

Hazardous Waste Section
File Room Document Transmittal Sheet



17

Your Name: Anthony Foster - 055
EPA ID: N C D 0 7 7 8 4 0 1 4 8
Facility Name: Safety-Kleen Archdale
Document Group: Inspection/Investigation (I)
Document Type: Focused Compliance Inspection (FCI)
Description: TSDF
Date of Doc: 8/10/2012
Author of Doc: Anthony Foster

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
10	03	12

NCD077840148

Scanner's Initials:

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

RESIDENT INSPECTOR REPORT

1) Facility Information

Safety-Kleen
6182 Old Mendenhall Rd.
Archdale, NC

EPA ID# **NCD 077840148**

Permit Status: RCRA
 Air
 Water

2) Facility Contact

Phil Curry

Arrived: 11:00 a.m.

Departed: 1:30 p.m.

3) Date of Inspection / Inspector

8/10/12
Anthony Foster

Shift: 1st
 2nd
 3rd
 Wkend

4) Facility Description Changes

None

5) Areas of Concentration

Physical inspection
Part "B" permit
Facility inspection logs

Container Management
Waste management
Operator safety & equipment check

General
Manifests&LDR's

6) Site Deficiencies

None

Docket #: N/A**7) Recommendations**

None

8) Corrections Since Last Inspection

None

9) Referrals to DAQ/DWQ/OSHA

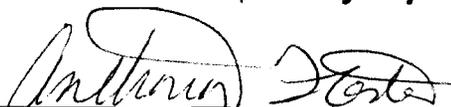
None



Facility Representative

8/10/12

Date



Anthony Foster - Resident Inspector

8-10-12

Date

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

DOCKET #: N/A

INSPECTION AND EVALUATION

EPA ID #: NCD 077840148		FACILITY NAME: Safety-Kleen	
ADDRESS: 6182 Old Mendenhall Rd.		CITY: Archdale, NC	
NEW <input checked="" type="checkbox"/>	UPDATE <input type="checkbox"/>	DATE(S) OF INSPECTION: 8/10/12	STAFF ID #: 55

EVALUATION TYPE: 3,6,7,8,9	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) 2.50		

REINSPECTION ONLY: Date of Initial Evaluation: n/a

Original Docket #: n/a

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		O	O	
SV	O	O		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)

O = No Violation

R = Referral to DEM or OSHA

H = HPV Violations Present

Z = Pending / Deficiency

S = Same Violation (repeated)

I = No Insurance Only

* = 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.		RESP AG
				SCHED.	ACTUAL	ASSES.	COLL.	

Codes for Types of Enforcement Actions:

01 = Warning Letter

02 = Ticket NOV

03 = Draft NOV

04 = Admin. Complaint

05 = Final Admin. Order

10 = Informal

11 = Filed Civil Action

12 = Filed Criminal Action

13 = Civil Referral to AG

90 = Hearing

Comments / Recommendations: _____