OPERATOR RESPONSE FORM

Operator Name: Dalton-Whitfield Regional Solid Waste Management Authority

Informal Conference Requested: Yes ☐ No X
Docket Number: 37619

Responses required within **30 days of electronic mail.** Provide the following information for this report:

Response to Inspection Number: AT22-035

Type of Enforcement Action(s) cited in report:		Informal Conference Requested	
☒ Notice of Probable Violation (NOPV)	☒ New ☐Continuing	☐ Yes	☒ No
☒ Notice of Amendment (NOA)	☒ New ☐Continuing	☐ Yes	☒ No
☐ Warning Letter	☐ New ☐Continuing	☐ Yes	☐ No
☐ Letter of Concern	☐ New ☐Continuing	☐ Yes	☐ No
☐ Observed Issue	☐ New ☐Continuing	☐ Yes	☐ No
☐ Proposed Civil Penalty	$ PCP $ Amount (Total for report)		

Indicate below (A-E) based on the type of Enforcement Actions in this report: (Check all that apply)
Complete a separate copy of Page 2, Operator Response to Enforcement Action, for each cited item.

A. Response for **Notice of Probable Violation** (with and without proposed civil penalty):
   1. ☒ Written statement indicating that corrective measures have achieved Compliance or
   2. ☐ Written plan of action outlining the corrective measures that will be taken to achieve compliance and when compliance is anticipated.

B. Response for **NOA**:
   1. ☐ Contested: Attach written explanation, information, or other material in answer to the allegations in the Notice of Amendment stating your reasons for objecting to the NOA, in whole or in part; or
   2. ☒ Not Contested: Explanation, information, or other material believed to warrant modification of the NOA in whole or in part; or
   3. ☐ Written request for clarification. (Attached)

C. Response for **Continuing** and/or **Existing** violations:
   Current status, updates, expected completion dates, proposed modifications, etc., of the continuing and/or existing violations, even if this information was previously provided. Referencing a previously filed response letter, as status, updates, etc. alone is not sufficient for this response. Failure to provide this information may result in formal interrogatories from the Director through data requests.

D. Response for ☐ **Letter of Concern** / ☐ **Warning Letter**
   I acknowledge receipt of the Letter of Concern/Warning Letter: _____
   SIGNATURE / TITLE

   Additional Comments: (Optional) _____

E. Response for **Observed Issue** and **No Violation**: (Optional Response)
   Staff requests that the Operator acknowledge receipt of the Observed Issue/No Violation in writing, or by submitting an email to the FPU Director

Operator Response to Enforcement Action

Enforcement Action for: 199.109(b) ☒ New Violation ☐ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☒ Notice of Probable Violation (NOPV)	☐ Yes ☒ No	$
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	Proposed Penalty for this violation
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: DWRSWMA has obtained documentation that our Medical Review Officer is a licensed physician as required under Part 199.109(b). Said documentation is attached with this response. The documentation verifies that Dr. Brian Heinen, Sr. M.D. is certified as a Medical Review Officer through the American Association of Medical Review Officers (AAMRO). His certification number is 991003119 and is valid through August 22, 2024.

Response Provided by: Dirk Underwood EXECUTIVE DIRECTOR Date: 2/6/2023

Name / Title

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

Theodore F. Shults, MS, JD
Chairman
(919) 489-5407

American Association of Medical Review Officers

August 26, 2019

Verification of Certification for:	Brian Heinen, Sr., M.D. Heinen Medical Review 151 Leon St. Eunice, LA 70535
Certification Number:	**991003119**
Current Certification Date:	August 23, 2019
Certification Expiration Date:	**August 23, 2024**

This notice serves as verification that the above-referenced physician has been certified as a Medical Review Officer (MRO) through the American Association of Medical Review Officers (AAMRO).

For all physicians certified or recertified by AAMRO after October 1, 2010 will have to attend an MRO training program and take the exam. Recertification is required every five years to remain in good standing.

The referenced physician is listed in the AAMRO registry of Certified Medical Review Officers (www.aamro.com).

Theodore F. Shults, J.D., M.S.
Chairman

P.O. Box 12873 • Research Triangle Park, NC 27709 ☎ (919) 489-5407 Fax: (919) 490-1010

Theodore F. Shults, MS, JD
Chairman
(919) 489-5407

American Association of Medical Review Officers

STATEMENT OF CONTINUING MEDICAL EDUCATION

Medical Review Officer
Recertification Examination

Completed August 23, 2019

This program has been reviewed and is acceptable for

16.00 prescribed credit hours

by the American Academy of Family Physicians

(These CME credits are acceptable as category 1 credit hours
when used towards an AMA certificate program.)

