

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Solid Waste Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director



6

Dan Gray, Personnel Div
BOB BARKER CO INC
Po Box 429
Fuquay Varina, NC 27526

May 28, 1996

RE EPA ID NO.: NCR000001586

Dear Sir/Madam:

Based on information received by this office for the site identified with the EPA ID number, the state has accepted and processed the change in RCRA classification or information for the above site.

Please verify the computer generated information below and notify us of any corrections. We are advising EPA of the changes.

Sincerely,

R. J. Edwards, Administrative Officer
Division of Waste Management

Current Computer Record

'X' indicates operation status of your facility.

<input type="checkbox"/> LARGE GENERATOR	<input type="checkbox"/> STORES	<input type="checkbox"/> TRANSPORTER
<input type="checkbox"/> SMALL QNTY GENERATOR	<input type="checkbox"/> TREATER	<input type="checkbox"/> SMALL QTY BURNER
<input checked="" type="checkbox"/> EXEMPT SMALL QNTY	<input type="checkbox"/> DISPOSER	<input type="checkbox"/> USED OIL
<input type="checkbox"/> LG QNTY. UNIVERSAL		

Company name:	BOB BARKER CO INC
Owner:	CLARK SCHWEBEL ACQUISTION CO
Contact:	GRAY DAN, PERSONNEL DIV
Phone number:	919/552-3431
Location address:	500 WAKE CHAPEL RD
City, St & ZIP:	FUQUAY VARINA, NC 27526-

Please notify us if there is any further change in your operation which would affect your status namely
Company's Name, Ownership, Address, Contact or Telephone Number.

Your EPA ID number is currently active.

cc: MIKE WILLIFORD

427

Please refer to the instructions for filing notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

NCR0000001586

II. Name of Installation (Include company and specific site name)

Bob Barker Company Inc

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street
500 Wake Chapel Rd

Street (Continued)

City or Town: Fuquay-Varina State: NC Zip Code: 27526-

County Code: County Name: Wake

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box: PO Box 429
City or Town: Fuquay-Varina State: NC Zip Code: 27526-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last): Gray (First): DAN
Job Title: Personnel Phone Number (Area Code and Number): 919-552-3431

VI. Installation Contact Address (See Instructions)

A. Contract Address Location Mailing Other: B. Street or P.O. Box: PO # 429
City or Town: Fuquay-Varina State: NC Zip Code: 27526-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner: Robert J Barker
Street, P.O. Box, or Route Number: PO Box 429
City or Town: Fuquay-Varina State: NC Zip Code: 27526-
Phone Number (Area Code and Number): 919-552-3431
B. Land Type: P C. Owner Type: P D. Change of Owner Indicator: Yes No (Date Changed) Month: Day: Year:

ID - For Official Use Only											

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F003	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6
---	---	---	---	---	---

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature Dan M. Gray	Name and Official Title (Type or print) DAN M. Gray Personnel Dir.	Date Signed 4-11-96
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA Form 8700-12 (Continued)



IX. Description of Regulated Waste Continued (Additional Sheet)

A. Characteristics of Nonlisted Hazardous Wastes

4. Toxicity Characteristic D000 (Continued)

D010
D011
D019
D022
D035
D039
D040
D043

XI. Comments (Additional Sheet)

Liofol Company is a joint venture business formed by Lord Ventures, Inc., Erie, PA and Henkel Laminating Adhesives, Inc., Gulph Mills, PA. The authorized representative of the installation is Edward C. Gustin, General Manager (See Section VII.A. for address and telephone number). The property owner is John Miller IV. The facility is leased to Lord Corporation who has subleased to Liofol Company.

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Solid Waste Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director



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Dan Gray, Personnel Div
BOB BARKER COMPANY INC
500 Wake Chapel Rd
Fuquay Varina, NC 27526

May 13, 1996

RE EPA ID NO.: NCR000001586

Dear Sir/Madam:

Based on information received by this office for the site identified with the EPA ID number, the state has accepted and processed the change in RCRA classification or information for the above site.

Please verify the computer generated information below and notify us of any corrections. We are advising EPA of the changes.

Sincerely,

R. J. Edwards III
R. J. Edwards, Administrative Officer
Division of Waste Management

Current Computer Record

'X' indicates operation status of your facility.

- | | | |
|---|-----------------------------------|---|
| <input checked="" type="checkbox"/> LARGE GENERATOR | <input type="checkbox"/> STORES | <input type="checkbox"/> TRANSPORTER |
| <input type="checkbox"/> SMALL QNTY GENERATOR | <input type="checkbox"/> TREATER | <input type="checkbox"/> SMALL QTY BURNER |
| <input type="checkbox"/> EXEMPT SMALL QNTY | <input type="checkbox"/> DISPOSER | <input type="checkbox"/> USED OIL |
| <input type="checkbox"/> LG QNTY. UNIVERSAL | | |

Company name: BOB BARKER COMPANY INC
Owner: ROBERT J BARKER
Contact: GRAY DAN, PERSONNEL DIV
Phone number: 919/552-3431
Location address: 500 WAKE CHAPEL RD
City, St & ZIP: FUQUAY VARINA, NC 27526-

Please notify us if there is any further change in your operation
which would affect your status namely Company's Name, Ownership,
Address, Contact or Telephone.

Your EPA ID number is currently active.

cc: MIKE WILLIFORD



Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

4299
④

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

NCR0000001586

II. Name of Installation (Include company and specific site name)

Bob Barker Company Inc

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

500 Wake Chapel Rd

Street (Continued)

City or Town

Fuquay-Varina

State

NC

Zip Code

27526-

County Code

County Name

Wake

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO Box 429

City or Town

Fuquay-Varina

State

NC

Zip Code

27526-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

Gray

(First)

DAN

Job Title

Personnel

Phone Number (Area Code and Number)

919-552-3431

VI. Installation Contact Address (See Instructions)

A. Contract Address Location Mailing Other

B. Street or P.O. Box

PO # 429

City or Town

Fuquay-Varina

State

NC

Zip Code

27526-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Robert J Barker

Street, P.O. Box, or Route Number

PO Box 429

City or Town

Fuquay-Varina

State

NC

Zip Code

27526-

Phone Number (Area Code and Number)

919-552-3431

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes No

(Date Changed) Month Day Year

ID - For Official Use Only											

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p> <p>_____</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter/Referral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F003	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>D. M. Gray</i>	Name and Official Title (Type or print) DAN M. Gray Personnel Dir.	Date Signed 4-11-96
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Solid Waste Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director



July 7, 1995

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BOB BARKER CO INC
500 WAKE CHAPEL RD
FUQUAY VARINA, NC 27526

RE: EPA ID No. NCR000001586

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a Generator, you should be familiar with North Carolian Hazardous Waste Management, Regulation 15A NCAC 13A .0002 Definitions, contained in 40 CFR 260; 15A NCAC 13A .0006 Identification and Listing of Hazardous Waste, contained in 40 CFR 261; 15A NCAC 13A .0007 Standards for Hazardous Waste Generators, contained in 40 CFR 262; 15A NCAC 13A .0033 Personnel Training, contained in 40 CFR 265.16 (Subpart B); Preparedness and Prevention, contained in 40 CFR 265.30-265.37 (Subpart C); Contingency Plan and Emergency Procedure contained in 40 CFR 265.50-265.56 (Subpart D); Use and Management of Containers, contained in 40 CFR 265.170 - 265.177 (Subpart I); Tanks, 40 CFR 265.190 - 265.201 (subpart J).

Effective January 1, 1986, all handlers of hazardous waste were required by G.S. 130A-294.1 to pay an annual fee. The above rules were adopted November 13, 1985 as authorized by G.S. 130A-294(a)(7) which was ratified July 3, 1985. Revised by House Bill 2623, ratified on the 29th day of June, 1988 by the General Assembly of the State of North Carolina. You will be billed for the Annual Fee at the beginning of the State fiscal year in July.

