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) 3-24-95	First notification
(2) 5-19-95	EPA ID #
(3) 5-19-95	Current Computer record
(4) 8-8-97	Subsequent notification
(5) 8-27-97	RCRA classification
(6) 5-11-98	Change in contact person
(7) 5-13-98	RCRA classification

HAZARDOUS WASTE SECTION (Review 8/93)

G- General, I- Inspections
P- Permits, GW- Ground Water
C- Closure E-Enforcement

G

7

SDG

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

NCDENR

JAMES B. HUNT JR.
GOVERNOR

WAYNE MCDEVITT
SECRETARY

WILLIAM L. MEYER
DIRECTOR

May 13, 1998

NC WESTERN SCHOOL FOR THE DEAF
517 W FLEMING DR
MORGANTON NC 28655-

RE EPA ID NO.: **NCR000000760**

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 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: JESSE WELLS

401 OBERLIN ROAD, SUITE 150, RALEIGH, NC 27605
PHONE 919-733-4996 FAX 919-715-3605
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(6)

North Carolina Department of Health and Human Services
North Carolina School for the Deaf
517 West Fleming Drive • Morganton, North Carolina 28655 • Courier 15-05-02
Telephone: (704) 433-2951(Voice/TTY) • Fax: (704) 433-2902

JAMES B. HUNT, JR., *Governor*
E. Mowl, M.S.
H. DAVID BRUTON, MD,
Secretary
rintendent

change

May 11, 1998

Shelley Booth
Division of Waste Management
Hazardous Waste Section
401 Oberlin Road, Suite 150
Raleigh, NC 27605

Dear Shelley,

Please change the contact person for our organization, Western North Carolina School for the Deaf to:

Steve Watts, Facility Maintenance Director
Phone: 828-433-2905

Our EPA # is: NCR000000760.

Thank you for attention to this matter.

Sincerely,

Mary Taylor
Processing Assistant

MAY 1998
ENTERED
RCRIS

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Waste Management

James B. Hunt, Jr., Governor
Wayne McDevitt, Secretary
William L. Meyer, Director

G

5

DEHNR

August 27, 1997

NC WESTERN SCHOOL FOR THE DEAF
517 W FLEMING DR
MORGANTON NC 28655-

RE EPA ID NO.: **NCR000000760**

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 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 III

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

cc: SPRING ALLEN

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

Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

G

4

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)

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

[X] A. First Notification

[ ] B. Subsequent Notification *(Complete item C)*

C. Installation's EPA ID Number: NCR000000760

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

NC WESTERN SCHOOL FOR THE DEAF

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

Street: 517 WEST FLEMING DRIVE

Street *(Continued)*:

City or Town: MORGANTON | State: NC | Zip Code: 28655-

County Code: | County Name: BURKE

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: SAME

City or Town: | State: | Zip Code: -

ENTERED RCRIS

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

Name *(Last)*: COFFEY | *(First)*: JAMES

Job Title: SAFETY DIRECTOR | Phone Number *(Area Code and Number)*: 704-432-5981

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: NC DEPT OF HUMAN RESOURCES

Street, P.O. Box, or Route Number: 101 BLAIR DRIVE

City or Town: RALEIGH | State: NC | Zip Code: 27603-

Phone Number *(Area Code and Number)*: 919-733-5893

B. Land Type: S

C. Owner Type: S

D. Change of Owner Indicator: Yes [ ] No [X] | (Date Changed) Month 01 Day 01 Year 97

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

Continued on Reverse

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Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

SIC code ____ ____

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 1000kg/mo (2,200 lbs.)
- [ ] b. 100 to 1000 kg/mo (200-2,200 lbs.)
- [X] 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 Deferral
  - [ ] 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 Recycling Activities

1. Used Oil Fuel Marketer
- [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- [ ] a. Utility Boiler
- [ ] b. Industrial Boiler
- [ ] c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- [ ] a. Transporter
- [ ] b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- [ ] a. Process
- [ ] 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))
X	X	X		

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
F011	F012	F003	F005	K086	0018
7	**8**	**9**	**10**	**11**	**12**
D019	D021	D022	D027	D028	D029

