

# **Hamblen County/Morristown Solid Waste Agenda**

**September 20, 2024**

**Hamblen County Health Department Conference Room**

**Meeting Called To Order-Tom Rush**

**Public Comment/General Public Forum:**

**Approval of Board Minutes:**

**Financial Report-Amy Hemminger**

1. Review financials

**Manager's Report-Dennis Barnes**

1. TDEC Inspection
2. Travelers Payment for 816F Compactor76
3. Keith Jackson

**Engineer's Report-Steve Bostic**

1. Landfill Project's Progress

**Unfinished Business:**

**New Business: Dennis Barnes**

1. Sign for building
2. Policies for update/consideration

**Adjournment-Tom Rush**

# Hamblen County/Morristown Solid Waste Board of Directors Meeting

Minutes: August 16, 2024

## Hamblen County Health Department Conference Room

**Board Members Present:** Tom Rush-Chairman, Bill Brittain- (Ex-Officio/County Mayor), Dennis Barnes-(Ex-Officio/Director), Mike Bell, Bob Garrett, Tim Horner, Matt Lacy, Ventrus Norfolk and Will Sliger.

**Absent:** Patrick McGuffin-Vice Chairman

**Others Present:** Amy Hemminger, Steve Bostic, John Burgin, Larry Gipson, Stephanie Clonce and Public.

### **Meeting Called To Order: Tom Rush**

Mr. Rush called the meeting to order at 9:00 a.m.

### **Public Comment/General Public Forum: Linda Noe**

Ms. Noe stated that Mayor Brittain appointed Tim Horner to serve the remainder of Doe Jarvis' seat after his death. Mr. Horner has not been reappointed in four years. Mr. Horner will be reappointed to continue his seat at the September meeting.

Ms. Noe stated that the Solid Waste Board should take it upon themselves to keep the records of the board members' reappointments. Ms. Noe also requested that the board post the terms and appointments on the website.

### **Approval of Minutes: Tom Rush**

Mr. Lacy made the motion to approve the July 19, 2024 minutes and Mr. Horner seconded the motion with all board members in favor.

### **Financial Report: Amy Hemminger and Tom Rush**

1. Review of July Financials- Ms. Hemminger stated that on the financial statements reflect as of the end of July the final retainage payment made to Ettl for the last closure expense. LGIP retainage balance now reflects retainage owed to Ettl for expansion project.
2. Capital expenses of \$9,052 are for final costs related to closure. Government reimbursement income consists of two payments the city and county have contributed to the expansion. Capital expenses for expansion construction match this amount.

# Hamblen County/Morristown Solid Waste Board of Directors Meeting

Minutes: August 16, 2024

## Hamblen County Health Department Conference Room

3. Repair and maintenance include just over \$7,000 for hydraulic pump replacement on the Cat 973. Noted this year we will be paying the insurance monthly instead of yearly since there is no charge to do it that way.
4. Mr. Rush stated that the interest rates are holding steady, LGIP is at 5.33% and First Horizon is at 2.14%.

### Manager's Report: Dennis Barnes

1. The TDEC inspection was done yesterday and was perfect. Mr. Rush read the notes from the TDEC inspector and congratulated Mr. Barnes on doing a good job.
2. Mr. Lacy asked if the recently purchased used track hoe was still holding up and Mr. Barnes stated that it was.

### Engineer's Report: Steve Bostic

Mr. Bostic updated the board on the engineering projects going on at the Landfill (see attachment).

Mr. Bostic stated that he would file an Arap with TDEC to approve raising the road to make it permanent.

Ms. Hemminger stated that the numbers listed by Mr. Bostic for the pay apps are the net contractor payments and do not include the retainage fees. We have incurred a little over \$5,000,000 to E TTL.

### Unfinished Business: Dennis Barnes and Bill Brittain

1. Mr. Barnes stated that the auction went well and the Cat 330BL sold for \$16,000 and the Kubota RTV was sold for \$1,250, a total of \$17,005 (net of expense). We bought a 1987 Ford F250 at the sale that was approved by the board at last month's meeting for \$2,640. The truck ran before the auction and when it was over it would not run and had to be hauled to the shop. We are trying to get it running.
2. Mr. Brittain stated that the county is receiving the \$6.5 million bond today that the county approved back in March, so it will be available to fund the expansion.

### New Business: None

### Adjournment: Tom Rush

Mr. Rush adjourned the meeting at 9:19 a.m.

**Hamblen County/Morristown Solid Waste Board of Directors Meeting**

**Minutes: August 16, 2024**

**Hamblen County Health Department Conference Room**

**Tom Rush-Chairman**

**Bill Brittain**

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Morristown-Hamblen County Solid Waste Board

08/15/2024 2:31 PM

Register: 11130 - Operating Account

From 08/16/2024 through 08/16/2024

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment C	Deposit	Balance
08/16/2024	9442	CAPPS & BYRD, L...	21100 - Accounts Paya...	po#	322.50		1,470,012.17
08/16/2024	9443	DAVID BERRY TR...	21100 - Accounts Paya...		2,310.00		1,467,702.17
08/16/2024	9444	EAST TENNESSEE ...	21100 - Accounts Paya...	PAY APPLIC...	2,197,582.94		-729,880.77
08/16/2024	9445	ELLIOTT'S BOOT C...	21100 - Accounts Paya...		149.95		-730,030.72
08/16/2024	9446	LDA ENGINEERIN...	21100 - Accounts Paya...		48,854.50		-778,885.22
08/16/2024	9447	LIBERTY TIRE RE...	21100 - Accounts Paya...		249.20		-779,134.42
08/16/2024	9448	MORRISTOWN UT...	21100 - Accounts Paya...	004561-022128	2,959.43		-782,093.85
08/16/2024	9449	PIONEER PETROL...	21100 - Accounts Paya...		4,714.63		-786,808.48
08/16/2024	9450	PURKEY,CARTER,...	21100 - Accounts Paya...	PO#254476	2,668.00		-789,476.48
08/16/2024	9451	SFP MORRISTOWN	21100 - Accounts Paya...	PO#7474	1,596.00		-791,072.48
08/16/2024	9452	SMOKY MOUNTAI...	21100 - Accounts Paya...	PO#7473	75.00		-791,147.48
08/16/2024	9453	TMS INTERNATIO...	21100 - Accounts Paya...		320.59		-791,468.07
08/16/2024	9454	VERIZON WIRELE...	21100 - Accounts Paya...		564.48		-792,032.55

322.50 +  
 2,310.00 +  
 2,197,582.94 +  
 149.95 +  
 48,854.50 +  
 249.20 +  
 2,959.43 +  
 4,714.63 +  
 2,668.00 +  
 1,596.00 +  
 75.00 +  
 320.59 +  
 564.48 +  
 2,262,367.22 \*

Morristown-Hamblen County Solid Waste Board

08/28/2024 8:14 AM

Register: 11130 · Operating Account

From 08/29/2024 through 08/29/2024

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment C	Deposit	Balance
08/29/2024	9455	AFLAC	21100 · Accounts Paya...		505.17		424,238.85
08/29/2024	9456	BOB GARRETT	21100 · Accounts Paya...		200.00		424,038.85
08/29/2024	9457	DAVID BERRY TR...	21100 · Accounts Paya...		660.00		423,378.85
08/29/2024	9458	ELLIOTT'S BOOT C...	21100 · Accounts Paya...	PO#254437	75.00		423,303.85
08/29/2024	9459	FRED PRYOR SEM...	21100 · Accounts Paya...		229.00		423,074.85
08/29/2024	9460	HUMDINGER EQU...	21100 · Accounts Paya...		423.06		422,651.79
08/29/2024	9461	LIBERTY TIRE RE...	21100 · Accounts Paya...		499.10		422,152.69
08/29/2024	9462	MATT LACY-V	21100 · Accounts Paya...		200.00		421,952.69
08/29/2024	9463	MIKE BELL	21100 · Accounts Paya...		200.00		421,752.69
08/29/2024	9464	NAPA AUTO PARTS	21100 · Accounts Paya...		731.08		421,021.61
08/29/2024	9465	PINE ENVIRONME...	21100 · Accounts Paya...	PO#7453	5,515.72		415,505.89
08/29/2024	9466	ROGERS PETROLE...	21100 · Accounts Paya...		5,635.54		409,870.35
08/29/2024	9467	SFP MORRISTOWN	21100 · Accounts Paya...		388.94		409,481.41
08/29/2024	9468	STERICYCLE, INC.	21100 · Accounts Paya...		85.59		409,395.82
08/29/2024	9469	STOWERS MACHL...	21100 · Accounts Paya...		1,651.96		407,743.86
08/29/2024	9470	THE DPF COMPAN...	21100 · Accounts Paya...		1,309.00		406,434.86
08/29/2024	9471	TIMOTHY L. HOR...	21100 · Accounts Paya...		200.00		406,234.86
3/29/2024	9472	TMS INTERNATIO...	21100 · Accounts Paya...		2,366.99		403,867.87
08/29/2024	9473	TOM RUSH	21100 · Accounts Paya...		200.00		403,667.87
08/29/2024	9474	VENTRUS NORFO...	21100 · Accounts Paya...		200.00		403,467.87
08/29/2024	9475	WILL SLIGER	21100 · Accounts Paya...		200.00		403,267.87

*Handwritten mark*

505.17	+	200.00	+
200.00	+	2,366.99	-
660.00	-	200.00	+
75.00	+	200.00	-
229.00	+	200.00	+
423.06	+	21,476.15	*
499.10	+		
200.00	+		
200.00	+		
731.08	+		
5,515.72	+		
5,635.54	-		
388.94	+		
85.59	-		
1,651.96	+		
1,309.00	+		

Morristown-Hamblen County Solid Waste Board

09/05/2024 12:21 PM

Register: 11130 · Operating Account

From 09/05/2024 through 09/05/2024

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment C	Deposit	Balance
09/05/2024	9476	ACCIDENT FUND L...	21100 · Accounts Paya...		1,868.00		391,852.16
09/05/2024	9477	APPALACHIAN EL...	21100 · Accounts Paya...		1,150.91		390,701.25
09/05/2024	9478	BANKCARD CENT...	21100 · Accounts Paya...		642.66		390,058.59
09/05/2024	9479	CHARTER COMM...	21100 · Accounts Paya...		247.87		389,810.72
09/05/2024	9480	CINTAS	21100 · Accounts Paya...		507.96		389,302.76
09/05/2024	9481	DAVID BERRY TR...	21100 · Accounts Paya...		2,200.00		387,102.76
09/05/2024	9482	FUELMAN	21100 · Accounts Paya...		285.36		386,817.40
09/05/2024	9483	LIBERTY NATION...	21100 · Accounts Paya...		176.56		386,640.84
09/05/2024	9484	LOWE'S CREDIT S...	21100 · Accounts Paya...		41.52		386,599.32
09/05/2024	9485	STOWERS MACHL...	21100 · Accounts Paya...	PO#7479	1,996.04		384,603.28
09/05/2024	9486	TMS INTERNATIO...	21100 · Accounts Paya...		266.89		384,336.39
09/05/2024	9487	WITT UTILITY DIS...	21100 · Accounts Paya...		300.00		384,036.39

1,868.00 +  
 1,150.91 +  
 642.66 +  
 247.87 +  
 507.96 +  
 2,200.00 +  
 285.36 +  
 176.56 +  
 41.52 +  
 1,996.04 +  
 266.89 +  
 300.00 +  
 9,683.77 \*

# Morristown-Hamblen County Solid Waste Board

Register: 11130 - Operating Account

From 09/17/2024 through 09/17/2024

09/17/2024 2:54 PM

Sorted by: Date, Type, Number/Ref

Date	Number	Payee	Account	Memo	Payment C	Deposit	Balance
09/17/2024	E-pay	United States Treasury	-split-				
09/17/2024	9488	EAST TENNESSEE ...	21100 - Accounts Paya...	62-1363632 Q...	2,249.72		2,791,633.46
<del>09/17/2024</del>	<del>DD2334</del>	<del>Atkins, Christopher D</del>	<del>-split-</del>	<del>Direct Deposit</del>	<del>2,050,978.56</del>		<del>740,654.90</del>
<del>09/17/2024</del>	<del>DD2335</del>	<del>Barnes, Dennis R</del>	<del>-split-</del>	<del>Direct Deposit</del>	<del>X</del>		<del>740,654.90</del>
<del>09/17/2024</del>	<del>DD2336</del>	<del>Clonce, Stephanie R</del>	<del>-split-</del>	<del>Direct Deposit</del>	<del>X</del>		<del>740,654.90</del>
<del>09/17/2024</del>	<del>DD2337</del>	<del>Dalton, Nolan T</del>	<del>-split-</del>	<del>Direct Deposit</del>	<del>X</del>		<del>740,654.90</del>
<del>09/17/2024</del>	<del>DD2338</del>	<del>Helton, Randal L</del>	<del>-split-</del>	<del>Direct Deposit</del>	<del>X</del>		<del>740,654.90</del>
<del>09/17/2024</del>	<del>DD2339</del>	<del>Ivy, Justin A</del>	<del>-split-</del>	<del>Direct Deposit</del>	<del>X</del>		<del>740,654.90</del>
<del>09/17/2024</del>	<del>DD2340</del>	<del>Miller, Leonard</del>	<del>-split-</del>	<del>Direct Deposit</del>	<del>X</del>		<del>740,654.90</del>
<del>09/17/2024</del>	<del>DD2341</del>	<del>Parkins, Karen M</del>	<del>-split-</del>	<del>Direct Deposit</del>	<del>X</del>		<del>740,654.90</del>
<del>09/17/2024</del>	<del>DD2342</del>	<del>Pope, Isaiah D</del>	<del>-split-</del>	<del>Direct Deposit</del>	<del>X</del>		<del>740,654.90</del>
<del>09/17/2024</del>	<del>DD2343</del>	<del>Shepard, Melvin S</del>	<del>-split-</del>	<del>Direct Deposit</del>	<del>X</del>		<del>740,654.90</del>

0.00 \*

0.00

2,050,978.56 +  
2,050,978.56 \*



# BankCard Center Card Statement



AUG 29 2024

Account Number XXXX XXXX XXXX 0792

Statement for Period: July 25, 2024 to August 24, 2024

CARDHOLDER SUMMARY							
DENNIS R BARNES XXXX XXXX XXXX 0792	Previous Balance	Purchases And + Other Debits	Cash + Advances	Finance + Charges	- Credits	- Payments =	New Balance
CardHolder Totals	\$1,724.67	\$649.37	\$0.00	\$0.00	\$6.71	\$1,724.67	\$642.66

FINANCE CHARGE SUMMARY				
	Average Daily Balance	Monthly Periodic Rate	Corresponding Annual Percentage Rate	Periodic Finance Charge
PURCHASES	\$0.00	1.200%(V)	14.40% (V)	\$0.00
(V) = Variable Rate				
GRACE PERIOD				
To Avoid a Finance Charge On Purchases, Pay Entire New Balance by Payment Due Date Each Billing Period. Finance Charge Accrues on Cash Advances Until Paid And Will Be Billed On Your Next Statement.				

