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
(2) 1-24-01	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: ARC000090135 4

Facility Name: Prime Equipment Co. City: Fayetteville

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

Agency: S Date: Mo. 01 / Day 24 / Year 01 Type: CEI

Control Number Data Entry Personnel

Person: 0312 Reason:

Evaluation Comments: (74) 1 : No problems Noted

2 :

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 and Natural Resources
Hazardous Waste Section

SMALL QUANTITY GENERATOR INSPECTION FORM

Facility Name: Prime Equipment Co. Inspection Date: 24/Jan/01

Address: 6133 Murchison Rd. Fayetteville, N.C. County: Cumberland

Contact Name/Tele.#: Neal Helms/(910) 482-3300 ID#: NCR 00000 1354

Present at Inspection: Johnny Ford, Owner:

Processes: N/A Waste Generated: Parts Washer (D001)
Used Oil

Type of Business: Equipment Rental/Sales/Serv.

Transporters: Safety-Kleen TSD's:

Manifests/Signed Copies: Yes ✓ No
(Within 60 Days)

Inspection Records: Yes ✓ No Example Issued: Yes No

Emergency #'s Posted? Yes ✓ No Example Issued: Yes No

Emergency Coordinator? Delonis Horgan Personnel trained? Yes ✓ No

Local Authorities Contacted: Yes ✓ No

Accumulation Areas: Description: Hazardous Waste accumulated in safety-Kleen containers and removed for disposal.
Closed/labeled/<55 gallons?

Storage Areas: Description: No Hazardous Waste Storage area.
Closed/labeled/dated<180 days/good condition?

Deficiencies/Comments: No problem Noted

Signature: [signature] Date: 24/01 Facility/Contact: Penni Leggett Date: 1/24/01