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) 6.7.95	CEI report
(2) 9.19.95	CME "
(3) 12-1-95	FRR report
(4) 12-19-95	FRR "
5 12-6-95	MRR "
(6) 9·18·96	CEI report
(7) 9·27·96	FRR "
(8) 5·6·97	CEI report
(9) 9-29-97	FRR "
(10) 3-10-98	CEI "
(11) 3-10-98	OTH "
(12) 9-30-98	FRR report
(13) 11-19-98	CEI "
(14) 12-16-98	Notice of Violation

HAZARDOUS WASTE SECTION (Review 8/93)

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

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT

NCDENR

JAMES B. HUNT JR.
GOVERNOR

WAYNE MCDEVITT
SECRETARY

WILLIAM L. MEYER
DIRECTOR

December 16, 1998

(14)

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

NOTICE OF VIOLATION
DOCKET # 99-067

Mr. Lenwood F. Hudson
City of Statesville Third Creek WWTP
P.O. Box 1111, 444 Third Creek Road
Statesville, N.C. 28687

NCR 000 001 602

Dear Mr. Huffman:

On December 18, 1980, the state of North Carolina, Hazardous Waste Section (Section) was authorized to operate the State Resource Conservation and Recovery Act (RCRA) hazardous waste program under the Solid Waste Management Act (Act), North Carolina General Statute 130A, Article 9 and rules promulgated thereto at 15A NCAC 13A (Rules) in lieu of the federal RCRA program. The City of Statesville Third Creek WWTP, is classified as a treatment, storage, and disposal facility for hazardous waste and is subject to the requirements of 40 CFR 264 adopted by reference at 15A NCAC 13A .0109.

On November 19, 1998, Mr. Brent Burch, Waste Management Specialist with this Office, inspected your facility for compliance with North Carolina Hazardous Waste Management Rules. During that inspection, the following violations were noted:

A. 40 CFR 264.15(d), adopted by reference at 15A NCAC 13A .0109, states that the owner or operator must record inspections in an inspection log or summary. He must keep these records for at least three years from the date of inspection. At a minumum, these records must include the date and time of the inspection, the name of the inspector, a notation of the observations made, and the date and nature of any repairs or other remedial actions.

The City of Statesville is in violation of 40 CFR 264.15(d), adopted by reference at 15A NCAC 13A .0109, in that the required monthly inspections of the Third Creek Monofill were not documented in the facility inspection log.

401 OBERLIN ROAD, SUITE 150, RALEIGH, NC 27605
PHONE 919-733-4996 FAX 919-715-3605
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER - 50% RECYCLED/10% POST-CONSUMER PAPER

COMPLIANCE SCHEDULE

By January 18, 1999, you must comply with the following requirements:

A. Comply with 40 CFR 264.15(d), adopted by reference at 15A NCAC 13A .0109. Specifically, the City of Statesville, shall document the required monthly inspections of the Third Creek Monofill in the facility inspection log.

If the requirements above are not met, pursuant to N.C. General Statutes 130A-22(a) and 15A NCAC 13A .0701-.0707, an administrative penalty of up to $25,000 per day may be assessed for violation of the hazardous waste law or regulations.

Sincerely,

Jill E. Burton

Jill E. Burton, Acting Chief
Hazardous Waste Section

cc: Keith Masters
Central Files

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: NCR000001602	Received:		__/__/__		__/__/__
	Entered/ Returned:		__/__/__		__/__/__

Facility Name: City of Statesville Third Creek WTP City: Statesville, N.C.

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

Agency: S Date: Mo. 11 / Day 19 / Year 98 Type: CEI

Control Number — Data Entry Personnel 009

Person: 030 Reason: __

(13)

Evaluation Comments:
(74) 1 : Long form NOV will be issued from Raleigh Central Office
2 : NOV DOC # 99-067

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: __

#1 Agency: S Type: 015 Date (mdy) Determined: 11/19/98 Class: ☐
Priority: ☐ Branch: ___ Person: 030 Seq. Number (Data Entry) ___
Return to Compliance: -- Scheduled -- 11/19/99 --- Actual ---- __/__/__
Reg. Type: SR Reg. Description (30): 40CFR 264.15(d)
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):

