co. Address: SAME

Co. City: _____ Co. State/Prov.: _____

Co. Zip: _____ Co. Phone: _____

TRAILER OWNER

Co. Name: _____

Co. Address: N/A

Co. City: _____ Co. State/Prov.: _____

Co. Zip: _____ Co. Phone: _____

VEHICLE TYPE CODES

Codes: TIF - Tractor Trailer Flatbed P - Packer Truck
 TTD - Tractor Trailer Dump R - Rolloff Carrier
 TTW - Tractor Trailer Walking Floor D - Dump Truck/Triaxle
 TTV - Tractor Trailer Van/Box OTH - Other

WASTE TYPE CODES

Codes: MWL - Municipal Waste Loose INF - Infectious
 MWB - Municipal Waste Baled ASB - Asbestos Containing
 MDW - Municipal Demo Waste RCS - Residual Contaminated Soil
 MSS - Municipal Sewage Sludge RSS - Other Residual (specify)
 MIA - Municipal Incin. Ash HAZ - Hazardous (specify)
 WT - Waste Tires

VEHICULAR DATA

DOT No. _____

Vehicle Type: Packer

Vehicle Make: MACK

License Tractor: AN 334 M State/Prov: NJ

VIN No. 1MAK295C32M019419

WTSP Auth. No. WH0257 WTT Auth. No. _____

License Trailer: N/A State/Prov: _____

VIN No. _____

WTSP Auth. No. _____

Waste Type MWLC

Waste Origin (County/St): _____

Transfer Str.: _____

VIOLATION CODES

Codes: A1 - No valid Act 90 Sticker
 A2 - No valid written auth in truck
 A3 - Sticker in wrong location
 A4 - No valid Tire Trans. Auth. Card
 S1 - No Sign M2 - Mixing Spcc Handling Waste
 S2 - Lettering <6" see 285.211(b)(3)
 S3 - Sign Incomplete O1 - Overweight
 F1 - No Fire Ext. RO - Residual Waste ONLY
 F2 - Fire Ext. Discharged
 E1 - Improperly Enclosed R1 - Safety Equipment Violation
 B2 - Tarping Related R2 - No PPC Plan in Cab
 B3 - Load Leaking R3 - No Res. Transportation Log
 M1 - No Municipal Log R4 - Operator Not Capable

ENFORCEMENT ACTION CODES

Codes: VW - Verbal Warning SF - Summary Filed
 NV - Written Warning OT - Other (specify)
 FN - Field NOV NO - Notice of Violation

ENFORCEMENT DATA

Inspection Date: 6/12/12 Site: TEST Landfill

Total DEP Viols: _____ PSP Viols? (y/n): _____ PSP Enf? (y/n): _____

Viol 1: E1 Photo: YES Enf Action: SF Result: _____ Fine: _____

Viol 2: S1 Photo: NO Enf Action: OT Result: _____ Fine: _____

Viol 3: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____

Viol 4: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____

Viol 5: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____

Viol 6: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____

COMMENTS: * Addressed under Citation # P8254037-1 + Previous Report * Waste was exposed out of the top of the front of the vehicle. Waste should be properly enclosed.

ACKNOWLEDGEMENT OF SERVICE. The undersigned driver hereby acknowledges receipt of this inspection report. This signature does not constitute an acknowledgement that any or all of the violations listed on the inspection report have occurred or continue to occur.

