

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 4-19-95

First Notification

② 5-5-95

Acceptance letter

③ 5-22-96

Current Computer ~~Record~~ <sup>Record</sup>

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



Jessie Williams, Dispatcher  
 L C WILLIAMS OIL CO INC  
 Po Box 657  
 Pittsboro, NC 27312

May 22, 1996

RE EPA ID NO.: NCR000000745

Dear Sir/Madam:

Listed above is your EPA ID number which has been assigned to you by the State. As a handler of Used Oil, you should be familiar with North Carolina Hazardous Waste Management, Regulations 15A NCAC 13A. 0018 Standards for the Management of Used Oil, contained in 40 CFR 279.

Effective October 1, 1993, all handlers of used oil were required by G.S. 130A-294(b),(c); 150B-21.6 to pay an annual fee, and submit an annual report listing the type of used oil transported, collected, and recycled during the preceding calendar year by JULY 1, of each year. You can contact the Hazardous Waste Management Section at (919)733-2178 for information.

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 Section, Division of Waste Management, PO Box 27687, Raleigh N.C. 27611-7687. There is a \$ 25.00 printing charge for a complete copy of the rules.

Sincerely,

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

Current Computer Record -		'X' indicates used oil status of your facility.		
Fuel Marketer	Burner- Combustion Devices	Transporter Activities		Processor/ Re-refiner Activities
<input type="checkbox"/> Marketer directs shipment of used oil to off-specification burner	<input type="checkbox"/> Utility Boiler	<input checked="" type="checkbox"/> X	Transporter	<input type="checkbox"/> Process
<input type="checkbox"/> Marketer who first claims the used oil meets specifications	<input type="checkbox"/> Industrial Boiler	<input type="checkbox"/>	Transfer facility	<input type="checkbox"/> Re-refine
	<input type="checkbox"/> Industrial Furnace			
Company name:	L C WILLIAMS OIL CO INC			
Owner:	LEON CECIL WILLIAMS JR			
Contact:	WILLIAMS JESSIE, DISPATCHER			
Phone number:	919/542-3521			
Location address:	87 THOMPSON ST			
City, St & ZIP:	PITTSBORO, NC 27312-			
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.				

CC: TERRY WADDELL

P.O. Box 27687, Raleigh, North Carolina 27611-7687  
 Voice 919-733-4996 FAX 919-715-3605



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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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May 5, 1995

L C WILLIAMS OIL CO INC  
PO BOX 657  
PITTSBORO, NC 27312

RE: EPA ID No. NCR000000745

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a Transporter, you should be familiar with North Carolina Management Regulations, 15A NCAC 13A .0002 Definitions; contained in 40 CFR 260.10 (Subpart B); 15A NCAC 10F .0007 Standards for Hazardous Waste Generators, contained in 40 CFR 262; 15A NCAC 13A .0008 Standards for Hazardous Waste Transporter contained in 40 CFR 263; Insurance requirements for Transporters, contained in 49 CFR 387; Regulations relating to Safety of operation and equipment, 49CFR 170-190 and 49 CFR 39-398.

All regulations under 49 CFR are enforced by the Division of Motor Vehicles, Department of Transportation.

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.

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

cc: TERRY WADDELL

RECEIVED  
APR 25 1995  
HAZARDOUS WASTE

Please refer to the instructions for filling out 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)

**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 NC R 0000000745
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**II. Name of Installation (Include company and specific site name)**

L C W I L L I A M S O I L C O I N C

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

Street  
8 7 T H O M P S O N S T R E E T

Street (Continued)

City or Town P I T T S B O R O	State N C	Zip Code 2 7 3 1 2 -
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County Code 037	County Name C H A T H A M
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**IV. Installation Mailing Address (See Instructions)**

Street or P.O. Box  
P O B O X 6 5 7

City or Town P I T T S B O R O	State N C	Zip Code 2 7 3 1 2 -
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**V. Installation Contact (Person to be contacted regarding waste activities at site)**

Name (Last) W I L L I A M S	Name (First) J E S S I E
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Job Title D I S P A T C H E R	Phone Number (Area Code and Number) 9 1 9 - 5 4 2 - 3 5 2 1
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**VI. Installation Contact Address (See Instructions)**

A. Contract Address Location Mailing Other <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B. Street or P.O. Box P O B O X 6 5 7
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City or Town P I T T S B O R O	State N C	Zip Code 2 7 3 1 2 -
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**VII. Ownership (See Instructions)**

**A. Name of Installation's Legal Owner**

L E O N C E C I L W I L L I A M S J R

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

P O B O X 6 5 7

City or Town P I T T S B O R O	State N C	Zip Code 2 7 3 1 2 -
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Phone Number (Area Code and Number) 9 1 9 - 5 4 2 - 3 5 2 1	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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