

## Hazardous Waste Section File Room Document Transmittal Sheet

**I. Identification:**

Fill out form completely and accurately before sending it to File Room

Your Name	<b>ERDIE LAWRENCE</b>		
EPA ID #	N C 500000 1152		
Facility Name	<b>Woods Wacker</b>		

**II. Document Type:**

Highlight, check or **Circle ONLY ONE** Document Type below

<b>General (G)</b> <input type="checkbox"/> Compliance Assistance Visit (CAV) <input type="checkbox"/> Fees/Invoices (F) <input type="checkbox"/> Hazardous Waste Report (HWR) <input type="checkbox"/> Notification 8700 (8700) <input type="checkbox"/> Technical Assistance (TA) <input type="checkbox"/> Correspondence (C) <input type="checkbox"/> Other (O)	<b>Permit (P)</b> <input type="checkbox"/> Alternative to Post-Closure Permit (APC) <input type="checkbox"/> Emergency Permit (EMP) <input type="checkbox"/> Modification (MOD) <input type="checkbox"/> Notice of Deficiency (NOD) <input type="checkbox"/> Part A Application (PA) <input type="checkbox"/> Part B Application (PB) <input type="checkbox"/> Permitting Information (PI) <input type="checkbox"/> Correspondence (C) <input type="checkbox"/> Other (O)	<b>Corrective Action (CA)</b> <input type="checkbox"/> Confirmatory Sampling (CS) <input type="checkbox"/> Corrective Action Information (CAI) <input type="checkbox"/> Corrective Measure Plan/Design (CMPD) <input type="checkbox"/> Corrective Measures Study (CMS) <input type="checkbox"/> Environmental Indicators (EI) <input type="checkbox"/> HSWA Remedy (HSWA) <input type="checkbox"/> Interim Measures Study/Plan/Implemented (IM) <input type="checkbox"/> Land Use Restriction, Institutional Controls (LUR) <input type="checkbox"/> RCRA Facility Assessment (RFA) <input type="checkbox"/> RCRA Facility Investigation (RFI) <input type="checkbox"/> Remediation System Effective Reports (RSER) <input type="checkbox"/> Correspondence (C) <input type="checkbox"/> Other (O)
<b>Closure (C)</b> <input type="checkbox"/> Closure Information (CI) <input type="checkbox"/> Closure Plan (CP) <input type="checkbox"/> Closure Report/Certification (CR) <input type="checkbox"/> Correspondence (C) <input type="checkbox"/> Other (O)	<b>Groundwater (GW)</b> <input type="checkbox"/> Comprehensive Monitoring Event (CME) <input type="checkbox"/> Groundwater Monitoring Report (GMR) <input type="checkbox"/> Correspondence (C) <input type="checkbox"/> Other (O)	<b>Enforcement (E)</b> <input type="checkbox"/> Administrative Order on Consent (AOC) <input type="checkbox"/> Compliance Order (CO) <input type="checkbox"/> Enforcement Package (EP) <input type="checkbox"/> Immediate Action Notice of Violation (IANOV) <input type="checkbox"/> Notice of Violation (NOV) <input type="checkbox"/> Settlement Agreement (SA) <input type="checkbox"/> Ticket Notice of Violation (TNOV) <input type="checkbox"/> Correspondence (C) <input type="checkbox"/> Other (O)
<b>Inspection/Investigation (I)</b> <input type="checkbox"/> Case Development Inspections (CDI) <input type="checkbox"/> Complaint Investigation (CMP) <input type="checkbox"/> Compliance Evaluation Inspection (CEI) <input type="checkbox"/> Compliance Schedule Evaluation (CSE) <input type="checkbox"/> Emergency Response (EMR) <input checked="" type="checkbox"/> Focused Compliance Inspection (FCI) <input type="checkbox"/> Sampling Event (SPL) <input type="checkbox"/> Correspondence (C) <input type="checkbox"/> Other (O)	<b>Financial (F)</b> <input type="checkbox"/> Balance sheets (BS) <input type="checkbox"/> Financial record review (FRR) <input type="checkbox"/> Financial statements (FS) <input type="checkbox"/> Insurances (I) <input type="checkbox"/> Mechanisms and instruments (MI) <input type="checkbox"/> Tax returns (TR) <input type="checkbox"/> Correspondence (C) <input type="checkbox"/> Other (O)	

**III. Description:**

Use up to 256 characters to describe the document. Every word below can be used as a searchable index to locate the document

**IV. Date of Document:** Date when the document generated, the date typed or printed on the front page of document

Date on Document	4 21 2011
	Month Day Year

**V. File Room Use Only:**

Date Received	11 14 11
	Month Day Year
Date Scanned	11 14 11
	Month Day Year
Scanners Initials	EKD

**Hazardous Waste Compliance Date Entry Form - Side A**

EPA ID Number NCS000001152

Facility Name Wades Wrecker Service

Street: 2231 Park Dr.

Phone 336-786-8132

City: Mount Airy Zip 27030

County Surry

EVALUATION DATA    New: **X**    Change:    Delete:

Date: 4/21/11  
Date:

Evaluation Type    **FCI-MSRP**  
Evaluation Type

Inspector ID #    043

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**Evaluation Comments** No violations or other problems found

Wade not present at time of visit. Followed up with telephone call. No switches accumulated since last shipment.

Facility is (Check one)

- a SNC (SNY evaluation) \_\_\_\_\_
- no longer a SNC (SNN eval.) \_\_\_\_\_

Docket #

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

#

\_\_\_\_\_ Person:: \_\_\_\_\_

Return to Compliance:

\*Scheduled\*    \*Actual\*

Reg. Description

Comment:

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