Driver: [Signature] Signature

Inspector: [Signature] 517988
 Signature
Walter F. Govern III



COMMONWEALTH OF PENNSYLVANIA CITATION NO.
NON-TRAFFIC CITATION P 9563633-2

1. Magisterial District Number 03-2-04		2. Docket Number		3. Social Security Number	
4. Address of Magisterial District Office 1404 Walter St. Bethlehem PA 18015				5. Driver's Number	
7. Defendant's Name - First Middle Last Republic Services of New Jersey LLC					
8. Defendant's Address (Street-City-State-Zip Code) 9 Frontage Rd. Clinton NJ 08809-1293					
9. Race/Ethnicity (W) <input type="checkbox"/> White (A) <input type="checkbox"/> Asian (B) <input type="checkbox"/> Black (H) <input type="checkbox"/> Hispanic (I) <input type="checkbox"/> Native American (U) <input type="checkbox"/> Unknown		10. Sex (M) <input type="checkbox"/> Male (F) <input type="checkbox"/> Female		11. Date of Birth (MM/DD/YY)	
12. Resident Status (R) <input type="checkbox"/> Resident (N) <input type="checkbox"/> Non-Resident (U) <input type="checkbox"/> Unknown		13. Case Instituted by (O) <input type="checkbox"/> On-View Arrest (C) <input type="checkbox"/> Citation/Summons			
14. JUVENILE <input type="checkbox"/> Yes		15. Parents Notified <input type="checkbox"/> Yes		16. Type	
18. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Theft of Services <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Harassment <input type="checkbox"/> Public Drunkenness <input type="checkbox"/> Scattering Rubbish <input type="checkbox"/> Retail Theft <input type="checkbox"/> Purchase, Consumption, Possession or Transportation of Liquor or Malt or Brewed Beverages <input checked="" type="checkbox"/> Other Illegal Transportation of Solid Waste					
20. Nature of Offense Defendant caused or assisted in a violation of 25 Pa Code 285.211(a) by allowing solid waste to be transported in a vehicle that was not completely enclosed during transportation, to wit, the waste was not taped or otherwise enclosed.				21. Pa. Code 25 Pa Code 285.211(a) <input checked="" type="checkbox"/> CRIMES CODE TITLE 18 25 P.S. 6018	
23. SECTION 610				24. SUB SEC. 9	
25. FINE				26. COSTS	
27. J.O.P./A.T.J. F.O.J.E.A.				28. TOTAL DUE \$ 23.50	
30. Date 6/12/12		31. Time 10:22		32. Day TUES	
33. City/Twp/Boro Lower Saucon Twp.		34. Code 20		35. Zone	
36. Location 155 E. Randolph		37. County Northampton		38. County Code 48	
39. Defendant's Signature [Signature]		40. Date 6/12/12		41. <input checked="" type="checkbox"/> Issued <input type="checkbox"/> Filed <input type="checkbox"/> Filed on info. received	
42. I verify that the facts set forth in this citation are true to the best of my knowledge, information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn fabrication to authorities.					
OFFICER'S SIGNATURE [Signature]		BADGE NUMBER EPO051798		ORI NUMBER PA022015 Y	
43. Station Address 4530 Bath Pike Bethlehem PA 18017					
44. Offense Code		45. Property Record No.		46. System Code	
47. <input type="checkbox"/> Initial Report		48. <input type="checkbox"/> Attention LCE		49. Incident No.	
50. Victim's Name		51. Date of Birth (MM/DD/YY)		52. Sex	
53. Race/Ethnicity		54. Victim's Address (Street-City-State-Zip Code)		55. Phone Number	
56. Remarks/Subpoena List Must respond to citation within 10 (ten) days from the date of issuance. Contact District Judges Office at (610) 865-4010.					
				P 9563633-2	
				57. Supv. Init. Badge No.	



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

TRANSPORTATION COMPLIANCE INSPECTION REPORT

TRANSPORTATION COMPANY/DRIVER DATA Date 6/12/12 Time 0900

Co. Name: BFI Waste Services & Pennsylvania LLC. Citation No.: PP254187-4 Docket: _____ Incident: _____

Co. Address: 731 E. Reliance Rd. Driver Last Name: Hufnagle FN: Mark M.I. S

Co. City: Lebanon Co. State/Prov.: PA Driver Address: 3020 E. Summit Rd.

