

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	FRB "
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
⑮ 1-26-99	CSE report
⑯ 12-22-98	Notice of violation
⑰ 10-2-99	FRA Report
⑱ 4-12-00	CEI Report
⑲ 9-26-00	FRR "
⑳ 3-15-01	CEI "

HAZARDOUS WASTE SECTION (Review 8/93)

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

Purpose:

The attached form will be used as a file folder docket. EPA have requested that we list the content of each file folder docket will be used to provide a folder content list.

Preparation:

This form will be completed by the Section file clerk. It identifies what document it is -- a letter, a report, a memo, etc. Filing is by date with the last entry on the top of the file folder and the bottom of the file docket.

Disposition:

This form may be destroyed in accordance with the Solid Waste Management Division Section of the Records Disposition Schedule published by the North Carolina Division of Archives and History.

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FACILITY INFORMATION:	Submittal Information	Initial By -	Initial Date -	Corrected By -	Corrected Date -
	EPA ID Number: <u>NCRA0601010116012</u>	RCRA Comp. Section: _____	_____	___/___/___	_____
	Received: _____	_____	___/___/___	_____	___/___/___
	Entered/Returned: _____	_____	___/___/___	_____	___/___/___

Facility Name: City of Statesville City: _____

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

Agency: 5 Date: Mo. 019 / Day 218 / Year 1011 Type: FRIN Control Number Data Entry Personnel: _____

Person: 0518 Reason: 11

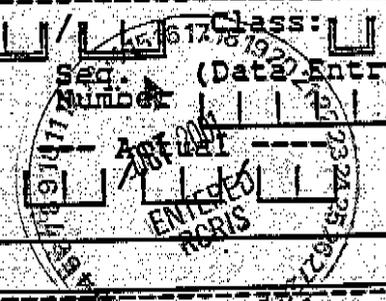
Evaluation Comments: (74) 1: Reviewed financial for compliance
2: _____

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) _____ Date of determination: _____
 - a SNC (SNY evaluation) _____
 or - no longer a SNC (SNN eval.) _____ Same as above eval.: _____ - or - _____

VIOLATION DATA: New: _____ Change: _____ Delete: _____

Agency: 5 Type: 11 Date (mdy) Determined: 01/21/11 Class: 1
 Priority: _____ Branch: _____ Person: _____
 Return to Compliance: Scheduled Seq. Number (Data Entry): _____
 Reg. Type: 11 Reg. Description (30): _____
 Comment (72): _____



Agency: 5 Type: 11 Date (mdy) Determined: 01/21/11 Class: 1
 Priority: _____ Branch: _____ Person: _____
 Return to Compliance: Scheduled Seq. Number (Data Entry): _____
 Reg. Type: 11 Reg. Description (30): _____
 Comment (72): _____

Agency: 5 Type: 11 Date (mdy) Determined: 01/21/11 Class: 1
 Priority: _____ Branch: _____ Person: _____
 Return to Compliance: Scheduled Seq. Number (Data Entry): _____
 Reg. Type: 11 Reg. Description (30): _____
 Comment (72): _____

*** EPA Region 4 Compliance Data Entry Form -Side B *** (8/97)

Fill out facility information on side A, then come back to this side.

ENFORCEMENT DATA: New: <input type="checkbox"/> Change: <input type="checkbox"/> Delete: <input type="checkbox"/> (<input type="checkbox"/> : Required)			
Agency: <input type="checkbox"/>	Type: <input type="checkbox"/>	Date: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	Month Day Year
			Seq.# (Data Entry) <input type="checkbox"/>
Person: <input type="checkbox"/>	Branch: <input type="checkbox"/>	Poll. Prev. Measures: <input type="checkbox"/>	<input type="checkbox"/>
Penalty Data Proposed: \$ <input type="checkbox"/>		1) Payments: \$ <input type="checkbox"/>	Date Paid: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Settled/Final: \$ <input type="checkbox"/>		2) \$ <input type="checkbox"/>	<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Enforcement Comments: 1: _____ (74)			
2: _____			
Cite violations addressed by this action below -			
VIOLATION DATA: New: <input type="checkbox"/> Change: <input type="checkbox"/> Delete: <input type="checkbox"/>			
# Agency: <input type="checkbox"/>	Type: <input type="checkbox"/>	Date (mdy) Determined: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	Class: <input type="checkbox"/>
Priority: <input type="checkbox"/>	Branch: <input type="checkbox"/>	Person: <input type="checkbox"/>	Seq. (Data Entry) Number <input type="checkbox"/>
Return to Compliance: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		-- Scheduled --	--- Actual --- <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Reg. Type: <input type="checkbox"/>	Reg. Description (30): _____		
Comment (72): _____			
# Agency: <input type="checkbox"/>	Type: <input type="checkbox"/>	Date (mdy) Determined: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	Class: <input type="checkbox"/>
Priority: <input type="checkbox"/>	Branch: <input type="checkbox"/>	Person: <input type="checkbox"/>	Seq. (Data Entry) Number <input type="checkbox"/>
Return to Compliance: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		-- Scheduled --	--- Actual --- <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Reg. Type: <input type="checkbox"/>	Reg. Description (30): _____		
Comment (72): _____			
# Agency: <input type="checkbox"/>	Type: <input type="checkbox"/>	Date (mdy) Determined: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	Class: <input type="checkbox"/>
Priority: <input type="checkbox"/>	Branch: <input type="checkbox"/>	Person: <input type="checkbox"/>	Seq. (Data Entry) Number <input type="checkbox"/>
Return to Compliance: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		-- Scheduled --	--- Actual --- <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Reg. Type: <input type="checkbox"/>	Reg. Description (30): _____		
Comment (72): _____			
# Agency: <input type="checkbox"/>	Type: <input type="checkbox"/>	Date (mdy) Determined: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	Class: <input type="checkbox"/>
Priority: <input type="checkbox"/>	Branch: <input type="checkbox"/>	Person: <input type="checkbox"/>	Seq. (Data Entry) Number <input type="checkbox"/>
Return to Compliance: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>		-- Scheduled --	--- Actual --- <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>
Reg. Type: <input type="checkbox"/>	Reg. Description (30): _____		
Comment (72): _____			

Note violations for this enforcement action on other side? Yes No