N.C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

Circle one:
G, (I), P, GW, C

FILE DOCKET

DATE	ITEM
(1) 4-6-99	CEI report

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

DHS 3348 (6/85)
Solid and Hazardous Waste Management Branch (Review 6/90)

Information	By-	Date -	By-	Date -
RCRA Comp. Section:	___	__/__/__	___	__/__/__
Received:	___	__/__/__	___	__/__/__
Entered/ Returned:	___	__/__/__	___	__/__/__

FACILITY INFORMATION:

EPA ID Number: MCR000004531

Facility Name: Dobbs Auto + Truck Repair City: Lumberton

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

Agency: S Date: Mo. 04 / Day 06 / Year 99 Type: CEI

Control Number — Data Entry Personnel 18 1 2 0 4 7 2 2 4 4 25 26 27 1 1 1 0 0 1 1

Person: 0 3 2 4 Reason: ___

Evaluation Comments:
(74) 1 : Scheduled a revisit - Inspection within 90 dys
2 :

APR 1999 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: Dobbs Auto & Truck Inspection Date: 6-April-99

Address: Hwy 74E Lumberton, N.C. 28209

Contact: ID#: NCR000004531

Present at Inspection: Johnny Ford

Processes: N/A Type of Business: Auto Body Repair

Wastes Generated: Used oil / Cleaning Solvents

Transporters: TSD's

Manifests/Signed Copies: Yes___ No___ Comments: Will revisit the facility within 10 days to discuss waste management with owner and continue the Inspection

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:

Closed/labled/dated/ <55 gallons?

Storage Areas: Description:

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

Signature Johnny Ford Facility/Contact

Date 6-April-99

hws\shells\inspect.frm