CUSTOMER SERVICE CALL 1-800-382-5465 LOST/STOLEN CARDS CALL 1-800-382-5465	ACCOUNT NUMBER XXXX XXXX XXXX 0792		ACCOUNT SUMMARY	
		STATEMENT DATE	08/24/24	PREVIOUS BALANCE
	CREDIT LIMIT	\$5,000.00	PURCHASES & OTHER CHARGES	\$649.37
	AVAILABLE CREDIT*	\$4,357.00	CASH ADVANCES	\$0.00
SEND BILLING INQUIRIES TO BANKCARD CENTER P.O. BOX 1545 MEMPHIS, TN 38101-1545	PAST DUE	\$0.00	CASH ADVANCE FEES	\$0.00
	OVERLIMIT	\$0.00	LATE PAYMENT CHARGE	\$0.00
	DISPUTED AMOUNT	\$0.00	FINANCE CHARGE	\$0.00
	AMOUNT DUE	\$32.00	CREDITS	\$6.71
	PAYMENT DUE DATE	09/18/24	PAYMENTS	\$1,724.67
			<b>NEW BALANCE</b>	<b>\$642.66</b>
* Amount reflected in whole dollars only				


1122 0001 GSH 001 7 24 240823 0 PAGE 1 of 2 10 4015 9000 CM02 4676

↑PLEASE DETACH HERE AND RETURN WITH PAYMENT

BANKCARD CENTER  
P.O. BOX 1545  
MEMPHIS TN 38101-1545

HAMBLEEN CO/

ACCOUNT NUMBER	XXXX XXXX XXXX 0792
PAYMENT DUE DATE	09-18-24
AMOUNT DUE	\$32.00
NEW BALANCE	\$642.66

  
 BANKCARD CENTER  
 P.O. BOX 385  
 MEMPHIS TN 38101-0385

AMOUNT ENCLOSED
\$ 642.66

  
 DENNIS R BARNES  
 MORRISTOWN SOLID WASTE  
 3849 SUBLETT RD  
 MORRISTOWN TN 37813-3734

4676  
N203

4798494100200792 0003200 0064266

1-2

<b>DENNIS R BARNES</b>		4798-4941-0020-0792			
Statement Date	08/24/24	Credit Limit	\$5,000.00	Cash Advance Balance	\$0.00
Payment Due Date	09/18/24	Available Credit	\$4,357.00	Amount Due	\$32.00
New Balance	\$642.66				

**STATEMENT MESSAGES**

**Important Notice**

Payments will be posted and credited to your account on the day they are received, subject to applicable payment processes and cutoff times. However, in order to protect against fraud and to allow for necessary payment verification and settlement, it may take up to 5 business days from receipt of payment for adjustments to be made to your available credit line.

To pay by phone, call 1-800-382-5465. When providing payment instructions via the automated interactive phone system, you authorize us to debit your account for the amount indicated on or after the date indicated. This authorization is for a single transaction (including re-presentation of that transaction) and does not provide for any additional debits.

Post Date	Tran Date	Transaction Description	Amount
07-25	07-24	TRI-COUNTY POWER EQUIPMEN JEFFERSON CIT TN	\$16.43
07-26	07-25	RTK MOBILE HTTPSRTKMOBIL UT	\$25.00
07-28	07-27	L2G*ENV & CON - FEES j61615-532-0065 TN	\$337.91
07-31	07-30	I3B*HAMBLEN CLERK CTR MORRISTOWN TN	\$21.22
08-02	08-01	AMAZON RETA* RV0UX0931 WWW.AMAZON.CO WA	\$5.78
08-04	08-02	AMAZON MKTPL*RF5SX4EH2 Amzn.com/bill WA	\$31.82
08-06	08-06	PAYMENT - THANK YOU MEMPHIS TN	-\$1,724.67 PY
08-09	08-08	AMAZON MKTPL*RM29I3FU0 Amzn.com/bill WA	\$113.88
08-09	08-08	AMZN Mktpl US*RM92O9T82 Amzn.com/bill WA	\$46.60
08-15	08-14	AMAZON MKTPLACE PMTS Amzn.com/bil	-\$6.71 CR
08-16	08-15	AMZN Mktpl US*RU2B15GS2 Amzn.com/bill WA	\$36.49
08-18	08-16	Amazon.com*RU8RV93K0 Amzn.com/bill WA	\$14.24

VENDOR# \_\_\_\_\_ CHECK # \_\_\_\_\_  
 ACCT# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
 ACCT# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
 ACCT# \_\_\_\_\_ AMOUNT \$ \_\_\_\_\_  
 INVOICE# \_\_\_\_\_ NET AMOUNT \$ \_\_\_\_\_  
 RECEIVED BY \_\_\_\_\_ APPROVED BY \_\_\_\_\_  
 DATE POSTED \_\_\_\_\_

Initial Inspection

AUG 23 2024

TENNESSEE DIVISION OF SOLID WASTE MANAGEMENT  
CLASS I FACILITY INSPECTION DOCUMENT

**CLASS I  
FACILITY**

SITE	DATE	TIME	WEATHER
Morristown Bafefill Landfill SNL320000152 3849 Sublett Road Hamblen	8/15/2024	11:00	85F
			EFO KNOX

\*SEE DISCLAIMER ON LAST PAGE

VIOLATION	REGULATION		OBSERVATION			
			NVO	AOC	V1	V2

**BUFFER ZONE STANDARDS FOR SITING LANDFILLS**

<b>8310</b>	<b>BUFFER ZONE STANDARD VIOLATED</b>	0400-11-01-.04(3)(a)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS	
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**COLLECTED LEACHATE**

<b>8330</b>	<b>LEACHATE IMPROPERLY MANAGED</b>	0400-11-01-.04(4)(a)8(i-iii)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS	
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<b>8340</b>	<b>INADEQUATE LEACHATE COLLECTION SYSTEM</b>	0400-11-01-.04(4)(a)7	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS	
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**COMMUNICATIONS**

<b>8130</b>	<b>NO COMMUNICATION DEVICES</b>	0400-11-01-.04(2)(f)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS	
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**COVER MATERIAL**

<b>8160</b>	<b>UNAVAILABILITY OF COVER MATERIAL.</b>	0400-11-01-.04(2)(h)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS	
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**DEAD ANIMALS**

<b>8250</b>	<b>DEAD ANIMALS IMPROPERLY HANDLED</b>	0400-11-01-.04(2)(k)5.(ii) (I-III)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS	
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**DUST CONTROL**

<b>8190</b>	<b>INADEQUATE DUST CONTROL</b>	0400-11-01-.04(2)(j)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS	
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**DUTY TO PROVIDE INFORMATION**

\*SEE DISCLAIMER ON LAST PAGE

VIOLATION		REGULATION	OBSERVATION			
			NVO	AOC	V1	V2
<b>DUTY TO PROVIDE INFORMATION</b>						
<b>8530</b>	UNSATISFACTORY RECORDS OR REPORTS	SEE CITATION LIST LAST PAGE	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8590</b>	PERMITS, PLANS, OPERATING MANUAL NOT AVAILABLE	0400-11-01-.02(5)(a)(7)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>FIRE SAFETY</b>						
<b>8080</b>	EVIDENCE OF OPEN BURNING	0400-11-01-.04(2)(c)1	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8090</b>	INADEQUATE FIRE PROTECTION	0400-11-01-.04(2)(c)2	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>GAS MIGRATION CONTROL STANDARDS</b>						
<b>8380</b>	INADEQUATE GAS MIGRATION CONTROL SYSTEM	0400-11-01-.04(5)(a)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8390</b>	INADEQUATE MAINTENANCE OF GAS MIGRATION CONTROL SYSTEM	0400-11-01-.04(5)(a)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>GENERAL FACILITY STANDARDS</b>						
<b>8010</b>	INADEQUATE VECTOR CONTROL	0400-11-01-.04(2)(a)1	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8020</b>	ACCESS NOT LIMITED TO OPERATING HOURS	0400-11-01-.04(2)(a)4	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8030</b>	INADEQUATE ARTIFICIAL OR NATURAL BARRIER	0400-11-01-.04(2)(b)1	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						

\*SEE DISCLAIMER ON LAST PAGE

VIOLATION		REGULATION	OBSERVATION			
			NVO	AOC	V1	V2
<b>GENERAL FACILITY STANDARDS</b>						
<b>8040</b>	<b>INADEQUATE INFORMATION SIGNS</b>	0400-11-01-.04(2)(b)2 TCA 68-211-703(h)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8050</b>	<b>UNSATISFACTORY ACCESS ROAD(S)/PARKING AREA(S)</b>	0400-11-01-.04(2)(b)3	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8060</b>	<b>CERTIFIED PERSONNEL NOT PRESENT DURING OPERATING HOURS</b>	0400-11-01-.04(2)(b)5	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8070</b>	<b>UNAPPROVED SALVAGING OF WASTE</b>	0400-11-01-.04(2)(b)6	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>LITTER CONTROL</b>						
<b>8110</b>	<b>UNSATISFACTORY LITTER CONTROL</b>	0400-11-01-.04(2)(d)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>OPERATING EQUIPMENT</b>						
<b>8140</b>	<b>INADEQUATE OPERATING EQUIPMENT</b>	0400-11-01-.04(2)(g)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8150</b>	<b>UNAVAILABILITY OF BACKUP EQUIPMENT</b>	0400-11-01-.04(2)(g)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>OVERALL PERFORMANCE STANDARD</b>						
<b>8270</b>	<b>EXPOSED SOLID WASTE</b>	0400-11-01-.04(2)(a)(3)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8320</b>	<b>INADEQUATE MAINTENANCE OF LEACHATE MANAGEMENT SYSTEM (INSPECTOR TO CHECK AND RECORD LEACHATE LEVELS AT EVERY LANDFILL SUMP)</b>	0400-11-01-.04(2)(a)(3) 0400-11-01-.04(4)(a)7	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						

VIOLATION		REGULATION	OBSERVATION			
			NVO	AOC	V1	V2
<b>OVERALL PERFORMANCE STANDARD</b>						
<b>8350</b>	<b>LEACHATE OBSERVED AT THE SITE</b>	0400-11-01-.04(2)(a)(3) 0400-11-01-.04(4)(a)6,	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8360</b>	<b>LEACHATE ENTERING RUN-OFF</b>	0400-11-01-.04(2)(a)(3) 0400-11-01-.04(4)(a)6	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8370</b>	<b>LEACHATE ENTERING A WATER COURSE</b>	0400-11-01-.04(2)(a)(3) 0400-11-01-.04(4)(a)6	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8420</b>	<b>POTENTIAL FOR EXPLOSIONS OR UNCONTROLLED FIRES</b>	0400-11-01-.04(2)(a)2 0400-11-01-.04(5)(a)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8490</b>	<b>EXCESSIVE POOLING OF WATER</b>	(CLOSURE/POST)0400-11-01-.04(2)(a)3 0400-11-01-.04(8)(c)4(iii) (ACTIVE) 0400-11-01-04(9)(b)1(ix)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8520</b>	<b>DUMPING OF WASTE INTO WATER</b>	0400-11-01-.04 (2)(a)3	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>PERMANENT BENCHMARK</b>						
<b>8280</b>	<b>NO PERMANENT BENCHMARK</b>	0400-11-01-.04(2)(o)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>PERSONNEL SERVICES</b>						
<b>8120</b>	<b>INADEQUATE EMPLOYEE FACILITIES</b>	0400-11-01-.04(2)(e)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>PROPER OPERATION AND MAINTENANCE</b>						
<b>8540</b>	<b>GROUNDWATER MONITORING SYSTEM IMPROPERLY MAINTAINED</b>	0400-11-01-.02(5)(a)4	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						

\*SEE DISCLAIMER ON LAST PAGE

VIOLATION		REGULATION	OBSERVATION			
			NVO	AOC	V1	V2
<b>RANDOM INSPECTION PROGRAM</b>						
<b>8290</b>	<b>INADEQUATE RANDOM INSPECTION PROGRAM</b>	0400-11-01-.04(2)(s)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>RECORDS OF ORIGIN AND AMOUNT OF SOLID WASTE</b>						
<b>8610</b>	<b>NO OPERATING SCALES AND/OR FAILURE TO MAINTAIN WASTE RECORDS</b>	TCA 68-211-862(a)(b)(1)(2)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>RUN-ON, RUN-OFF, AND EROSION CONTROL</b>						
<b>8170</b>	<b>INADEQUATE MAINTENANCE OF RUN-ON/ RUN-OFF SYSTEM(S)</b>	0400-11-01-.04(2)(i)1-5 0400-11-01-.04(8)(c)4(i)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8180</b>	<b>INADEQUATE EROSION CONTROL</b>	0400-11-01-.04(2)(i)6 0400-11-01-.04(8)(c)4(ii)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>SPECIAL WASTE APPROVAL PROCESS</b>						
<b>8300</b>	<b>MISHANDLING OF SPECIAL WASTE</b>	0400-11-01-.01(4)(d)1	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>UNLAWFUL METHODS OF DISPOSAL</b>						
<b>8570</b>	<b>OPERATION DOES NOT CORRESPOND WITH ENGINEERING PLANS (EVALUATE AND RECORD THE APPROXIMATE INTERIOR AND EXTERIOR SLOPE OF THE LANDFILL)</b>	TCA68-211-104(3) TCA 68-211-105(b)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8580</b>	<b>OPERATION DOES NOT CORRESPOND WITH PERMIT CONDITIONS</b>	TCA 68-211-104(3) 0400-11-01-.02(5)(a)(1)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>WASTE HANDLING AND COVER STANDARDS</b>						
<b>8430</b>	<b>WASTE NOT CONFINED TO A MANAGEABLE AREA</b>	0400-11-01-.04(6)(a)1	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						

VIOLATION		REGULATION	OBSERVATION			
			NVO	AOC	V1	V2
<b>WASTE HANDLING AND COVER STANDARDS</b>						
<b>8440</b>	<b>IMPROPER SPREADING OF WASTE</b>	0400-11-01-.04(6)(a)2	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8450</b>	<b>IMPROPER COMPACTING OF WASTE</b>	0400-11-01-.04(6)(a)2	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8460</b>	<b>UNSATISFACTORY INITIAL COVER</b>	0400-11-01-.04(6)(a)3 0400-11-01-.04(6)(a)5	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8470</b>	<b>UNSATISFACTORY INTERMEDIATE COVER</b>	0400-11-01-.04(6)(a)4 0400-11-01-.04(6)(a)5	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8480</b>	<b>UNSATISFACTORY FINAL COVER</b>	0400-11-01-.04(6)(a)6 0400-11-01-.04(8)(c)3(i)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8510</b>	<b>UNSATISFACTORY STABILIZATION OF COVER</b>	0400-11-01-.04(6)(a)5,6	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>WASTE RESTRICTIONS</b>						
<b>8210</b>	<b>UNAUTHORIZED WASTE ACCEPTED</b>	0400-11-01-.04(2)(k)1 0400-11-01-.04(2)(k)6	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8220</b>	<b>UNAPPROVED SPECIAL WASTE ACCEPTED</b>	0400-11-01-.01(4)(b) 0400-11-01-.01(4)(c)5	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						



\*SEE DISCLAIMER ON LAST PAGE

VIOLATION		REGULATION	OBSERVATION			
			NVO	AOC	V1	V2
<b>WASTE RESTRICTIONS</b>						
<b>8230</b>	<b>TIRES IMPROPERLY HANDLED</b>	0400-11-01-.04(2)(k)3(i)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS</b>						
<b>8240</b>	<b>MEDICAL WASTE IMPROPERLY HANDLED</b>	0400-11-01-.04(2)(k)4(i-iv)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>COMMENTS</b>						

LEACHATE LEVELS

*\*Disclaimer: The information contained in these documents (checklists/notes, etc.) is not intended to be all inclusive and is subject to change. These documents are intended solely for use by DSWM staff. These documents are not a substitute for evaluation of compliance in accordance with applicable laws and regulations. These documents are not intended for, nor can they be relied upon, to create any rights, substantive or procedural, enforceable or useable by any party in litigation with the State of Tennessee or its employees.*

**SAVE FORM**

Follow-Up Inspection Date

Inspector Name

**Molly Stanford**

Digitally signed by Molly Stanford  
Date: 2024.08.15 21:42:59 -04'00'

**ADDITIONAL COMMENTS**

Upon entering the facility I spoke with Manager, Dennis Barnes, who gave me a tour of the facility. The working face is very small, which makes it both easy to maintain and appears to have excellent compaction. Well maintained, no violations at this time.



