Revised 6/94

FDEP - RCRA PROGRAM
EVALUATION FORM

Page 1 of _____

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

GCI ☐

	By -	Date 1	By -	Date 2
Filled out /corrected :		/ /		/ /
Received by TLH:	[illegible]	1/12/95		/ /
Entered/Returned by TLH:		/ /		/ /

RECEIVED RCRA JAN 9 1995

EPA ID# FLD981027279

SIC Code:

Lat / Long : 30.19.16/81.39.31 Insp. KDC District NE

Facility: JEA Westside Service Center County: Duval

Street: 6727 Broadway Ave City: Jacksonville Zip: 32254

#	AUD	AGY	Eval Type	Evaluation Date MMDDYY	Reason	Comment	Data Seq #
1	A	S	CEI	12/08/94		Z	
						DATA ENTERED	
						JAN 20 Ent'd 95	
						[BY _____]	