Hazardous Waste Compliance Data Entry Form

EPA ID Number: NA #55-010

Facility Name: Brad's wrecker NCS 000000594

Street: 2739 Maiden Hwy

City: Lincolnton **ZIP:** _____ **County:** Lincoln

Contact Name: Brad Williams **Phone#:** 704-732-6161

EVALUATION DATA New: ____ Change: ____ Delete: ____

Date: 6 24 08 Evaluation Type: FCI / MSP

Date: __/__/____ Evaluation Type: _____

Inspector ID #: 031

Evaluation Comments: in Compliance

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 evaluation)

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

Date Determined: __ __/__ __/__ __

Branch: __ __ Person: __ __ __

Return to Compliance: __ __/__ __/__ __ (Scheduled) __ __/__ __/__ __ (Actual)

Regulation Description: _____

Comment: _____