Revised 12/93

FDEP - RCRA PROGRAM EVALUATION FORM

Page 1 of _____

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

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

RECEIVED
AUG 11 1994
HAZARDOUS WASTE PERMITTING

EPA ID# F L D 9 8 0 8 4 7 2 1 4

SIC Code: 7 3 8 9

Lat / Long : __.__.__ / __.__.__ Insp. P J F District M E

Facility: Safety Klean County: Clay

Street: _____ City: Orange Park Zip: _____

#	AUD	AGY	Eval Type	Evaluation Date MMDDYY	Reason	Comment	Data Seq #
1	A/U	S	CEI	1/26/94		2 HPV Violations	
	A	S	NRR	6/10/94			
						DATA ENTERED AUG 17 Entd	
						BY _____	

Revised 12/93

FDEP - RCRA PROGRAM ENFORCEMENT FORM

Page 4 of _____

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

EPA ID# FLD980847214

Attorney Initials: ___

Accessibility Code: ___

Facility Name: Safety Kleen County: Clay

Street: _____ City: _____ Zip: _____

Enforcement Data | Add: X | Update: ☐ | Delete: ☐ | Dist ___ | Insp ___

Violation Link Date: (MMDDYY) 3 10 94

Comment: HPV Warning Letter

Respon Agency: S

Enforcement Type: 125

Date Action Taken: 03 / 10 / 94

Enforcement Seq. # (Data Entry Only): ___

Violation Addressed:

#1 Area 66R #4 Area 065 #7 Area DCP #10 Area Omc #13 Area TOR

#2 Area 6MR #5 Area DPP #8 Area OMR #11 Area GLB #14 Area TOR

#3 Area TMR #6 Area DCP #9 Area Omc #12 Area 6MR #15 Area OPP

#16 Area DTR

Enforcement Data | Add: X | Update: ☐ | Delete: ☐ | Dist NE | Insp PJF

Violation Link Date: (MMDDYY) 3 10 94

Comment: meeting

Respon Agency: S

Enforcement Type: 115

Date Action Taken: 05 / 10 / 94

Enforcement Seq# (Data Entry Only): ___

Violation Addressed:

#1 Area 66R #4 Area 065 #7 Area DCP #10 Area Omc #13 Area TOR

#2 Area 6MR #5 Area DPP #8 Area OMR #11 Area GLB #14 Area TOR

#3 Area TMR #6 Area DCP #9 Area Omc #12 Area 6MR #15 Area DPP

#16 Area DTR

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FDEP - RCRA PROGRAM ENFORCEMENT FORM

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

EPA ID# FLD980847214

Attorney Initials: ☐☐☐

Accessibility Code: ☐

Facility Name: Safety Kleen County: Clay

Street: _____ City: _____ Zip: _____

Enforcement Data	Add: ☒	Update: ☐	Delete: ☐	Dist	Insp

Violation Link Date: (MMDDYY) 3 10 94

Comment: Short form CO

Respon Agency: 5

Enforcement Type: 312

Date Action Taken: 06 / 09 / 94

Enforcement Seq. # (Data Entry Only): ☐☐☐

Violation Addressed:

# 1 Area 66R	# 4 Area DGS	# 7 Area DCP	# 10 Area DMC	# 13 Area TOR
# 2 Area 6MR	# 5 Area DPP	# 8 Area DMR	# 11 Area GLB	# 14 Area TOR
# 3 Area TMR	# 6 Area DCP	# 9 Area DMC	# 12 Area 6MR	# 15 Area DPP
				# 16 Area DTR

Enforcement Data	Add: ☐	Update: ☐	Delete: ☐	Dist	Insp

Violation Link Date: (MMDDYY) ☐☐☐

Comment: _____

Respon Agency: ☐

Enforcement Type: ☐☐☐

Date Action Taken: ☐☐ / ☐☐ / ☐

Enforcement Seq# (Data Entry Only): ☐☐☐

Violation Addressed:

# ___ Area ___	# ___ Area ___	# ___ Area ___	# ___ Area ___	# ___ Area ___
# ___ Area ___	# ___ Area ___	# ___ Area ___	# ___ Area ___	# ___ Area ___
# ___ Arrea ___	# ___ Area ___	# ___ Area ___	# ___ Area ___	# ___ Area ___

Revised 12/93

FDEP - RCRA PROGRAM PENALTY FORM

Page 6 of _____

	1 By -	1 Date	2 By -	2 Date
Filled out /corrected :	JEA	8/13/94		
Received by TLH:				
Entered/Returned by TLH:				

EPA ID# FLD980847214

Enforcement Seq# (Data Entry Only)

Enforcement Data | Add: X | Update: | Delete: | Dist

Enforcement Link Date: (MMDDYY) 3/10/94 060994

Assessed Amount: 55,085

Settlement Amount: 55,085

Payment: 55,085

Date Paid (mmddyyyy): Mo. 07 Day 01 Yr. 1994