

FDER - RCRA PROGRAM
EVALUATION - VIOLATION - ENFORCEMENT FORM 1

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

DATA ENTERED

Date Submitted: ___/___/___ By: RFP Date Entered : ___/___/___ 001 26 Ent'd

EPA ID # FLD 98107110711

County: _____

Facility Name: Quadrex

Street: _____

City: Gainesville, TX

EVALUATION DATA Add: ☐ Update: ☐ Delete: ☐ (☐ = Required Field)

Evaluation Date Mo. Day Year	Data Seq #	Resp. Agency	Evaluation Type	Reason (Option)	District Office Inspector
<u>10</u> / <u>25</u> / <u>93</u>	<u>5</u>	<u>5</u>	<u>FRIR</u>	<u>TH</u>	<u>RFP</u>

Coverage Areas (EV = Evaluated, NE = Not Evaluated, NA = Not Applicable)

	EV	NE	NA
GER	☐	☐	☐
GGR	☐	☐	☐
GLB	☐	☐	☐
GMR	☐	☐	☐
GOR	☐	☐	☐
GPT	☐	☐	☐
GRR	☐	☐	☐
GSC	☐	☐	☐
GSQ	☐	☐	☐
NHD	☐	☐	☐

	EV	NE	NA
TGR	☐	☐	☐
TMR	☐	☐	☐
TOR	☐	☐	☐
TRR	☐	☐	☐
TWD	☐	☐	☐

TSD's				E N N				E N N				E N N			
	V	E	A		V	E	A		V	E	A		V	E	A
DCH	☐	☐	☐	DLB	☐	☐	☐	DPB	☐	☐	☐		☐	☐	☐
DCL	☐	☐	☐	DLF	☐	☐	☐	DPP	☐	☐	☐		☐	☐	☐
DCP	☐	☐	☐	DLT	☐	☐	☐	DSI	☐	☐	☐		☐	☐	☐
DFR	☐	☐	☐	DMC	☐	☐	☐	DTR	☐	☐	☐		☐	☐	☐
DGS	☐	☐	☐	DMR	☐	☐	☐	DTT	☐	☐	☐		☐	☐	☐
DGW	☐	☐	☐	DOR	☐	☐	☐	DWP	☐	☐	☐		☐	☐	☐
DIN	☐	☐	☐	DOT	☐	☐	☐								

Compliance Schedule (TSD, GEN, TRA)

EV NE NA
FEA ☐ ☐ ☐

EV NE NA
CAS ☐ ☐ ☐

Evaluation
Comments:
(72) 1:

Financial Instrument Review

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<u> </u> / <u> </u> / <u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>

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Comments: _____