N.C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

Circle one:
G, (I), P, GW, C

FILE DOCKET

DATE	ITEM
(4) 8-23-95	CTH report
(5) 4-8-96	CSE "
(6) 10-11-01	CEI Report

G- General, I- Inspections
P- Permits, GW- Ground Wate
C- Closure

DHS 1348 (6/85)
Solid and Hazardous Waste Management Branch (Review 6/90)

Region 4 Compliance Data Entry Form - Side A (Rev.8/97)

6

Submittal Information	Initial By-	Initial Date -	Corrected By-	Corrected Date -
RCRA Comp. Section:		/ /		/ /
Received:		/ /		/ /
Entered/ Returned:		/ /		/ /

FACILITY INFORMATION:

EPA ID Number: NCD003188828

Facility Name: Cape Fear Wood Preserving Corp. Inc City: Fayetteville NC

EVALUATION DATA: New: __ Change: __ Delete: __ (___ : Required)

Agency: S Date: Mo. 10 / Day 11 / Year 01 Type: CEI

Control Number Data Entry Personnel

Person: 009 Reason:

Evaluation Comments: (74) 1 :

2 :

SNC DETERMINATION: If this evaluation resulted in a SNC determination, fill in this block. (NOTE: SNC determinations are SNY/SNN evaluations. The SNY/SNN evaluation can also be submitted later on a separate form.)

Facility is (Check one)
- a SNC (SNY evaluation)
or-
- no longer a SNC (SNN eval.)

Date of determination:
Same as above eval.: - or - / /

VIOLATION DATA: New: Change: Delete:

#__ Agency: Type: Date (mdy) Determined: / / Class:
Priority: Branch: Person: Seq. Number (Data Entry)
Return to Compliance: -- Scheduled -- / / --- Actual ---- / /
Reg. Type: Reg. Description (30):
Comment (72):

#__ Agency: Type: Date (mdy) Determined: / / Class:
Priority: Branch: Person: Seq. Number (Data Entry)
Return to Compliance: -- Scheduled -- / / --- Actual ---- / /
Reg. Type: Reg. Description (30):
Comment (72):

#__ Agency: Type: Date (mdy) Determined: / / Class:
Priority: Branch: Person: Seq. Number (Data Entry)
Return to Compliance: -- Scheduled -- / / --- Actual ---- / /
Reg. Type: Reg. Description (30):
Comment (72):

Continue violation date on Side B if necessary -

State of North Carolina
Department of Environment and Natural Resources
Hazardous Waste Section

SMALL QUANTITY GENERATOR INSPECTION FORM

Facility Name: CAPE FEAR WOOD PRESERVING COMPANY Inspection Date: 10.11.01

Address: REILLY ROAD, FAYETTEVILLE NC County: CUMBERLAND

Contact Name/Tele.#: BEAU HODGE P.G. 919 233 5288 off. 919 412 5118 mob. ID#: NCD 003 188 828

Present at Inspection: BEAU HODGE CARRY PERRY Owner: SUPERFUND / OLD SITES

Processes: GW REMEDIATION PROGRAM PHASE III Waste Generated: D023, D024, D025, D026, D004, D007

Type of Business: OLD WOOD PRESERVING COMP.
Closed EPA REMEDIATION PROJECT

Transporters: EPA CONTRACTOR TSD's: EPA CONTRACTOR

Manifests/Signed Copies: Yes____ No____
(Within 60 Days)

Inspection Records: Yes EXEMPTED No____ Example Issued: Yes____ No____

Emergency #'s Posted? Yes ✓ No____ Example Issued: Yes____ No____

Emergency Coordinator? ____ Personnel trained? Yes____ No____

Local Authorities Contacted: Yes____ No____

Accumulation Areas: Description:

Closed/labeled/<55 gallons?

Storage Areas: Description:

Closed/labeled/dated<180 days/good condition?

Deficiencies/Comments: PROTERRA CONS., INC
CONTACT: BEAU HODGES PG.

Signature: FLINT WORRELL Date: 10.11.01 Facility/Contact: BEAU HODGES Date: 10.11.01