

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 4-10-95	First notification
② 5-5-95	Acceptance letter
③ 4.10.95	S. Notifier
④ 10.20.95	Current Computer Record
⑤ 6-19-96	Current Computer record
⑥ 5-15-96	Current Computer "

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



4713



C E Hicks, Director Env Op  
CSX TRANSPORTATION  
500 Water St (j340)  
Jacksonville, FL 32202

May 15, 1996

RE EPA ID NO.: NCR000000695

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: CSX TRANSPORTATION  
Owner: ALCATEL USA CORP  
Contact: HICKS C E, DIRECTOR ENV OP  
Phone number: 904/359-4800  
Location address: 105 SUTTON RD  
City, St & ZIP: ROCKY MOUNT, NC 27801-

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: MIKE WILLIFORD

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)

5-7-96

②

**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

N C R 0 0 0 0 0 0 0 6 9 5

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

C S X T R A N S P O R T A T I O N

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

Street

1 0 5 S U T T O N R O A D

Street (Continued)

City or Town

R O C K Y M O U N T

State

Zip Code

N C 2 7 8 0 1 -

County Code

County Name

0 6 5 E D G E C O M B E

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

Street or P.O. Box

5 0 0 W A T E R S T R E E T J 3 4 0

City or Town

J A C K S O N V I L L E

State

Zip Code

F L 3 2 2 0 2 -

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

Name (Last)

(First)

H I C K S

C . E .

Job Title

Phone Number (Area Code and Number)

D I R E C T O R E N V O P 9 0 4 - 3 5 9 - 4 8 0 0

**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**

C S X T R A N S P O R T A T I O N

Street, P.O. Box, or Route Number

5 0 0 W A T E R S T R E E T

City or Town

J A C K S O N V I L L E

State

Zip Code

F L 3 2 2 0 2 -

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)  
Month Day Year

9 0 4 - 3 5 9 - 4 8 0 0

P

P

Yes

X

No

Month Day Year

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
<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 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 type="checkbox"/> b. For commercial purposes  <b>Mode of Transportation</b> <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. 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. Smaller Deferral <input type="checkbox"/> 2. Small Quantity Exemption <input type="checkbox"/> 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 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 - 261.24)**

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
<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 I.D. 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>Charles E. Hicks</i>	Name and Official Title (Type or print) C. E. Hicks Director Environmental Operations	Date Signed <i>April 25, 1996</i>
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**XI. Comments**

Please change the Installation Contact and the Installation Contact Address as noted.

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



5

C E HICKS, DIRECTOR ENV OP  
CSX TRANSPORTATION  
500 Water St (j340)  
JACKSONVILLE, FL 32202

June 19, 1996

RE EPA ID NO.: NCR000000695

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*  
R. J. Edwards, Administrative Assistant  
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		

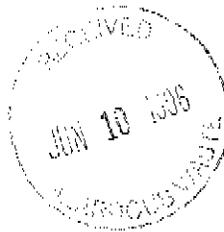
Company name:	CSX TRANSPORTATION
Owner:	CSX TRANSPORTATION
Contact:	HICKS C E, DIRECTOR ENV OP
Phone number:	904/359-4800
Location address:	105 SUTTON RD
City, St & ZIP:	ROCKY MOUNT, NC 27801-

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.

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



C E Hicks, Director Env Op  
CSX TRANSPORTATION  
500 Water St (j340)  
Jacksonville, FL 32202

May 15, 1996

RE EPA ID NO.: NCR000000695

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: CSX TRANSPORTATION  
Owner: ~~ALCATEL USA CORP~~ CSX TRANSPORTATION  
Contact: HICKS C E, DIRECTOR ENV OP  
Phone number: 904/359-4800  
Location address: 105 SUTTON RD  
City, St & ZIP: ROCKY MOUNT, NC 27801-

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: MIKE WILLIFORD

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



October 20, 1995

CSX TRANSPORTATION  
500 WATER ST (J275)  
JACKSONVILLE FL 32202

RE: EPA ID No.: NCR000000695

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 SMALL QNTY. GENERATOR |
| - TRANSPORTER     | - TREATER               |
| - STORER          | - DISPOSER              |

Company Name:	CSX TRANSPORTATION		
Owner:	CSX TRANSPORTATION		
Owner Address:	500 WATER ST (J275)		
City, St. & ZIP:	JACKSONVILLE	FL	32202
Contact:	SULLIVAN	JAMES	
Phone Number:	(904)359-1145		
Location Addr.:	105 SUTTON RD		
City, St. & ZIP:	ROCKY MOUNT	NC	27801

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 704/733-3605

An Equal Opportunity Affirmative Action Employer

50% recycled/ 10% post-consumer paper

CC: MIKE WILLIFORD

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).