JAN 1999 ENTERED

Continue violation date on Side B if necessary -

RCRA INSPECTION REPORT

1. **Facility Information:** City of Statesville Third Creek WWTP
PO Box 1111, Third Creek Road
Statesville, N.C. 28687
NCR000001602, TSD

2. **Facility Contact:** Ms. Renee Parkman - Asst. Director
704-878-3438

3. **Survey Participants:** Renee Parkman, Brent Burch

4. **Date of Inspection:** November 19, 1998

5. **Purpose of Inspection:** To determine compliance with post closure/groundwater monitoring requirements.

6. **Facility Description:** Third Creek WWTP maintains post closure requirements on eight monofil trenches. The trenches were determined to contain D006 cadmium enriched WWTP sludge. The sludge was generated from the clean out of two aeration basins at the Third Creek WWTP.

7. **Type Waste:** F006 wastewater treatment sludge

8. **Areas of Inspection**
(Yes = compliance, no=violation, na=not applicable)
-Emergency Preparedness: Yes
-Inspection Records: No
-Contingency Plan: Yes
- Training Records: Yes
- Manifests/LDR: N/A

-90/180 Day Storage Area: N/A

-Satellite Accumulation Area: N/A

-External Facility Condition: Good condition

-Other HW Units: Eight monofil trenches subject to post closure requirements. Four monitoring wells (MW 5,6,7,8) for post closure grounwater monitoring. The monitoring has been required to be done on a quarterly basis. As of July, 1998, the facility started semi-annual groundwater monitoring.

-Recommendations: The facility needs to ensure that mowing of the monofill area, including the slopes of the monofill trenches, is conducted. Mowing the area prohibits the growth of trees and other types of vegetation that could compromise the final cover.

9. Waste Minimization: N/A

10. Site Deficiencies:

1. **40 CFR 264.15(d)** - The owner or operator must record inspections in an inspection log or summary. He must keep these records for at least three years from the date of inspection. At a minumum, these records must include the date and time of the inspection, the name of the inspector, a notation of the observations made, and the date and nature of any repairs or other remedial actions. The City of Statesville is in violation, in that the required monthly inspections of the Third Creek Monofill were not documented in the inspection log. In order to correct the violation, the City of Statesville must document inspections of the Third Creek Monofill in the inspection log.

Scott G Smith 11/23/98
INSPECTOR (DATE)

sent certified mail
FACILITY CONTACT

Division of Waste Management
Hazardous Waste Section

November 19, 1998

Memorandum

To: File
From: Brent Burch
Subject: Financial Liability Requirement
City of Statesville Third Creek WWTP
NCR000001602
Iredell County, N.C.

Per Ms. Jenny Lopp, the subject facility is using a financial test to meet financial obligation. The amount is $468,428.00 for post closure only. The expiration date is 9/30/99.

SUBPART N: LANDFILLS CHECKLIST

City of Statesville Third Creek WWTP	NCR000001602	Iredell
Name	EPA I.D.	County
Third Creek Road	Renee Perkman	November 19, 1998
Location	Contact Person	Date
Brent Busch, Renee Perkman		
Survey Participants		

INSTRUCTIONS: In the space provided, use the listed codes to indicate status.
C - Compliance, NC - Noncompliance, NA - Not Applicable

1. General operating requirements: (265.302)

   a. adequate diversion of run-on (265.302(a)) — C

   b. adequate collection of run-off (265.302(b)) — C

   c. adequate control of leachate (See comment in 40 CFR - 265.302(a)(b)) — N/A

   d. control of wind dispersal (note blowing debris) (265.302(d)) — N/A

	YES	NO
2. Waste analysis plan as required by 265.13	( )	( )