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	Name and Official Title *(Type or print)*	Date Signed
Gay E Mowl	SUPERINTENDENT	8/8/97

XI. Comments

AUG 1997
Received
Hazardous Waste

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

DEHNR

(5)

May 19, 1995

NC WESTERN SCHOOL FOR THE DEAF
517 W FLEMING DR
MORGANTON NC 28655

RE: EPA ID No.: NCR000000760

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)

X LARGE GENERATOR	- SMALL QNTY. GENERATOR
- TRANSPORTER	- TREATER
- STORER	- DISPOSER

Company Name:	NC WESTERN SCHOOL FOR THE DEAF	
Owner:	STATE OF NORTH CAROLINA	
Owner Address:	695 A PALMER DR	
City, St.& ZIP:	RALEIGH	NC 27603
Contact:	COFFEY JAMES	
Phone Number:	(704)433-2905	
Location Addr.:	517 W FLEMING DR	
City, St.& ZIP:	MORGANTON	NC 28655

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, III

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

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Telephone 919-733-4996
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CC: SPRING ALLEN

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

DEHNR

(2)

May 19, 1995

NC WESTERN SCHOOL FOR THE DEAF
517 W FLEMING DR
MORGANTON, NC 28655

RE: EPA ID No. NCR000000760

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a Generator, you should be familiar with North Carolian Hazardous Waste Management, Regulation 15A NCAC 13A .0002 Definitions, contained in 40 CFR 260; 15A NCAC 13A .0006 Identification and Listing of Hazardous Waste, contained in 40 CFR 261; 15A NCAC 13A .0007 Standards for Hazardous Waste Generators, contained in 40 CFR 262; 15A NCAC 13A .0033 Personnel Training, contained in 40 CFR 265.16 (Subpart B); Preparedness and Prevention, contained in 40 CFR 265.30-265.37 (Subpart C); Contingency Plan and Emergency Procedure contained in 40 CFR 265.50-265.56 (Subpart D); Use and Management of Containers, contained in 40 265.170 - 265.177 (Subpart I); Tanks, 40 CFR 265.190 - 265.201 (subpart J).

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 Hazradous 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 III

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

cc: SPRING ALLEN

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Telephone 919-733-4996 FAX 919-715-3605
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Form Approved, OMB No. 2050-0028 Expires 4-30-96
GSA No. 0246-EPA-QT

Please refer to the *Instructions for Filling 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)

RECEIVED MAR 29 1995 HAZARDOUS WASTE

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

[X] A. First Notification [ ] B. Subsequent Notification *(Complete Item C)*

C. Installation's EPA ID Number: NCR000000760

(1)

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

Western NC School for the Deaf

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

Street: 517 West Fleming Drive

Street *(Continued)*:

City or Town: Morganton

County Code: Burke County Name: D

61

ENTER AS

NC WESTERN SCHOOL FOR THE DEAF

Give Them NCR

NCS000000067

IV. Installation Mailing Address

Street or P.O. Box: 517 West

City or Town: Morgan

V. Installation Contact *(Person ...)*

Name *(Last)*: Coffey *(First)*: James

Job Title: Fac. Maint. Mgr

Phone Number *(Area Code and Number)*: 704-433-2905

VI. Installation Contact Address *(See Instructions)*

A. Contract Address: Location X Mailing Other

B. Street or P.O. Box: 517 West Fleming Drive

City or Town: Morganton State: NC Zip Code: 28655-

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: State of North Carolina

Street, P.O. Box, or Route Number: 695 A Palmer Drive

City or Town: Raleigh State: NC Zip Code: 27603-

Phone Number *(Area Code and Number)*: 919-733-4263

B. Land Type: S

C. Owner Type: S

D. Change of Owner Indicator: Yes No (Date Changed) Month Day Year

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

Continued on Reverse

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

Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

8211-8299

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)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (200-2,200 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 Deferral
     - [ ] 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 Recycling Activities

1. Used Oil Fuel Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

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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))			
X							

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
F003	F005				
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. *(State or other wastes requiring a handler to have an EPA 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)*	Date Signed
Jerry R. Crisp	Business Manager	3-24-95

XI. Comments

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