





FDEP - RCRA PROGRAM  
ENFORCEMENT FORM

Page 3 of       

Filled out /corrected :

Received by TLH:

Entered/Returned by TLH:

By -	Date	By -	Date
_____	____/____/____	_____	____/____/____
<u>needy</u>	<u>03/14/95</u>	_____	____/____/____
_____	____/____/____	_____	____/____/____

EPA ID#

F L D 9 8 1 0 2 7 2 7 9

Attorney Initials:

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Accessibility Code:

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Facility Name: JEA Westside Service

County: Duval

Street: 6727 Broadway Ave

City: Jacksonville

Enforcement Data	Add: <input checked="" type="checkbox"/>	Update: <input type="checkbox"/>	Delete: <input type="checkbox"/>	Dist	<u>NE</u>	Insp	<u>KDC</u>
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Violation Link Date:

012095

Comment: Class I WL

Respon Agency

Enforcement Type:

Date Action Taken

Enforcement Seq. #  
(Data Entry Only)

S

125

01

20

95

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Violation Addressed:

# 1 Area GOR # 4 Area GLB # \_\_\_\_\_ Area \_\_\_\_\_ # \_\_\_\_\_ Area \_\_\_\_\_

# 2 Area GLB # \_\_\_\_\_ Area \_\_\_\_\_ # \_\_\_\_\_ Area \_\_\_\_\_ # \_\_\_\_\_ Area \_\_\_\_\_

# 3 Area GLB # \_\_\_\_\_ Area \_\_\_\_\_ # \_\_\_\_\_ Area \_\_\_\_\_ # \_\_\_\_\_ Area \_\_\_\_\_

Enforcement Data	Add: <input checked="" type="checkbox"/>	Update: <input type="checkbox"/>	Delete: <input type="checkbox"/>	Dist	<u>NE</u>	Insp	<u>KDC</u>
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Violation Link Date:

012095

Comment: RTC letter

Respon Agency

Enforcement Type:

Date Action Taken

Enforcement Seq#  
(Data Entry Only)

S

305

02

14

95

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Violation Addressed:

# 1 Area GOR # 4 Area GLB # \_\_\_\_\_ Area \_\_\_\_\_ # \_\_\_\_\_ Area \_\_\_\_\_

# 2 Area GLB # \_\_\_\_\_ Area \_\_\_\_\_ # \_\_\_\_\_ Area \_\_\_\_\_ # \_\_\_\_\_ Area \_\_\_\_\_

# 3 Area GLB # \_\_\_\_\_ Area \_\_\_\_\_ # \_\_\_\_\_ Area \_\_\_\_\_ # \_\_\_\_\_ Area \_\_\_\_\_