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) 5-10-95	CEI 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: M C R 0 0 0 0 0 0 7 1 1

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

Facility Name: Custom Crafted Furniture City: Dora

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

Agency: S Date: Mo. 05 / Day 10 / Year 95 Type: CEI

Control Number Data Entry Personnel

Person: 0 3 6 BRANCH REASON

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

Generators: GBF, GER, GGR ✓, GLB, GMR, GOR, GPT, GRR, GSC, GSQ

Transporters: TGR, TMR, TOR, TRR, TWD

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

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

ENTERED MAY 1995

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

Evaluation Comments: (72) 1 :
2 :

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 data if necessary -

RECEIVED Solid Waste MAY 26 1995 MANAGEMENT DIV.

DEPARTMENT OF ENVIRONMENT, HEALTH and NATURAL RESOURCES
DIVISION OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE SECTION
ACTIVITY REPORT

Subject: Inspection

Location: Custom Crafted Fishers Date: 5/10/95

Address: Rt. 5 Box 820 Time spent:

City: Dunn State: NC Zip: 28334

By whom: Bobby Wilkins

Persons contacted: Karen Johnson
(Owner, agent, tenant, manager, other)

Reason for visit: CEG

Copies to:

REPORT: This facility is a CEG manufacturer of nails. The only hazardous waste generated is petroleum naphtha from one parts washer. All waste is handled by Safety Kleen. No violations were noted.

Activity Type: Check Most Appropriate

1. Complaint ____
2. Emergency Response ____
3. Technical Assistance ____
4. Remedial Action (other than WPCA) ____
5. Presentation ____
6. Training ____
7. Meeting ____
8. Other ____

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

SMALL QUANTITY GENERATOR INSPECTION FORM

Facility Name: Custom Crafted Fasteners Inc Inspection Date: May 10/1995

Address: Rt. 5 Box 820 Dunn, NC, 28334

Contact: Karen Johnson ID#: NCR000080711

Present at Inspection: Bobby Nolins, Karen Johnson

Processes: Parts Cleaning Type of Business: Mfg. of Nails

Wastes Generated: Petroleum Naphtha

Transporters: Safety Kleen TSD's Safety Kleen
Hwy 301 N.
St Pauls, NC

Manifests/Signed Copies: Yes ✓ No___ Comments: ok

N/A CESQG

Inspection Records: Yes___ No___ ~~Example Issued: Yes___ No___~~
Emergency #'s Posted? Yes___ No___ ~~Example Issued: Yes___ No___~~
Emergency Coordinator? ~~_____~~ Personnel trained? Yes___ No___
Local Authorities ~~Contacted: Yes___ No___~~

Accumulation Areas: Description: 1 Safety Kleen Parts Washer

Closed/labled/dated/ <55 gallons?

Storage Areas: Description:

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

Signature [signature] Facility/Contact [signature]

Date 5/10/95

hws\shells\inspect.frm