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) 3-3-98	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 -
RCRA Comp. Section:		/ /		/ /
Received:		/ /		/ /
Entered/ Returned:		/ /		/ /

FACILITY INFORMATION:

EPA ID Number: NCR000001354

Facility Name: PRIME EQUIPMENT RENTAL City: Fayetteville

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

Agency: S Date: Mo. 03 / Day 03 / Year 98 Type: CEI

Control Number Data Entry Personnel 0011

Person: 032 Reason: __

Evaluation Comments:
(74) 1 : No problems Noted
2 :

MAR 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: Prime Equipment Inspection Date: 3-March-98

Address: 6133 Murchison Rd. Fayetteville NC 28311

Contact: Craig Pilkerton ID#: NCR 00000 1354

Present at Inspection: Craig Pikerton, Johnny Ford

Processes: N/A Type of Business: Equipment Rental & Sales

Wastes Generated: Safety Klean Parts Washer (D001) used oil

Transporters: Safety Klean, Noble Oil TSD's: N/A

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? Craig Pilkerton Personnel trained? Yes ✓ No___
Local Authorities Contacted: Yes ✓ No___

Accumulation Areas: Description: Waste accumulated in safety Klean containers all labled and dated.
No problem noted

Closed/labled/dated/ <55 gallons?

Storage Areas: Description: No hazardous waste storage area
No violation noted.

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

Signature Johnny Ford Facility/Contact [signature]

Date 3-March-98

hws\shells\inspect.frm