

Hazardous Waste Section
File Room Document Transmittal Sheet

17

Your Name: JD Hester
EPA ID: N C D 1 2 1 7 0 0 7 7 7
Facility Name: Dart Acquisitions, LLC
Document Group: Inspection/Investigation (I)
Document Type: Focused Compliance Inspection (FCI)
Description: RI/FCI
Date of Doc: 6/18/2013
Author of Doc: JD Hester

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
6	20	2013
6	24	2013

NCD121700777

Scanner's Initials:



COMMERCIAL FACILITY REPORT
Resident Inspector Program
 Division of Waste Management
 Department of Environment and Natural Resources
 North Carolina

DOCKET #: N/A

INSPECTION AND EVALUATION

EPA ID#: NCD 121700777		FACILITY NAME: DART ACQUISITIONS, LLC	
ADDRESS: 4132 Pompano Road		CITY: Charlotte, NC	
NEW <input checked="" type="checkbox"/>	UPDATE <input type="checkbox"/>	DATE OF INSPECTION: 6/18/2013	STAFF ID# 92

EVALUATION TYPE: 6,7,9	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 / Prep & Prev (Safety/OSHA)	7 - Part B Permit 8 - Manifests / LDR 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) 4.0 HRS		

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	Other	W Mgt	BIF
SNC	O	O		O				O	O	
SV	O	O		O				O	O	

Acceptable Codes

RSZOH	XSZOHR	XSZO HI*	XSZO H	XSZOH	XSZO H	XSZ OH	XSZH O	XSZO H	XSZOH
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KEY: SNC = Significant Noncomplier
 SV = Secondary Violation

X - Violation(s)
 O - No Violation
 R - Referral to DEM or OSHA
 H - HPV Violations Present

Z - Pending
 S - Same Violation (Repeated)
 I - No Insurance Only
 * - Class I 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 Actions:

- | | |
|-------------------------|----------------------------|
| 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: see report

Hazardous Waste Section
File Room Document Transmittal Sheet

Your Name: JD Hester
EPA ID: N C D 9 8 0 8 4 6 9 3 5
Facility Name: Safety-Kleen/ St. Pauls
Document Group: Inspection/Investigation (I)
Document Type: Focused Compliance Inspection (FCI)
Description: RI/FCI
Date of Doc: 6/19/2013
Author of Doc: JD Hester

File Room Use Only

Date Received by File Room:

Date Scanned:

Month	Day	Year

NCD980846935

Scanner's Initials:

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

RESIDENT INSPECTOR REPORT

1) **Facility Information**

Safety-Kleen
HWY 301 N.
St. Pauls, NC

EPA ID# NCD 980846935

Permit Status: RCRA
 Air
 Water

2) **Facility Contact**

Robert Graham

Arrived: 9:50 AM

Departed: 11:50 AM

3) **Date of Inspection / Inspector**

6/19/2013
J. D. Hester

Shift: 1st
 2nd
 3rd
 Wkend

4) **Facility Description Changes**

None

5) **Areas of Concentration**

Physical Inspection
Part "B" Permit

Labels and Markings
Daily Log

Return/Fill Area
Tank Farm

6) **Site Deficiencies**

None

Docket #: N/A

7) **Comments/Recommendations**

None

8) **Corrections Since Last Inspection**

None

9) **Referrals to DAQ/DWQ/OSHA**

None

Robert Graham

6-19-2013

Facility Representative

Date

J. D. Hester

6/19/2013

J. D. Hester - Resident Inspector

Date

COMMERCIAL FACILITY REPORT
Resident Inspector Program
 Division of Waste Management
 Department of Environment and Natural Resources
 North Carolina

DOCKET #: N/A

INSPECTION AND EVALUATION

EPA ID#: NCD 980846935		FACILITY NAME: Safety-Kleen	
ADDRESS: HWY US 301 North		CITY: St. Pauls, NC	
NEW <input checked="" type="checkbox"/>	UPDATE <input type="checkbox"/>	DATE OF INSPECTION: 6/19/2013	STAFF ID# 92

EVALUATION TYPE: 3,6,7,9	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 / Prep & Prev (Safety/OSHA)	7 - Part B Permit 8 - Manifests / LDR 9 - General 10 - Waste Analysis Plan 11 - Complaint Investigation 12 - BIF 80 - Informal Meeting
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