



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



May 4, 1995

THE HOME DEPOT #3603  
2727 PACES FERRY RD  
ATLANTA, GA 30339

RE: EPA ID No. NCR000000604

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,

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

cc: ROBIE HEDDEN

<p><i>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).</i></p>	<h2 style="margin: 0;">Notification of Regulated Waste Activity</h2> <p style="margin: 0;">United States Environmental Protection Agency</p>	<p>Date Received (For Official Use Only)</p>
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**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 NCR000000604
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**II. Name of Installation (Include company and specific site name)**

T H E H O M E D E P O T # 3 6 0 3

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

Street  
8 1 3 5 U N I V E R S I T Y C I T Y B L V D

Street (continued)

City or Town C H A R L O T T E	State N C	ZIP Code 2 8 2 1 6 -
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County Code 19	County Name M E C K L E N B U R G
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**IV. Installation Mailing Address (See instructions)**

Street or P.O. Box  
2 7 2 7 P A C E S F E R R Y R O A D

City or Town A T L A N T A	State G A	ZIP Code 3 0 3 3 9 -
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**V. Installation Contact (Person to be contacted regarding waste activities at site)**

Name (last) T A Y L O R	(first) S T E V E
Job Title C O R P O R A T E S A F E T Y	Phone Number (area code and number) 4 0 4 - 4 3 3 - 7 1 3 6

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

A. Contact Address Location	Mailing	B. Street or P.O. Box 2 7 2 7 P A C E S F E R R Y R O A D
<input type="checkbox"/>	<input checked="" type="checkbox"/>	
City or Town A T L A N T A		State G A
		ZIP Code 3 0 3 3 9 -

**VII. Ownership (See instructions)**

A. Name of Installation's Legal Owner  
T H E H O M E D E P O T

Street, P.O. Box, or Route Number  
2 7 2 7 P A C E S F E R R Y R O A D

City or Town A T L A N T A	State G A	ZIP Code 3 0 3 3 9 -
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Phone Number (area code and number) 4 0 4 - 4 3 3 - 7 1 3 6	B. Land Type P	C. Owner Type P	D. Change of Owner Indicator Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(Date Changed) Month Day Year
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5251

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 Fuel Activities	
<input type="checkbox"/> 1. Generator (See instructions) <input type="checkbox"/> a. Greater than 1000 kg/mo (2200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<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. Burner - indicate device(s) - Type of Combustion Device <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. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification	<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 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: _____

**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))

**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

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**C. Other Wastes.** (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

APR 1995    ENTERED STATE

**X. Certification**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Steve Taylor</i>	Name and Official Title (type or print) Steve Taylor Safety Mgr	Date Signed 3/3/95
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**XI. Comments**

THIS BUSINESS DOES NOT HAVE A REGULAR WASTE STREAM. SOME HAZARDOUS WASTE MAY BE GENERATED AS A RESULT OF SPORADIC ACCIDENTAL SPILLS OF CONSUMER PACKAGED PRODUCTS.

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