NJ VHI/RCRIS COMPLIANCE, MONITORING AND ENFO

DATE SUBMITTED: _____ REGION: 2 ADD ✓ CHANGE ☐ DELETE ☐ VI

EPA ID NUMBER: NJN 008 004 020 IF NON-NOTIFIER CHECK HERE: ☐

FACILITY NAME: Compounding INC CONTACT: Saunders

PHONE: (908) 938-5007 STREET: 15 Marl Rd

COUNTY/MUNIC. CODE: 13-19 STATE: ___ ZIP: 07727

CITY: Howell 13-19 LOT: _____

BLOCK: _____

CORP. NAME: same as above CORP. STREET: _____

CORP. CITY: _____ CORP. STATE: _____ CORP. ZIP: _____

CORP. PHONE: (___) _____ CORP. CONTACT: _____

FILE NUMBER: 13-19-___

025

MAILING NAME: Compounders INC TELEPHONE: _____

MAILING CONTACT: Harold Saunders CONTACT TITLE: President

MAILING STREET: _____ ADD'L ADDRESS: _____

MAILING CITY: Farmingdale MAILING STATE: NJ MAILING ZIP: 0772

INITIAL INSPECTION DATE: 3/6/96 FED.REG.: (Y/N) FEE: (Y/N) MULTIMEDIA: (Y/N)

DATE NOV ISSUED*: _____ SCHED. COMP. DATE _____

INSPECTOR'S NAME: Taylor DATE COMP. ATTAINED: _____

REG. STATUS CODE: 12 EVAL. TYPE CODE: 06 ☐ ☐ GRANT CODE: 10 ☐ ☐

RCRIS EVALUATION TYPE: CD1 RCRIS REASON CODE: 04

FOLLOWUP INSPECTION DATE: __/__/__ INSPECTOR'S NAME: _____

EVALUATION TYPE CODE: ☐ GRANT CODE: ☐ ☐ FOLLOWUP FEE: (Y/N)

RCRIS EVALUATION TYPE: ☐

U.S. EPA AGENCY RO 96 JUN 27 PM 1:56 HAZARDOUS & SOLID WASTE PROGRAMS BRANCH

CLASS OF VIOLATION (9 = I*) (U = P)	GW	CLO	$$$	PTB	SCH	MNF	LDB	OTH
I*								0
I								0
II								0

X=VIOLATION
O=NO VIOLATION
P=PENDING

AREA	STATUS	VIOL/CLASS	AREA	STATUS	VIOL/CLASS	AREA	STATUS	VIOL/CLASS
GER	E|NE|NA	O|U|9|1|2	TMR	E|NE|NA	O|U|9|1|2	DIN	E|NE|NA	O|U|9|1|2
GLB	E|NE|NA	O|U|9|1|2	TRI	E|NE|NA	O|U|9|1|2	DLB	E|NE|NA	O|U|9|1|2
GMR	E|NE|NA	O|U|9|1|2	TWD	E|NE|NA	O|U|9|1|2	DMR	E|NE|NA	O|U|9|1|2
GSQ	E|NE|NA	O|U|9|1|2	DCL	E|NE|NA	O|U|9|1|2	DOT	E|NE|NA	O|U|9|1|2
TFI	E|NE|NA	O|U|9|1|2	DFR	E|NE|NA	O|U|9|1|2	DPB	E|NE|NA	O|U|9|1|2
TLB	E|NE|NA	O|U|9|1|2	DGW	E|NE|NA	O|U|9|1|2	BRR	E|NE|NA	O|U|9|1|2

COMMENTS: _____

NOTE: * EPA WILL ASSUME A "120" WAS ISSUED WHEN THIS FIELD IS COMPLETED

MAR 22 1