

N.C. DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES
DIVISION OF SOLID WASTE
HAZARDOUS WASTE SECTION

Circle one:
G, I, P, GW, C, E

FILE DOCKET

DATE

ITEM

- | DATE | ITEM |
|------------|-------------------------|
| ① 2.25.95 | NOTICE |
| ② 3.14.95 | Acceptance letter |
| ③ 10-29-96 | Subsequent notification |
| ④ 11-14-96 | Current Computer Record |

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



60 B

(A)

SOG

EARL BRADSHAW, ASST PRINCIPAL
WEST CALDWELL HIGH SCHOOL
1914 HICKORY BLVD
LENOIR, NC 28645

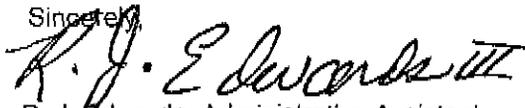
November 14, 1996

RE EPA ID NO.: NCR000000281

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 Assistant
Division of Waste Management

[REDACTED]
'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 type="checkbox"/> EXEMPT SMALL QNTY | <input type="checkbox"/> DISPOSER | <input type="checkbox"/> USED OIL |
| <input type="checkbox"/> LG QNTY. UNIVERSAL | | |

Company name:	WEST CALDWELL HIGH SCHOOL
Owner:	CALDWELL COUNTY SCHOOL BOARD
Contact:	BRADSHAW EARL, ASST
Phone number:	704/758-5583
Location address:	300 W CALDWELL DR
City, St & ZIP:	LENOIR, NC 28645-

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: ROBIN PURSELL

P.O. Box 27687,
Raleigh, North Carolina 27611-7687
Voice 919-733-4996



FAX 919-715-3605
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Please print all type with ELITE type (12 characters per inch) in the unshaded areas only

EPA Form 8700-12 (Rev. 11-30-93)

Please refer to the instructions for filling out 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)

<input type="checkbox"/> A. First Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (Complete Item C)
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C. Installation's EPA ID Number	NCR000000281
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II. Name of Installation (Include company and specific site name)

WEST CALDWELL HIGH SCHOOL

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

Street	300 WEST CALDWELL DRIVE
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City or Town	LENOIR	State	NC	Zip Code	28645-
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County Code	CALDWELL
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IV. Installation Mailing Address (See Instructions)

Street or P.O. Box	
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City or Town		State		Zip Code	
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V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)	BRADSHAW	(First)	EARL
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Job Title		Phone Number (Area Code and Number)	
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VI. Installation Contact Address (See Instructions)

A. Contact Address (Location, Route, Code)	B. Street or P.O. Box
1914 HICKORY	BLVD

City or Town	LENOIR	State	NC	Zip Code	28645-
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VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner	CALDWELL COUNTY SCHOOLS
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Street, P.O. Box, or Route Number	1914 HICKORY BLVD
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City or Town	LENOIR	State	NC	Zip Code	28645-
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Phone Number (Area Code and Number)	704-728-8407	B. Land Type		C. Owner Type		D. Change of Owner Indicator	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(Date Changed) Month Day Year	
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D. 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	
<input type="checkbox"/> 1. Generator (See instructions) <input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate mode in boxes 1-3 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other, specify _____	<input type="checkbox"/> 3. Treasur, storer, Disposer (at installation) Note: A permit is required for this activity, see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smaller Deferral <input type="checkbox"/> 2. Small Quantity Exemption (Indicate Type of Combustion Device(s)) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications <input type="checkbox"/> 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace <input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine	

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 - 261.34)

Ignitable (D01)	Corrosive (D02)	Toxicity Characteristic (List specific EPA hazardous waste numbers) for all Toxicity characteristics contained(s)
<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
<input type="checkbox"/>					
7	8	9	10	11	12
<input type="checkbox"/>					

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

1	2	3	4	5	6
<input type="checkbox"/>					

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>Earl Bradshaw</i>	Name and Official Title (Type or print) EARL BRADSHAW Assoc. Supt.	Date Signed 10-29-96
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XI. Comments

Please deactivate this Number, this site will no longer be a hazardous waste generator.

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



March 14, 1995

WEST CALDWELL HIGH SCHOOL
300 W CALDWELL DR
LENOIR, NC 28645

RE: EPA ID No. NCR000000281

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As an Exempt 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).

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,

A handwritten signature in black ink, appearing to read 'R.J. Edwards III', is written over the typed name.

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

cc: ROBIN PURCELL

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

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)

11
MAR 1 1995
HAZARDOUS WASTE

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 NCR0000000281
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II. Name of Installation (Include company and specific site name)

WEST CALDWELL HIGH SCHOOL

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

Street

300 WEST CALDWELL DRIVE

Street (Continued)

City or Town State Zip Code

LENOIR NC 28645-

County Code County Name

027 CALDWELL

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

300 WEST CALDWELL DRIVE

City or Town State Zip Code

LENOIR NC 28645-

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

Name (Last) (First)

HUFFMAN ALBERT

Job Title Phone Number (Area Code and Number)

ASSISTANT PRIN. 704-758-5583

VI. Installation Contact Address (See Instructions)

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

300 WEST CALDWELL DRIVE

City or Town State Zip Code

LENOIR NC 28645-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

CALDWELL COUNTY SCHOOL BOARD

Street, P.O. Box, or Route Number

PO 1590

City or Town State Zip Code

LENOIR NC 28645-

Phone Number (Area Code and Number) 704-728-8407	B. Land Type C	C. Owner Type C	D. Change of Owner Indicator Yes No	(Date Changed) Month Day Year
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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 checked="" 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 checked="" type="checkbox"/>	P 0 9 8 D 0 0 3

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
7	8	9	10	11	12

Stamp: ENTERED MAR 1 1995

C. Other Wastes. (State or other wastes requiring a handling to have an LD number; See instructions.)

1	2	3	4	5	6
P 0 9 8					

Stamp: ENTERED MAR 1 1995

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	Name and Official Title (Type or print)	Date Signed
<i>Albert M. Huffman</i>	Albert Huffman / Assistant Principal	2/22/95

XI. Comments

Provisional number for one time lab pack.

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