

Hazardous Waste Section
File Room Document Transmittal Sheet

17

Your Name: Andrew Martin
EPA ID: NCD079060059
Facility Name: Safety-Clean
Document Group: Inspection/Investigation (I)
Document Type: Focused Compliance Inspection (FCI)
Description: TSDF Inspection at Safety-Kleen Charlotte
Date of Doc: 12/4/2015
Author of Doc: Andrew Martin

File Room Use Only

Date Recieved by File Room:

Date Scanned:

| Month | Day | Year |
|-------|-----|------|
| | | |
| | | |

NCD079060059

Scanner's Initials:

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

DOCKET #: NA

INSPECTION AND EVALUATION

| | | | |
|---|---------------------------------|--|------------------------|
| EPA ID #: NCD079060059 | | FACILITY NAME: Safety-Kleen Charlotte | |
| ADDRESS: 2320 Yadkin Avenue | | CITY: Charlotte, NC | |
| NEW <input checked="" type="checkbox"/> | UPDATE <input type="checkbox"/> | DATE(S) OF INSPECTION: 12/4/2015 | STAFF ID #: 115 |

| | | |
|---|--|---|
| EVALUATION TYPE: <u>3, 4, 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>2.0</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

| | | | | | | | | | | |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| R S | X S | X S | X S | X S | X S | X S | X S | X S | X S | X S |
| Z O | Z O | Z O | Z O | Z O | Z O | Z O | Z O | Z O | Z O | Z O |
| H | H R | 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 Environmental
Quality
Division of Waste Management**

RESIDENT INSPECTOR REPORT

1) Facility Information

Safety-Kleen
2320 Yadkin Avenue
Charlotte, NC

EPA ID# NCD079060059

Permit Status: **RCRA**
 Air
 Water

2) Facility Contact

Steve Hetu

Arrived: 11:30 am

Departed: 1:30 pm

3) Date of Inspection / Inspector

12/4/2015
Andrew Martin

Shift: 1st
 2nd
 3rd
 Wkend

4) Facility Description Changes

None

5) Areas of Concentration

| | | | |
|--------------------------|----------------------|---------------------|-----------------|
| Physical inspection | Container Management | Waste Compatibility | Part "B" permit |
| Waste management | 10-Day Area | Perimeter Fencing | |
| Resident Inspector Files | HW & DOT Labeling | Manifest | |

6) Site Deficiencies

None

Docket #: N/A

7) Comments/ Recommendations

None

8) Follow up Action Since Last Inspection

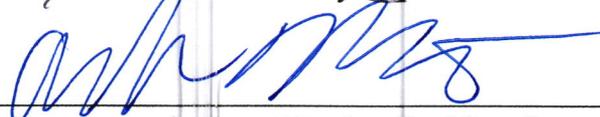
None

9) Referrals to DAQ/DWQ/OSHA

None



Facility Representative 12/4/15
Date



Andrew Martin - Resident Inspector 12-4-15
Date