Michigan Department of Public Health
Engineering Division

**LID WASTE DISPOSAL**
**'ALUATION REPORT**

Inspection Date 10-7-70

Name of Disposal Facility Chev - Flint Manuf S.L.

Location Linden (street address) Flint (city) Flint (township) Genesee (county)

Name of Operator Chev - Flint Manuf Address

Property Owner GM Chev Div Address

Municipalities from which refuse received Pri Co.

Isolation (nearest residence) 1/8 miles

Type of Facility: ☐ Modified Dump ☐ Hog Feeding ☑ Sanitary Landfill ☐ Other (specify)

( ✓ ) indicates compliance ( x ) noncompliance ( – ) does not apply

GENERAL REQUIREMENTS

***Origin of Waste:***
generated on premises _____ delivered to site ✓

***Type of Waste:***
general ✓ residential _____
commercial ✓ solid _____ liquid _____

***Plans and Specifications:***
plan on file _____ layout operation conforms to plan _____

SANITARY LANDFILLS

protection of ground and surface water ✓
equipment ✓ emergency equipment ✓
nuisance control ✓ responsible director ✓
fire control ✓ on-site roads ✓
restricted access ✓ attendant ✓
dust control ✓ paper confined ✓
spreading of refuse ✓ compaction ✓
cell volumes ✓ period of cover ✓
final cover ✓ cover maintenance ✓
equipment maintenance ✓ burning ✓
salvaging ✓ vermin control ✓
surface water drainage ✓ completion of area ✓
handling and control of hazardous materials ✓

MODIFIED DUMP

protection of ground and surface water _____
proper trench provided _____ paper confined _____
burning _____ attendant _____
access controlled _____ population served # _____
nuisance _____ period of cover _____
public hearing approved site when required _____

OTHER FACILITY

specify type _____
vermin control _____ operation _____
maintenance _____ air pollution _____
fire control _____ impervious feeding area _____
disposal of day's material _____ nuisance control _____
employee safety _____ written approval when required _____
concurred by Michigan Department of Public Health when required _____

Remarks

☑ Approved
☐ Not Approved

Person interviewed _____ Inspected by RLM

Title _____ Representing MDPH

D65.3 3M 8/69