

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 19, 1995

RYDER TRUCK RENTAL ROSEBORO
PO BOX 1098
ROSEBORO NC 28382

RE: EPA ID No.: NCR000000927

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)

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

Company Name:	RYDER TRUCK RENTAL ROSEBORO
Owner:	DUBOSE STEEL INC
Owner Address:	PO BOX 1098
City, St.& ZIP:	ROSEBORO NC 28382
Contact:	COCKBURN MIKE
Phone Number:	(910)424-7100
Location Addr.:	HWY 24 W
City, St.& ZIP:	ROSEBORO NC 28382

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, Administrative Officer

Division of Solid Waste Management

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Telephone 919-736-4976 FAX 919-736-3605

An Equal Opportunity Affirmative Action Employer

50% recycled/ 10% post-consumer paper

CC: FLINT WORRELL

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RYDER TRUCK RENTAL ROSEBORO
PO BOX 1098
ROSEBORO, NC 28382

RE: EPA ID No. NCR000000927

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: FLINT WORRELL

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 10 1991
RECEIVED
MAY 5 1991
REGION IV
MANAGER

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
		NCR0000000927

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

RYDER TRUCK RENTAL-ROSEBORO

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

Street

HWY. 24 WEST

Street (continued)

City or Town State ZIP Code

ROSEBORO NC 28382-

County Code County Name

CUMBERLAND

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P.O. BOX 1098

City or Town State ZIP Code

ROSEBORO NC 28382-

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

Name (last) (first)

COCKBURN MIKE

Job Title Phone Number (area code and number)

SERVICE MGR. 910-424-7100

VI. Installation Contact Address (See Instructions)

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

P.O. BOX 64009

City or Town State ZIP Code

FAYETTEVILLE NC 28306-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

DUBOSE STEEL, INC.

Street, P.O. Box, or Route Number

P.O. BOX 1098

City or Town State ZIP Code

ROSEBORO NC 28382-

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

910-525-4161 P P Yes No

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/Fuel Activities	
<input type="checkbox"/> 1. Generator (See instructions) a. Greater than 1000 kg/mo (2200 lbs) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 to 2200 lbs) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity (see instructions)	<input type="checkbox"/> Off-Specification Used Oil/Fuel	<input type="checkbox"/> a. Generator Marketing to Burner
<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-6 below) 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 _____	<input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - Indicate device(s) - type of Combustion Device: <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 6. Underground Injection Control	<input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - Indicate device(s) - type of Combustion Device: <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace	<input type="checkbox"/> d. Specification Used Oil/Fuel Marketer (or On-Site Burner who first claims the Oil Meets the Specification)

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 (D000)	List specific EPA hazardous waste number(s) for the Toxicity Characteristic (optional)			
<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 D001	2 D018	3 D039	4 D15	5	6
7	8	9	10	11	12

C. Other Wastes (State or other wastes requiring an ID number. See instructions)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Frederick Chadler</i>	Name and Official Title (type or print) FREDERICK CHADLER DISTRICT SAFETY MANAGER	Date Signed 4/26/95
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XI. Comments

RECENTLY MOVED INTO THIS LOCATION. LOCATION BEING LEASED FROM OWNER. OPERATING ONE SMALL PARTS CLEANING MACHINE. NO OTHER ACTIVITY.

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