

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

James B. Hunt, Jr., Governor
Wayne McDevitt, Secretary
William L. Meyer, Director



September 30, 1997

EXCEL BODY WORKS
1105 LEJEUNE BLVD
JACKSONVILLE NC 28540-

RE EPA ID NO.: NCR000000091

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 on the attached report and notify us of any corrections. We are advising EPA of the changes.

Enclosed you will find some information we hope will be helpful. If you have any questions or if I can be of any further assistance, please call me at (919)733-2178 ext.209.

Sincerely,

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

cc: DICK DENTON

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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
NCR0000000091

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

EXCEL BODY WORKS INC.

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

Street

Street (Continued)

City or Town State Zip Code

County Code County Name



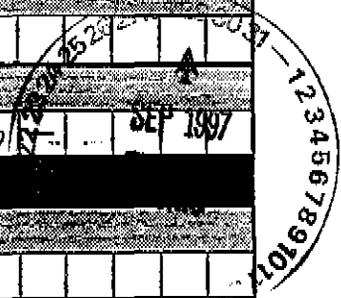
IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1105 LEJEUNE BLVD

City or Town State Zip Code

JACKSONVILLE NC 28540



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

Name (Last) (First)

Job Title Phone

No Change To Address or status

VI. Installation Contact Address (See Instructions)

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

City or Town

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
CHARLES EUBENE KAY JR

Street, P.O. Box, or Route Number
1105 LEJEUNE BLVD

City or Town State Zip Code
JACKSONVILLE NC 28540

Phone Number (Area Code and Number) B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed) Month Day Year

910-455-1101 P P Yes X No

