Hazardous Waste Compliance Data Entry Form

NCS 000000828

Ted
10-29-08
PR

EPA ID Number:

Facility Name: Clyde's Auto Body Works

Street: 3438 Cumberland Rd

City: Fayetteville **ZIP:** 28306 **County: Cumberland**

Contact Name: Clyde Hall **Phone#: (910) 426-4608**

EVALUATION DATA New: __X__ Change: ____ Delete: ____

Date: 09/11/2008 Evaluation Type: FCI/MSP

Date: ___/___/_____ Evaluation Type: _____

Inspector ID #: 036

Evaluation Comments:

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: _____