## Unsatisfactory records or reports

[BACK TO TOP](#)

Citation Reference: 0400-11-01-.02(5)(a)7

[CITATION](#)

Citation Reference: TCA 68-211-862(a)

[CITATION](#)

Citation Reference: 0400-11-01-.04(7)(a)4(vii)

[CITATION](#)

Citation Reference: 0400-11-01-.04(2)(k)3(i)(II)VI

[CITATION](#)

Citation Reference: 0400-11-01-.04(2)(s)

[CITATION](#)

Citation Reference: 0400-11-01-.01(4)(d)2

[CITATION](#)

Citation Reference: 0400-11-01-.02(3)(a)4

[CITATION](#)

Citation Reference: 0400-11-01-.02(5)(a)9

[CITATION](#)

Citation Reference: 0400-11-01-.08(3)

[CITATION](#)

Initial Inspection

TENNESSEE DIVISION OF SOLID WASTE MANAGEMENT  
CLASS III FACILITY INSPECTION DOCUMENT

AUG 23 2024

**CLASS III  
FACILITY**

SITE	DATE	TIME	WEATHER
Lakeway Sanitation & Recycling C&D DML320000100 4601 Sublett Road Hamblen	8/15/2024	11:00	Sunny 85F

EFO  
KNOX

\*SEE DISCLAIMER ON LAST PAGE

VIOLATION	REGULATION	OBSERVATION			
		NVO	AOC	V1	V2

**BUFFER ZONE STANDARDS FOR SITING LANDFILLS**

<b>8310</b>	<b>BUFFER ZONE STANDARD VIOLATED</b>	0400-11-01-.04(3)(a)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS

**COMMUNICATIONS**

<b>8130</b>	<b>NO COMMUNICATION DEVICES</b>	0400-11-01-.04(2)(f)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS

**COVER MATERIAL**

<b>8160</b>	<b>UNAVAILABILITY OF COVER MATERIAL.</b>	0400-11-01-.04(2)(h)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS

**DEAD ANIMALS**

<b>8250</b>	<b>DEAD ANIMALS IMPROPERLY HANDLED</b>	0400-11-01-.04(2)(k)5.(i)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS

**DUST CONTROL**

<b>8190</b>	<b>INADEQUATE DUST CONTROL</b>	0400-11-01-.04(2)(j)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS

**DUTY TO PROVIDE INFORMATION**

<b>8530</b>	<b>UNSATISFACTORY RECORDS OR REPORTS</b>	0400-11-01-.02(5)(a)7 TCA 68-211-862(a)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS

<b>8590</b>	<b>PERMITS, PLANS, OPERATING MANUAL NOT AVAILABLE</b>	0400-11-01-.02(5)(a)(7)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS

\*SEE DISCLAIMER ON LAST PAGE

VIOLATION		REGULATION	OBSERVATION			
			NVO	AOC	V1	V2
<b>FIRE SAFETY</b>						
<b>8080</b>	<b>EVIDENCE OF OPEN BURNING</b>	0400-11-01-.04(2)(c)1	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8090</b>	<b>INADEQUATE FIRE PROTECTION</b>	0400-11-01-.04(2)(c)2	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>GENERAL FACILITY STANDARDS</b>						
<b>8010</b>	<b>INADEQUATE VECTOR CONTROL</b>	0400-11-01-.04(2)(a)1	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8020</b>	<b>ACCESS NOT LIMITED TO OPERATING HOURS</b>	0400-11-01-.04(2)(a)4	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8030</b>	<b>INADEQUATE ARTIFICIAL OR NATURAL BARRIER</b>	0400-11-01-.04(2)(b)1	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8040</b>	<b>INADEQUATE INFORMATION SIGNS</b>	0400-11-01-.04(2)(b)2 TCA 68-211-703(h)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8050</b>	<b>UNSATISFACTORY ACCESS ROAD(S)/PARKING AREA(S)</b>	0400-11-01-.04(2)(b)3	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8070</b>	<b>UNAPPROVED SALVAGING OF WASTE</b>	0400-11-01-.04(2)(b)6	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>LITTER CONTROL</b>						
<b>8110</b>	<b>UNSATISFACTORY LITTER CONTROL</b>	0400-11-01-.04(2)(d)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						

\*SEE DISCLAIMER ON LAST PAGE

VIOLATION		REGULATION	OBSERVATION			
			NVO	AOC	V1	V2
<b>OPERATING EQUIPMENT</b>						
<b>8140</b>	<b>INADEQUATE OPERATING EQUIPMENT</b>	0400-11-01-.04(2)(g)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8150</b>	<b>UNAVAILABILITY OF BACKUP EQUIPMENT</b>	0400-11-01-.04(2)(g)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>OVERALL PERFORMANCE STANDARD</b>						
<b>8270</b>	<b>EXPOSED SOLID WASTE</b>	0400-11-01-.04(2)(a)(3)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8350</b>	<b>LEACHATE OBSERVED AT THE SITE</b>	0400-11-01-.04(2)(a)(3) 0400-11-01-.04(4)(c)(i)-(iii)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8360</b>	<b>LEACHATE ENTERING RUN-OFF</b>	0400-11-01-.04(2)(a)(3) 0400-11-01-.04(4)(c)(i)-(iii)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8370</b>	<b>LEACHATE ENTERING A WATER COURSE</b>	0400-11-01-.04(2)(a)(3) 0400-11-01-.04(4)(c)(i)-(iii)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8490</b>	<b>EXCESSIVE POOLING OF WATER</b>	(CLOSURE/POST)0400-11-01-.04(2)(a)3 0400-11-01-.04(8)(c)4(iii) (ACTIVE) 0400-11-01-04(9)(b)1(ix)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8520</b>	<b>DUMPING OF WASTE INTO WATER</b>	0400-11-01-.04 (2)(a)3	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>PERMANENT BENCHMARK</b>						
<b>8280</b>	<b>NO PERMANENT BENCHMARK</b>	0400-11-01-.04(2)(o)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						

\*SEE DISCLAIMER ON LAST PAGE

VIOLATION		REGULATION	OBSERVATION			
			NVO	AOC	V1	V2
<b>PERSONNEL SERVICES</b>						
<b>8120</b>	<b>INADEQUATE EMPLOYEE FACILITIES</b>	0400-11-01-.04(2)(e)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>PROPER OPERATION AND MAINTENANCE</b>						
<b>8540</b>	<b>GROUNDWATER MONITORING SYSTEM IMPROPERLY MAINTAINED</b>	0400-11-01-.02(5)(a)4	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>RANDOM INSPECTION PROGRAM</b>						
<b>8290</b>	<b>INADEQUATE RANDOM INSPECTION PROGRAM</b>	0400-11-01-.04(2)(s)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>RUN-ON, RUN-OFF, AND EROSION CONTROL</b>						
<b>8170</b>	<b>INADEQUATE MAINTENANCE OF RUN-ON/ RUN-OFF SYSTEM(S)</b>	0400-11-01-.04(2)(i)1-5 0400-11-01-.04(8)(c)4(i)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8180</b>	<b>INADEQUATE EROSION CONTROL</b>	0400-11-01-.04(2)(i)6 0400-11-01-.04(8)(c)4(ii)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>SPECIAL WASTE APPROVAL PROCESS</b>						
<b>8300</b>	<b>MISHANDLING OF SPECIAL WASTE</b>	0400-11-01-.01(4)(d)1	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>UNLAWFUL METHODS OF DISPOSAL</b>						
<b>8570</b>	<b>OPERATION DOES NOT CORRESPOND WITH ENGINEERING PLANS (EVALUATE AND RECORD THE APPROXIMATE INTERIOR AND EXTERIOR SLOPE OF THE LANDFILL)</b>	TCA68-211-104(3) TCA 68-211-105(b)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8580</b>	<b>OPERATION DOES NOT CORRESPOND WITH PERMIT CONDITIONS</b>	TCA 68-211-104(3) 0400-11-01-.02(5)(a)(1)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						

VIOLATION		REGULATION	OBSERVATION			
			NVO	AOC	V1	V2
<b>WASTE HANDLING AND COVER STANDARDS</b>						
<b>8430</b>	<b>WASTE NOT CONFINED TO A MANAGEABLE AREA</b>	0400-11-01-.04(6)(b)1	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8460</b>	<b>UNSATISFACTORY INITIAL COVER</b>	0400-11-01-.04(6)(b)2(ii)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8480</b>	<b>UNSATISFACTORY FINAL COVER</b>	0400-11-01-.04(6)(b)3	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8510</b>	<b>UNSATISFACTORY STABILIZATION OF COVER</b>	0400-11-01-.04(6)(a)5,6	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>WASTE RESTRICTIONS</b>						
<b>8210</b>	<b>UNAUTHORIZED WASTE ACCEPTED</b>	0400-11-01-.04(2)(k)1 0400-11-01-.04(2)(k)6	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8220</b>	<b>UNAPPROVED SPECIAL WASTE ACCEPTED</b>	0400-11-01-.01(4)(b) 0400-11-01-.01(4)(c)5	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8230</b>	<b>TIRES IMPROPERLY HANDLED</b>	0400-11-01-.04(2)(k)3.(i)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8240</b>	<b>MEDICAL WASTE IMPROPERLY HANDLED</b>	0400-11-01-.04(2)(k)4(i-iv)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						



**ADDITIONAL COMMENTS**

Upon entering the site I spoke with the manager, Dennis Barnes. Mr. Barnes gave me a tour of the facility, which was well maintained. Mr. Barnes has made a special effort in ensuring tire waste is handled properly and has a very nice tire shredder on site. It is clear the landfill has invested in the equipment needed to perform at a high level. No violations at this time. Photos below.

*\*Disclaimer: The information contained in these documents (checklists/notes, etc.) is not intended to be all inclusive and is subject to change. These documents are intended solely for use by DSWM staff. These documents are not a substitute for evaluation of compliance in accordance with applicable laws and regulations. These documents are not intended for, nor can they be relied upon, to create any rights, substantive or procedural, enforceable or useable by any party in litigation with the State of Tennessee or its employees.*

**SAVE FORM**

Follow-Up Inspection Date

Inspector Name

**Molly Stanford**

Digitally signed by Molly Stanford  
Date: 2024.08.15 21:10:20 -04'00'

Additional Comments



Initial Inspection

TENNESSEE DIVISION OF SOLID WASTE MANAGEMENT  
 CLASS I FACILITY INSPECTION DOCUMENT

**CLASS I  
 FACILITY**

SITE	DATE	TIME	WEATHER
	9/11/2024	09:30	70F Sunny

Morristown Balefill Landfill SNL320000152 3849 Sublett Road Hamblen  
 EFO  
 KNOX

\*SEE DISCLAIMER ON LAST PAGE

VIOLATION	REGULATION	OBSERVATION
		NVO AOC V1 V2

**BUFFER ZONE STANDARDS FOR SITING LANDFILLS**

<b>8310</b>	<b>BUFFER ZONE STANDARD VIOLATED</b>	0400-11-01-.04(3)(a)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS

**COLLECTED LEACHATE**

<b>8330</b>	<b>LEACHATE IMPROPERLY MANAGED</b>	0400-11-01-.04(4)(a)8(i-iii)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS

<b>8340</b>	<b>INADEQUATE LEACHATE COLLECTION SYSTEM</b>	0400-11-01-.04(4)(a)7	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS

**COMMUNICATIONS**

<b>8130</b>	<b>NO COMMUNICATION DEVICES</b>	0400-11-01-.04(2)(f)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS

**COVER MATERIAL**

<b>8160</b>	<b>UNAVAILABILITY OF COVER MATERIAL.</b>	0400-11-01-.04(2)(h)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS

**DEAD ANIMALS**

<b>8250</b>	<b>DEAD ANIMALS IMPROPERLY HANDLED</b>	0400-11-01-.04(2)(k)5.(ii) (I-III)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS

**DUST CONTROL**

<b>8190</b>	<b>INADEQUATE DUST CONTROL</b>	0400-11-01-.04(2)(j)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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COMMENTS

**DUTY TO PROVIDE INFORMATION**

VIOLATION		REGULATION	OBSERVATION			
			NVO	AOC	V1	V2
<b>DUTY TO PROVIDE INFORMATION</b>						
<b>8530</b>	UNSATISFACTORY RECORDS OR REPORTS	SEE CITATION LIST LAST PAGE	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8590</b>	PERMITS, PLANS, OPERATING MANUAL NOT AVAILABLE	0400-11-01-.02(5)(a)(7)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>FIRE SAFETY</b>						
<b>8080</b>	EVIDENCE OF OPEN BURNING	0400-11-01-.04(2)(c)1	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8090</b>	INADEQUATE FIRE PROTECTION	0400-11-01-.04(2)(c)2	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>GAS MIGRATION CONTROL STANDARDS</b>						
<b>8380</b>	INADEQUATE GAS MIGRATION CONTROL SYSTEM	0400-11-01-.04(5)(a)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8390</b>	INADEQUATE MAINTENANCE OF GAS MIGRATION CONTROL SYSTEM	0400-11-01-.04(5)(a)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>GENERAL FACILITY STANDARDS</b>						
<b>8010</b>	INADEQUATE VECTOR CONTROL	0400-11-01-.04(2)(a)1	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8020</b>	ACCESS NOT LIMITED TO OPERATING HOURS	0400-11-01-.04(2)(a)4	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8030</b>	INADEQUATE ARTIFICIAL OR NATURAL BARRIER	0400-11-01-.04(2)(b)1	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						