Co. Zip: 18969 Co. Phone: _____ Driver Lic. No.: 23 547 788 State/Prov.: PA

Date of Birth: 9/19/74 Qualcartown, PA 18951

TRACTOR OWNER

Co. Name: SAME AS ABOVE

Co. Address: _____

Co. City: _____ Co. State/Prov.: _____

Co. Zip: _____ Co. Phone: _____

TRAILER OWNER

Co. Name: " "

Co. Address: _____

Co. City: _____ Co. State/Prov.: _____

Co. Zip: _____ Co. Phone: _____

VEHICLE TYPE CODES

Codes: TIF - Tractor Trailer Flatbed P - Packer Truck
TTD - Tractor Trailer Dump - Rolloff Carrier
TTW - Tractor Trailer Walking Floor D - Dump Truck/Triaxle
TTV - Tractor Trailer Van/Box OTH - Other

WASTE TYPE CODES

Codes: MWL - Municipal Waste Loose INF - Infectious
MWB - Municipal Waste Baled ASB - Asbestos Containing
 MDW - Municipal Demo Waste RCS - Residual Contaminated Soil
MSS - Municipal Sewage Sludge RBS - Other Residual (specify)
MIA - Municipal Incin. Ash HAZ - Hazardous (specify)
WT - Waste Tires

VEHICULAR DATA

DOT No. _____

Vehicle Type: R

Vehicle Make: MAZDA

License Tractor: YVK0430 State/Prov.: PA

VIN No. 1M2AG11C97M067569

WTSP Auth. No. 0042 WTT Auth. No. _____

License Trailer: _____ State/Prov.: _____

VIN No. _____

WTSP Auth. No. _____

Waste Type MDW

Waste Origin (County/St): _____

Transfer Stn.: _____

VIOLATION CODES

Codes: A1 - No valid Act 90 Sticker
A2 - No valid written auth in truck
A3 - Sticker in wrong location
A4 - No valid Tire Trans. Auth. Card
S1 - No Sign M2 - Mixing Spcc Handling Waste
S2 - Lettering <6" see 285.211(b)(3)
S3 - Sign incomplete O1 - Overweight
F1 - No Fire Ext. RO - Residual Waste ONLY
F2 - Fire Ext. Discharged
 E1 - Improperly Enclosed R1 - Safety Equipment Violation
B2 - Tarping Related R2 - No PPC Plan in Cab
B3 - Load Leaking R3 - No Res. Transportation Log
M1 - No Municipal Log R4 - Operator Not Capable

ENFORCEMENT ACTION CODES

Codes: VW - Verbal Warning SF - Summary Filed
NV - Written Warning OT - Other (specify)
FN - Field NOV NO - Notice of Violation

ENFORCEMENT DATA

Inspection Date: 6/12/12 Site: IESI LF

Total DEP Viols: 1 PSP Viols? (y/n): _____ PSP Enf? (y/n): _____

Viol 1: E1 Photo: Y Enf Action: SF Result: _____ Fine: _____

Viol 2: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____

Viol 3: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____

Viol 4: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____

Viol 5: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____

Viol 6: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____

COMMENTS: Both the tarp and container should be repaired before hauling any waste.

ACKNOWLEDGEMENT OF SERVICE. The undersigned driver hereby acknowledges receipt of this inspection report. This signature does not constitute an acknowledgement that any or all of the violations listed on the inspection report have occurred or continue to occur.