Brian Heinen, Sr., M.D.

Participant

Cindy Ferrell

Cindy Ferrell
Program Coordinator

P.O. Box 12873 • Research Triangle Park, NC 27709 ☎ (919) 489-5407 Fax: (919) 490-1010

OPERATOR RESPONSE FORM

Operator Name: Dalton-Whitfield Regional Solid Waste Management Authority

Informal Conference Requested: Yes ☐ No X

Docket Number: 37619

Enforcement Action for: 199.227 ☒ New Violation ☐ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☒ Notice of Probable Violation (NOPV)	☐ Yes ☒ No	$
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	Proposed Penalty for this violation
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: DWRSWMA has obtained documentation of training of the breath alcohol technicians working at our chosen testing clinic, Priority Care, Inc. of Dalton Georgia, as required under Part 199.227(c). Said documentation is attached with this response.

Response Provided by: [signature] EXECUTIVE DIRECTOR

Name / Title

Date: 2/6/2023

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

Certificate

This is to certify that

Cassidy Bailey

has successfully completed the CMI-Approved

Breath Alcohol Technician Refresher

Training Course on **August 04, 2022**

☑ Proficient in 49 CFR Part40 Procedures

☑ Proficient in Operations of EBT

Intoxilyzer 200/200D

Scott Bryant , Instructor

30 Instructor No.

911499 BAT No.

CMI INC.

Refresher Course Required Aug 4, 2027

Certificate

This is to certify that

Janet Edgeman

has successfully completed the CMI-Approved

Breath Alcohol Technician Refresher

Training Course on **August 08, 2022**

☑ Proficient in 49 CFR Part40 Procedures

☑ Proficient in Operations of EBT

Intoxilyzer 200/200D

Scott Bryant, Instructor

30 Instructor No.

32009 BAT No.

CMI INC.

Refresher Course Required Aug 8, 2027

Certificate

This is to certify that

Catrina Forester

has successfully completed the CMI-Approved

Breath Alcohol Technician Refresher

Training Course on **August 04, 2022**

☑ Proficient in 49 CFR Part40 Procedures

☑ Proficient in Operations of EBT

Intoxilyzer 200/200D

Scott Bryant , Instructor

30 Instructor No.

32010 BAT No.

CMI INC.

Refresher Course Required Aug 4, 2027

Drug & Alcohol Testing Industry Association

recognizes

Priority Care

as having successfully demonstrated
all requirements to achieve status as a

DATIA Accredited Collection Facility

(valid through 6/1/2023)

Anthony Washington

Anthony Washington
DATIA Board President

THE DRUG AND ALCOHOL TESTING INDUSTRY ASSOCIATION

RECOGNIZES

Cassidy Bailey

as a

Certified Professional Collector in Urine Specimen Collections

valid through June 30th, 2023

Anthony Washington

Anthony Washington
DATIA Board President

THE DRUG AND ALCOHOL TESTING INDUSTRY ASSOCIATION

RECOGNIZES

Sheila Carvell

as a

Certified Professional Collector in Urine Specimen Collections

valid through June 30th, 2023

Anthony Washington

Anthony Washington
DATIA Board President

THE DRUG AND ALCOHOL TESTING INDUSTRY ASSOCIATION

RECOGNIZES

Janet Edgeman

as a

Certified Professional Collector Trainer

valid through June 30th, 2023

DRUG & ALCOHOL TESTING INDUSTRY ASSOCIATION

Anthony Washington

Anthony Washington
DATIA Board President

THE DRUG AND ALCOHOL TESTING INDUSTRY ASSOCIATION

RECOGNIZES

Catrina Forester

as a

Certified Professional Collector in Urine Specimen Collections

valid through June 30th, 2023

DRUG & ALCOHOL TESTING INDUSTRY ASSOCIATION

Anthony Washington

Anthony Washington
DATIA Board President

THE DRUG AND ALCOHOL TESTING INDUSTRY ASSOCIATION

RECOGNIZES

Angie Hayes

as a

Certified Professional Collector in Urine Specimen Collections

valid through June 30th, 2023

Anthony Washington

Anthony Washington
DATIA Board President

Operator Response to Enforcement Action

Enforcement Action for: 199.239 ☒ New Violation ☐ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☒ Notice of Probable Violation (NOPV)	☐ Yes ☒ No	$
☐ Notice of Amendment (NOA)	☐ Yes ☐ No	Proposed Penalty for this violation
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: DWRSWMA has obtained acknowledgement forms from all covered employees of receipt of alcohol education material in compliance with 199.239(a)(1). Said acknowledgement forms were obtained on December 5, 2022, Documentation is attached with this response.

