

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



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

David Autry, Owner
 FILTEK FILTRATION PRODUCTS INC
 2601 Forest Lawn Dr
 Matthews, NC 28105

May 29, 1996

RE EPA ID NO.: NCR000000406

Dear Sir/Madam:

Listed above is your EPA ID number which has been assigned to you by the State. As a handler of Used Oil, you should be familiar with North Carolina Hazardous Waste Management, Regulations 15A NCAC 13A. 0018 Standards for the Management of Used Oil, contained in 40 CFR 279.

Effective October 1, 1993, all handlers of used oil were required by G.S. 130A-294(b),(c); 150B-21.6 to pay an annual fee, and submit an annual report listing the type of used oil transported, collected, and recycled during the preceding calendar year by JULY 1 of each year. You can contact the Hazardous Waste Management Section at (919)733-2178 for information.

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 Section, Division of Waste Management, PO Box 27687, Raleigh N.C. 27611-7687. There is a \$ 25.00 printing charge for a complete copy of the rules.

Sincerely,

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

Current Computer Record -

'X' indicates used oil status of your facility.

Fuel Marketer	Burner- Combustion Devices	Transporter Activities	Processor/ Re-refiner Activities
<input type="checkbox"/> Marketer directs shipment of used oil to off-specification burner	<input type="checkbox"/> Utility Boiler	<input checked="" type="checkbox"/> Transporter	<input type="checkbox"/> Process
<input type="checkbox"/> Marketer who first claims the used oil meets specifications	<input type="checkbox"/> Industrial Boiler	<input type="checkbox"/> Transfer facility	<input type="checkbox"/> Re-refine
	<input type="checkbox"/> Industrial Furnace		

Company name: FILTEK FILTRATION PRODUCTS INC
 Owner:
 Contact: AUTRY DAVID, OWNER
 Phone number: / -
 Location address: 2601 FOREST LAWN DR
 City, St & ZIP: MATTHEWS, NC 28105-

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: JESSE WELLS



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

James B. Hunt, Jr., Governor
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William L. Meyer, Director



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April 18, 1995

FILTEK FILTRATION PRODUCTS INC
2601 FOREST LAWN DR
MATTHEWS, NC 28105

RE: EPA ID No. NCR000000406

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 that reads "R.J. Edwards III".

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

cc: JESSE WELLS

State of North Carolina
Department of Environment,
Health and Natural Resources
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April 18, 1995

FILTEK FILTRATION PRODUCTS INC
2601 FOREST LAWN DR
MATTHEWS, NC 28105

RE: EPA ID No. NCR000000406

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a Transporter, you should be familiar with North Carolina Management Regulations, 15A NCAC 13A .0002 Definitions; contained in 40 CFR 260.10 (Subpart B); 15A NCAC 10F .0007 Standards for Hazardous Waste Generators, contained in 40 CFR 262; 15A NCAC 13A .0008 Standards for Hazardous Waste Transporter contained in 40 CFR 263; Insurance requirements for Transporters, contained in 49 CFR 387; Regulations relating to Safety of operation and equipment, 49CFR 170-190 and 49 CFR 39-398.

All regulations under 49 CFR are enforced by the Division of Motor Vehicles, Department of Transportation.

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: JESSE WELLS

State of North Carolina
Department of Environment,
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James B. Hunt, Jr., Governor
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April 18, 1995

FILTEK FILTRATION PRODUCTS INC
2601 FOREST LAWN DR
MATTHEWS NC 28105

RE: EPA ID No.: NCR000000406

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)

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

Company Name:	FILTEK FILTRATION PRODUCTS INC
Owner:	DAVID L AUTRY
Owner Address:	2601 FOREST LAWN DR
City, St.& ZIP:	MATTHEWS NC 28105
Contact:	AUTRY DAVID
Phone Number:	() -
Location Addr.:	2601 FOREST LAWN DR
City, St.& ZIP:	MATTHEWS NC 28105

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 Telephone: 781-776-3605

An Equal Opportunity Affirmative Action Employer

50% recycled/ 10% post-consumer paper

CC: JESSE WELLS

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)

MAR 24 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)
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C. Installation's EPA ID Number	NCR000000406
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II. Name of Installation (Include company and specific site name)

FILTEK FILTRATION PRODUCTS INC

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

Street	2601 FOREST LAWN DRIVE
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Street (Continued)	
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City or Town	State	Zip Code
MATTHEWS	NC	28105-

County Code	County Name
179	UNION

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box	2601 FOREST LAWN DRIVE
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City or Town	State	Zip Code
MATTHEWS	NC	28105-

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

Name (Last)	(First)
AUTRY	DAVID

Job Title	Phone Number (Area Code and Number)
OWNER	- - - - -

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing Other	B. Street or P.O. Box
<input checked="" type="checkbox"/>	2601 FOREST LAWN DRIVE

City or Town	State	Zip Code
MATTHEWS	NC	28105-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
DAVID LAUTRY

Street, P.O. Box, or Route Number
2601 FOREST LAWN DRIVE

City or Town	State	Zip Code
MATTHEWS	NC	28105-

Phone Number (Area Code and Number)	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month Day Year
704-846-3445	P	R	Yes <input type="checkbox"/> No <input type="checkbox"/>	

3714

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 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input checked="" type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input checked="" type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, 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. Smelter Deterral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. 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 checked="" type="checkbox"/> a. Transporter <input checked="" 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)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	5. List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____

B. Listed Hazardous Wastes. (See 40 CFR 261.31, 32. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
		APR 1995			
7	8	ENTERED STATE	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>David W. Aubrey</i>	Name and Official Title (Type or print) David W. Aubrey, owner	Date Signed 3/21/95
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XI. Comments

we will only be transporting used oil filters for recycling

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