

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

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



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Eric Mitchell, Facilities Mgr  
BRISTOL COMPRESSORS SPARTA INC  
1 Industrial Park Dr  
Sparta, NC 28675

May 8, 1996

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 below and notify us of any corrections. We are advising EPA of the changes.

Sincerely,

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

Current Computer Record		
'X' indicates operation status of your facility.		
<input type="checkbox"/> LARGE GENERATOR	<input type="checkbox"/> STORES	<input type="checkbox"/> TRANSPORTER
<input checked="" 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:	BRISTOL COMPRESSORS SPARTA INC	
Owner:	YORK INTERNATIONAL CORP	
Contact:	MITCHELL ERIC, FACILITIES MGR	
Phone number:	910/372-6342	
Location address:	1 INDUSTRIAL PARK DR	
City, St & ZIP:	SPARTA, NC 28675-	
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.		
Your EPA ID number is currently active.		

cc: STEPHEN PHIBBS

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)  
APR 10 1990  
HAZARDOUS WASTE

5

### 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

NCR0000000521

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

BRISTOL COMPRESSOR 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)

#### (First)

SAME

#### Job Title

#### Phone Number (Area Code and Number)

### VI. Installation Contact Address (See Instructions)

#### A. Contact 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

SAME

#### 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

(Date Changed) Month Day Year

Yes  No

SIC code -----

ID - For Official Use Only  
NCR 0000000521

**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 checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input 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 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 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
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 <i>Eric W. Mitchell</i>	Name and Official Title (Type or print) <i>Eric W. Mitchell Facility Engineer</i>	Date Signed <i>3-29-96</i>
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**XI. Comments**

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



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January 25, 1996

Dear Sir:

Based on information received from you for your site identification, the State has accepted and processed RCRA classification for this site.

Your EPA ID number is: NCR 000000521  
(X Indicates Operational Status of Your Facility)

- |                                     |                                                              |   |                 |
|-------------------------------------|--------------------------------------------------------------|---|-----------------|
| <input checked="" type="checkbox"/> | LARGE GENERATOR                                              | - | SMALL GENERATOR |
| <input type="checkbox"/>            | SMALL EXEMPT GENERATOR                                       | - | INACTIVE        |
| <input type="checkbox"/>            | TRANSPORTER                                                  | - | TREATER         |
| <input type="checkbox"/>            | DISPOSER                                                     |   |                 |
| <input type="checkbox"/>            | USED OIL FUEL MARKETER SHIPPING TO OFF-SPECIFICATION BURNER  |   |                 |
| <input type="checkbox"/>            | USED OIL FUEL MARKETER FIRST CLAIMS OIL MEETS SPECIFICATIONS |   |                 |
| <input type="checkbox"/>            | USED OIL BURNER                                              |   |                 |
| <input type="checkbox"/>            | USED OIL TRANSPORTER                                         |   |                 |
| <input type="checkbox"/>            | USED OIL TRANSFER FACILITY                                   |   |                 |
| <input type="checkbox"/>            | USED OIL PROCESSOR                                           |   |                 |
| <input type="checkbox"/>            | USED OIL RE-REFINER                                          |   |                 |

Sincerely,

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

*Stephen Phillips*

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)  
JAN 16 1996  
H... STE

### 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

NCRO000000521

3

### 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

S A M E

#### Street (Continued)

#### City or Town

#### State

#### Zip Code

#### County Code

#### County Name

### IV. Installation Mailing Address (See Instructions)

#### Street or P.O. Box

S A M E

#### City or Town

#### State

#### Zip Code

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

#### Name (Last)

#### (First)

MITCHELL

ERIC

#### Job Title

#### Phone Number (Area Code and Number)

FACILITIES MGR

910-372-6342

### 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

#### 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

#### (Date Changed) Month Day Year

Yes  No  - - - - -

SIC code -----

ID - For Official Use Only  
NCR 0000000521

**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 checked="" 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 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 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 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
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
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**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>Eric W. Mitchell</i>	Name and Official Title (Type or print) Eric Mitchell Facility Engineer	Date Signed 1-11-96
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**XI. Comments**

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



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April 27, 1995

BRISTOL COMPRESSORS SPARTA INC  
1 INDUSTRIAL PARK DR  
SPARTA, NC 28675

RE: EPA ID No. NCR000000521

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 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,

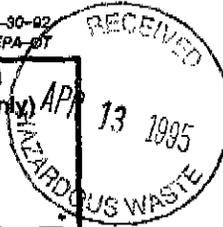
A handwritten signature in black ink that reads "R.J. Edwards III". The signature is written in a cursive style with a prominent "R" and "E".

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

cc: STEPHEN E. PHIBBS

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

Form Approved. OMB No. 2050-0028. Expires 9-30-92  
GSA No. 0240-EPA-07



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

NCR0000000527

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

B R I S T O L C O M P R E S S O R S S P A R T A I N C

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

Street  
I N D U S T R I A L P A R K D R I V E

Street (continued)

City or Town State ZIP Code  
S P A R T A N C 2 8 6 7 5 -

County Code County Name  
05 ALLEGHANY

### IV. Installation Mailing Address (See instructions)

Street or P.O. Box  
I N D U S T R I A L P A R K D R I V E

City or Town State ZIP Code  
S P A R T A N C 2 8 6 7 5 -

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

Name (last) (first)  
H A L S E Y J A M E S

Job Title Phone Number (area code and number)  
M A N A G E R H U M . R E S . 9 1 0 - 3 7 2 - 6 3 1 1

### VI. Installation Contact Address (See instructions)

A. Contact Address Location Mailing B. Street or P.O. Box  
  1 I N D U S T R I A L P A R K D R I V E

City or Town State ZIP Code  
S P A R T A N C 2 8 6 7 5 -

### VII. Ownership (See instructions)

A. Name of Installation's Legal Owner  
Y O R K I N T E R N A T I O N A L C O R P O R A T I O N

Street, P.O. Box, or Route Number  
P O B O X 1 5 9 2 6 3 1 S . R I C H L A N D A V E

City or Town State ZIP Code  
Y O R K P A 1 7 4 0 5 - 1 5 9 2

Phone Number (area code and number) B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed) Month Day Year  
7 1 7 - 7 7 1 - 7 8 9 0 P P Yes No X 0 2 1 3 9 5

HAZARDOUS WASTE  
APR 1 1995  
3585

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 1000 kg/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/Referral
    - 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 Fuel Activities**

- 1. Off-Specification Used Oil Fuel
  - a. Generator Marketing to Burner
  - b. Other Marketer
  - c. Burner - indicate device(s) - Type of Combustion Device
    - 1. Utility Boiler
    - 2. Industrial Boiler
    - 3. Industrial Furnace
- Specification Used Oil Fuel Marketer (on-site Burner) Who First Uses the Oil Meets the Specification

**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 (D000)	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))													
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D	0	0	8	D	0	1	8	D	0	1	1		

**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 ID 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) Jeff Flattery, V.P. Operations	Date Signed 2-13-95
---------------	---------------------------------------------------------------------------	------------------------

**XI. Comments**

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