N.C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

Circle one:
G, I, P, GW, C

FILE DOCKET

DATE	ITEM
1 1-14-08	CEI report

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

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

Submittal Information	Initial By-	Initial Date -	Corrected By-	Corrected Date -
RCRA Comp. Section:		__/__/__		__/__/__
Received:		__/__/__		__/__/__
Entered/ Returned:		__/__/__		__/__/__

FACILITY INFORMATION:

EPA ID Number: NCR000000091

Facility Name: EXCEL BODY WORKS, INC. City: Jacksonville, NC

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

Agency: 5 Date: Mo. 01 / Day 14 / Year 98 Type: CEI

Control Number Data Entry Personnel 0012

Person: 032 Reason: ___

Evaluation Comments: (74) 1 : No Problems Noted

2 :

JAN 1998 ENTERED RCRIS

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 -

State of North Carolina
Department of Environment, Health, and Natural Resources

SMALL QUANTITY GENERATOR INSPECTION FORM

Facility Name: EXCEL BODY WORKS, INC. Inspection Date: 14-JAN-98

Address: 1105 LEJEUNE BLVD., JACKSONVILLE, N.C.

Contact: Charles Kay, Jr. ID#: NCR000000091

Present at Inspection: Johnny Ford, Charles Kay

Processes: N/A Type of Business: Auto Body Repair

Wastes Generated: Waste Paint (D001) (F005, F003)

Transporters: Safety-Kleen Corp.
ILD 984908202
Noble Oil Services

TSD's

Manifests/Signed Copies: Yes ✓ No___ Comments: None

Inspection Records: Yes ✓ No___ Example Issued: Yes___ No___
Emergency #'s Posted? Yes ✓ No___ Example Issued: Yes___ No___
Emergency Coordinator? Charles Kay Personnel trained? Yes ✓ No___
Local Authorities Contacted: Yes___ No___

Accumulation Areas: Description: Hazardous Waste Accumulated in Safety Kleen ~~Part Washer~~ ~~wash~~ Waste container.
No problem Noted

Closed/labled/dated/ <55 gallons?

Storage Areas: Description: No storage area

No violations Noted

Closed/labled/dated/ <180 days/good condition?

Signature [signature] Facility/Contact Charles E Kay Jr.

Date 14-JAN-98

hws\shells\inspect.frm