3. Surveying and recordkeeping - operating record must include: (265.309)

   a. map (locating cells, dimensions, depths) (265.309(a)) — C

   b. contents of each cell (265.309(b)) — C

4. Proper disposal of ignitable or reactive wastes (265.312) — N/A

5. Proper disposal of incompatible wastes (265.313) — N/A

6. Proper disposal of liquid wastes: (265.314)

   a. bulk or non-containerized liquids

      chemically and physically resistant liner (265.314(a)(1)) — N/A
      and a
      leachate collection and removal, (265.314(a)(1)) — N/A
      or
      liquid waste treatment or stabilization (no longer free liquid) (265.314(a)(2)) — N/A

   b. liquids in containers

      adequacy of container design (265.314(b)(1)(2)) — N/A

GROUND WATER INSPECTION FORM - PART 265

Name of Site: City of Statesville Third Creek WWTP

EPA I.D.: NCD 000 001 602

County: Iredell

Inspection Date: November 19, 1998

Signature of Inspector(s): [signature]

Signature of Facility Contact: _____

In each blank place a "C" for in compliance, or an "X" for not in compliance, or a "N/A" if not required. All blanks should be completed.

SUBPART F - GROUND WATER MONITORING

1. Install, operate, and maintain ground water monitoring system in compliance with 265.90(b) reference 265.91 or 265.90(d)

   C minimum of 4 wells installed; one of the wells must be installed upgradient and the other wells must be located downgradient of the waste management area; the downgradient wells must be as close as technically feasible to the limits of the waste management area.

2. Ground Water Sampling and Analysis Plan

   C developed and maintained in accordance with 265.92(a)

3. Ground Water Assessment Plan [(265.93(d)(2)]

   C developed and submitted to the State Program Administrator, if required.

4. Quarterly/Semi Annual Ground Water Sampling [265.93(d)(7)]

   C quarterly and/or semi-annual ground water samples collected and analyzed as specified.

5. Record Keeping and Reporting [265.94(b)]

   C maintain records of ground water sample analyses at the facility.

   C submit annual report containing the results of the Groundwater Assessment Program by March 1, 19__.

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: NCR000006162

Facility Name: City of Statesville City: Statesville

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

Agency: S Date: Mo. 09 / Day 30 / Year 98 Type: FRR

Control Number — Data Entry Personnel: 8

Person: 0158 Reason: ___

Evaluation Comments (74) 1 : Renewed financial test;

2 : for compliance

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): ___

OCT 1998 ENTERED RCRIS

Continue violation date on Side B if necessary -

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: NCR000001602	Received:		__/__/__		__/__/__
	Entered/ Returned:		__/__/__		__/__/__

Facility Name: City of Statesville Third Creek WWTP City: Statesville, NC

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

Agency: 3 Date: Mo. 03 / Day 10 / Year 98 Type: 07W

Control Number — Data Entry Personnel 101018

Person: 030 Reason: 06

Evaluation Comments:
(74) 1 : Closure inspection for eight monitoring wells - In Compliance
2 :

Note closure

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: __/__/__ - or -
Same as above eval.: ☐

ENTERED RCRIS

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 -

RCRA INSPECTION REPORT

1. **Facility Information:** City of Statesville Third Creek WWTP
PO Box 1111, Third Creek Road
Statesville, N.C. 28687
NCR000001602, TSD

2. **Facility Contact:** Ms. Renee Parkman - Asst. Director
704-878-3438

3. **Survey Participants:** Renee Parkman, Brent Burch, Jesse Wells

4. **Date of Inspection:** March 10, 1998

5. **Purpose of Inspection:** To determine if the hazardous waste management unit was closed in accordance with the approved closure plan.

6. **Facility Description:** Third Creek WWTP maintains post closure requirements on eight monofil trenches. The trenches were determined to contain D006 cadmium enriched WWTP sludge. The sludge was generated from the clean out of two aeration basins at the Third Creek WWTP. As part of the closure requirements, the enriched sludge was excavated and treated with cement for stabilization, placed back in the trenches, and covered with synthetic and clay caps. Closure operations were completed on June 25, 1997.

7. **Type Waste:** F006 wastewater treatment sludge

8. **Areas of Inspection**
(Yes = compliance, no=violation, na=not applicable)
-Emergency Preparedness: Yes
-Inspection Records: Yes
-Contingency Plan: Yes
- Training Records: Yes
- Manifests/LDR: N/A

-90/180 Day Storage Area: N/A

-Satellite Accumulation Area: N/A

-External Facility Condition: Good condition

-Other HW Units: Eight monofil trenches subject to closure requirements.