**EPA**

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

3

### 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  
NC R 0000000695

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

CSX TRANSPORTATION

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

Street  
105 SUTTON ROAD

Street (continued)

City or Town: ROCKY MOUNT State: NC ZIP Code: 27801-

County Code: County Name: EDGECOMBE

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

Street or P.O. Box  
500 WATER STREET (J275)

City or Town: JACKSONVILLE State: FL ZIP Code: 32202-

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

Name (last): SULLIVAN (first): JAMES

Job Title: SR. MGR. - ENV. Phone Number (area code and number): 904-359-1145

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

A. Contact Address Location: Mailing: B. Street or P.O. Box: 500 WATER STREET (J275)

City or Town: JACKSONVILLE State: FL ZIP Code: 32202-

### VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner: CSX TRANSPORTATION

Street, P.O. Box, or Route Number: 500 WATER STREET (J275)

City or Town: JACKSONVILLE State: FL ZIP Code: 32202-

Phone Number (area code and number): B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed) Month Day Year

OTHER →

**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 Marketer
  - 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
- 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims 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 Characteristics (D004)	(List specific EPA hazardous waste numbers for the toxicity characteristics)			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D006	D009		

**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: RECEIVED 12/13/14 10:16 AM 1995 ENTERED STAMP*

**C. Other Wastes. (State or other wastes requiring a hazard to have an RCRA 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>James H. Sullivan</i>	Name and Official Title (type or print) JAMES H. SULLIVAN SR. MANAGER - ENVIRONMENTAL	Date Signed 4-10-95
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**XI. Comments**

SPENT SIGNAL BATTERIES TO BE SENT OUT OF STATE FOR RECYCLING

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



May 5, 1995

CSX TRANSPORTATION  
500 WATER ST (J275)  
JACKSONVILLE, FL 32202

RE: EPA ID No. NCR000000695

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,

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

cc: MIKE WILLIFORD

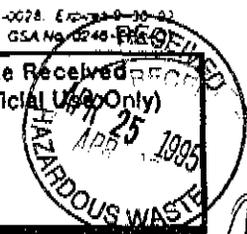
Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# 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

NCR00000000695

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

CSX TRANSPORTATION

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

Street

105 SUTTON ROAD

Street (continued)

City or Town

ROCKY MOUNT

State

ZIP Code

NC 27801-

County Code

County Name

065 EDGEcombe

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

Street or P.O. Box

500 WATER STREET CJ275J

City or Town

JACKSONVILLE

State

ZIP Code

FL 32202-

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

Name (last)

SULLIVAN

(first)

JAMES

Job Title

SR. MGR. - ENV.

Phone Number (area code and number)

904-359-1145

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

A. Contact Address Location Mailing

B. Street or P.O. Box

500 WATER STREET CJ275J

City or Town

JACKSONVILLE

State

ZIP Code

FL 32202-

### VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

CSX TRANSPORTATION

Street, P.O. Box, or Route Number

500 WATER STREET CJ275J

City or Town

JACKSONVILLE

State

ZIP Code

FL 32202-

Phone Number (area code and number)

904-359-1145

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed) Month Day Year

RECEIVED  
APR 25 1995

4013

~~4724 3272~~

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
<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 (220 - 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>_____</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 Marketer</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Refractory</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. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - Indicate device(s) - Type of Combustion Device</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"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>

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 Characteristics (D000)	(Indicate specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D006	D009		

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

MAY 18 1995 ENTERED PARIS  
MAY 18 1995 ENTERED STATE

C. Other Wastes. (State or other wastes requiring a handler to have an U.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>James H. Sullivan</i>	Name and Official Title (type or print) JAMES H. SULLIVAN SR. MANAGER - ENVIRONMENTAL	Date Signed 4-10-95
---------------------------------------	---------------------------------------------------------------------------------------------	------------------------

XI. Comments

SPENT SIGNAL BATTERIES TO BE SENT OUT OF STATE FOR RECYCLING

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



500 Water Street - J275  
Jacksonville, FL 32202

April 10, 1995

Mr. Jim Edwards  
Hazardous Waste Management Branch  
Solid Waste Management Section  
NCDHR  
P.O. Box 27687  
Raleigh, NC  
27611-7687

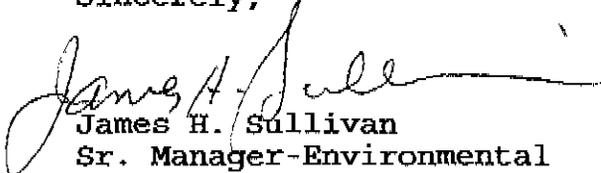


Dear Mr. Edwards:

Attached is EPA Form 8700-12 requesting a Generator ID Number for Rocky Mount, North Carolina where CSX Transportation will generate spent signal batteries which will be sent out of state for recycling. This will replace Generator ID Number NCD 982078966 due to a change in generation point. Small quantity generator status is requested.

If you have any questions, please contact me at 904-359-1145.

Sincerely,

  
James H. Sullivan  
Sr. Manager-Environmental

"Environmentally On Track"