Hazardous Waste Compliance Data Entry Form – Side A

EPA ID Number: NCR000005066

Facility Name: UNIVAR **City:** Charlotte

EVALUATION DATA New: X Change:___ Delete:___

Date: 12/6/07 FCI / TSI
Date: ___/___/_____

Inspector ID #: 044 Reason: ___

Evaluation Comments: transfer facility survey

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.) _____

YES / NO CSE ONLY

Waste Involved	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: _____