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) 11.29.95	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: N C R 0 0 0 0 0 1 9 6 6

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

Facility Name: Four Seasons Cleaners City: Wilmington

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

Agency: S Date: Mo. 1 1 / Day 2 5 / Year 9 5 Type: C E I

Control Number — Data Entry Personnel

Person: 0 3 6 BRANCH REASON

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

Generators: GEF, 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, DFF, DSI, DTB, DTT, DHW

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

Evaluation Comments: (72) 1 :
2 :

RECEIVED DEC 13 1995 HAZARDOUS WASTE

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 —

DIVISION OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE SECTION
ACTIVITY REPORT

Subject Inspection

Location Four Season's Cleaners Date 11/29/95

Address 7015 Market St. Time spent

City Wilmington State NC Zip 28405

By whom Bobby Nelms

Persons contacted W. Palmer Sineath
(Owner, agent, tenant, manager, other)

Reason for visit CEI

Copies to

REPORT: This facility is a new CEG dry cleaner. No waste has been shipped at this time. No violations were found while on site. No followup needed.

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: Four Seasons Cleaners Inspection Date: 11/29/95

Address: 7015 Market Street Wilmington, NC 28405

Contact: W. Palmer Sineath ID#: NCR000001966

Present at Inspection: Bobby Weeks, W. Palmer Sineath

Processes: Cleaning Type of Business: Dry Cleaners

Wastes Generated: Perc, + Waste ~~Filters~~ Filter Powder

Transporters: Safety Kleen

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

Manifests/Signed Copies: Yes___ No___ Comments: No waste has been shipped

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: One 15 gallon container sealed + labeled

Closed/labled/dated/ <55 gallons?

Storage Areas: Description:

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

Signature [signature] Facility/Contact W Palmer Sineath

Date 11/29/95

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