Response Provided by: [signature] EXECUTIVE DIRECTOR Date: 2/6/2023

Name / Title

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

VIII. Appendix A - Acknowledgement/Receipt Form

I acknowledge, by signing this form, that my full compliance with the Anti-Drug and Alcohol Misuse Prevention Plan (the "Plan") and DOT drug and alcohol regulation requirements is a condition of my initial and continued employment with the Company. I understand and agree that I will be discharged for any drug and/or alcohol violation, committed by me, as cited in the Plan and/or in the DOT drug and alcohol regulatory requirements.

I also acknowledge, by signing this form, that a copy of the Plan has been made available to me and that I have read and understand the requirements of the Company and DOT drug and alcohol program. I have also been provided with informational materials on the dangers and problems of drug abuse and alcohol misuse.

Signed, this the 5 **day of** December, **20** 22.

Donald L Potter

Employee Name (Please Print)

Employee Signature

DIRK VERMEER

Company Representative Name (Please Print)

Company Representative Signature

© NATIONAL COMPLIANCE MANAGEMENT SERVICE, INC (NCMS) 2011 (update 2021). The NCMS plan is the subject of a registered copyright and is protected by copyright laws in the U.S. and elsewhere. All rights reserved.

VIII. Appendix A - Acknowledgement/Receipt Form

I acknowledge, by signing this form, that my full compliance with the Anti-Drug and Alcohol Misuse Prevention Plan (the "Plan") and DOT drug and alcohol regulation requirements is a condition of my initial and continued employment with the Company. I understand and agree that I will be discharged for any drug and/or alcohol violation, committed by me, as cited in the Plan and/or in the DOT drug and alcohol regulatory requirements.

I also acknowledge, by signing this form, that a copy of the Plan has been made available to me and that I have read and understand the requirements of the Company and DOT drug and alcohol program. I have also been provided with informational materials on the dangers and problems of drug abuse and alcohol misuse.

Signed, this the 5th **day of** December, **20** 22.

Anthony N Smith
Employee Name (Please Print)

Anthony N Smith
Employee Signature

DIRK VERHOEFF
Company Representative Name (Please Print)

Company Representative Signature

© NATIONAL COMPLIANCE MANAGEMENT SERVICE, INC. (NCMS) 2011 (update 2021). The NCMS plan is the subject of a registered copyright and is protected by copyright laws in the U.S. and elsewhere. All rights reserved.

VIII. Appendix A - Acknowledgement/Receipt Form

I acknowledge, by signing this form, that my full compliance with the Anti-Drug and Alcohol Misuse Prevention Plan (the "Plan") and DOT drug and alcohol regulation requirements is a condition of my initial and continued employment with the Company. I understand and agree that I will be discharged for any drug and/or alcohol violation, committed by me, as cited in the Plan and/or in the DOT drug and alcohol regulatory requirements.

I also acknowledge, by signing this form, that a copy of the Plan has been made available to me and that I have read and understand the requirements of the Company and DOT drug and alcohol program. I have also been provided with informational materials on the dangers and problems of drug abuse and alcohol misuse.

Signed, this the 5th **day of** December **, 20** 22 **.**

Seth Lassitter
Employee Name (Please Print)

Seth Lassitter
Employee Signature

DIRK VOSHOELL
Company Representative Name (Please Print)

Company Representative Signature

© NATIONAL COMPLIANCE MANAGEMENT SERVICE, INC. (NCMS) 2011 (update 202') The NCMS plan is the subject of a registered copyright and is protected by copyright laws in the U.S. and elsewhere. All rights reserved.

OPERATOR RESPONSE FORM

Operator Name: Dalton-Whitfield Regional Solid Waste Management Authority

Informal Conference Requested: Yes ☐ No X

Docket Number: 37619

Enforcement Action for: 199.101 ☒ New Violation ☐ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☐ Notice of Probable Violation (NOPV)	☐ Yes ☐ No	$
☒ Notice of Amendment (NOA)	☐ Yes ☒ No	Proposed Penalty for this violation
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: DWRSWMA has revised its Anti-Drug and Alcohol Mis-use Prevention Plan to address Observed Deficiencies of 49 CFR 199.3, 49 CFR 199.105(c), and 49 CFR 199.105(f) as referenced in the Notice of Amendment. The revised Plan is available for review upon request.

