

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

CAROLINA ENVIRONMENTAL ASSOC
PO BOX 963
BURLINGTON, NC 27216

RE: EPA ID No. NCR000000885

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 2523, 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: JOSEPH H. DEAKINS

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)

MAY 15 1995
HAZAR WASTE

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 NCR0000000885
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II. Name of Installation (Include company and specific site name)

C A R O L I N A E N V I R O N M E N T A L A S S O C .

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

Street

2 3 6 N O R T H M E B A N E S T R E E T

Street (Continued)

S U I T E 1 3 1 B U R L I N G T O N E X E C . P L Z A

City or Town State Zip Code

B U R L I N G T O N N C 2 7 2 1 7 -

County Code County Name

A L A M A N C E

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 9 6 3

City or Town State Zip Code

B U R L I N G T O N N C 2 7 2 1 6 - 0 9 6 3

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

Name (Last) (First)

G R I F F I N M I C H A E L

Job Title Phone Number (Area Code and Number)

P R E S I D E N T 9 1 0 - 2 2 9 - 0 0 5 8

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing Other B. Street or P.O. Box

City or Town State

State Zip Code

City or Town State Zip Code

extra copy for file

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 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 checked="" 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 checked="" 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, 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 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 Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(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	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an LD number; See instructions.)

1	2	3	4	5	6
				ENTERED	
				CRIS	

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
<i>Michael R. Luff</i>	President	5-10-95

XI. Comments

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

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

N C R 0 0 0 0 0 0 9 8 5

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

C A R O L I N A E N V I R O N M E N T A L A S S O C .

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

Street
2 3 6 N O R T H M E H A N E S T R E E T

Street (Continued)
S U I T E 1 3 1 B U R L I N G T O N E X E C . P L Z A

City or Town State Zip Code
B U R L I N G T O N N C 2 7 2 1 7 -

County Code County Name
0 0 / A L A M A N C E

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
P O B O X 9 6 3

City or Town State Zip Code
B U R L I N G T O N N C 2 7 2 1 6 - 0 9 6 3

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

Name (Last) (First)
G R I F F I N M I C H A E L

Job Title Phone Number (Area Code and Number)
P R E S I D E N T 9 1 0 - 2 2 9 - 0 0 5 8

VI. Installation Contact Address (See Instructions)

A. Contact 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

W I L L I A M A H A W K S

Street, P.O. Box, or Route Number

2 3 6 N O R T H M E H A N E S T R E E T

City or Town State Zip Code
B U R L I N G T O N N C 2 7 2 1 7 -

Phone Number (Area Code and Number) B. Label Type C. Owner Type D. Change of Owner Indicator (Date Changed) Month Day Year
9 1 0 - 2 2 8 - 0 1 3 2 P P Yes No

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

4953

10 - 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)
 - 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
 - 1. Smelter Deterral
 - 2. Small Quantity Exemption
 - Indicate Type of Combustion Device(s)
 - 1. Utility Boiler
 - 2. Industrial Boiler
 - 3. Industrial Furnace
- 5. Underground Injection Control

- 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 Characteristics (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
	11819202		1095		
7	8	9	10	11	12
	1095				

C. Other Wastes. (State or other codes 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>Michael R. Luff</i>	Name and Official Title (Type or print) President	Date Signed 5-10-95
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XI. Comments

Original is in Mail

Post-It™ Fax Note	7671	Date	5/10	# of pages	2
To	Jim Edwards	From	Mike Griffin		
Co./Dept.	NCDEHNR	Co.	CFA		
Phone #	719 333-2178	Phone #	910 229-0058		
Fax #	910 715-3105	Fax #	910 229-0204		

Note: Mail completed form to the appropriate EPA Regional c