Revised 6/94

FDEP - RCRA PROGRAM EVALUATION FORM

Page _____ of _____

LDF ☐ TSF ☐ INC ☐ LQG ☐ SQG ☒ CES ☐ TRA ☐ NHR ☐

GCI ☒

	By -	Date 1	By -	Date 2
Filled out /corrected :		/ /		/ /
Received by TLH:		/ /		/ /
Entered/Returned by TLH:		/ /		/ /

EPA ID# FLD980848758 SIC Code: 3715

Lat / Long : 30° 27' 15" 84° 20' 13" Insp. JRF District NW

Facility: Terminal Service Company (Mckenzie Tank Lines) County: Leon

Street: 2778 W. Tharpe Street City: Tallahassee Zip: 32303

#	AUD	AGY	Eval Type	Evaluation Date MMDDYY	Reason	Comment	Data Seq #
	A	S	OTH	02/21/95		In Compliance, Report Attached	

MAR 22 Entd

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Page 1 of 5

LDF ☐ TSF ☐ INC ☐ LQG ☐ SQG ☒ CES ☐ TRA ☐ NHR ☐

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Street: 2778 W. Thurpe Street City: Tallahassee Zip: 32303

#	AUD	AGY	Eval Type	Evaluation Date MMDDYY	Reason	Comment	Data Seq #
	A	S	CEI	3/23/95		Class I violations. report ~~to follow~~ Attached	

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	By -	Date 1	By -	Date 2
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EPA ID# FLD980848758

Facility: Terminal Service Company (McKenzie Tank Lines) County: Leon

Street: 2778 W Tharpe Street City: Tallahassee Zip: 32303

Evaluation Link Date: (MMDDYY) 08/23/95 District: NW Inspector: JRF

SEQ #	#	AUD	AGY	Viol Type (Area)	Date Determined MMDDYY (Violation Link Date)	CLASS	PRIORITY	Return to Compliance: Scheduled mmddyyyy	Return to Compliance: Actual mmddyy	Reg Type	Comment	Data Seq. #
	1	A	S	GGR	10/11/95	I	8	1/15/96	1/15/96	FR	40 CFR 262.11 Hazardous Waste Determination	
	2	A	S	GPT DMC	10/11/95	I	8	1/15/96	1/15/96	FR	40 CFR 262.34 (a)(3) Hazardous Labeling 40 CFR 265.173(a) Management of Containers	
	3	A	S	GSQ	10/11/95	I	8	1/15/96	1/15/96	FR	40 CFR 262.34(d)(5)(iii) Modified Contingency Plan	
	4	A	S	GSQ	10/11/95	I	8	1/15/96	1/15/96	FR	40 CFR 262.34(d)(5)(iii) Personnel Training	

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ENFORCEMENT FORM

	1 By -	1 Date	2 By -	2 Date
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Entered/Returned by TLH:		/ /		/ /

EPA ID# FLD980848758

Attorney Initials:

Accessibility Code:

Facility Name: Terminal Service Company (McKenzie Tank Line) County: Leon
Street: 2778 W. Tharpe Street City: Tallahassee Zip: 32303

Enforcement Data | Add: X | Update: | Delete: | Dist NW | Insp JRF

Violation Link Date: (MMDDYY) 10 11 95

Comment: DEP Warning Letter

Respon Agency: 5

Enforcement Type: 125

Date Action Taken: 10 / 17 / 95

Enforcement Seq. # (Data Entry Only):

Violation Addressed:
#1 Area GGR #4 Area GSQ #___ Area ___ #___ Area ___ #___ Area ___
#2 Area GPT DMC #5 Area ___ #___ Area ___ #___ Area ___ #___ Area ___
#3 Area GSQ #___ Area ___ #___ Area ___ #___ Area ___ #___ Area ___

Enforcement Data | Add: X | Update: | Delete: | Dist NW | Insp JRF

Violation Link Date: (MMDDYY) 10 11 95

Comment: DEP Enforcement meeting

Respon Agency: 5

Enforcement Type: 115

Date Action Taken: 12 / 19 / 95

Enforcement Seq# (Data Entry Only):

Violation Addressed:
#1 Area GGR #4 Area GSQ #___ Area ___ #___ Area ___ #___ Area ___
#2 Area GPT DMC #___ Area ___ #___ Area ___ #___ Area ___ #___ Area ___
#3 Arrea GSQ #___ Area ___ #___ Area ___ #___ Area ___ #___ Area ___

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	1 By -	1 Date	2 By -	2 Date
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Received by TLH:		/ /		/ /
Entered/Returned by TLH:		/ /		/ /

EPA ID# FLD980848758

Attorney Initials:

Accessibility Code:

Facility Name: Terminal Service Company (McKenzie Tank Lines) County: Leon

Street: 2778 W. Thorpe Street City: Tallahassee Zip: 32303

Enforcement Data	Add: X	Update:	Delete:	Dist N W	Insp J R F

Violation Link Date: (MMDDYY) 10 11 95

Comment: Executed Short-Form Consent Order

Respon Agency	Enforcement Type:	Date Action Taken	Enforcement Seq. # (Data Entry Only)
5	315	01 / 15 / 96	

Violation Addressed:

#1 Area GGR #4 Area GSQ #___ Area ___ #___ Area ___ #___ Area ___

#2 Area GPT DMC #___ Area ___ #___ Area ___ #___ Area ___ #___ Area ___

#3 Area GSQ #___ Area ___ #___ Area ___ #___ Area ___ #___ Area ___

Enforcement Data	Add: X	Update:	Delete:	Dist ~~N~~ W	Insp J R F

Violation Link Date: (MMDDYY) 10 11 95

Comment: Closing Order (Return to Compliance Letter)

Respon Agency	Enforcement Type:	Date Action Taken	Enforcement Seq# (Data Entry Only)
5	305	02 / 05 / 96	

Violation Addressed:

#1 Area GGR GPT #4 Area GSQ #___ Area ___ #___ Area ___ #___ Area ___

#2 Area DMC #___ Area ___ #___ Area ___ #___ Area ___ #___ Area ___

#3 Arrea GSQ #___ Area ___ #___ Area ___ #___ Area ___ #___ Area ___

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PENALTY FORM

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	1 By -	1 Date	2 By -	2 Date
Filled out /corrected :		/ /		/ /
Received by TLH:		/ /		/ /
Entered/Returned by TLH:		/ /		/ /

EPA ID# FLD980848758

Enforcement Seq# (Data Entry Only)

Enforcement Data | Add: X | Update: ☐ | Delete: ☐ | Dist N W

Enforcement Link Date: (MMDDYY) 10 11 95

Assessed Amount $1,100

Settlement Amount $1,100

Payment $1,100

Date Paid (mmddyyyy): Mo. 01 Day 29 Yr. 1996