Response Provided by: [signature] EXECUTIVE DIRECTOR Date: 2/6/2023

Name / Title

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

Operator Response to Enforcement Action

Enforcement Action for: 199.202 ☒ New Violation ☐ Continuing Violation

Enter Code / Commission Rule (Complete a separate attachment for each enforcement action)

Enforcement Action(s) cited in report:	Conference Requested:	
☐ Notice of Probable Violation (NOPV)	☐ Yes ☐ No	$
☒ Notice of Amendment (NOA)	☐ Yes ☒ No	Proposed Penalty for this violation
☐ Warning Letter	☐ Yes ☐ No	
☐ Letter of Concern	☐ Yes ☐ No	
☐ Observed Issue	☐ Yes ☐ No	
☐ Proposed Civil Penalty	☐ Yes ☐ No	

OPERATORS RESPONSE: DWRSWMA has revised its Anti-Drug and Alcohol Mis-use Prevention Plan to address Observed Deficiencies of 49 CFR 199.209 and 49 CFR 199.243(a) as referenced in the Notice of Amendment. The revised Plan is available for review upon request.

Response Provided by: [signature] EXECUTIVE DIRECTOR Date: 2/6/2023

Name / Title

Internal use only:

Lead Inspector: _____ Date Response Reviewed: _____

Actions Acceptable: ☐ Yes ☐No Re-inspection Needed: ☐ Yes ☐ No Clear Violation: ☐ Yes ☐ No

Supervisor Review by: _____ Date Reviewed: _____

Additional Enforcement Recommended: ☐ Yes ☐ No

Director Review

Approved: ☐ Yes ☐No Schedule Special Follow-up Inspection: ☐ Yes ☐ No

Cleared Violation: ☐ Yes ☐ No

Comments: _____

Filings:
For all written responses or any other official correspondence, the Operator shall file the response at the following address:

Ms. Sallie Tanner, Executive Secretary
Georgia Public Service Commission
244 Washington Street, SW
Atlanta, Georgia 30334

The Operator must file **five (5)** copies of any response and/or official correspondence, as well as a CD with an electronic version of the response in Microsoft Word and/or a PDF, if applicable.

Informal Conference:
Any Operator who chooses to request an informal conference shall request such a conference through emailing the Director (michellet@psc.state.ga.us), calling the Director (404-463-2765), or selecting the "Request Conference" choice.

Civil Penalty Payments:
Certified check for the full amount of the recommended civil penalty or consent agreement amount made payable to the Georgia Public Service Commission. The Operator's name, applicable Docket No., and Inspection Report No. must be included on the certified check. Mail payment to:

Ms. Michelle Thebert, Director, Facilities Protection Unit
Georgia Public Service Commission
244 Washington Street
Atlanta, Georgia 30334

Hearing Requests:
The Operator has the right to request a hearing before the full Commission to contest the alleged probable violations, recommended civil penalties, and all other proposed actions of enforcement. A request for a hearing must be submitted in writing and in accordance with Commission Rule 515-2-1-.04. The Operator must include a statement of the issues that you intend to raise at the hearing. The issues may relate to the allegations, new information, proposed compliance order, proposed civil penalty, or any other recommendation for enforcement action. Please refer to Commission Rule 515-9-3-.11 and O.C.G.A. § 46-2-91 for assessment considerations upon which civil penalties are based. An operator's failure to specify an issue may result in a waiver of the right to raise that issue at hearing. The request must also indicate whether or not the Operator will be represented by counsel at the hearing.

Open Records and Trade Secret Filings:
The Operator is advised that any material provided to the Commission, and all materials prepared by the Commission, including the Notice of Probable Violations and any Orders issued in this case, may be considered public information and subject to disclosure under the Georgia Open Records Act (O.C.G.A. § 50-18-70 et seq.). If you believe that any portion of your response material is security sensitive, privileged, confidential or may cause your company competitive disadvantages and would qualify for protection under the Commission's "Trade Secret Rule" (Commission Rule 515-3-1-.11), you must, along with the complete original document clearly marked "TRADE SECRET" on each page, provide a second copy of the document with the portions you believe qualify for trade secret treatment redacted, and an explanation of why you believe the redacted information qualifies for such trade secret treatment. Should the Commission receive a request for disclosure of any "TRADE SECRET" material, you will be notified, if after review, the materials and your provided justification are deemed not to meet any exemptions provided in the Georgia Open Records Act. You may appeal the Commission's decision to release material at that time. Your appeal will stay the release of those materials until a final decision is made.