Driver: Mark Hufnagle Signature

Inspector: Mark King #469971 Signature



COMMONWEALTH OF PENNSYLVANIA CITATION NO.
NON-TRAFFIC CITATION P 8254187-4

1. Magisterial District Number 03-2-04		2. Docket Number		3. Social Security Number	
4. Address of Magisterial District Office 1404 Walter st. Bethlehem, PA 18015				6. State <input type="checkbox"/> PA	
7. Defendant's Name - First Middle Last BFI Waste Services of Pennsylvania LLC.					
8. Defendant's Address (Street-City-State-Zip Code) 731 E. Reliance Rd. Telford, PA 18969					
9. Race/Ethnicity (W) <input type="checkbox"/> White (A) <input type="checkbox"/> Asian (B) <input type="checkbox"/> Black (H) <input type="checkbox"/> Hispanic (I) <input type="checkbox"/> Native American (U) <input type="checkbox"/> Unknown		10. Sex (M) <input type="checkbox"/> Male (F) <input type="checkbox"/> Female		11. Date of Birth (MM/DD/YY)	12. Resident Status (R) <input type="checkbox"/> Resident (N) <input type="checkbox"/> Non-Resident (U) <input type="checkbox"/> Unknown
13. Case Instituted by (O) <input type="checkbox"/> On-View Arrest (C) <input type="checkbox"/> Citation/Summons		14. JUVENILE <input type="checkbox"/> Yes		15. Parents Notified <input type="checkbox"/> Yes	
16. Parent's Name					
17. Date Notified					
18. Time					
19. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Theft of Services <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Harassment <input type="checkbox"/> Public Drunkenness <input type="checkbox"/> Scattering Rubbish <input type="checkbox"/> Retail Theft <input type="checkbox"/> Purchase, Consumption, Possession or Transportation of Liquor or Malt or Brewed Beverages <input checked="" type="checkbox"/> Other Illegal transportation of solid waste					
20. Nature of Offense Defendant Caused or Assisted in a Violation of 25 Pa. Code § 285.211(a) by allowing solid waste to be transported in a vehicle that was not completely enclosed during transportation, to wit, the waste was covered with a tarp with holes and not otherwise enclosed.				21. Pa. Code § 285.211(a)	
22. CRIMES CODE TITLE 18 35 P.S. 6018				23. SECTION 610	
24. SUB SEC. (9)				25. FINE 23.50	
26. COSTS				27. J.C.P./A.T.J. /O.J.E.A.	
28. TOTAL DUE \$				29. Lab Services Requested	
30. Date 6/12/12		31. Time 0900	32. Day Tue.	33. City/Twp/Boro L. SAVCON TWP.	
34. Code 210			35. Zone		
36. Location IESI Landfill			37. County Northampton		38. County Code 48
39. Defendant's Signature X [Signature]			40. Date 6/12/12		41. <input checked="" type="checkbox"/> Observed <input type="checkbox"/> Filed <input type="checkbox"/> Filed on info. received
42. I verify the facts set forth in this citation appear to the best of my knowledge, information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.					
OFFICER'S SIGNATURE [Signature]			BADGE NUMBER #469971		ORI NUMBER 190220154
43. Station Address PA DEP 2 Public Sq. Wilkes Barre PA 18701					
44. Offense Code		45. Property Record No.		46. Systems Code	
47. Initial Report <input type="checkbox"/>		48. Attention LCE <input type="checkbox"/>		49. Incident No.	
50. Victim's Name			51. Date of Birth (MM/DD/YY)		52. Sex
53. Race/Ethnicity				54. Victim's Address (Street-City-State-Zip Code)	
55. Phone Number					
56. Remarks / Subpoena List					
P8254187-4					
57. Supv. Init.				Badge No.	



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

TRANSPORTATION COMPLIANCE INSPECTION REPORT

TRANSPORTATION COMPANY/DRIVER DATA Date 6/12/12 Time 09

Co. Name: Four Seasons Lawn Care Citation No.: P9563632-1 Docket: _____ Incident: _____
 Co. Address: 1570 Taylor Drive Driver Last Name: Bears FN: Jeremy M.I. W
 Co. City: Coaster Valley Co. State/Prov: PA Driver Address: 5527 Wagner Rd.
Coopersburg PA 18036
 Co. Zip: 18034-9535 Co. Phone: (610) 838-6950 Driver Lic. No.: 28 368 487 State/Prov: PA
 Date of Birth: 11/02/1988

