May 2006

RCRAINFO CM&E EVALUATION – VIOLATION FORM

*EPA ID Number	MDD054909072				
Handler Name					
Street	4004 East Monument Street				
City	Baltimore	State	MD	Zip Code	21205

*EVALUATION ☐ Add ☒ Update ☐ Delete — *You must provide an Evaluation Identifier (also known as the Sequence Number).*

*Evaluation Identifier	*Type	*Evaluation Start Date (mm/dd/yyyy)	*Agency	Responsible Person	Suborganization
	CEI	6/2/15	E	A.M.	3LC70

Day Zero (mm/dd/yyyy): *You need to specify Day Zero for all evaluation types except CDI, CSE, FUI, SNY, and SNN, otherwise it defaults to Evaluation Start Date. For CDI, CSE, FUI, and SNY evaluations, you must select a previous CEI Start Date for the Day Zero. SNN evaluation type does not require a Day Zero.*

Reclassified SV Date: *Only applicable for SNY evaluation type as appropriate.*

Notes:

Evaluation Indicator Field *(Check all that apply)*

☐ Citizen Complaint ☐ Multimedia Inspection ☐ Sampling ☐ Not Subtitle C

Focused Coverage Areas (Use Only for Evaluation Type FCI)

Regulation-Specific FCI

BIF ☐ CCI ☐ CFI ☐ INC ☐ LDR ☐ PTB ☐ PTX ☐
THI ☐ UIC ☐ UOI ☐ UWR ☐ OTHER (specify): _____

Routine/Standardized FCI

CAR ☐ CPC ☐ DOS ☐ EMR ☐ IEI ☐ ISI ☐ RTI ☐

Does this Evaluation Add/Delete/Update a Violation?	YES ☒ NO ☐	***If Yes, fill in the Violations Section(s) on page 2 of this form.***
Does this Evaluation have Undetermined Violations?	YES ☐ NO ☒	
Does this Evaluation link to a Commitment?	YES ☐ NO ☒	***If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.***
Does this Evaluation link to a 3007 Request?	YES ☐ NO ☒	***If Yes, please use the RCRAInfo 3007 Information Requests and Commitments Form.***
Was this Evaluation completed at a Federal Facility? (RCRA Section 6002)	YES ☐ NO ☒ If **YES**, the Federal Facility Section (on reverse side of this form) must be completed. ***Only applicable to EPA Owned Inspections (Responsible Agency = E) at Federal Facilities***	

OUTSTANDING VIOLATIONS COVERED BY ABOVE EVALUATION? YES ☐ NO ☐ ***If Yes, fill in information below.***

Seq. No.	Agency	Type	Date Determined (mm/dd/yyyy)	Seq. No.	Agency	Type	Date Determined (mm/dd/yyyy)

*Required Fields

February 2006

RCRAINFO CM&E ADDITIONAL VIOLATIONS FORM

(Attach to RCRAInfo CM&E Evaluation – Violation Form, if appropriate)

EPA ID Number	Handler Name
MDD054909072	

VIOLATION [X] Add [ ] Update [ ] Delete — **Link to Above Evaluation** [X]

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
	265.I	E	6/2/15	A RTC Qualifier is **required** if entering an Actual RTC Date.	

Notes: Open container of HW; MDE to follow-up on Inspection w/New OWNER

LINK CITATIONS TO ABOVE VIOLATION? YES [X] NO [ ] — ***If Yes, fill in information below***

Citation Type	Citation	Citation Type	Citation
FR	40 CFR 265.173(a)		

VIOLATION [ ] Add [ ] Update [ ] Delete — **Link to Above Evaluation** [ ]

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
				A RTC Qualifier is **required** if entering an Actual RTC Date.	

Notes:

LINK CITATIONS TO ABOVE VIOLATION? YES [ ] NO [ ] — ***If Yes, fill in information below***

Citation Type	Citation	Citation Type	Citation

VIOLATION [ ] Add [ ] Update [ ] Delete — **Link to Above Evaluation** [ ]

Seq. No	Violation Type	Agency	Determined Date (mm/dd/yyyy)	Return to Compliance (RTC) Qualifier	Actual RTC Date (mm/dd/yyyy)
				A RTC Qualifier is **required** if entering an Actual RTC Date.	

Notes:

LINK CITATIONS TO ABOVE VIOLATION? YES [ ] NO [ ] — ***If Yes, fill in information below***

Citation Type	Citation	Citation Type	Citation