

Hazardous Waste Section  
File Room Document Transmittal Sheet

Your Name: Andrew Martin  
EPA ID: NCD061263315  
Facility Name: Nexeo Solutions  
Document Group: Inspection/Investigation (I)  
Document Type: Focused Compliance Inspection (FCI)  
Description: TSDF Inspection at Nexeo  
Date of Doc: 12/11/2015  
Author of Doc: Andrew Martin

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**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year

NCD061263315

Scanner's Initials:

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

**DOCKET #:** NA

**INSPECTION AND EVALUATION**

EPA ID #: <b>NCD061263315</b>		FACILITY NAME: <b>NEXEO Solutions</b>	
ADDRESS: <b>3930 Glenwood Drive</b>		CITY: <b>Charlotte, NC</b>	
NEW <input checked="" type="checkbox"/>	UPDATE <input type="checkbox"/>	DATE(S) OF INSPECTION: <b>12/11/2015</b>	STAFF ID #: <b>115</b>

<b>EVALUATION TYPE:</b> <u>3, 6, 7, 8, 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		O	
SV		O		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	H I*	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**

NEXEO Solutions  
3930 Glenwood Drive  
Charlotte, NC

EPA ID# NCD061263315

Permit Status:  RCRA  
 Air  
 Water

2) **Facility Contact**

Tim Nightwine

Arrived: 1:30 m

Departed: 3:30 pm

3) **Date of Inspection / Inspector**

12/11/15  
Andrew Martin

Shift:  1st  
 2nd  
 3rd

4) **Facility Description Changes**

None

5) **Areas of Concentration**

Part "B" Permit      General  
Physical Inspection      Waste Management  
10-day Area      Perimeter Fencing

Waste Compatibility      Labeling  
Container Management  
Satellite Waste Areas

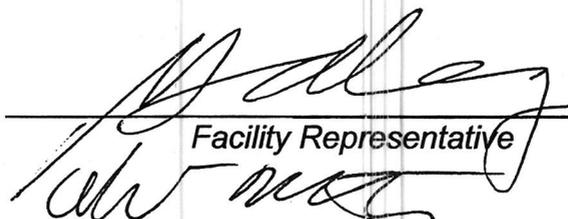
6) **Site Deficiencies**

None

Docket #: N/A

7) **Recommendations/Comments**

None

  
\_\_\_\_\_  
Facility Representative      Date  
  
\_\_\_\_\_  
Andrew Martin, QEP- Resident Inspector      Date  
12-11-15