VIOLATION		REGULATION	OBSERVATION			
			NVO	AOC	V1	V2
<b>GENERAL FACILITY STANDARDS</b>						
<b>8040</b>	<b>INADEQUATE INFORMATION SIGNS</b>	0400-11-01-.04(2)(b)2 TCA 68-211-703(h)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8050</b>	<b>UNSATISFACTORY ACCESS ROAD(S)/PARKING AREA(S)</b>	0400-11-01-.04(2)(b)3	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8060</b>	<b>CERTIFIED PERSONNEL NOT PRESENT DURING OPERATING HOURS</b>	0400-11-01-.04(2)(b)5	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8070</b>	<b>UNAPPROVED SALVAGING OF WASTE</b>	0400-11-01-.04(2)(b)6	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>LITTER CONTROL</b>						
<b>8110</b>	<b>UNSATISFACTORY LITTER CONTROL</b>	0400-11-01-.04(2)(d)	?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
COMMENTS There was a large amount of flagging present, however the crew was actively working on the flagging while I was on-site. Dennis does an excellent job of being proactive.						
<b>OPERATING EQUIPMENT</b>						
<b>8140</b>	<b>INADEQUATE OPERATING EQUIPMENT</b>	0400-11-01-.04(2)(g)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8150</b>	<b>UNAVAILABILITY OF BACKUP EQUIPMENT</b>	0400-11-01-.04(2)(g)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>OVERALL PERFORMANCE STANDARD</b>						
<b>8270</b>	<b>EXPOSED SOLID WASTE</b>	0400-11-01-.04(2)(a)(3)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8320</b>	<b>INADEQUATE MAINTENANCE OF LEACHATE MANAGEMENT SYSTEM (INSPECTOR TO CHECK AND RECORD LEACHATE LEVELS AT EVERY LANDFILL SUMP)</b>	0400-11-01-.04(2)(a)(3) 0400-11-01-.04(4)(a)7	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						

VIOLATION		REGULATION	OBSERVATION NVO AOC V1 V2
<b>OVERALL PERFORMANCE STANDARD</b>			
<b>8350</b>	LEACHATE OBSERVED AT THE SITE	0400-11-01-.04(2)(a)(3) 0400-11-01-.04(4)(a)6,	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			
<b>8360</b>	LEACHATE ENTERING RUN-OFF	0400-11-01-.04(2)(a)(3) 0400-11-01-.04(4)(a)6	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			
<b>8370</b>	LEACHATE ENTERING A WATER COURSE	0400-11-01-.04(2)(a)(3) 0400-11-01-.04(4)(a)6	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			
<b>8420</b>	POTENTIAL FOR EXPLOSIONS OR UNCONTROLLED FIRES	0400-11-01-.04(2)(a)2 0400-11-01-.04(5)(a)	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			
<b>8490</b>	EXCESSIVE POOLING OF WATER	(CLOSURE/POST)0400-11-01-.04(2)(a)3 0400-11-01-.04(8)(c)4(iii) (ACTIVE) 0400-11-01-04(9)(b)1(ix)	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			
<b>8520</b>	DUMPING OF WASTE INTO WATER	0400-11-01-.04 (2)(a)3	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			
<b>PERMANENT BENCHMARK</b>			
<b>8280</b>	NO PERMANENT BENCHMARK	0400-11-01-.04(2)(o)	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			
<b>PERSONNEL SERVICES</b>			
<b>8120</b>	INADEQUATE EMPLOYEE FACILITIES	0400-11-01-.04(2)(e)	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			
<b>PROPER OPERATION AND MAINTENANCE</b>			
<b>8540</b>	GROUNDWATER MONITORING SYSTEM IMPROPERLY MAINTAINED	0400-11-01-.02(5)(a)4	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			

VIOLATION		REGULATION	OBSERVATION			
			NVO	AOC	V1	V2
<b>RANDOM INSPECTION PROGRAM</b>						
<b>8290</b>	<b>INADEQUATE RANDOM INSPECTION PROGRAM</b>	0400-11-01-.04(2)(s)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>RECORDS OF ORIGIN AND AMOUNT OF SOLID WASTE</b>						
<b>8610</b>	<b>NO OPERATING SCALES AND/OR FAILURE TO MAINTAIN WASTE RECORDS</b>	TCA 68-211-862(a)(b)(1)(2)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>RUN-ON, RUN-OFF, AND EROSION CONTROL</b>						
<b>8170</b>	<b>INADEQUATE MAINTENANCE OF RUN-ON/ RUN-OFF SYSTEM(S)</b>	0400-11-01-.04(2)(i)1-5 0400-11-01-.04(8)(c)4(i)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8180</b>	<b>INADEQUATE EROSION CONTROL</b>	0400-11-01-.04(2)(i)6 0400-11-01-.04(8)(c)4(ii)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>SPECIAL WASTE APPROVAL PROCESS</b>						
<b>8300</b>	<b>MISHANDLING OF SPECIAL WASTE</b>	0400-11-01-.01(4)(d)1	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>UNLAWFUL METHODS OF DISPOSAL</b>						
<b>8570</b>	<b>OPERATION DOES NOT CORRESPOND WITH ENGINEERING PLANS (EVALUATE AND RECORD THE APPROXIMATE INTERIOR AND EXTERIOR SLOPE OF THE LANDFILL)</b>	TCA68-211-104(3) TCA 68-211-105(b)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>8580</b>	<b>OPERATION DOES NOT CORRESPOND WITH PERMIT CONDITIONS</b>	TCA 68-211-104(3) 0400-11-01-.02(5)(a)(1)	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						
<b>WASTE HANDLING AND COVER STANDARDS</b>						
<b>8430</b>	<b>WASTE NOT CONFINED TO A MANAGEABLE AREA</b>	0400-11-01-.04(6)(a)1	?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS						

VIOLATION		REGULATION	OBSERVATION
			NVO AOC V1 V2
<b>WASTE HANDLING AND COVER STANDARDS</b>			
<b>8440</b>	<b>IMPROPER SPREADING OF WASTE</b>	0400-11-01-.04(6)(a)2	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			
<b>8450</b>	<b>IMPROPER COMPACTING OF WASTE</b>	0400-11-01-.04(6)(a)2	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			
<b>8460</b>	<b>UNSATISFACTORY INITIAL COVER</b>	0400-11-01-.04(6)(a)3 0400-11-01-.04(6)(a)5	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			
<b>8470</b>	<b>UNSATISFACTORY INTERMEDIATE COVER</b>	0400-11-01-.04(6)(a)4 0400-11-01-.04(6)(a)5	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			
<b>8480</b>	<b>UNSATISFACTORY FINAL COVER</b>	0400-11-01-.04(6)(a)6 0400-11-01-.04(8(c)3(i)	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			
<b>8510</b>	<b>UNSATISFACTORY STABILIZATION OF COVER</b>	0400-11-01-.04(6)(a)5,6	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			
<b>WASTE RESTRICTIONS</b>			
<b>8210</b>	<b>UNAUTHORIZED WASTE ACCEPTED</b>	0400-11-01-.04(2)(k)1 0400-11-01-.04(2)(k)6	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			
<b>8220</b>	<b>UNAPPROVED SPECIAL WASTE ACCEPTED</b>	0400-11-01-.01(4)(b) 0400-11-01-.01(4)(c)5	? <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
COMMENTS			



\*SEE DISCLAIMER ON LAST PAGE

VIOLATION		REGULATION	OBSERVATION	
			NVO	AOC V1 V2
<b>WASTE RESTRICTIONS</b>				
<b>8230</b>	<b>TIRES IMPROPERLY HANDLED</b>	0400-11-01-.04(2)(k)3(i)	?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>COMMENTS</b>				
<b>8240</b>	<b>MEDICAL WASTE IMPROPERLY HANDLED</b>	0400-11-01-.04(2)(k)4(i-iv)	?	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>COMMENTS</b>				

LEACHATE LEVELS

*\*Disclaimer: The information contained in these documents (checklists/notes, etc.) is not intended to be all inclusive and is subject to change. These documents are intended solely for use by DSWM staff. These documents are not a substitute for evaluation of compliance in accordance with applicable laws and regulations. These documents are not intended for, nor can they be relied upon, to create any rights, substantive or procedural, enforceable or useable by any party in litigation with the State of Tennessee or its employees.*

**SAVE FORM**

Follow-Up Inspection Date

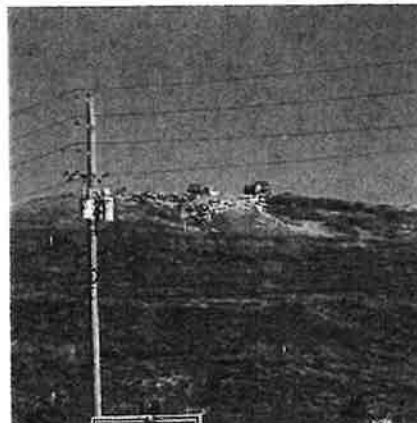
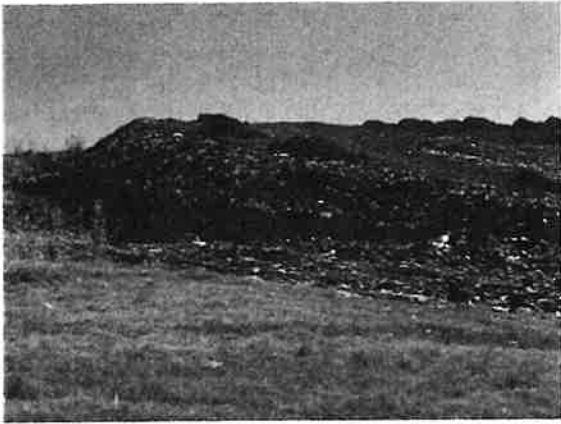
Inspector Name Molly Stanford Digitally signed by Molly Stanford  
Date: 2024.09.12 10:31:56 -04'00'

**ADDITIONAL COMMENTS**

Inspector: Molly Stanford

Upon entering the facility I spoke with Mr. Dennis Barnes. Mr. Barnes gave me a tour around the entire facility and discussed the landfill at length. There was a large amount of flagging present at the time of inspection, however the crew were actively working on addressing the flagging during my inspection. Mr. Barnes is excellent at being proactive. The ditches were in need of attention, however I spoke with Mr. Barnes regarding this issue and he has a plan to mitigate this effectively. One AOC for flagging. No violations at this time.

Photos below.



NO TRESPASSING

Citation Reference: 0400-11-01-.02(5)(a)7

**CITATION**

Citation Reference: TCA 68-211-862(a)

**CITATION**

Citation Reference: 0400-11-01-.04(7)(a)4(vii)

**CITATION**

Citation Reference: 0400-11-01-.04(2)(k)3(i)(II)VI

**CITATION**

Citation Reference: 0400-11-01-.04(2)(s)

**CITATION**

Citation Reference: 0400-11-01-.01(4)(d)2

**CITATION**

Citation Reference: 0400-11-01-.02(3)(a)4

**CITATION**

Citation Reference: 0400-11-01-.02(5)(a)9

**CITATION**

Citation Reference: 0400-11-01-.08(3)

**CITATION**



Hamblen County- Morristown  
 3849 Sublett Rd  
 Morristown, TN 37813

September 4, 2024

Dear Hamblen County- Morristown,

## We're making a payment of \$16,799.50

We're following up on our recent conversation. This payment is based on everything we know about your claim and the terms of your policy, including any applicable deductible.

If anything has changed or you have any questions about the estimate, let us know before you or your contractor(s) get started.

## Here's a breakdown of your payment

### Building Damages

Full cost to repair or replace	\$64,276.00
Recoverable depreciation	- \$42,476.50
Non-recoverable depreciation	\$0.00
Your actual cash value	= \$21,799.50
Your deductible	- \$5,000.00
Previous payments we've made	\$0.00
What we're paying	= \$16,799.50

## Understanding depreciation

Your building and most of its contents – such as your roof, laptop, and furniture – may lose value over time due to factors such as age and condition. This loss in

**YOUR CLAIM  
 PROFESSIONAL**

**BRANDI RIEDER**  
 brieder@travelers.com  
 Call (281) 606-7349

Claim number: **DHW5025**



Date of loss: **March 1, 2024**



Loss location:  
**3849 SUBLETT ROAD  
 MORRISTOWN TN 37813**



Insured name: **HAMBLEN  
 COUNTY-  
 MORRISTOWN**

Policy number: **HJ630-9B619732**

Underwriting Company: **TRAVELERS  
 PROPERTY  
 CASUALTY  
 COMPANY OF  
 AMERICA**



value is commonly known as depreciation. If you feel the items were in better condition you can send us photos, etc. and we'll consider them.

We may pay up to \$42,476.50 of the depreciation once you repair or replace the damaged items and send us the receipts or invoices.

## **Submitting a request for recoverable depreciation**

Your initial payment is based on the actual cash value of your item(s). You may receive additional payment(s) once you repair and/or replace the damaged item(s) and provide us with documentation (e.g., invoices or cancelled checks). Please upload, email, or mail, those documents to us when they are available. You will need to notify us within 180 days from the date of loss if you intend to make claim for recoverable depreciation. Also, it may be necessary for us to review your completed repairs prior to releasing the additional payment for recoverable depreciation.

## **Questions?**

If you have any questions, please contact us.

Customer: HAMBLEN COUNTY- MORRISTOWN  
Property: 3849 SUBLETT ROAD  
MORRISTOWN, TN 37813  
Home: 3849 SUBLETT RD  
MORRISTOWN, TN 37813

Business: (423) 581-8784 x 0

Claim Rep.: Brandi Rieder  
Company: TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA  
Business: PO Box 650293  
Dallas, TX 75265-0293

Business: (281) 606-7349  
E-mail: [brieder@travelers.com](mailto:brieder@travelers.com)

**Claim Number:** DHW5025001H

**Policy Number:** HJ630 9B619732

**Type of Loss:** Fire or removal

**Date of Loss:** 3/1/2024 12:00 AM

**Date Completed:** 9/3/2024 12:23 PM

**Price List:** TNKN8X\_MAR24

<u>Coverage</u>	<u>Deductible</u>	<u>Policy Limit</u>
Building	\$5,000.00	\$1,968,019.00
Business Personal Property	\$0.00	\$146,206.00

Dear HAMBLEN COUNTY- MORRISTOWN:

We have prepared this estimate regarding your loss or damage. A letter that explains your coverage and benefits is being sent to you separately. Because the information in an estimate serves as the basis for a determination of your benefits, you (and if applicable, your contractor) should review this estimate carefully. Let us know immediately (and prior to beginning any work) if you have any questions regarding the estimate.

