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
1-2-10-97	CSE Report

HAZARDOUS WASTE SECTION (Review 8/93)

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

Region IV CM&E Form - Side A

EPA ID: NCR000000315

DATA ENTRY PERSONNEL
Submitted by: _____ Date: _____
Entered by: _____ Date: _____

Facility Name: Jefferson Smurfit Corp City: _____

EVALUATION DATA: New: __ Change: __ Delete: __ (——— : Required)

Agency: S Date: Mo 02 / Day 10 / Year 97 Type: CSE

Control Number Data Entry Personnel

Person: 099 BRANCH 11 REASON 01

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applic. D: Del.)

Generators: GBF, GER, GGR, GLB, GMR, GOR X, GPT, GRR, GSC, GSO

Transporters: TGR, TMR, TOR, TAR, TWD

USED OIL: TUO, TFO, BUO, RUO, PUO, RUO

TSD's: DBF, DCH, DCL, DCP, DFR, DGS, DGW, DIN, DLB, DLF, DLT, DMC, DMR, DOR, DOT, DPB, DPP, DSI, DTR, DTT, DWP

COMPLIANCE SCHEDULE (TSD, GEN, TRANS.)
FEA ___ CAS ___

Evaluation Comments: (72) 1: DOCKET #97-087
2: _____

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

#__ Agency: S Type: GOR Date (mdy) Determined: 11/16/97 Class: 2
Priority: 2 Branch: 11 Person: 099 Seq. Number (Date Entry)
Return to Compliance: -- Scheduled -- 12/17/97 -- Actual -- __/__/__
Reg. Type: SR Reg. Description (30): NCGS. 130A + 15A NCAC 13B.0701-.0707
Comment (72): _____

#__ Agency: __ Type: ___ Date (mdy) Determined: __/__/__ Class: __
Priority: __ Branch: __ Person: ___ Seq. Number (Date Entry)
Return to Compliance: -- Scheduled -- __/__/__ -- Actual -- __/__/__
Reg. Type: __ Reg. Description (30): _____
Comment (72): _____

#__ Agency: __ Type: ___ Date (mdy) Determined: __/__/__ Class: __
Priority: __ Branch: __ Person: ___ Seq. Number (Date Entry)
Return to Compliance: -- Scheduled -- __/__/__ -- Actual -- __/__/__
Reg. Type: __ Reg. Description (30): _____
Comment (72): _____

Continue violation data if necessary -

DAT ENTRY PERSONNEL

Submitted by: _____ Date: _____

Entered by: _____ Date: _____

Region IV CM&E Form - Side B

EPA ID: [ ]

Facility Name: _____ City: _____

ENFORCEMENT DATA: New: ✓ Change: __ Delete: __ (—— : Required)

Agency: [S] Type: [1 2 0] Date: Month [1 1] / Day [1 2] / Year [9 2] Number (Date Entry) [ ]

Period: [0 6 5] Branch: [1 1] Comment (72): _____

Penalty Data

Assessed: $ [ ] Paid: $ [ ] Date Paid: [ ] / [ ] / [ ]

Settled: $ [ ] $ [ ] [ ] / [ ] / [ ]

Enforcement Comments: (74) 1: _____

2: _____

Cite violations for this enforcement action below -

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

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

Priority: [ ] Branch: [ ] Person: [ ] Seq. Number (Date Entry) [ ]

Return to Compliance: -- Scheduled -- [ ] / [ ] / [ ] --- Actual --- [ ] / [ ] / [ ]

Reg. Type: [ ] Reg. Description (30): _____

Comment (72): _____

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

Priority: [ ] Branch: [ ] Person: [ ] Seq. Number (Date Entry) [ ]

Return to Compliance: -- Scheduled -- [ ] / [ ] / [ ] --- Actual --- [ ] / [ ] / [ ]

Reg. Type: [ ] Reg. Description (30): _____

Comment (72): _____

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

Priority: [ ] Branch: [ ] Person: [ ] Seq. Number (Date Entry) [ ]

Return to Compliance: -- Scheduled -- [ ] / [ ] / [ ] --- Actual --- [ ] / [ ] / [ ]

Reg. Type: [ ] Reg. Description (30): _____

Comment (72): _____

Continue violation data if necessary -