

**HAZARDOUS WASTE SECTION - COMPLIANCE BRANCH  
FILE TRANSMITTAL & DATA ENTRY FORM**

**Your Name:** Anthony Foster

**Facility ID Number:** ~~NC980846935~~ NCD980846935

**Facility Name:** Safety-Kleen St. Pauls

**Document Group:** Inspection/Investigation (I)

**Document Type:** I - Focused Compliance Inspection (FCI)

**File Description/Comments:** TSDf

**Date of Document:** 2/23/2016

**Author(s) of Document:** Anthony Foster

**Inspector ID #:** NC055

**Suborganization:** Resident Inspector Program

**County (if not on report):** Robeson

**COMMERCIAL FACILITY REPORT**  
**Resident Inspector Program**  
Waste Management Division  
Department of Environmental Quality

**DOCKET #:** N/A

**INSPECTION AND EVALUATION**

EPA ID #: <b>NCD980846935</b>		FACILITY NAME: <b>Safety-Kleen -St. Pauls</b>	
ADDRESS: <b>934 N. Fifth St.</b>		CITY: <b>St. Pauls, NC</b>	
NEW <input checked="" type="checkbox"/>	UPDATE <input type="checkbox"/>	DATE(S) OF INSPECTION: <b>2/23/16</b>	STAFF ID #: <b>55</b>

<b>EVALUATION TYPE:</b> 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 / 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) <b>2.0</b>		

**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	
SV		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)

O = No Violation

R = Referral to DEM or OSHA

H = HPV Violations Present

Z = Pending / Deficiency

S = Same Violation (repeated)

I = No Insurance Only

\* = 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

02 = Ticket NOV

03 = Draft NOV

04 = Admin. Complaint

05 = Final Admin. Order

10 = Informal

11 = Filed Civil Action

12 = Filed Criminal Action

13 = Civil Referral to AG

90 = Hearing

**Comments / Recommendations:** \_\_\_\_\_

North Carolina Department of Environmental Quality  
Division of Waste Management

**RESIDENT INSPECTOR REPORT**

1) **Facility Information**

Safety-Kleen  
934 N. 5th Street  
St. Pauls, NC 28384

**EPA ID# NCD 980846935**

**Permit Status:**  RCRA  
 Air  
 Water

2) **Facility Contact**

James Willis

**Arrived:** 1:30 pm

**Departed:** 3:30 pm

3) **Date of Inspection / Inspector**

2/23/16  
Anthony Foster

**Shift:**  1st  
 2nd  
 3rd  
 *Wkend*

4) **Facility Description Changes**

None

5) **Areas of Concentration**

Physical inspection      10 Day Area      Waste Compatibility  
Part "B" permit      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      2-23-16  
Date

  
\_\_\_\_\_  
Anthony Foster - Resident Inspector      2-23-16  
Date