Under most insurance policies, claim settlement begins with an initial payment for the actual cash value of the covered loss or damage. To determine actual cash value, we estimate the item's replacement cost, and then, if appropriate, take a deduction for depreciation. Depreciation represents a loss in value that occurs over time. In determining the amount to deduct for depreciation, if any, to apply to an item, we consider not just the age of the item immediately prior to the loss or damage but also its condition at that time. For each line item included in this estimate, the estimate shows not only the estimated replacement cost value, but also the amount of depreciation (if any) applied to the item, the item age and item condition upon which the depreciation (if any) was based and the item's actual cash value.

Thank you for allowing us to be of service, and thank you for choosing TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA for your insurance needs.

You can check the status of your claim, view your policy and much more at [www.mytravelers.com](http://www.mytravelers.com).

Answers to commonly asked questions can be found at <https://www.travelers.com/claims/manage-claim/property-claim-process>

You can also upload documents directly to your claim at [www.travelers.com/claimuploadcenter](http://www.travelers.com/claimuploadcenter).

*For more information about how the claim process works and where to find services to help you recover, visit [travelers.com/claim](http://travelers.com/claim).*

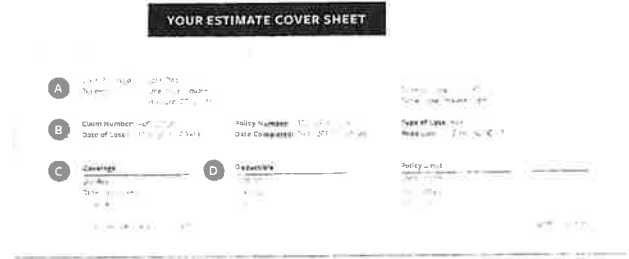
- EA – Each
- LF – Linear Foot
- SF – Square Foot
- SY – Square Yard
- CF – Cubic Foot
- CY – Cubic Yard
- SQ – Square
- HR – Hour
- DA – Day
- RM – Room

# Guide to Understanding Your Property Estimate

## Your Estimate Cover Sheet

The cover sheet of your estimate includes important information such as:

- (A) Your Travelers claim professional's contact information
- (B) Your claim number
- (C) The types of coverage under your policy, including the applicable deductibles and policy limits.
- (D) Your estimate may include policy sublimits for specific items, such as money. Each sublimit has a unique ID tag. That ID tag will appear next to any line item subject to the sublimit.



## Your Estimate Detail

This is where the details about your lost or damaged property can be found.

- (E) Description – Details describing the activity or items being estimated.
- (F) Quantity – The number of units (for example, square feet) for an item.
- (G) Unit – The cost of a single unit.
- (H) Replacement Cost Value (RCV) – The estimated cost of repairing a damaged item or replacing an item with a similar one. RCV is calculated by multiplying Quantity x Unit Cost.
- (I) Age – The age of the item.
- (J) Life – The item's expected life assuming normal wear and tear and proper maintenance.
- (K) Condition – The item's condition relative to the expected condition of an item of that age. (New, Above Average, Average, Below Average, Replaced)
- (L) Depreciation % – The percentage of the loss of value that has occurred over time based on factors such as age, life expectancy, condition, and obsolescence.
- (M) Depreciation – Loss of value that has occurred over time based on factors such as age, life expectancy, condition, and obsolescence. If depreciation is recoverable, the amount is shown in (<). If depreciation is not recoverable, the amount is shown in (>).
- (N) Actual Cash Value (ACV) – The estimated value of the item or damage at the time of the loss. Generally, ACV is calculated as Replacement Cost Value (RCV) minus Depreciation.
- (O) Labor Minimums – The cost of labor associated with drive time, setup time and applicable administrative tasks required to perform a minor repair.

DESCRIPTION	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND	DEP %	DEPREC	ACV
<b>DWELLING</b>									
Water Damage - Living Room	1	SF	100	100	10	Good	10	10	90
<b>CONTENTS</b>									
Water Damage - Living Room	1	SF	100	100	10	Good	10	10	90
<b>REPAIRS</b>									
Water Damage - Living Room	1	SF	100	100	10	Good	10	10	90

## Your Estimate Summary

For each type of coverage involved in your estimate there is a summary section that shows the total estimated costs (RCV and ACV) and net claim amount for the coverage type. The example to the right depicts a Dwelling coverage summary.

- (P) Line Item Total - The sum of all the line items for that particular coverage.
- (Q) Total Replacement Cost Value - The total RCV of all items for that coverage.
- (R) Total Actual Cash Value - The total ACV of all items for that coverage.
- (S) Deductible - The amount of the loss paid by you. A deductible is generally a specified dollar amount or a percentage of your policy limit.
- (T) Net Claim - The amount payable to you after depreciation and deductible have been applied. This amount can never be greater than your coverage limit.
- (U) Total Recoverable Depreciation - The total amount of depreciation you can potentially recover.

Line Item Total	\$14,462.22
Total Replacement Cost Value	\$14,462.22
Total Actual Cash Value	\$1,376.21
Deductible	\$0.00
Net Claim	\$1,376.21
Total Recoverable Depreciation	\$13,086.01

We encourage you to contact us if you have additional questions regarding your claim or anything in this guide.

For information about how the claim process works and where to find services to help you recover, visit [travelers.com/claim](http://travelers.com/claim).



**HAMBLLEN\_COUNTY-\_MOR2**

**HAMBLLEN\_COUNTY-\_MOR2**

	QUANTITY	UNIT	TAX	RCV	AGE/LIFE	COND.	DEP %	DEPREC.	ACV
1. Landfill Compactor*									
	1.00 EA	49,276.00	0.00	49,276.00	0/NA	Avg.	NA	(38,726.50)	10,549.50
2. Fire Suppression System*									
	1.00 EA	15,000.00	0.00	15,000.00	0/NA	Avg.	NA	(3,750.00)	11,250.00
<b>Total: HAMBLLEN_COUNTY-_MOR2</b>			<b>0.00</b>	<b>64,276.00</b>				<b>42,476.50</b>	<b>21,799.50</b>
<b>Line Item Totals: HAMBLLEN_COUNTY-_MOR2</b>			<b>0.00</b>	<b>64,276.00</b>				<b>42,476.50</b>	<b>21,799.50</b>

[%] - Indicates that depreciate by percent was used for this item

[M] - Indicates that the depreciation percentage was limited by the maximum allowable depreciation for this item



**Loss Recap Summary**

Coverage	Replacement Cost - RCV	Recoverable Depreciation	Prior Payments	Deductible	Net Claim
<b>Structural</b>	<b>\$64,276.00</b>	<b>\$42,476.50</b>	<b>\$0.00</b>	<b>\$5,000.00</b>	<b>16,799.50</b>
Building	\$64,276.00	\$42,476.50	\$0.00	\$5,000.00	16,799.50
<b>TOTAL</b>	<b>\$64,276.00</b>	<b>\$42,476.50</b>	<b>\$0.00</b>	<b>\$5,000.00</b>	<b>16,799.50</b>

**Summary for  
Building**

**Summary for All Items**

Line Item Total	64,276.00
<b>Replacement Cost Value</b>	<u><b>\$64,276.00</b></u>
Less Depreciation	(42,476.50)
<b>Actual Cash Value</b>	<u><b>\$21,799.50</b></u>
Less Deductible	(5,000.00)
<b>Net Claim</b>	<u><u><b>\$16,799.50</b></u></u>
Total Depreciation	<u>42,476.50</u>
Total Recoverable Depreciation	<u>42,476.50</u>
<b>Net Claim if Depreciation is Recovered</b>	<u><u><b>\$59,276.00</b></u></u>

---

Brandi Rieder

**Recap of Taxes**

	<b>Material Sales Tax (9.75%)</b>	<b>P Ppty Material Tax (9.75%)</b>	<b>P Ppty Cleaning Tax (9.75%)</b>	<b>Storage Rental Tax (9.75%)</b>	<b>State Food Tax (4%)</b>	<b>Local Food Tax (2.75%)</b>
<b>Line Items</b>	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

**Recap by Room**

<b>Estimate: HAMBLLEN_COUNTY-_MOR2</b>	<b>64,276.00</b>	<b>100.00%</b>
<hr/>	<hr/>	<hr/>
<b>Subtotal of Areas</b>	<b>64,276.00</b>	<b>100.00%</b>
<hr/>	<hr/>	<hr/>
<b>Total</b>	<b>64,276.00</b>	<b>100.00%</b>

**Recap by Category with Depreciation**

<b>Items</b>	<b>RCV</b>	<b>Deprec.</b>	<b>ACV</b>
<b>MISC. EQUIPMENT - COMMERCIAL</b>	<b>64,276.00</b>	<b>42,476.50</b>	<b>21,799.50</b>
<b>Subtotal</b>	<b>64,276.00</b>	<b>42,476.50</b>	<b>21,799.50</b>



August 28, 2024

Ms. Brandi Rieder  
Travelers Insurance  
PO Box 650293  
Dallas, TX 75265-0293

RE: Insured: HAMBLEN COUNTY - MORRISTOWN  
Claim Number: DHW5025  
LSG Matter Number: 787200.11307-00  
Date of Loss: March 1, 2024

Dear Ms. Rieder,

Thank you for choosing Loss Solutions Group as your equipment loss consultant. This report serves to provide an analysis of the above-referenced claim.

***Assignment:***

Loss Solutions Group was contacted by Ms. Brandi Rieder of Travelers Insurance. The scope of this assignment was to address costs associated with fire damages sustained to a CAT 816F landfill compactor.

***Findings and Analysis:***

Loss Solutions Group contacted the insured, Ms. Stephanie Clonce, to obtain information relevant to the claim. She stated that a fire on March 1, 2024, caused extensive damages to the claimed CAT 816F compactor, leaving it inoperable. Ms. Clonce was unable to provide estimated hours of operation on the machine and could not obtain one as the unit no longer energizes after the fire. Ms. Clonce considered the machine to have been in average condition prior to the loss.

Loss Solutions Group was provided the attached Stowers CAT documentation outlining a total of \$73,456.00 for the necessary repairs to the claimed compactor. We reviewed the provided information for reasonableness and relevancy to the claimed event, then conducted various research and review of past studies for similar equipment to ensure that fair and reasonable repair costs were considered in this case.

**Stowers CAT**

Loss Solutions Group contacted Mr. Hadley Townsend (423-482-6367) to review the presented information. Mr. Townsend is familiar with the loss and the damage sustained from the fire and reviewed the presented information for clarity and understanding of the listed repair costs.

Mr. Townsend stated that the fire occurred underneath the cab of the unit, damaging crucial hydraulic system hoses, components, HVAC items, electronics, etc. The installed fire suppression system activated to extinguish the fire. While discussing repairs, he explained that the installed trash guards and cab of the unit will be removed to access the entirety of the damage and perform repairs. Mr. Townsend stated that a full maintenance service would be performed to ensure that the smoke and soot were not left in any of the filters.

While discussing details associated with the listed fire suppression system, Mr. Townsend stated that installation is subcontracted to a vendor that specializes in them. Notably, throughout this review Loss Solutions Group had requested details such as makes, models, material costs, and installation labor to validate the \$23,730.00 listed but we have not received them at the time of this writing. Mr. Townsend suggested that the subcontracting vendor was unwilling to share the details. Due to the the lack of information associated with the fire suppression system installation, Loss Solutions Group considered a lesser cost until a formal invoice is provided. We notified Mr. Townsend of this adjustment.

Upon request, Mr. Townsend provided multiple quotations outlining the individual parts pricing for the components necessary for repairs. The list of components is noted to be vast and were left consolidated in the attached claim summary spreadsheet for conciseness and clarity.

Notably, Mr. Townsend was unable to provide an estimated number of operating hours incurred on the machine at the time of loss.

**Cost Analysis**

Loss Solutions Group submits Stowers CAT as the most local and suitable vendor to perform repairs to the damaged CAT 816F compactor.

Loss Solutions Group's research and review of the listed parts costs through various authorized online vendors of the CAT product confirms them to be consistent and reasonable in this case. Most listed appear to be at MSRP or below, further confirming reasonableness.

Loss Solutions Group submits the listed maintenance service to be warranted and justified in this case. Critical components such as filters are likely to have been affected by the byproducts of the fire passing through them.

Loss Solutions Group submits a total of \$4,000.00 as reasonable to transport the damaged 816F compactor to the repair facility and deliver it back to the insured. Loss Solutions Group submits a total of \$14,666.00 as reasonable for the purchase of the parts necessary to repair the fire damaged

compactor. Loss Solutions Group submits a total of two hundred eight (208) hours of labor at a rate of \$133.00 each as reasonable to repair the fire damaged machine.

Loss Solutions Group submits a total of \$3,396.00 as reasonable for the quoted maintenance service to the machine after the fire. We estimate a total of \$1,800.00 to be associated with fluids, filters, and components, and twelve (12) hours of labor at a rate of \$133.00 each as reasonable to perform the service.

Until further documentation is provided, Loss Solutions Group submits a total of \$15,000.00 as a reasonable placeholder for purchase and installation of a new fire suppression system for the CAT 816F compactor.

Notably, due to the hours of operation incurred not being provided at the time of this writing, Loss Solutions Group used a maximum depreciation of 75% on eligible components while calculating ACV.

### **Scope of Damage**

The insured's CAT 816F landfill compactor reportedly sustained extensive fire damages.

### **Condition**

Condition of the compactor was reported by the insured to have been average prior to the loss.

### **Reparability**

Loss Solutions Group submits the claimed compactor to be eligible for repair by means of various component replacement, and installation of a new fire suppression system. Repairs to the unit are considered the most cost-effective path to a pre-loss condition.

### **RCV**

Loss Solutions Group reviewed the claim and submits \$64,726.00 as a fair and reasonable cost associated with repairs to the CAT 816F landfill compactor, and replacement of the fire suppression system, returning the insured to a pre-loss condition.

### **ACV**

Loss Solutions Group submits an estimated ACV of \$42,476.50 based on maximum depreciation of eligible components. Please refer to the attached claim summary spreadsheet for details.

### **Salvage**

Loss Solutions Group submits no substantial salvage value likely to be associated with the claim.



***Summary:***

Loss Solutions Group's findings herein are based upon all information that was available at the time of this writing. The opinions are based upon reviewed documentation, interviews, research, experience, historical references, training and education.

