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: NCR000001602

Facility Name: City of Statesville City: ___

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

Agency: S Date: Mo. 11 / Day 21 / Year 05 Type: FR2174

Control Number Data Entry Personnel

Person: 0518 Reason: __

Evaluation Comments: (74) 1 : Reviewed financial test for post-closure
2 : Care.

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 -