

Hazardous Waste Section File Room Document Transmittal Sheet

I. Identification:

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

Your Name	ERNILE LAWRENCE		
	Print Your Name Above (Last, First)		
EPA ID #	N 25 00000 1150		
Facility Name	SUPERIOR MOTOR SALES		
	Facility Name as it appears in RCRAinfo		

II. Document Type:

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

<p>General (G)</p> <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)	<p>Permit (P)</p> <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)	<p>Corrective Action (CA)</p> <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)
<p>Closure (C)</p> <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)	<p>Groundwater (GW)</p> <input type="checkbox"/> Comprehensive Monitoring Event (CME) <input type="checkbox"/> Groundwater Monitoring Report (GMR) <input type="checkbox"/> Correspondence (C) <input type="checkbox"/> Other (O)	<p>Enforcement (E)</p> <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)
<p>Inspection/Investigation (I)</p> <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)	<p>Financial (F)</p> <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	28	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	RKR		

Hazardous Waste Compliance Date Entry Form - Side A

EPA ID Number NCS000001156

Facility Name Superior Motor Sales

Street: 2513 Old US 421 Hwy

Phone 336-961-3001

City: Yadkinville

Zip 27055

County Yadkin

EVALUATION DATA

New: **X**

Change:

Delete:

Date:

4/26/11

Evaluation Type

FCI-MSRP

Date:

Evaluation Type

Inspector ID # 043

Evaluation Comments No violations or problems with MSR program found
 Hauls uncrushed cars to 21 Motors. No switches on site at the time of inspection.

Facility is (Check one)

- a SNC (SNY evaluation) _____

Docket #

- no longer a SNC (SNN eval.) _____

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: