

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



February 13, 1995

POWER TECH ENGINES INC
4921 STOUGH RD
CONCORD, NC 28027

RE: EPA ID No. NCR000000034

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a Small Generator, you should be familiar with N.C. Hazardous Waste Management Regulations 15A NCAC 13A .0002 Definitions; contained in 40 CFR 260.10 (Subpart B), 15A NCAC 13A .0006 Identification and Listings of Hazardous Waste; contained in 40 CFR 261.1 (Subpart A-D) and 15A NCAC 13A .0007 Standards for Hazardous Waste Generations; contained in 40 CFR 262.10 - 262.40 (Subpart A-D).

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 Murfay 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: JESSE WELLS

1000 North Randall Road
Egin, Illinois 60120-7887

FOR SERVICE CALL

DUNS NO. 05108-0408 FED. ID NO. 39-8080019

TRANSPORTER

04-375-0098
ALDR REQ'D

JDE FRANZE
220-22

SCHEDULED SERVICE WEEK 95-4	SCHEDULED SERVICE TERRITORY 06	REFERENCE NUMBER 909697
MANIFEST NUMBER XXXXX		

GENERATOR

3-031-01-2938-4
POWER TECH ENGINES
4921 STROUGH DR
CONCORD

NC 28027

SERVICE DATE 1.25.95	SALESMEN'S NO. 3977	SALES TAX EXEMPTION NUMBER	HANDLING CODE	CREDIT CODE C	SALES TAX CODE 34-055-1774	PREVIOUS BALANCE 335.56	PORTION OVER 90 DAYS
CHAIN 03	CUSTOMER P.O. NUMBER 039	GENERATOR/CUSTOMER PHONE # 704-788-8996	O.C. SVC P/B NO	PROD P/B 513	SERVICE TAX 001	C.G.M.S. TAX .06	PRODUCT TAX .06

SERVICE NO.	SERIAL NO.	SERVICE CHARGE	SALES TAX	TOTAL CHARGE	SOLVENT (CLEAN) SPENT	SERVICE TERM	CHANGE SERVICE TERM (WEEKS) (INITIAL)	CHANGE SCHEDULED DATE (YY WW)	INV. CODE	REMARKS
301-74819		101.75	6.11	107.86	XXXXXX	08				
301-76260		101.75	6.11	107.86	XXXXXX	08				
301-76261		101.75	6.11	107.86	XXXXXX	08				
520-86733		66.98	4.02	70.97	XXXXXX	08				/MAC

TOTAL SERVICE SECTION	372.29	22.35	394.64	MACHINE CONDITION & CLEANLINESS <input checked="" type="checkbox"/> GOOD <input type="checkbox"/> POOR	DECALS IN PLACE AND LEGIBLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	MACHINE PROPERLY BACKWASHED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
MACHINE ASSEMBLY LOCATION	(PLEASE CHECK APPROPRIATE BOXES ON RIGHT)			EMERGENCY CLOSING OF CONTAINERS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	LOCAL PHONE NO. SHOWN APPLIED TO MACHINE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SPENT SOLVENT MEETS APPROPRIATE CRITERIA <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

11. US DOT DESCRIPTION (INCLUDING PROPER SHIPPING NAME, HAZARD CLASS, AND ID.) RQ WASTE COMBUSTIBLE LIQUID, N.D.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001), (D006, D008, D018, D035, D039, D040) (ERG27)	12. CONTAINERS NO. TYPE 3 DM	13. TOTAL QUANTITY 29	14. UNIT WT/VOL G	15. SK DOT NUMBER 205	16. CONTAINER SIZE 5163055	17. CERTIFY THAT MY TOTAL WASTE STREAMS ARE WITHIN ONE OF THE FOLLOWING CATEGORIES: 0 TO 250 LBS. MONTH 250 LBS. TO 2000 LBS. MONTH GREATER THAN 2000 LBS. MONTH
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DESIGNATED FACILITY NAME AND ADDRESS 2320 YADKIN AVE	SAFETY-GREEN CODE CHARLOTTE	USA EPA ID NO. NCD079060059	STATE ID NO.
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PRODUCT NUMBER	DESCRIPTION	MSDS GIVEN	PRICE	UM	QUANTITY DELIVERED	SALES AMOUNT	TAX	LINE TOTAL

CASH <input type="checkbox"/>	TOTAL RECEIVED	APPLY PAYMENT TO: <input type="checkbox"/> TODAY'S SERVICE/SALE <input type="checkbox"/> PREVIOUS BALANCE AS FOLLO	TOTAL PRODUCTS AMOUNT	TOTAL SERVICE AMOUNT (FROM ABOVE)
CHECK NUMBER				
INV. #	AMOUNT \$			
PREVIOUS CREDIT CARD NO.				

CHARGE MY ACCOUNT FOR THIS TRANSACTION. THE ABOVE INFORMATION IS FOR YOUR RECORD ONLY. ADDITIONAL INFORMATION AND AGREEMENT AND OTHER INFORMATION IS ON A SEPARATE REPORT. THE REVERSE SIDE HAS MADE A STATEMENT.

This is to certify that the above named materials are properly classified, described, packaged, marked and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Donald Spinks X

CUSTOMER SERVICE AND SALES ACKNOWLEDGEMENT FORM 1338 (10)

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)

1

FEB 7 1995



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

NICR0000000034

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

POWER TECH ENGINES INC.

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

Street
4921 STOUGH ROAD

Street (Continued)

City or Town

CONCORD

State

NC

Zip Code

28027-

County Code

25025

County Name

CABARRUS

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)

WALLACE

(First)

LARRY

Job Title

OWNER

Phone Number (Area Code and Number)

704-788-8996

VI. Installation Contact Address (See Instructions)

A. Contract Address Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

LARRY WALLACE

Street, P.O. Box, or Route Number

4921 STOUGH ROAD

City or Town

CONCORD

State

NC

Zip Code

28027-

Phone Number (Area Code and Number)

704-788-8996

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed) Month Day Year