TRACTOR OWNER

Co. Name: _____
 Co. Address: _____
 Co. City: _____ Co. State/Prov.: _____
 Co. Zip: _____ Co. Phone: _____

SAME

TRAILER OWNER

Co. Name: _____
 Co. Address: _____
 Co. City: _____ Co. State/Prov.: _____
 Co. Zip: _____ Co. Phone: _____

N/A

VEHICLE TYPE CODES

Codes: TIF - Tractor Trailer Flatbed P - Packer Truck
 TTD - Tractor Trailer Dump B - Rolloff Carrier
 TTW - Tractor Trailer Walking Floor D - Dump Truck/Triaxle
 TTV - Tractor Trailer Van/Box OTH - Other

WASTE TYPE CODES

Codes: MWL - Municipal Waste Loose INF - Infectious
 MWB - Municipal Waste Baled ASB - Asbestos Containing
 MDW - Municipal Demo Waste RCS - Residual Contaminated Soil
 MSS - Municipal Sewage Sludge RSS - Other Residual (specify)
 MIA - Municipal Incin. Ash HAZ - Hazardous (specify)
 WT - Waste Tires

VEHICULAR DATA

DOT No. _____
 Vehicle Type: Roll-off Carrier
 Vehicle Make: GMC
 License Tractor: YRF 9456 State/Prov: PA
 VIN No. 1GDE4C3E35F523839
 WTSP Auth. No. WH 7461 WTT Auth. No. _____
 License Trailer: N/A State/Prov: _____
 VIN No. _____
 WTSP Auth. No. _____
 Waste Type MWL
 Waste Origin (County/St): _____
 Transfer Stn.: _____

VIOLATION CODES

Codes: A1 - No valid Act 90 Sticker
 A2 - No valid written auth in truck
 A3 - Sticker in wrong location
 A4 - No valid Tire Trans. Auth. Card
 S1 - No Sign M2 - Mixing Spcc Handling Waste
 S2 - Lettering <6" see 285.211(b)(3)
 S3 - Sign incomplete O1 - Overweight
 F1 - No Fire Ext. RO - Residual Waste ONLY
 F2 - Fire Ext. Discharged
 E1 - Improperly Enclosed R1 - Safety Equipment Violation
 B2 - Tarping Related R2 - No PPC Plan in Cab
 B3 - Load Leaking R3 - No Res. Transportation Log
 M1 - No Municipal Log R4 - Operator Not Capable

ENFORCEMENT ACTION CODES

Codes: VW - Verbal Warning SF - Summary Filed
 NV - Written Warning OT - Other (specify)
 FN - Field NOV NO - Notice of Violation

ENFORCEMENT DATA

Inspection Date: _____ Site: _____
 Total DEP Viols: 1 PSP Viols? (y/n): _____ PSP Enf? (y/n): _____
 Viol 1: S1 Photo: YES Enf Action: SF Result: _____ Fine: _____
 Viol 2: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____
 Viol 3: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____
 Viol 4: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____
 Viol 5: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____
 Viol 6: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____

COMMENTS:
Vehicle should have a sign posted describing the type of waste being hauled. Sign should read "Municipal Waste" or "Residual Waste."

ACKNOWLEDGEMENT OF SERVICE. The undersigned driver hereby acknowledges receipt of this inspection report. This signature does not constitute an acknowledgement that any or all of the violations listed on the inspection report have occurred or continue to occur.

Driver Jeremy Bears Signature

Inspector Walter F. Govern Signature 517998



COMMONWEALTH OF PENNSYLVANIA CITATION NO.

