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
(2) 3-7-01	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)

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: NCR000004531	Received:		__/__/__		__/__/__
	Entered/ Returned:		__/__/__		__/__/__

Facility Name: Dobbs Auto + Truck Repair City: Lumberton

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

Agency: S Date: Mo. 03 / Day 07 / Year 01 Type: CEI Control Number ____ Data Entry Personnel

Person: 032 Reason: ___

MAR 2001 ENTERED RCRIS

Evaluation Comments:
(74) 1 : No waste stored onsite (No problem 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 --- ___/___/___
Req. Type: ___ Req. Description (30): ___
Comment (72): ___

#__ Agency: ___ Type: ___ Date (mdy) Determined: ___/___/___ Class: ___
Priority: ___ Branch: ___ Person: ___ Seq. Number (Data Entry) ___
Return to Compliance: -- Scheduled -- ___/___/___ --- Actual --- ___/___/___
Req. Type: ___ Req. Description (30): ___
Comment (72): ___

#__ Agency: ___ Type: ___ Date (mdy) Determined: ___/___/___ Class: ___
Priority: ___ Branch: ___ Person: ___ Seq. Number (Data Entry) ___
Return to Compliance: -- Scheduled -- ___/___/___ --- Actual --- ___/___/___
Req. Type: ___ Req. 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: Dobbs Auto & Truck Inspection Date: 7-Mar-01

Address: Hwy 74 Route 4 Box 224 Lumberton, N.C. County: Robeson Co.

Contact Name/Tele.#: ID#: NCR 000004531

Present at Inspection: Henry Dobbs Oxendine Owner:

Processes: N/A Waste Generated: None

Type of Business: Auto Repair shop

Transporters: None TSD's:

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

Inspection Records: Yes ✓ No Example Issued: Yes No

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

Emergency Coordinator? Dobbs Oxendine Personnel trained? Yes ✓ No

Local Authorities Contacted: Yes No

Accumulation Areas: Description: None

Closed/labeled/<55 gallons?

Storage Areas: Description: None

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

Deficiencies/Comments: No hazardous waste storage area.

No waste stored on site, No problems noted

Signature: Johnny Ford Date: 7-Mar-01 Facility/Contact: H Oxendine Date: 7/Mar