

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	4-26-95	First notification
②	5-17-95	EPA ID # assigned
3	5-14-96	notification letter
4	5-28-96	EPA ID# is inactive

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 28, 1996

(4)

Rick Wall, Maintenance
AMP INC NCDC
615 Pegg Rd
Greensboro, NC 27409

RE EPA ID NO.: NCR000000836

Dear Sir/Madam:

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 has been inactivated.

Please verify the above computer information, and notify us of any corrections.

We are advising EPA of the change. Please notify us if there is any further change in your operation which would affect your Company's name, Ownership, Address, Contact person, or Telephone number. You must activate your EPA ID number if you generate 100 Kg/mo or greater.

Sincerely,


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

Jennifer Bellamah
8000 Piedmont Triad Pkwy
Greensboro, N.C. 27409
910-664-7013

AMP

AMP Incorporated

May 14, 1996

Hazardous Waste Section
Division of Solid Waste Management
Dept. of Environment, Health, and Natural Resources
P.O. Box 27687
Raleigh, NC 27611-7687



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To Whom It May Concern:

Enclosed is the completed Notification of Regulated Waste Activity form for the AMP, Inc. facility located at 8000 Piedmont Triad Parkway, Greensboro. We wish to obtain an EPA ID number for this facility. This facility was previously located at 615 Pegg Road, Greensboro, EPA ID number NCR000000836.

Sincerely,

inactivat

Jennifer Bellamah
Industrial Engineer

cc: Building File 271/ Permits
Bob Martino 38-31



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 17, 1995

AMP INC NCDC
615 PEGG RD
GREENSBORO, NC 27409

RE: EPA ID No. NCR000000836

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.

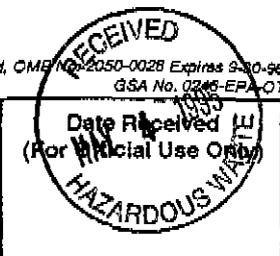
NCSU provides a training program for generators which you may want to attend. Call Mac McKenzie or Kathryn Murray at 919-515-2261 or write to the Office of Continuing Education and Professional Development, P.O. Box 7401, Mckimmon Center, N. C. State University, Raleigh, NC 27695-7401.

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: JOSEPH H. DEAKINS



Notification of Regulated Waste Activity

United States Environmental Protection Agency

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

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 NCR 000 000 836
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II. Name of Installation (Include company and specific site name)

A M P I N C O R P O R A T E D N C D C

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

Street

6 1 5 P E E G R O A D

Street (Continued)

City or Town

G R E E N S B O R O N C 2 7 4 0 9

State Zip Code

County Code County Name

0 8 1 G U I L F O R D

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

6 1 5 P E E G R O A D

City or Town

G R E E N S B O R O N C 2 7 4 0 9

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

Name (Last) (First)

W A L L R I G K

Job Title Phone Number (Area Code and Number)

M A I N T E N A N C E 9 1 0 6 6 5 2 6 7 7

VI. Installation Contact Address (See Instructions)

A. Contact Address (Common Mailing Only) B. Street or P.O. Box

6 1 5 P E E G R O A D

City or Town

G R E E N S B O R O N C 2 7 4 0 9

State Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

A M P I N C O R P O R A T E D

Street, P.O. Box, or Route Number

P O B O X 3 6 0 8

City or Town

H A R R I S B U R G P A 1 7 1 0 5

State Zip Code

Phone Number (Area Code and Number) B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed) Month Day Year

7 1 7 5 6 4 0 1 0 0 R P No

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	
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input checked="" 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><input type="checkbox"/> 3. Treater, Store, 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 Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter/Deferral</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. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>	

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 Characteristics (List specific EPA hazardous waste number(s) for the Toxicity Characteristic constituent(s))
<input checked="" 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 F 0 0 1	2 F 0 0 3	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
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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>Susan Malatesta</i>	Name and Official Title (Type or print) <i>Susan Malatesta BUEC</i>	Date Signed <i>4/26/1995</i>
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XI. Comments

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