NON-TRAFFIC CITATION P 9563632 - 1

1. Magisterial District Number 03-2-04		2. Docket Number		3. Social Security Number	
4. Address of Magisterial District Office 1404 Water St. Bethlehem PA 18015				5. Driver's Number	
7. Defendant's Name - First Middle Last Four Seasons Lawn Care					
8. Defendant's Address (Street-City-State-Zip Code) 1570 Taylor Dr. Center Valley PA 18034-9535					
9. Race/Ethnicity (W) <input type="checkbox"/> White (A) <input type="checkbox"/> Asian (B) <input type="checkbox"/> Black (H) <input type="checkbox"/> Hispanic (I) <input type="checkbox"/> Native American (U) <input type="checkbox"/> Unknown		10. Sex (M) <input type="checkbox"/> Male (F) <input type="checkbox"/> Female		11. Date of Birth (MM/DD/YY)	12. Resident Status (R) <input type="checkbox"/> Resident (N) <input type="checkbox"/> Non-Resident (U) <input type="checkbox"/> Unknown
13. Case Instituted by (O) <input type="checkbox"/> On-View Arrest (C) <input type="checkbox"/> Citation/Summons		14. JUVENILE <input type="checkbox"/> Yes <input type="checkbox"/> No		15. Parents Notified <input type="checkbox"/> Yes <input type="checkbox"/> No	16. Parent's Name
17. Date Notified					
18. Time					
19. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Theft of Services <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Harassment <input type="checkbox"/> Public Drunkenness <input type="checkbox"/> Scattering Rubbish <input type="checkbox"/> Retail Theft <input type="checkbox"/> Purchase, Consumption, Possession or Transportation of Liquor or Malt or Brewed Beverages <input checked="" type="checkbox"/> Other: <u>Illegal Transportation of Solid Waste</u>					
20. Nature of Offense Defendant Caused or assisted in a violation of 25 Pa Code 285.218(a) by allowing solid waste to be transported in a vehicle which did not bear the type of waste being hauled.				21. Pa. Code Title 285.218(a)	
22. CRIMES CODE TITLE 18 25 P.S. 6018				23. SECTION 610	
24. SUB SEC. 9				25. FINE	
26. COSTS				27. J.C.P./A.T.J. / G.J.E.A. 23.50	
28. TOTAL DUE \$				29. Lab Services Requested	
30. Date 06/10/09		31. Time 09:51		32. Day TUES	
33. City/Twp./Boro Lower Saucon Twp.		34. Code 210		35. Zone	
36. Location TEST Landfill		37. County Northampton		38. County Code 46	
39. Defendant's Signature - Acknowledges Receipt of Citation X <u>Henry Best</u>				40. Date 6/10/09	
41. <input checked="" type="checkbox"/> Issued <input type="checkbox"/> Filed <input type="checkbox"/> Filed on info. received					
42. I verify that the facts set forth in this citation are true to the best of my knowledge, information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn statements to authorities. OFFICER'S SIGNATURE: <u>Walter F. Govern III</u> BADGE NUMBER: <u>EP0517998</u> ORI NUMBER: <u>PAD22015Y</u>					
43. Station Address 4530 Bath Pike Bethlehem PA 18017					
44. Offense Code		45. Property Record No.		46. System Code	
47. <input type="checkbox"/> Initial Report		48. <input type="checkbox"/> Attention LCE		49. Incident No.	
50. Victim's Name		51. Date of Birth (MM/DD/YY)		52. Sex	
53. Race/Ethnicity		54. Victim's Address (Street-City-State-Zip Code)			
55. Phone Number					
56. Remarks / Subpoena List Must respond to citation within 10 (TEN) days from the date of issuance. Contact District Judges Office at (610) 865-4010.					
P9563632 - 1					
57. Sign. In L				58. Badge No.	

