

Hazardous Waste Compliance Data Entry Form – Side A

EPA ID Number: NA *NC S 000000 745*

Facility Name: Mountain Environmental Services City: Canton

EVALUATION DATA New: \_\_\_ Change: \_\_\_ Delete: \_\_\_

Date: 07 / 01 / 08  
Date: / /

Evaluation Type: C E I  
Evaluation Type:

Inspector ID #: 061

Reason: \_\_\_

Evaluation Comments:

Emergency response contractor – wishes to continue ER & may want to apply for transporter ID#. This facility does not manufacture or generate or store HW on-site.

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	Exposure Media	Distance to Residences	Number of People involved	Distance to On-site wells	Distance to Off-site wells
Waste Involved	Volume	(a, gw, sw, s)				

Date Determined: \_\_\_ / \_\_\_ / \_\_\_

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

Return to Compliance: \_\_\_ / \_\_\_ / \_\_\_  
Scheduled Actual

Regulation Description:

Comment:



NC DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES  
DIVISION OF WASTE MANAGEMENT  
HAZARDOUS WASTE SECTION  
**ACTIVITY REPORT**

Date: June 1, 2008 Reported by: Spring Allen #061  
Subject: Mountain Environmental Services – Emergency Responder status  
Name of Company or person in violation

Location: 1560 Pisgah Drive, Canton, NC 28716 (828-648-5556/ 800-261-0031)  
Site address

Contact Person: Max Kimel, Jr. Senior Consultant  
(Owner, Operator, Manager, other)

Owner Address:  
Cannot be same as Location

City: County: Zip Code:  
Reason for Visit: Site visit to determine if facility wants to continue Emergency  
Response for state.

Report: They do and may apply for transporter ID #. They do not manufacture or  
generate HW on-site. They do not store HW on-site. They do act as broker and want to  
provide turn-key service for their clients.

Activity type: Comprehensive evaluation (CEI)  
(Circle One)

## Required File Room Information

Please fill out form completely and accurately before sending to File room (if you do not put a name under RETURN THIS FORM TO you will not receive the form back and will not know when your document was scanned)

Return this form to: Spring Allen

Document Type (from list below only): Misc. (?)  
(General, Permitting, Closure, Ground Water, Enforcement, Inspection or Misc.)

EPA ID Number: NA

Facility Name: Mountain Environmental Services

Document Date: 07/ 01/ 08

Short Description of the document: Site visit to determine if facility wants to remain on emergency response list. They do.

This document was scanned on (filled out by file room):

**DO NOT SCAN THIS FORM**  
**For informational purposes only**