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



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November 13, 1998

**JAMES B. HUNT JR.**  
GOVERNOR

**COMPONENT TECHNOLOGIES**  
3839 CORPORATION CIR  
CHARLOTTE NC 28216-

**WAYNE McDEVITT**  
SECRETARY

RE EPA ID NO.: **NCR000000703**

Dear Sir/Madam:

**WILLIAM L. MEYER**  
DIRECTOR

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: JOE PARKER

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

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  
NCR000000703

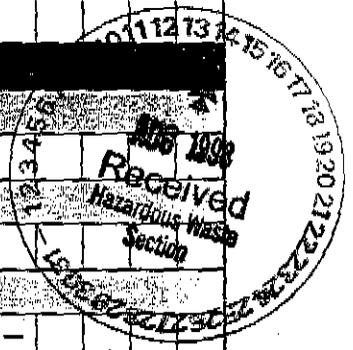
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### II. Name of Installation (Include company and specific site name)

Component Technologies

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

Street  
3839 CORPORATION CIRCLE  
Street (Continued)



City or Town State Zip Code  
Charlotte NC 28216-

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)  
McEVEEN THADDS  
Job Title Phone Number (Area Code and Number)  
Charlotte mgr 704-392-7754

### 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  
ALVIC CORPORATION  
Street, P.O. Box, or Route Number  
222 S CHURCH ST  
City or Town State Zip Code  
Charlotte NC 28202-  
Phone Number (Area Code and Number) B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed)  
704-375-7771 P P Yes 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
1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 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  Inactivate EPA ID # _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions. 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 Deferral <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	1. Used Oil Recycling 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 2. Used Oil Burner - Indicate Type(s) of Combustion Device <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 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 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))
<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>Thomas K. McElven</i>	Name and Official Title (Type or print) <i>Charlotte Manager</i>	Date Signed <i>8-5-98</i>
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**XI. Comments**

*As per, and after a meeting with Joe Parker, we (company) no longer generate on a continuous basis hazardous waste, but we will maintain a conditionally exempt status.*

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