HAZARDOUS WASTE SECTION - COMPLIANCE BRANCH – FINANCIAL ASSURANCE
FILE TRANSMITTAL & DATA ENTRY FORM

Your Name: JENNY W. LOPP

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Author(s) of Document: JENNY W. LOPP

Inspector Name: JENNY W. LOPP

Suborganization:

County (if not on report): Mecklenburg

FINANCIAL ASSURANCE EVALUATION DATA **New:** ☑ **Change:** **Delete:**
REASON: FINANCIAL RESPONSIBILITY

VIOLATION TYPE: _____ **DATE DETERMINED:** Click here to enter a date.

BRANCH: **PERSON:**

SCHEDULED RETURN TO COMPLIANCE: Click here to enter a date.

ACTUAL RETURN TO COMPLIANCE: Click here to enter a date.

REGULATION TYPE:

REGULATION DESCRIPTION:

ENFORCEMENT COMMENTS: