N.C. DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES
DIVISION OF SOLID WASTE
HAZARDOUS WASTE SECTION

Circle one:
G, (I) P, GW, C, E

FILE DOCKET

DATE	ITEM
(1) 8-24-95	CEI report
(2) 11-10-98	CEI report

HAZARDOUS WASTE SECTION (Review 8/93)

G- General, I- Inspections
P- Permits, GW- Ground Water
C- Closure E-Enforcement

Region 4 Compliance Data Entry Form - Side A (Rev.8/97)

	Submittal Information	Initial By-	Initial Date -	Corrected By-	Corrected Date -
FACILITY INFORMATION:	RCRA Comp. Section:		__/__/__		__/__/__
EPA ID Number: MC0000000059	Received:		__/__/__		__/__/__
	Entered/ Returned:		__/__/__		__/__/__

R

Facility Name: QRP - Inc. City: Leland

EVALUATION DATA: New: X Change: __ Delete: __ (___ : Required)

Agency: S Date: Mo. 11 / Day 10 / Year 98 Type: CEI

Control Number Data Entry Personnel 01013

Person: 0312 Reason: __

Evaluation Comments: (74) 1 : No problems Noted

2 :

DEC 1998 ENTERED

SNC DETERMINATION: If this evaluation resulted in a SNC determination, fill in this block. (NOTE: SNC determinations are SNY/SNN evaluations. The SNY/SNN evaluation can also be submitted later on a separate form.)

Facility is (Check one)
- a SNC (SNY evaluation) ___
or-
- no longer a SNC (SNN eval.) ___

Date of determination: Same as above eval.: ___ - or - __/__/__

VIOLATION DATA: New: __ Change: __ Delete: __

#__ Agency: __ Type: ___ Date (mdy) Determined: __/__/__ Class: __

Priority: __ Branch: ___ Person: ___ Seq. Number (Data Entry) ____

Return to Compliance: -- Scheduled -- __/__/__ --- Actual ---- __/__/__

Reg. Type: ___ Reg. Description (30): _____

Comment (72): _____

#__ Agency: __ Type: ___ Date (mdy) Determined: __/__/__ Class: __

Priority: __ Branch: ___ Person: ___ Seq. Number (Data Entry) ____

Return to Compliance: -- Scheduled -- __/__/__ --- Actual ---- __/__/__

Reg. Type: ___ Reg. Description (30): _____

Comment (72): _____

#__ Agency: __ Type: ___ Date (mdy) Determined: __/__/__ Class: __

Priority: __ Branch: ___ Person: ___ Seq. Number (Data Entry) ____

Return to Compliance: -- Scheduled -- __/__/__ --- Actual ---- __/__/__

Reg. Type: ___ Reg. Description (30): _____

Comment (72): _____

Continue violation date on Side B if necessary -

NC DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT
HAZARDOUS WASTE SECTION
ACTIVITY REPORT

Date: 10-Nov-98 Report by: Johnny Ford NO.

Subject:(company name, or person) NCD003000059 – QRP, INC.

Location:(site address) 2307 Mercantile Dr. N.E.

Mailing Address (if different than location) P.O. Box 790

City: Leland, N.C. Zip Code 28451 County: Brunswick Co.

CONTACT PERSON: William Baker Tel.#(910) 371-0700
(owner)(operator)(manager)(other)

Owner: (owner of business) Tom D. Kiewit Tel.#:

Owners Address: (cannot be same as location)

City: Zip Code: County: /

Reason for visit: CEI,

REPORT: The facility is currently listed as (SQG) of Hazardous Waste and requested to be reduce to (CESQG) due to no longer generates more than 220 lbs. in a calendar month. Inspected the facility found No problems on site.

Tom D. Kiewit

Activity type: Complaint (04) Used oil (uoi) Technical Assistance (cav) Sampling (spl)
Comprehensive evaluation (cei) Compliance schedule (cse) Case development (cdi)