1. The insured, Hamblen Country – Morristown, submitted a claim in the amount of \$73,456.00 for fire damages sustained to a CAT 814F landfill compactor.
2. In review of this matter, Loss Solutions Group contacted, interviewed, and obtained relevant information from the insured and vendors, reviewed the presented information and comparable past studies, conducted various research associated with the matter, and performed a cost analysis.
3. Condition of the compactor was reported by the insured to have been average prior to the loss.
4. Loss Solutions Group submits the claimed compactor to be eligible for repair by means of various component replacement, and installation of a new fire suppression system. Repairs to the unit are considered the most cost-effective path to a pre-loss condition.
5. Loss Solutions Group reviewed the claim and submits \$64,726.00 as a fair and reasonable cost associated with repairs to the CAT 816F landfill compactor, and replacement of the fire suppression system, returning the insured to a pre-loss condition.
6. A difference was noted between the claim cost and Loss Solutions Group's researched cost totaling \$8,730.00. The difference is associated with considering a lesser than presented cost for purchase and installation of the fire suppression system until further documentation regarding the process is provided.
7. Loss Solutions Group submits an estimated ACV of \$42,476.50 based on maximum depreciation of eligible components. Please refer to the attached claim summary spreadsheet for details.
8. Loss Solutions Group submits no substantial salvage value likely to be associated with the claim.

**Insured: HAMBLEN COUNTY - MORRISTOWN**  
**Claim Number: DHW5025**  
**LSG Matter Number: 787200.11307-00**

**Page 5**

If you have any questions or if you need any additional information, please feel free to contact Casey McLaughlin at (866) 899-8756 ext. 732, or via email at [cmclaughlin@losssolutionsgroup.com](mailto:cmclaughlin@losssolutionsgroup.com). Team Leader Chad Campbell can be reached at (866) 899-8756 ext. 707, or via email at [ccampbell@losssolutionsgroup.com](mailto:ccampbell@losssolutionsgroup.com).

Best regards,

A handwritten signature in black ink that reads "Casey McLaughlin". The signature is written in a cursive, flowing style.

Casey McLaughlin  
Technical Consultant  
Loss Solutions Group, LLC

INSURED: HAMBLEN COUNTY - MORRISTOWN  
 LSG MATTER #: 787200.11307  
 CLAIM #: DHW5025  
 DATE OF LOSS: 3/1/2024  
 CAUSE OF LOSS: FIRE

COLOR DENOTES PRICING  
 DISCREPANCY

REF #	VENDOR	ITEM	CLAIM PRESENTED		LSG RESEARCHED LSG		AGE (YEARS)	USEFUL LIFE (YEARS)	ACV (MAX DEPRECIATION 75%)	DEPRECIATION	CONDITION	NOTES
			QTY	UNIT COST	TOTAL	QTY						
1	STOWERS CAT	TRANSPORT MACHINE	2	\$ 2,000.00	\$ 4,000.00	2	\$ 2,000.00	\$ 4,000.00	N/A	\$ 4,000.00	N/A	COST ASSOCIATED WITH TRANSPORT MACHINE.
2	STOWERS CAT	LABOR - REMOVE CAB	16	\$ 133.00	\$ 2,128.00	16	\$ 133.00	\$ 2,128.00	N/A	\$ 2,128.00	N/A	COST ASSOCIATED WITH LABOR - REMOVE CAB
3	STOWERS CAT	LABOR - REMOVE TRASH GUARDS	24	\$ 133.00	\$ 3,192.00	24	\$ 133.00	\$ 3,192.00	N/A	\$ 3,192.00	N/A	COST ASSOCIATED WITH LABOR REMOVE GUARDS
4	STOWERS CAT	PARTS - HVAC COMPONENTS / HOSES / COMPRESSOR	-	\$ 3,925.00	\$ 3,925.00	-	\$ 3,925.00	\$ 3,925.00	UNK	\$ 981.25	AVERAGE	COST ASSOCIATED WITH PARTS HOSES HYVAC COMPRESSOR
5	STOWERS CAT	LABOR - HVAC COMPONENTS / HOSES / COMPRESSOR	40	\$ 133.00	\$ 5,320.00	40	\$ 133.00	\$ 5,320.00	N/A	\$ 5,320.00	N/A	COST ASSOCIATED WITH LABOR HOSES HVAC COMPRESSOR
6	STOWERS CAT	PARTS - HYDRAULIC HOSES	-	\$ 5,191.00	\$ 5,191.00	-	\$ 5,191.00	\$ 5,191.00	UNK	\$ 1,297.75	AVERAGE	COST ASSOCIATED WITH PARTS - HYDRAULIC HOSES
7	STOWERS CAT	LABOR - HYDRAULIC HOSES	40	\$ 133.00	\$ 5,320.00	40	\$ 133.00	\$ 5,320.00	N/A	\$ 5,320.00	N/A	COST ASSOCIATED WITH LABOR - HYDRAULIC HOSES
8	STOWERS CAT	PARTS - TRANSMISSION ELECTRONICS / HARNESSSES / BATTS	-	\$ 3,051.00	\$ 3,051.00	-	\$ 3,051.00	\$ 3,051.00	UNK	\$ 762.75	AVERAGE	COST ASSOCIATED WITH PARTS HARNESSSES TRANSMISSION BATTS
9	STOWERS CAT	LABOR - TRANSMISSION ELECTRONICS / HARNESSSES / BATTS	40	\$ 133.00	\$ 5,320.00	40	\$ 133.00	\$ 5,320.00	N/A	\$ 5,320.00	N/A	COST ASSOCIATED WITH LABOR HARNESSSES TRANSMISSION BATTS
10	STOWERS CAT	PARTS - HYD. PUMP & CARTRIDGE	-	\$ 2,499.00	\$ 2,499.00	-	\$ 2,499.00	\$ 2,499.00	UNK	\$ 624.75	AVERAGE	COST ASSOCIATED WITH PARTS PUMP HYD CARTRIDGE
11	STOWERS CAT	LABOR - HYD. PUMP & CARTRIDGE	16	\$ 133.00	\$ 2,128.00	16	\$ 133.00	\$ 2,128.00	N/A	\$ 2,128.00	N/A	COST ASSOCIATED WITH LABOR PUMP HYD CARTRIDGE
12	STOWERS CAT	LABOR - INSTALL TRASH GUARDS	32	\$ 133.00	\$ 4,256.00	32	\$ 133.00	\$ 4,256.00	N/A	\$ 4,256.00	N/A	COST ASSOCIATED WITH LABOR INSTALL GUARDS

INSURED: HAMBLEN COUNTY - MORRISTOWN  
 LSG MATTER #: 787200.11307  
 CLAIM #: DHW5025  
 DATE OF LOSS: 3/1/2024  
 CAUSE OF LOSS: FIRE

COLOR DENOTES PRICING  
 DISCREPANCY

REF #	VENDOR	ITEM	CLAIM PRESENTED		LSG RESEARCHED LSG		AGE (YEARS)	USEFUL LIFE (YEARS)	ACV (MAX DEPRECIATION 75%)	DEPRECIATION	CONDITION	NOTES
			QTY	UNIT COST	TOTAL	QTY						
13	STOWERS CAT	STANDARD SERVICE - FILTERS & FLUIDS	-	\$ 3,396.00	\$ 3,396.00	-	\$ 3,396.00	N/A	\$ 3,396.00	\$ -	N/A	COST ASSOCIATED WITH STANDARD FILTERS SERVICE FLUIDS
14	STOWERS CAT	DRYCHEM FIRE SUPPRESSION SYSTEM & INSTALLATION	-	\$ 23,730.00	\$ 23,730.00	-	\$ 15,000.00	UNKN	\$ 3,750.00	\$ 11,250.00	AVERAGE	COST ASSOCIATED WITH DRYCHEM SYSTEM FIRE INSTALLATION
				\$ 73,456.00	\$ 73,456.00		\$ 64,726.00		\$ 42,476.50	\$ 22,249.50		
				CLAIM PRESENTED			LSG RESEARCHED RCY		ACV (MAX DEPRECIATION 75%)	DEPRECIATION		



SERVING EAST TENNESSEE SINCE 1960



7/16/2024

Hamblen County Landfill

Attn: Dennis

I would like to thank you for allowing Stowers Machinery Corporation the opportunity to quote your parts and service needs. Please see below for description and pricing details.

Model: 816F

Serial # BZR00551

Equipment

Description	Ext. Price
Unload and trasport machine	\$ 4,000.00
Remove cab	\$ 2,128.00
Remove wheel and trash guards inspect damage	\$ 3,192.00
Replace coolant, a/c hoses and compressor	\$ 9,178.00
Replace damaged hydraulic hoses	\$ 10,586.00
Replace transmission solinoids,harnesses and batteries	\$ 8,279.00
Replace hydraulic pump cartridge and reseal	\$ 4,626.00
Install cab and trash guards	\$ 4,256.00
PM4 service	\$ 3,396.00
Install AFEX automatic dry chem suppression system	\$ 23,730.00
<b>Total</b>	<b>\$ 73,371.00</b>

- All prices listed do not include cleaning machine, transporting machine, taxes, freight or any other parts or services not listed.
- If additional work is required you will be contacted for approval before any work is conducted.
- Quote valid for 30 days.
- **All Reman Components must have Acceptable Cores**
- Purchase orders are required upon acceptance of this proposal.

Sincerely,

Hadley Townsend  
Product Support Sales Representative  
(423) 612-1822

EAST KNOXVILLE	WEST KNOXVILLE	CHATTANOOGA	CROSSVILLE	SEVIERVILLE	TRI-CITIES
865.546.1414	865.218.8800	423.698.6943	931.456.6543	865.595.3750	423.323.0400



[htownsend@stowerscat.com](mailto:htownsend@stowerscat.com)

SERVING EAST TENNESSEE SINCE 1960



EAST KNOXVILLE	WEST KNOXVILLE	CHATTANOOGA	CROSSVILLE	SEVIERVILLE	TRI-CITIES
865.546.1414	865.218.8800	423.698.6943	931.456.6543	865.595.3750	423.323.0400

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SERVING EAST TENNESSEE SINCE 1960



8/28/2024

Hamblen County Landfill

Attn: Dennis

I would like to thank you for allowing Stowers Machinery Corporation the opportunity to quote your parts and service needs. Please see below for description and pricing details.

Model: 816F

Serial # BZR00551

Equipment

Description	parts	labor	Ext. Price
Unload and trasport machine			\$ 4,000.00
Remove cab		\$ 2,128.00	\$ 2,128.00
Remove wheel and trash guards inspect damage		\$ 3,192.00	\$ 3,192.00
Replace coolant, a/c hoses and compressor	\$ 3,925.00	\$ 5,320.00	\$ 9,245.00
Replace damaged hydraulic hoses	\$ 5,191.00	\$ 5,320.00	\$ 10,511.00
Replace transmission solinoids,harnesses and batteries	\$ 3,051.00	\$ 5,320.00	\$ 8,371.00
Replace hydraulic pump cartridge and reseal	\$ 2,499.00	\$ 2,128.00	\$ 4,627.00
Install cab and trash guards		\$ 4,256.00	\$ 4,256.00
PM4 service			\$ 3,396.00
Install AFEX automatic dry chem suppression system			\$ 23,730.00
		Total	\$ 73,456.00

- All prices listed do not include cleaning machine, transporting machine, taxes, freight or any other parts or services not listed.
- If additional work is required you will be contacted for approval before any work is conducted.
- Quote valid for 30 days.
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Sincerely,

Hadley Townsend  
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(423) 612-1822

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865.546.1414	865.218.8800	423.698.6943	931.456.6543	865.595.3750	423.323.0400



[htownsend@stowerscat.com](mailto:htownsend@stowerscat.com)

SERVING EAST TENNESSEE SINCE 1960



EAST KNOXVILLE	WEST KNOXVILLE	CHATTANOOGA	CROSSVILLE	SEVIERVILLE	TRI-CITIES
865.546.1414	865.218.8800	423.698.6943	931.456.6543	865.595.3750	423.323.0400

  @STOWERSCAT |  @STOWERS\_MACHINERY | [STOWERSCAT.COM](http://STOWERSCAT.COM)



# Stowers



**Tri-Cities**  
 9960 Airport Parkway  
 Kingsport, TN 37663  
 Phone (423) 323-0400  
 Fax (423) 323-8666

## CUSTOMER QUOTE

**\* EXPIRES 08/18/24**

S HAMBLEN CO-MTOWN SOLID WASTE  
 3849 SUBLETT RD  
 MORRISTOWN TN 37813

CUSTOMER # S  
 321395 H I P  
 STORE T O  
 02

DOCUMENT NUMBER  
**TTQ017122**

FILLED BY	FREIGHT CHARGES
W/C LOCATION	W/C PIECES

ORDERED: NEED BY:

ORDERED BY: HADLEY TELEPHONE: 423 5818784 INSTRUCTIONS: STD SHIPPING DELIVERY LOCATION: SHIP VIA

MAKE P/C MODEL SERIAL NO. EQUIP. NO. ARRANGEMENT NO. DATE TIME ENT. BY REFERENCE NO. PAGE  
 1 7/18/24 9:30:07 RAK 1

ITEM ---QUANTITY--- PART NUMBER/ DESCRIPTION R TR SOS WEIGHT NET UNIT PRICE EXTD PRICE  
 NO. ORDER SHIP B/O PARTS SALES PERSON: RONNIE KILGORE

1	2	2	1V-1122 TAG	*	QN 000	.1	3.05	6.10
2	2	2	1V-1123 TAG	*	QN 000	.1	3.05	6.10
3	4	4	9X-2488 CLAMP		000	.2	11.91	47.64
4	41	41	206-2734 CM GUARD	*	QN 000	.1	.28	11.48
5	40	40	206-2734 CM GUARD	*	QN 000	.1	.28	11.20
6	330	330	136-1953 CM HOSE	*	000	.1	.14	46.20
7	325	325	136-1953 CM HOSE	*	000	.1	.14	45.50
8	85	85	194-5171 CM BULK HOSE	*	QN 000	.0	.05	4.25
9	110	110	183-4678 HOSE	*	QN 000	.0	.00	.00
9-26	110	110	144-0195 BULK HOSE CM	*	000	.0	.09	9.90

**ITEMS MARKED WITH AN ASTERISK (\*) ARE NON-RETURNABLE!**



CONTINUED

STOWERS MACHINERY CORPORATION, INC., the Seller, expressly disclaims all warranties, either expressed or implied, including any implied warranty of merchantability or fitness for any particular use. The Seller neither assumes nor authorizes any other person to assume for it any liability in connection with the sale of this item(s). The Seller is not responsible for any consequential damages. Only the manufacturer's warranty, if any, applies to this sale transaction.