AOPC 407-95 (Rev. 12/09)

MAGISTERIAL DISTRICT JUDGE



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF LAND RECYCLING AND WASTE MANAGEMENT

TRANSPORTATION COMPLIANCE INSPECTION REPORT

TRANSPORTATION COMPANY/DRIVER DATA Date 6/12/12 Time 0857

Co. Name: Yannuzzi & Sons Inc Citation No.: PA254038-2 Docket: _____ Incident: _____
 Co. Address: 152 US Highway 206 St 14 Driver Last Name: Correia FN: Frederic M.I. II
 Driver Address: PO Box 7123
 Co. City: Hillsborough Co. State/Prov.: NJ No Arlington NJ 07031-7123
 Co. Zip: 08844-4128 Co. Phone: (908) 218-0880 Driver Lic. No.: C6645 25768 02577 State/Prov.: NJ
 Date of Birth: 02/20/1957

TRACTOR OWNER

Co. Name: _____
 Co. Address: SAME
 Co. City: _____ Co. State/Prov.: _____
 Co. Zip: _____ Co. Phone: _____

TRAILER OWNER

Co. Name: _____
 Co. Address: SAME
 Co. City: _____ Co. State/Prov.: _____
 Co. Zip: _____ Co. Phone: _____

VEHICLE TYPE CODES

Codes: TIF - Tractor Trailer Flatbed P - Packer Truck
 ITD - Tractor Trailer Dump R - Rolloff Carrier
 TTW - Tractor Trailer Walking Floor D - Dump Truck/Triaxle
 TTV - Tractor Trailer Van/Box OTH - Other

WASTE TYPE CODES

Codes: MWL - Municipal Waste Loose INF - Infectious
 MWB - Municipal Waste Baled ASB - Asbestos Containing
 MDW - Municipal Demo Waste RCS - Residual Contaminated Soil
 MSS - Municipal Sewage Sludge RSS - Other Residual (specify)
 MIA - Municipal Incln. Ash HAZ - Hazardous (specify)
 WT - Waste Tires

VEHICULAR DATA

DOT No. _____
 Vehicle Type: TTD
 Vehicle Make: MACK
 License Tractor: AL 414 W State/Prov.: NJ
 VIN No. 1M2ADG2YSWN007364
 WTSP Auth. No. WH 12617 WTT Auth. No. _____
 License Trailer: TGK 72 B State/Prov.: NJ
 VIN No. 189DAG2T2M1252639
 WTSP Auth. No. WH 12617
 Waste Type MDW
 Waste Origin (County/St): _____
 Transfer Str.: _____

VIOLATION CODES

Codes: A1 - No valid Act 90 Sticker
 A2 - No valid written auth in truck
 A3 - Sticker in wrong location
 A4 - No valid Tire Trans. Auth. Card
 S1 - No Sign M2 - Mixing Spcc Handling Waste see 285.211(b)(3)
 S2 - Lettering <6"
 S3 - Sign Incomplete O1 - Overweight
 F1 - No Fire Ext. RO - Residual Waste ONLY
 F2 - Fire Ext. Discharged
 E1 - Improperly Enclosed R1 - Safety Equipment Violation
 B2 - Tarping Related R2 - No FPG Plan in Cab
 B3 - Load Leaking R3 - No Res. Transportation Log
 M1 - No Municipal Log R4 - Operator Not Capable

ENFORCEMENT ACTION CODES

Codes: VW - Verbal Warning SF - Summary Filed
 NV - Written Warning OT - Other (specify)
 FN - Field NOV NO - Notice of Violation

ENFORCEMENT DATA

Inspection Date: 06/12/2012 Site: DESI Landfill
 Total DEP Viols: 1 PSP Viols? (y/n): _____ PSP Enf? (y/n): _____
 Viol 1: S1 Photo: YES Enf Action: SF Result: _____ Fine: _____
 Viol 2: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____
 Viol 3: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____
 Viol 4: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____
 Viol 5: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____
 Viol 6: _____ Photo: _____ Enf Action: _____ Result: _____ Fine: _____

COMMENTS:
Vehicle must have the type of waste being hauled posted on the vehicle.
Sign should read "Municipal Waste" or "Residual Waste"

ACKNOWLEDGEMENT OF SERVICE. The undersigned driver hereby acknowledges receipt of this inspection report. This signature does not constitute an acknowledgment that any or all of the violations listed on the inspection report have occurred or continue to occur.

