

Hazardous Waste Section  
File Room Document Transmittal Sheet

Your Name: Andrew Martin  
EPA ID: NCD049773245  
Facility Name: Trex Properties, LLC  
Document Group: Inspection/Investigation (I)  
Document Type: Focused Compliance Inspection (FCI)  
Description: TSDF Inspection  
Date of Doc: 6/4/2015  
Author of Doc: Andrew Martin

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**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year

NCD049773245

Scanner's Initials:

**COMMERCIAL FACILITY REPORT**  
**Resident Inspector Program**  
Waste Management Division  
Department of Environment & Natural Resources

**DOCKET #:**

**INSPECTION AND EVALUATION**

EPA ID #: <b>NCD049773245</b>		FACILITY NAME: <b>Trex Properties, LLC</b>	
ADDRESS: <b>3114 Cullman Ave</b>		CITY: <b>Charlotte, NC</b>	
NEW <input checked="" type="checkbox"/>	UPDATE <input type="checkbox"/>	DATE(S) OF INSPECTION: <b>6/4/2015</b>	STAFF ID #: <b>115</b>

<b>EVALUATION TYPE:</b> <u>3, 6, 7, 9</u>	1 = Compliance Evaluation (CEI for HWS) 2 = Sampling / Monitoring. 3 = Record Review (Logs, Annual Report) 4 = Air / Water Permit Requirements 5 = Reinspection (Compliance Schedule). 6 = Cont. Plan / Prev & Prep (Safety/OSHA)	7 = Part B Permit 8 = Manifests / LDRs 9 = General 10 = Waste Analysis Plan 11 = Complaint Investigation 12 = BIF 80 = Informal Meeting
JOINT / SUB <input type="checkbox"/>		
OFF SHIFT <input type="checkbox"/>		
DURATION (Hrs) <u>1.0</u>		

**REINSPECTION ONLY:** Date of Initial Evaluation:

Original Docket #:

**CLASS OF VIOLATION / DEFICIENCY**

Class	O2/H2O	Safety/CP	FIN	Part B	Comp Sch	Man	LB	OT	W Mgt	BIF
SNC		O		O		O			O	
SV		O		O		O			O	

SNC = Significant Noncomplier

SV = Secondary Violation

**Acceptable Codes**

RS	XS	XS	XS	XS	XS	XS	XS	XS	XS	XS
ZO	ZO	ZO	ZO	ZO	ZO	ZO	ZO	ZO	ZO	ZO
H	HR	HI*	H	H	H	H	H	H	H	H

**Key:**

- |                             |                               |
|-----------------------------|-------------------------------|
| X = Violation(s)            | Z = Pending / Deficiency      |
| O = No Violation            | S = Same Violation (repeated) |
| R = Referral to DEM or OSHA | I = No Insurance Only         |
| H = HPV Violations Present  | * = SNC Only                  |

**ENFORCEMENT ACTIONS:** Area of Violation(s) = CP, PP, FI, PB, CS, MA, LB, OT, WM, BIF

CLASS	AREA OF VIOLATION	TYPE CODE	DATE ACTION TAKEN	COMPLIANCE DATES		PENALTY ASSES. COLL.	RESP AG
				SCHED.	ACTUAL		
						-	-

**Codes for Types of Enforcement**

- |                         |                            |
|-------------------------|----------------------------|
| 01 = Warning Letter     | 10 = Informal              |
| 02 = Ticket NOV         | 11 = Filed Civil Action    |
| 03 = Draft NOV          | 12 = Filed Criminal Action |
| 04 = Admin. Complaint   | 13 = Civil Referral to AG  |
| 05 = Final Admin. Order | 90 = Hearing               |

**Comments / Recommendations:**

**North Carolina Department of Environment  
and Natural Resources  
Division of Waste Management**

**RESIDENT INSPECTOR REPORT**

1) **Facility Information**  
Trex Properties, LLC  
3114 Cullman Avenue  
Charlotte, NC

**EPA ID# NCD049773245**

Permit Status:  **RCRA**  
 **Air**  
 **Water**

2) **Facility Contact**  
Tim Connelly

**Arrived:** 10:30 am  
**Departed:** 11:30 am

3) **Date of Inspection / Inspector**  
6/4/15  
Andrew Martin  
James Gilreath

**Shift:**  1st  
 2nd  
 3rd

4) **Facility Description Changes**  
None

5) **Areas of Concentration**

Part "B" Permit	General	Waste Compatibility	Labeling
Physical Inspection	Waste Management	Container Management	
Inspection Logs	Perimeter Fencing		

6) **Site Deficiencies**  
None

**Docket #:** N/A

7) **Recommendations/Comments**  
None

TE Connelly  
Facility Representative

6/4/15  
Date

Andrew Martin

6/4/2015

Andrew Martin, QEP- Resident Inspector

Date