Received by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Processed by \_\_\_\_\_

**STORE COPY**

# Stowers



**Tri-Cities**  
 9960 Airport Parkway  
 Kingsport, TN 37663  
 Phone (423) 323-0400  
 Fax (423) 323-8666

**CUSTOMER QUOTE**

**\* EXPIRES 08/18/24**

**DOCUMENT NUMBER**  
 TTQ017122

S HAMBLEN CO-MTOWN SOLID WASTE S  
 O 3849 SUBIETT RD H  
 L MORRISTOWN TN 37813 P  
 T STORE T  
 O 02 O

FILLED BY FREIGHT CHARGES  
 W/C LOCATION W/C PIECES

ORDERED: NEED BY:

ORDERED BY TELEPHONE CUST ORDER # INSTRUCTIONS DELIVERY LOCATION SHIP VIA  
 HADLEY 423 5818784 STD SHIPPING

MAKE P/C MODEL SERIAL NO. EQUIP. NO. ARRANGEMENT NO. DATE TIME ENT. BY REFERENCE NO. PAGE  
 7/18/24 9:30:07 RAK 2

ITEM ---QUANTITY--- PART NUMBER/ DESCRIPTION R TR SOS WEIGHT UNIT PRICE EXID PRICE  
 NO. ORDER SHIP B/O PARTS SALES PERSON: RONNIE KILGORE

ITEM NO.	QUANTITY	PART NUMBER	DESCRIPTION	R	TR	SOS	WEIGHT	UNIT PRICE	EXID PRICE
10	110	110	144-0195 BULK HOSE CM	*	000	000	.0	.09	9.90
11	215	215	144-0195 BULK HOSE CM	*	000	000	.0	.09	19.35
12	330	330	144-0195 BULK HOSE CM	*	000	000	.0	.09	29.70
13	1	1	5P-3929 COUPLING	*	000	000	.6	84.95	84.95
14	1	1	246-4558 HOSE AS.	*	QN	000	.0	160.08	160.08
15	1	1	280-1709 HOSE AS.	*	QN	000	2.6	211.37	211.37
16	1	1	285-7435 HOSE AS.	*	QN	000	2.2	194.74	194.74
17	1	1	3E-4051 CAP	*	000	000	.1	2.65	2.65
18	1	1	3E-4052 CAP	*	000	000	.0	2.45	2.45
19	1	1	9X-7380 SEAL O RING	*	000	000	.0	2.26	2.26

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# Stowers



**Tri-Cities**

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Phone (423) 323-0400  
Fax (423) 323-8666

## CUSTOMER QUOTE

**\* EXPIRES 08/18/24**

DOCUMENT NUMBER  
**TTQ017122**

S H A M B L E N C O - M T O W N S O L I D W A S T E  
L 3 8 4 9 S U B L E T T R D  
D M O R R I S T O W N T N 3 7 8 1 3  
T O C U S T O M E R # S H I P  
2 3 2 1 3 9 5  
S T O R E T O  
0 2

FILLED BY  
W/C LOCATION  
FREIGHT CHARGES  
W/C PECS

ORDERED: NEED BY:

ORDERED BY HADLEY TELEPHONE 423 5818784 CUST ORDER # INSTRUCTIONS STD SHIPPING DELIVERY LOCATION SHIP VIA

MAKE P/C MODEL SERIAL NO. EQUIP. NO. ARRANGEMENT NO. DATE TIME 7/18/24 9:30:07 RAK ENT. BY REFERENCE NO. 3 PAGE 3

ITEM NO.	QUANTITY	SHIP B/O	PART NUMBER/DESCRIPTION	R	DESCRIPTION	TR	SOS	NET WEIGHT	UNIT PRICE	EXTD PRICE
20	2	2	9X-7381 SEAL O RING	*		QN	000	.0	2.19	4.38
21	1	1	9X-7382 SEAL O RING	*		QN	000	.0	2.31	2.31
22	3	3	9X-7383 SEAL O RING	*		QN	000	.0	2.50	7.50
23	1	1	9X-7384 SEAL-O-RING	*		QN	000	.1	3.09	3.09
24	29	29	206-2734 CM GUARD	*		QN	000	.1	.28	8.12
25	2	2	5P-5672 M SEAL STK	*		QN	000	.1	8.74	17.48
26	1	1	216-0805 KIT-COIL (MT)	*		QN	000	12.8	1484.39	1484.39
27	1	1	1P-6522 GROMMET	*		QN	000	.1	17.97	17.97
28	1	1	5P-5924 M SEAL STK	*		QN	000	.2	15.36	15.36
29	1	1	5P-7070 M-STRIP STK	*		QN	000	.3	8.54	8.54

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## CUSTOMER QUOTE

\* EXPIRES 08/18/24

S HAMBLEN CO-MTOWN SOLID WASTE  
 3849 SUELETT RD  
 MORRISTOWN TN 37813

CUSTOMER # S  
 321395 H I P  
 STORE T  
 02 O

DOCUMENT NUMBER  
 TTQ017122

FILLED BY FREIGHT CHARGES  
 W/C LOCATION W/C PIECES

ORDERED: NEED BY:

ORDERED BY HADLEY TELEPHONE 423 5818784 INSTRUCTIONS STD SHIPPING DELIVERY LOCATION SHIP VIA

MAKE P/C MODEL SERIAL NO. EQUIP. NO. ARRANGEMENT NO. DATE TIME 7/18/24 9:30:07 RAK ENT. BY REFERENCE NO. PAGE 4

ITEM NO.	QUANTITY	ORDER SHIP	B/O	PART NUMBER/ DESCRIPTION	R	DESCRIPTION	TR	SOS	WEIGHT	NET	UNIT PRICE	EXTD PRICE
30	1	1		7X-6010 VALVE A			QN	000	.6		96.71	96.71
31	1	1		4M-6582 SEAL	*			000	.1		1.16	1.16
32	1	1		5P-3945 CAP			QN	000	.2		15.43	15.43
33	1	1		9X-7384 SEAL-O-RING	*			000	.1		3.09	3.09
34	1	1		5P-3928 COUPLING			QN	000	.4		83.49	83.49
35	1	1		3E-1906 COMP G BSC				000	19.4		925.52	925.52
36	1	1		186-6189 ACCUMULATOR	*			000	2.7		131.99	131.99
37	1	1		257-3226 DRYER-DYE				000	2.3		64.04	64.04
MEC	1			AUTO FRT-CHARGE					.0		128.24	128.24
EST. TOTAL NET WEIGHT OF SHIPPED ITEMS										122.7		



CONTINUED

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\* EXPIRES 08/18/24

S HAMBLEN CO-MTOWN SOLID WASTE  
 O 3849 SUELETT RD  
 D MORRISTOWN TN 37813  
 T  
 O

S  
 H I P  
 321395  
 T  
 O  
 STORE 02

DOCUMENT NUMBER  
 TTQ017122

FILLED BY	FREIGHT CHARGES
W/C LOCATION	W/C PIECES

ORDERED: NEED BY:

ORDERED BY HADLEY TELEPHONE 423 5818784 CUST ORDER # INSTRUCTIONS STD SHIPPING DELIVERY LOCATION SHIP VIA

MAKE P/C MODEL SERIAL NO. 423 5818784 EQUIP. NO. ARRANGEMENT NO. DATE 7/18/24 TIME 9:30:07 REFERENCE NO. ENT. BY RAK PAGE 5

ITEM ---QUANTITY--- PART NUMBER/ NET  
 NO. ORDER SHIP B/O DESCRIPTION R DESCRIPTION TR SOS WEIGHT UNIT PRICE EXTD PRICE  
 PARTS SALES PERSON: RONNIE KILGORE

TAX EXEMPT LIC # GOVERNMENT

USD SELL TOTAL 3924.63



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**CUSTOMER QUOTE \* EXPIRES 08/18/24**

**DOCUMENT NUMBER**  
 TQ017120

FILLED BY: FREIGHT CHARGES  
 W/C LOCATION: W/C PIECES

S HAMBLEN CO-MTOWN SOLID WASTE CUSTOMER # S  
 O 3849 SUBLETT RD 321395 H  
 L MORRISTOWN TN 37813 I  
 D P  
 T STORE T  
 O 02 O

ORDERED: NEED BY:

ORDERED BY: TELEPHONE: 423 5818784 CUST ORDER # INSTRUCTIONS: DELIVERY LOCATION: SHIP VIA  
 STD SHIPPING

MAKE P/C MODEL SERIAL NO. EQUIP. NO. ARRANGEMENT NO. DATE TIME ENT. BY REFERENCE NO. PAGE  
 AA 816 7/18/24 8:43:49 HLT 1

ITEM	NO.	ORDER SHIP	B/O	QUANTITY	PART NUMBER/DESCRIPTION	R	DESCRIPTION	TR	SOS	NET WEIGHT	UNIT PRICE	EXTD PRICE
1	4	4	1V-6274	4	TAG	*	QN 000	.1	2.79	11.16		
2	4	4	1V-6275	4	TAG	*	QN 000	.1	2.93	11.72		
3	4	4	1V-6277	4	TAG	*	QN 000	.1	2.79	11.16		
4	4	4	1V-6276	4	TAG	*	QN 000	.1	2.93	11.72		
5	2	2	348-5338	2	HOSE AS.	*	QN 000	.0	48.72	97.44		
6	1	1	7I-3143	1	HOSE A	*	QN 000	.8	73.57	73.57		
7	1	1	7I-3144	1	HOSE A	*	QN 000	.8	72.62	72.62		
8	1	1	315-6526	1	HOSE AS.	*	QN 000	.0	45.40	45.40		
9	1	1	325-9427	1	HOSE AS.	*	QN 000	.0	45.03	45.03		
10	1	1	9C-2358	1	HOSE A	*	QN 000	2.6	114.14	114.14		

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<b>DOCUMENT NUMBER</b>	
TTO017120	
FILLED BY	FREIGHT CHARGES
W/C LOCATION	W/C PIECES

9 HAMBLEN CO-MTOWN SOLID WASTE CUSTOMER # S  
 0 3849 SURLETT RD 321395 H  
 0 MORRISTOWN TN 37813 P  
 0 STORE T  
 0 02 O

ORDERED: NEED BY:

ORDERED BY	TELEPHONE	CUST ORDER #	INSTRUCTIONS	DELIVERY LOCATION	SHIP VIA				
	423 5818784		STD SHIPPING						
MAKE P/C	MODEL	SERIAL NO.	EQUIP. NO.	ARRANGEMENT NO.	DATE	TIME	ENT. BY	REFERENCE NO.	PAGE
AA	816				7/18/24	8:43:49	HLT		2

ITEM	NO.	ORDER	SHIP	B/O	DESCRIPTION	R	DESCRIPTION	TR	SOS	WEIGHT	NET	UNIT PRICE	EXTD PRICE
11	1	1	192-5118		HOSE AS.	*		QN	000	.0	273.72	273.72	
12	1	1	192-5119		HOSE AS.	*		QN	000	.0	136.25	136.25	
13	1	1	192-5120		HOSE AS.	*		QN	000	.0	154.26	154.26	
14	1	1	124-4449		HOSE AS	*		QN	000	.0	132.22	132.22	
15	3	3	4J-0520		SEAL-O-RING	*			000	.0	2.48	7.44	
16	8	5	4J-5267		SEAL-O-RING	*			000	.0	2.12	16.96	
17	88	88	206-2734		CM GUARD	*		QN	000	.1	.28	24.64	
18	53	53	206-2734		CM GUARD	*		QN	000	.1	.28	14.84	
19	1	1	293-8854		HOSE AS.	*		QN	000	.0	72.25	72.25	
20	1	1	108-8100		CABLE A	*			000	1.6	196.58	196.58	

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**CUSTOMER QUOTE \* EXPIRES 08/18/24**

S HAMBLEN CO-MTOWN SOLID WASTE      CUSTOMER #      S  
 O 3849 SURIBETT RD                      321395                      H  
 D MORRISTOWN TN                      37813                      P  
 T    STORE                      T  
 O    02                                      O

DOCUMENT NUMBER  
 TTQ017120

FILLED BY      FREIGHT CHARGES  
 W/C LOCATION      W/C PIECES

ORDERED:      NEED BY:

ORDERED BY      TELEPHONE      423 5818784      CUST ORDER #      INSTRUCTIONS      DELIVERY LOCATION      SHIP VIA  
 STD SHIPPING

MAKE P/C      MODEL      SERIAL NO.      EQUIP. NO.      ARRANGEMENT NO.      DATE      TIME      ENT. BY      REFERENCE NO.      PAGE  
 AA      816                          7/18/24      8:43:49      HLT           3

ITEM NO.	QUANTITY	ORDER SHIP	B/O	PART NUMBER/DESCRIPTION	R	DESCRIPTION	TR	SOS	NET WEIGHT	UNIT PRICE	EXTD PRICE
21	1	1		186-3497 HOSE AS.	*		QN	000	2.7	96.89	96.89
22	1	1		293-8853 HOSE AS.	*		QN	000	.0	71.31	71.31
23	1	1		148-7785 HOSE AS.	*		QN	000	1.4	56.51	56.51
24	1	1		214-0736 HOSE AS.	*		QN	000	1.4	57.52	57.52
25	3	3		3B-4607 COTTER PIN					.0	.11	.33
26	3	3		7X-2618 PIN					.1	1.72	5.16
27	2	2		5V-8194 TAG	*		QN	000	.1	6.00	12.00
28	2	2		7X-2618 PIN					.1	1.72	3.44
29	2	2		5V-8194 TAG	*		QN	000	.1	6.00	12.00
30	2	2		7K-3972 TAG	*		QN	000	.1	3.16	6.32

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**\* EXPIRES 08/18/24**

S H A M B L E N C O - M T O W N S O L I D W A S T E  
 3849 SUELETT RD  
 MORRISTOWN TN 37813

CUSTOMER # S H I P  
 321395  
 STORE T O  
 02

DOCUMENT NUMBER	
TTO017120	
FILLED BY	FREIGHT CHARGES
W/C LOCATION	W/C PIECES

ORDERED: NEED BY:

ORDERED BY TELEPHONE CUST ORDER # INSTRUCTIONS DELIVERY LOCATION SHIP VIA  
 423 5818784 STD SHIPPING

MAKE P/C MODEL SERIAL NO. EQUIP. NO. ARRANGEMENT NO. DATE TIME ENT. BY REFERENCE NO. PAGE  
 AA 816 7/18/24 8:43:49 HLT 4

ITEM	NO.	ORDER SHIP	B/O	DESCRIPTION	R	DESCRIPTION	TR	SOS	WEIGHT	NET	UNIT PRICE	EXTD PRICE
31	1	1	8Y-4508	HOSE A	*	QN 000	1.2	54.63	54.63	54.63	54.63	
32	1	1	293-8856	HOSE AS	*	QN 000	1.8	58.32	58.32	58.32	58.32	
33	1	1	293-8857	HOSE AS.	*	QN 000	.0	54.95	54.95	54.95	54.95	
34	1	1	293-8858	HOSE AS	*	QN 000	1.9	58.29	58.29	58.29	58.29	
35	1	1	296-6530	HOSE AS	*	QN 000	1.0	48.42	48.42	48.42	48.42	
36	1	1	216-1423	HOSE AS.	*	QN 000	.0	208.26	208.26	208.26	208.26	
37	1	1	216-1424	HOSE AS.	*	QN 000	.0	203.42	203.42	203.42	203.42	
38	1	1	273-0427	HOSE AS	*	QN 000	.3	81.95	81.95	81.95	81.95	
39	1	1	273-0428	HOSE AS	*	QN 000	.3	80.91	80.91	80.91	80.91	
40	1	1	273-0429	HOSE AS	*	QN 000	.3	118.68	118.68	118.68	118.68	