You can contact the Hazardous Waste Management Section at (919) 733-2178 for information.

NCSU provides a training program for generators which you may want to attend. Call Mac McKenzie or Kathryn Murray at 919-515-2261 or write to the Office of Continuing Education and Professional Development, P.O. Box 7401, Mckimmon Center, N. C. State University, Raleigh, NC 27695-7401.

You will be inspected at a future date to insure compliance with the above rules. To obtain a complete copy of rules contact the Hazardous Waste Management Section, Division of Solid Waste Management, Box 27687, Raleigh, 27611-7687. There is a 16.00 printing charge for complete copy of the rules.

Sincerely,

R.J. Edwards, Administrative Officer
Division of Solid Waste Management

cc: MIKE WILLIFORD

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Telephone 919-733-4996 FAX 919-715-3605

An Equal Opportunity Affirmative Action Employer

50% recycled/ 10% post-consumer paper

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Solid Waste Management



James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director

G

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July 6, 1995

BOB BARKER CO INC
500 WAKE CHAPEL RD
FUQUAY VARINA NC 27526

RE: EPA ID No.: NCR000001586

Dear Sir:

Based on information received by this office for the site identified with the above EPA ID number, the State has accepted and processed the change in RCRA classification or information for the above listed site.

Your EPA ID number is active.

Current computer record of your facility contains following information:

(X Indicates Operational Status of Your Facility)

- | | |
|-------------------|-------------------------|
| X LARGE GENERATOR | - SMALL QNTY. GENERATOR |
| - TRANSPORTER | - TREATER |
| - STORER | - DISPOSER |

Company Name:	BOB BARKER CO INC	
Owner:	ROBERT J BARKER	
Owner Address:	PO BOX 429	
City, St.& ZIP:	FUQUAY VARINA	NC 27526
Contact:	GRAY	DAN
Phone Number:	(919)552-3431	
Location Addr.:	500 WAKE CHAPEL RD	
City, St.& ZIP:	FUQUAY VARINA	NC 27526

Please verify the above computer information. Please notify us of any corrections.

We are advising EPA of the change. Please notify us if there is any further change in your operations which would affect your status, namely Company's Name, Ownership, Address, Contact, or Telephone.
Your EPA ID number is currently active.

Sincerely,

R.J. Edwards, Administrative Officer

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Division of Solid Waste Management 3605

An Equal Opportunity Affirmative Action Employer

50% recycled/ 10% post-consumer paper

CC: MIKE WILLIFORD

Jim Edwards

Please print or type with ELITE type (10 characters per inch) in the unshaded areas only

Please refer to the instructions for filling this form before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)
5 1998
RECEIVED

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

<input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (Complete Item C)	C. Installation's EPA ID Number NCR0000001586
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II. Name of Installation (Include company and specific site name)

Bob BARKER COMPANY INC

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

500 Wake Chapel Road

Street (Continued)

City or Town

Fugway - Varina NC 27526 -

County Code County Name

183 Wake

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

same

City or Town

State Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last) (First)

Gray DAN

Job Title Phone Number (Area Code and Number)

Personnel Div 919-552-3431

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing Other B. Street or P.O. Box

X P O Box 429

City or Town

Fugway - Varina NC 27526 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Robert JT Barker

Street, P.O. Box, or Route Number

P O Box 429

City or Town

Fugway - Varina NC 27526 -

Phone Number (Area Code and Number)	B. Land Type	C. Owner Type	D. Change of Owner Indicator (Date Changed)		
919-552-3431	P	P	Yes	No	Month Day Year

ID - For Official Use Only											

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<p>1. Generator (See Instructions)</p> <p><input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify _____</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter/Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F003	D001				
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Dan M. Gray</i>	Name and Official Title (Type or print) DAN M. Gray Personnel Div.	Date Signed 6/30/95
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XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)