-Recommendations: The facility should begin reseeding of areas on the eight monofil trenches as soon as weather permits. The facility should also address the erosion problems that are occuring on the site.

9. **Waste Minimization:** N/A

10. **Site Deficiencies:**

It appeared the eight monofil trenches had been closed in accordance with the the approved closure plan. Appropriate closure and post closure documents were available for review at the facility.

3/10/98
INSPECTOR (DATE)

sent certified mail
FACILITY CONTACT

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: NCR000001602	Received:		__/__/__		__/__/__
	Entered/ Returned:		__/__/__		__/__/__

(10)

Facility Name: City of Statesville Third Creek WWTP City: Statesville, NC

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

Agency: S Date: Mo. 03 / Day 10 / Year 98 Type: CEI

Control Number Data Entry Personnel: 0017

Person: 0301 Reason: __

Evaluation Comments: (74) 1 : In Compliance

2 :

MAR 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.: ☐

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 -

RCRA INSPECTION REPORT

1. **Facility Information:** City of Statesville Third Creek WWTP
PO Box 1111, Third Creek Road
Statesville, N.C. 28687
NCR000001602, TSD

2. **Facility Contact:** Ms. Renee Parkman - Asst. Director
704-878-3438

3. **Survey Participants:** Renee Parkman, Brent Burch, Jesse Wells

4. **Date of Inspection:** March 10, 1998

5. **Purpose of Inspection:** To determine compliance with post closure/groundwater monitoring requirements.

6. **Facility Description:** Third Creek WWTP maintains post closure requirements on eight monofil trenches. The trenches were determined to contain D006 cadmium enriched WWTP sludge. The sludge was generated from the clean out of two aeration basins at the Third Creek WWTP.

7. **Type Waste:** F006 wastewater treatment sludge

8. **Areas of Inspection**
(Yes = compliance, no=violation, na=not applicable)
-Emergency Preparedness: Yes
-Inspection Records: Yes
-Contingency Plan: Yes
- Training Records: Yes
- Manifests/LDR: N/A

-90/180 Day Storage Area: N/A

-Satellite Accumulation Area: N/A

-External Facility Condition: Good condition

-Other HW Units: Eight monofil trenches subject to post closure requirements. Four monitoring wells (MW 5,6,7,8) for post closure grounwater monitoring. The monitoring is required to be done on a quarterly basis.

9. **Waste Minimization:** N/A

10. **Site Deficiencies:**

The facility was determined to be in compliance.

5/10/98
INSPECTOR (DATE)

sent certified mail
FACILITY CONTACT

Division of Waste Management
Hazardous Waste Section

March 10, 1998

Memorandum

To: File
From: Brent Burch
Subject: Financial Liability Requirement
City of Statesville Third Creek WWTP
NCR000001602
Iredell County, N.C.

Per Ms. Jenny Lopp, the subject facility is using a financial test to meet financial obligation. The amount is $464,935.00 for post closure and $921,624.00 for closure. The expiration date is 9/30/98.

Region IV CM&E Form - Side A

Submitted by: _____ Date: __/__/__

Entered by: _____ Date: __/__/__

I

EPA ID: NCR000001602

Facility Name: City of Statesville City: Statesville, NC

EVALUATION DATE: New: ✓ Change: ___ Delete: ___ (___ : Required)

9

Agency: S Date: Mo. 09, Day 29, Year 97 Type FAB

Control Number — Data Entry Personnel: 0 0 6

Person: 0518 Reason: ___

SDG

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

Generators		Transporters		TSD's					
GER		TGR		DCH		DLB		DPB	
GGR		TMR		DCL		DLF		DPF	
GLB		TOR		DCP		DLT		DSI	
GSQ		TRR		DFR	E	DMC		DTR	
GMR		TWD		DGS		DMR		DWT	
GOR				DGW		DOR		DWP	
GPT				DIN		DOT			
GRR									
GSC									

Compliance Schedule (TSD, Gen., Trans.)

FEA ___ CAS ___

ENTERED RCRIS DEC 1997

Evaluation Comments:

(72) 1: Reviewed financial test; In Compliance

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 on side B if necessary -