Driver: [Signature] Signature Inspector: [Signature] 517998
 Signature: Walter F. Govern III



COMMONWEALTH OF PENNSYLVANIA CITATION NO.
NON-TRAFFIC CITATION P 8254038-2

1. Magisterial District Number 03-2-04		2. Docket Number		3. Social Security Number	
4. Address of Magisterial District Office 1404 Walter St. Bethlehem PA 18015				6. State <input type="checkbox"/> PA	
7. Defendant's Name - First Middle Last Yannuzzi & Sons Inc.					
8. Defendant's Address (Street-City-State-Zip Code) 152 US Highway 206 Ste 14 Hillsborough NJ 08844-4125					
9. Race/Ethnicity (W) <input type="checkbox"/> White (A) <input type="checkbox"/> Asian (B) <input type="checkbox"/> Black (H) <input type="checkbox"/> Hispanic (I) <input type="checkbox"/> Native American (U) <input type="checkbox"/> Unknown		10. Sex (M) <input type="checkbox"/> Male (F) <input type="checkbox"/> Female		11. Date of Birth (MM/DD/YY)	
12. Resident Status (R) <input type="checkbox"/> Resident (N) <input type="checkbox"/> Non-Resident (U) <input type="checkbox"/> Unknown		13. Case Instituted by (O) <input type="checkbox"/> On-View Arrest (C) <input type="checkbox"/> Citation/Summons			
14. JUVENILE <input type="checkbox"/> Yes		15. Parents Notified <input type="checkbox"/> Yes		16. Parent's Name	
17. Date Notified					
18. Title					
19. Charge <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Criminal Trespass <input type="checkbox"/> Theft of Services <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Harassment <input type="checkbox"/> Public Drunkenness <input type="checkbox"/> Scattering Rubbish <input type="checkbox"/> Retail Theft <input type="checkbox"/> Purchase, Consumption, Possession or Transportation of Liquor or Malt or Brewed Beverages <input checked="" type="checkbox"/> Other Illegal Transportation of Solid Waste					
20. Nature of Offense Defendant caused or assisted in a violation of 25 Pa Code 285.218(2) by allowing solid waste to be transported in a vehicle which did not have the type of waste being hauled.				21. Pa. Code 25 Pa Code 285.218(2)	
				22. CRIMES CODE TITLE 18 35 P.S. 6012	
				23. SECTION 610	
				24. SUB SEC. 9	
				25. FINE	
				26. COSTS	
				27. JGP/A.T.J. R.J.E.A. 23.50	
				28. TOTAL DUE \$	
				29. Lab Services Requested	
30. Date 6/12/2012		31. Time 0957 TUES		32. Day	
33. City/Twp/Boro Lower Merion Twp		34. Code 210		35. Zone	
36. Location TEST Landfill				37. County Northampton	
38. County Code 48					
39. Defendant's Signature Acknowledges Receipt of Citation X [Signature]					
40. Date 6/12/2012					
41. <input checked="" type="checkbox"/> Issued <input type="checkbox"/> Filed <input type="checkbox"/> Filed on Info. received					
42. I verify that the facts set forth in this citation are true to the best of my knowledge, information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn fabrication to authorities.					
OFFICER'S SIGNATURE [Signature]		BADGE NUMBER FPO0517998		ORI NUMBER PA002015 Y	
43. Station Address 4530 Beth Pike Bethlehem PA 18017					
44. Offense Code		45. Property Record No.		46. Systems Code	
47. Initial Report		48. Attention LCE		49. Incident No.	
50. Victim's Name		51. Date of Birth (MM/DD/YY)		52. Sex	
53. Race/Ethnicity		54. Victim's Address (Street-City-State-Zip Code)		55. Phone Number	
56. Remarks / Subpoena List Must respond to citation within 10 (ten) days from the date of issuance. Contact District Judges Office at (610) 865-4010.					
P8254038-2					
57. Supv. Init.				Badge No.	