Hazardous Waste Compliance Data Entry Form – Side A

MEW 7/21

EPA ID Number: NCR000001362

Facility Name: Joe Brown Pontiac, Buick, GMC City: Rockingham

EVALUATION DATA New: ✓ Change: ___ Delete: ___

	Mo.	Day	Yr.	Type:
Date:	7	21	03	CEI
Date:	/	/		

LB 7-28-03

Inspector ID #: 036 Reason: ___

Evaluation Comments:

* Sector *

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) _____ Docket #
- or
- no longer a SNC (SNN eval.) _____ _____ Bobby

YES / NO Waste Involved	CSE ONLY Volume	Exposure Media (a, gw, sw, s)	Distance to Residences	Number of People involved	Distance to On-site wells	Distance to Off-site wells

#____ Type:___ ___ ___ Date Determined ___ ___/___ ___/___ ___ Class: __

Priority: ___ Branch:___ ___ Person: ___ ___

Return to Compliance ___ ___/___ ___/___ ___ *Scheduled* ___ ___/___ ___/___ ___ *Actual*

Reg. Type: ___ ___ Reg. Description:

Comment:

#____ Type:___ ___ ___ Date Determined:___ ___/___ ___/___ ___ Class: ___

Priority:___ Branch:___ ___ Person:___ ___

Return to Compliance: ___ ___/___ ___/___ ___ *Scheduled* ___ ___/___ ___/___ ___ *Actual*

Reg. Type: ___ ___ Reg. Description:

Comment:

Side B

EPA ID #_____

#____ Type:_____ Date Determined:____/____/____ Class: ___

Priority:___ Branch:_____ Person:_____

Return to Compliance: ____/____/____ *Scheduled* ____/____/____ *Actual*

Reg. Type: _____ Reg. Description:

Comment:

#____ Type:_____ Date Determined:____/____/____ Class: ___

Priority:___ Branch:_____ Person:_____

Return to Compliance: ____/____/____ *Scheduled* ____/____/____ *Actual*

Reg. Type: _____ Reg. Description:

Comment:

#____ Type:_____ Date Determined:____/____/____ Class: ___

Priority:___ Branch:_____ Person:_____

Return to Compliance: ____/____/____ *Scheduled* ____/____/____ *Actual*

Reg. Type: _____ Reg. Description:

Comment:

#____ Type:_____ Date Determined:____/____/____ Class: ___

Priority:___ Branch:_____ Person:_____

Return to Compliance: ____/____/____ *Scheduled* ____/____/____ *Actual*

Reg. Type: _____ Reg. Description:

Comment:

#____ Type:_____ Date Determined:____/____/____ Class: ___

Priority:___ Branch:_____ Person:_____

Return to Compliance: ____/____/____ *Scheduled* ____/____/____ *Actual*

Reg. Type: _____ Reg. Description:

Comment:

State of North Carolina
Department of Environment and Natural Resources
Hazardous Waste Section

SMALL QUANTITY GENERATOR INSPECTION FORM

acility Name: Joe Brown Pontiac, Buick, GMC
Inspection Date: 2 July 2003
ddress: 1780 E. Broad Ave. Rockingham, NC
County: Richmond
ontact Name/Tele.#: Jimmy Arnold (910) 895-2400
ID#: NCR 000 001 362
resent at Inspection: Jimmy Arnold, Bobby Nelms
Owner: Joe Brown
rocesses: Auto Repair
Waste Generated: Safety Klean Parts Washers (Non Haz) - Used Oil
ype of Business: Auto Dealership
ransporters: Safety Klean
TSD's: Safety Klean St. Pauls

Manifests/Signed Copies: Yes ✓ No_____
(Within 60 Days)
nspection Records: Yes_____ No N/A N/A CESQG
Emergency #'s Posted? Yes_____ No N/A
Emergency Coordinator?
Example Issued: Yes_____ No ✓
Example Issued: Yes_____ No ✓
Personnel trained? Yes_____ No N/A
Local Authorities Contacted: Yes_____ No N/A
Accumulation Areas: Description: One Parts washer & one tank for used oil collection.
Closed/labeled/<55 gallons?
Storage Areas:. Description:
Closed/labeled/dated<180 days/good condition?
Deficiencies/Comments: Used oil tank should be labeled "Used Oil"

ignature: [signature] Date: 7/2/03 Facility/Contact: mailed to Jimmy Arnold. Date:_____