Hazardous Waste Compliance Data Entry Form

Nesoooooo 992

EPA ID Number: N/A #02-006

Facility Name: Little Egypt Salvage

Street: 219 Three Forks Rd.

City: Taylorsville **ZIP:** 28681 **County:** Alexander

Contact Name: Shonnie White **Phone#:** 828-632-3923

EVALUATION DATA New: ____ Change: ____ Delete: ____

Date: 6/3/08 Evaluation Type: FCI/MSP

Date: __/__/____ Evaluation Type: _____

Inspector ID #: 031

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: _____

Comment: _____