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
1	2-13-95	First notification
2	4-27-95	acceptance letter
3	1-11-96	Subsequent notification
4	1-25-96	RCRA classification
5	3-29-96	Subsequent notification
6	5-8-96	Current Computer record
7	8-10-98	Invoice
8	2-17-99	Subsequent notification
9	3-1-99	RCRA classification

HAZARDOUS WASTE SECTION (Review 8/93)

G- General, I- Inspections
P- Permits, GW- Ground Water
C- Closure E-Enforcement

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT

NCDENR

JAMES B. HUNT JR.
GOVERNOR

WAYNE MCDEVITT
SECRETARY

WILLIAM L. MEYER
DIRECTOR

March 1, 1999

BRISTOL COMPRESSORS SPARTA INC
114 INDUSTRIAL PARK DR
SPARTA NC 28675-

RE EPA ID NO.: **NCR000000521**

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: JESSE WELLS

401 OBERLIN ROAD, SUITE 150, RALEIGH, NC 27605
PHONE 919-733-4996 FAX 919-715-3605
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER - 50% RECYCLED/10% POST-CONSUMER PAPER

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

Form Approved, OMB No. 2050-0028 Expires 10/31/99
GSA No. 0246-EPA-QT

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 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

EPA United States Environmental Protection Agency

Date Received (For Official Use Only)

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

☐ A. Initial Notification ☒ B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number: WCR000000521

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

BRISTOL COMPRESSORS SPARTA INC

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

Street: SAME

Street (Continued):

City or Town: | State: | Zip Code:

County Code: | County Name:

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): MITCHELL | (First): ERIC

Job Title: FACILITY ENG. | Phone Number (Area Code and Number): 336-372-6342

VI. Installation Contact Address (See Instructions)

A. Contact Address: Location ☒ Mailing ☐

B. Street or P.O. Box:

City or Town: | State: | Zip Code:

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner:

Street, P.O. Box, or Route Number:

City or Town: | State: | Zip Code:

Phone Number (Area Code and Number): | B. Land Type: | C. Owner Type: | D. Change of Owner Indicator: Yes ☐ No ☐ | (Date Changed) Month Day Year

FEB 1999

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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

1. Generator (See Instructions)
   - ☐ a. Greater than 1000kg/mo (2,200 lbs.)
   - ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
   - ☒ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - ☐ a. For own waste only
   - ☐ b. For commercial purposes

Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ *5. Other - specify*

☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.

4. Hazardous Waste Fuel
   - ☐ a. Generator Marketing to Burner
   - ☐ b. Other Marketers
   - ☐ c. Boiler and/or Industrial Furnace
     - ☐ 1. Smelter Deferral
     - ☐ 2. Small Quantity Exemption

   Indicate Type of Combustion Device(s)
   - ☐ 1. Utility Boiler
   - ☐ 2. Industrial Boiler
   - ☐ 3. Industrial Furnace

☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
   - ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
   - ☐ a. Utility Boiler
   - ☐ b. Industrial Boiler
   - ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
   - a. Transporter
   - b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - ☐ a. Process
   - ☐ b. Re-refine

IX. Description of Regulated 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))

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**

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	Name and Official Title *(Type or print)*	Date Signed
Eric W. Mitchell	Eric W. Mitchell Facility Eng	2-17-99

XI. Comments

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