

Hazardous Waste Section  
File Room Document Transmittal Sheet

Your Name: Anthony Foster-055  
EPA ID: NCD986166338  
Facility Name: Veolia E. S. Technical Solutions  
Document Group: Inspection/Investigation (I)  
Document Type: Focused Compliance Inspection (FCI)  
Description: TSDF  
Date of Doc: 5/4/2015  
Author of Doc: Anthony Foster

**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year

NCD986166338

Scanner's Initials:

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

**DOCKET #:** N/A

**INSPECTION AND EVALUATION**

EPA ID #: <b>NCD986166338</b>		FACILITY NAME: <b>Veolia E.S. Technical Solutions</b>			
ADDRESS: <b>2176 Will Suitt Rd.</b>			CITY: <b>Creedmoor, NC</b>		
NEW <input checked="" type="checkbox"/>	UPDATE <input type="checkbox"/>	DATE(S) OF INSPECTION: <b>5/4/15</b>		STAFF ID #: <b>55</b>	

<b>EVALUATION TYPE:</b> 3,7,9	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 / 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>4.25</u>		

**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	
SV	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)            | 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 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:** \_\_\_\_\_

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

RESIDENT INSPECTOR REPORT

1) Facility Information

Veolia E.S. Technical Solutions  
2176 Will Suitt Rd.  
Creedmoor, NC 27522

EPA ID# NCD986166338

Permit Status:  RCRA  
 Air  
 Water

2) Facility Contact

Jay Beck

Arrived: 10:45 am

Departed: 3:00 pm

3) Date of Inspection / Inspector

5/4/15  
Anthony Foster

Shift:  1st  
 2nd  
 3rd  
 Wkend

4) Facility Description Changes

None

5) Areas of Concentration

Part "B" Permit    Container Management    Labeling    Facility Records/Logs  
Physical Inspection    Waste Management    General

6) Site Deficiencies

None

Docket #: N/A

7) Recommendations/Comments

None

8) Corrections Since Last Inspection

None

9) Referrals to DAQ/DWQ/OSHA

None

  
\_\_\_\_\_  
Facility Representative

5/5/15  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Anthony Foster - Resident Inspector

5-4-15  
\_\_\_\_\_  
Date