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**CUSTOMER QUOTE**

**\* EXPIRES 08/18/24**

**DOCUMENT NUMBER**  
 TTQ017120

FILLED BY	FREIGHT CHARGES
W/C LOCATION	W/C PIECES

S HAMBLEN CO-MTOWN SOLID WASTE      CUSTOMER # S  
 3849 SUELETT RD                              321395      H  
 MORRISTOWN TN                              37813      P  
 STORE TO                                      I  
 02    O

ORDERED:                              NEED BY:

ORDERED BY      TELEPHONE      423 5818784      CUST ORDER #      INSTRUCTIONS      DELIVERY LOCATION      SHIP VIA  
 STD SHIPPING

MAKE P/C      MODEL      SERIAL NO.      EQUIP. NO.      ARRANGEMENT NO.      DATE      TIME      ENT. BY      REFERENCE NO.      PAGE  
 AA      816                              7/18/24      8:43:49      HLT                              5

ITEM NO.	ORDER SHIP	B/O	QUANTITY	PART NUMBER/DESCRIPTION	R	DESCRIPTION	TR	SOS	NET WEIGHT	UNIT PRICE	EXTD PRICE
41	1	1	273-0430	HOSE AS	*	QN 000	.3	78.77	78.77	78.77	
42	1	1	273-0431	HOSE AS	*	QN 000	.3	83.97	83.97	83.97	
43	1	1	273-0432	HOSE AS	*	QN 000	.3	84.98	84.98	84.98	
44	1	1	273-0433	HOSE AS.	*	QN 000	.4	120.42	120.42	120.42	
45	1	1	273-0435	HOSE AS.	*	QN 000	.3	86.58	86.58	86.58	
46	1	1	273-0437	HOSE AS.	*	QN 000	.3	86.74	86.74	86.74	
47	1	1	273-0441	HOSE AS	*	QN 000	.3	87.12	87.12	87.12	
48	1	1	273-0442	HOSE AS	*	QN 000	.3	105.28	105.28	105.28	
49	1	1	286-7092	HOSE AS	*	QN 000	.3	127.77	127.77	127.77	
50	1	1	3J-1907	HOSE AS	*	000	.0	1.30	1.30	1.30	

ITEM NO. --- QUANTITY --- PART NUMBER/DESCRIPTION  
 NO. ORDER SHIP B/O DESCRIPTION  
 PARTS SALES PERSON: HADLEY TOWNSEND

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<b>DOCUMENT NUMBER</b>	
TTQ017120	
FILLED BY	FREIGHT CHARGES
W/C LOCATION	W/C PIECES

S HAMBLEN CO-MTOWN SOLID WASTE  
 Q 3849 SUELETT RD  
 B MORRISTOWN TN 37813  
 T STORE TO  
 O 02

CUSTOMER #  
 321395  
 STORE TO  
 02

ORDERED: NEED \$Y:

ORDERED BY TELEPHONE CUST ORDER # INSTRUCTIONS DELIVERY LOCATION SHIP VIA  
 423 5818784 STD SHIPPING

MAKE P/C MODEL SERIAL NO. EQUIP. NO. ARRANGEMENT NO. DATE TIME ENT. BY REFERENCE NO. PAGE  
 AA 816 7/18/24 8:43:49 HLT 6

ITEM ---QUANTITY--- PART NUMBER/ NO. ORDER SHIP B/O DESCRIPTION R DESCRIPTION TR SOS WEIGHT UNIT PRICE EXTD PRICE  
 PARTS SALES PERSON: HADLEY TOWNSEND

ITEM	QUANTITY	PART NUMBER	DESCRIPTION	R	DESCRIPTION	TR	SOS	WEIGHT	UNIT PRICE	EXTD PRICE
51	1	187-9025	HARNES AS	*	QN 000	1.3		196.31	196.31	
52	2	1V-6341	SEAL	*	000	.1		5.10	10.20	
53	2	318-1178	SENSOR GP-SP	*	000	.2		182.15	364.30	
54	2	9X-8268	WASHER	*	000	.1		1.09	2.18	
55	2	243-2746	HOSE	*	QN 000	.5		.00	.00	
56	8	8T-6703	CLAMP	*	000	.2		17.61	140.88	
57	2	4J-0524	SEAL-O-RING	*	000	.1		3.32	6.64	
58	1	215-9686	Harness AS-Chassis	*	QN 000	.5		.00	.00	
58-26	1	2159686	Harness AS-Chassis	*	QN 304	.0		253.73	253.73	
59	1	246-2356	HARNES AS	*	QN 000	1.2		238.52	238.52	

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 See our return policy at [www.stowerscat.com/prp](http://www.stowerscat.com/prp)

**CUSTOMER'S COPY**



**Tri-Cities**  
 9960 Airport Parkway  
 Kingsport, TN 37663  
 Phone (423) 323-0400  
 Fax (423) 323-8666

**CUSTOMER QUOTE \* EXPIRES 08/18/24**

<b>DOCUMENT NUMBER</b>	
TTO017120	
FILLED BY	FREIGHT CHARGES
W/C LOCATION	W/C PIECES

S HAMBLEN CO-MTOWN SOLID WASTE  
 3849 SUBLETT RD  
 MORRISTOWN TN 37813  
 T O STORE T O  
 02

ORDERED: NEED BY:

ORDERED BY TELEPHONE CUST ORDER # INSTRUCTIONS DELIVERY LOCATION SHIP VIA  
 423 5818784 STD SHIPPING

MAKE P/C MODEL SERIAL NO. EQUIP. NO. ARRANGEMENT NO. DATE TIME ENT. BY REFERENCE NO. PAGE  
 AA 816 7/18/24 8:43:49 HLT 7

ITEM NO.	QUANTITY	DESCRIPTION	R	DESCRIPTION	TR	SOS	WEIGHT	NET	UNIT PRICE	EXTD PRICE
60	14	14		8T-9393 BOLT		000	.2		2.62	36.68
61	7	7		7X-0346 BOLT	QN	000	.3		2.91	20.37
62	7	7		7X-0448 BOLT NUT		000	.1		1.32	9.24
63	7	7		7X-0515 WASHER		000	.1		2.43	17.01
64	12	6		336-8237 BOLT-HEX HEA		000	.5		8.43	101.16
65	2	2		171-4437 HOSE AS		QN 000	.1		21.17	42.34
MISC	1			AUTO FRT-CHARGE			.0		75.59	75.59
EST. TOTAL NET WEIGHT OF SHIPPED ITEMS									55.3	

TAX EXEMPT LIC # GOVERNMENT

**ITEMS MARKED WITH AN \*DAMAGED QUOTE**

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**Tri-Cities**  
 9960 Airport Parkway  
 Kingsport, TN 37663  
 Phone (423) 323-0400  
 Fax (423) 323-8666

**DOCUMENT NUMBER**  
 TTO017120

FILLED BY	FREIGHT CHARGES
W/C LOCATION	W/C PIECES

**CUSTOMER QUOTE \* EXPIRES 08/18/24**

S HAMBLEN CO-MTOWN SOLID WASTE CUSTOMER # S  
 O 3849 SUBLETT RD 321395 H I P  
 B MORRISTOWN TN 37813 STORE T O  
 02

ORDERED: NEED BY:

ORDERED BY TELEPHONE CUST ORDER # INSTRUCTIONS DELIVERY LOCATION SHIP VIA  
 423 5818784 STD SHIPPING

MAKE P/C MODEL SERIAL NO. EQUIP. NO. ARRANGEMENT NO. DATE TIME ENT. BY REFERENCE NO. PAGE  
 AA 816 7/18/24 8:43:49 HLT 8

ITEM -----QUANTITY---- PART NUMBER/ NET  
 NO. ORDER SHIP B/O DESCRIPTION R TR SOS WEIGHT UNIT PRICE EXTD PRICE  
 PARTS SALES PERSON: HADLEY TOWNSEND

USD SELL TOTAL 5190.51

**CUSTOMER QUOTE** 

**SPECIAL NOTICE REGARDING RETURNS**  
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**CUSTOMER'S COPY**



**Tri-Cities**  
 9960 Airport Parkway  
 Kingsport, TN 37663  
 Phone (423) 323-0400  
 Fax (423) 323-8666

*Transmission / Battery*

**CUSTOMER QUOTE**

**\* EXPIRES 08/18/24**

**DOCUMENT NUMBER**  
**TTO017119**

FILLED BY: \_\_\_\_\_ FREIGHT CHARGES: \_\_\_\_\_  
 W/C LOCATION: \_\_\_\_\_ W/C PIECES: \_\_\_\_\_

HAMBLEN CO-MTOWN SOLID WASTE      CUSTOMER #      S  
 3849 SUBLETT RD                              321395                      H  
 MORRISTOWN TN                                37813                      P  
 STORE    T  
     02                                      O

ORDERED: \_\_\_\_\_ NEED BY: \_\_\_\_\_

ORDERED BY: \_\_\_\_\_ TELEPHONE: 423 5818784      CUST ORDER # \_\_\_\_\_      INSTRUCTIONS: STD SHIPPING      DELIVERY LOCATION: \_\_\_\_\_      SHIP VIA: \_\_\_\_\_

MAKE P/C	MODEL	SERIAL NO.	EQUIP. NO.	ARRANGEMENT NO.	DATE	TIME	ENT. BY	REFERENCE NO.	PAGE
AA	816	0BRZ00551			7/18/24	8:15:03	HLT		1

ITEM	NO.	ORDER SHIP	B/O	DESCRIPTION	R	DESCRIPTION	TR	SOS	WEIGHT	NET	UNIT PRICE	EXTD PRICE
1	1	1	1	118-7226		SENSOR GP		000	.4		242.95	242.95
2	6	1	5	244-3114		VALVE GP-MDL		000	1.5		321.46	1928.76
3	6	6		6D-7889		SEAL		000	.1		13.98	83.88
4	2	2	2	153-5710		BATTERY		000	112.7		386.03	772.06

THIS IS A ACID FILLED BATTERY. 'HAZARDOUS'  
 AUTO FRT-CHARGE  
 MSC 1  
 TOTAL NET WEIGHT OF SHIPPED ITEMS      235.4

TAX EXEMPT LIC # GOVERNMENT  
 USD SELL TOTAL      3050.61



**ITEMS MARKED WITH AN** **MEMBER QUOTE**

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**CUSTOMER'S COPY**



**Tri-Cities**  
 9960 Airport Parkway  
 Kingsport, TN 37663  
 Phone (423) 323-0400  
 Fax (423) 323-8666

**SHOP QUOTE**

**\* EXPIRES 07/24/24**

**CUSTOMER TERMS**

**DOCUMENT NUMBER**

**TTE005775**

S W/O: T-34926  
 Q SEG: 01  
 Q OPR:

CUSTOMER # S H I P  
 321395

STORE T O  
 02

FILLED BY	FREIGHT CHARGES
W/C LOCATION	W/C PIECES

ORDERED: NEED BY:

HAMBLEN CO-MTOWN SOLID WASTE

ORDERED BY TELEPHONE CUST ORDER # INSTRUCTIONS DELIVERY LOCATION SHIP VIA

KR BIN

MAKE P/C MODEL SERIAL NO. EQUIP. NO. ARRANGEMENT NO. DATE TIME TR SOS WEIGHT UNIT PRICE EXTD PRICE PAGE

AA F 816F2 \*CAT0816FFBZR00551\* 391-0316 6/24/24 13:00:23 KKR 1

ITEM	QUANTITY	PART NUMBER/	DESCRIPTION	LOCATION	N/R	TR	SOS	WEIGHT	UNIT PRICE	EXTD PRICE
1	1	5F-3106 SEAL				Q	N	000	.1	.00
1-26	1	175-7904 SEAL-O-RING				Q	N	000	.1	7.57
2	1	124-3504 CARTRIDGE GP				Q	N	000	7.7	1198.68
3	1	OR-1462 CART A REMF				Q	N	000	13.7	667.46
3-CD	1	CAT CORE CHG				Q	C			503.53
4	1	9J-7814 SEAL				Q	N	000	.1	34.62
5	1	3G-9194 SEAL-LIPTYP				Q	N	000	.1	23.80
MSC	1	AUTO FRT-CHARGE							.0	62.85
TOTAL NET WEIGHT OF SHIPPED ITEMS									21.7	

SELL TOTAL 2498.51

**ITEMS MARKED WITH AN ASTERISK (\*) ARE NON-RETURNABLE!**



**SPECIAL NOTICE REGARDING RETURNS**

See our return policy at [www.stowerscat.com/prp](http://www.stowerscat.com/prp)

**CUSTOMER'S COPY**



Jefferson County Sanitation Department  
P.O. Box 127, Dandridge, TN 37725



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# LATE FEES

EFFECTIVE JULY 1<sup>st</sup>, 2023

Anyone who does not exit the landfill within **ten minutes** of closing time will be assessed a late fee of **\$20.00**. For every **five additional minutes**, another **additional \$10.00** will be added to the fee. *The landfill reserves the right to turn **anyone** around who they deem unable to exit by closing time.*

## HOURS OF OPERATION:

Monday to Friday: **7am-3:30pm**

Saturday: **8am-12pm**

Sunday: **Closed**

## FEE SCHEDULE:

10 minutes late: **\$20.00**

15 minutes late: **\$30.00**

20 minutes late: **\$40.00**

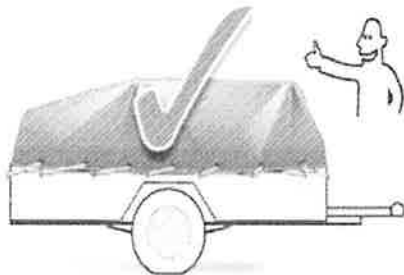




# UNSECURED LOAD FEES

EFFECTIVE JULY 1<sup>st</sup>, 2023

Any load that is deemed unsecured will be charged an unsecured load fee. Unsecured loads would be those that have loose bags, debris, furniture, lumber, brush, unsecured mattresses, or material that **could** fall or blow from the vehicle. **Loads that have debris protruding from the sides, front or back of the vehicle/container will be deemed unsecured. Shredded and loose cover material that does not adequately secure the load are not considered covered or secured.** Loads that arrive uncovered or unsecured will be charged the additional fee if seen by landfill employees.



## SECURED LOAD

- Nothing in the vehicle can slide, shift, fall or become airborne while the vehicle is in motion.
- Truck beds are covered with a tarp or cargo netting, and then secured using rope, bungee cords, straps, or chains.



## UNSECURED LOAD

- Large and small items can slide, shift, or become loose and airborne while the vehicle is in motion.
- Truck beds that have not been covered using a tarp or cargo netting.

- **First Offense: \$40.00**
- **Repeat Offense: \$75.00**