



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



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James B. Hunt, Jr., Governor  
Jonathan B. Howes, Secretary  
William L. Meyer, Director

May 19, 1995

RYDER TRUCK RENTAL WALLACE  
100 FLEMINGTON RD  
WILMINGTON NC 28401

RE: EPA ID No.: NCR000000935

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 WALLACE
Owner:	NICHOLS FOOD SERVICE CO
Owner Address:	311 SE RAILROAD ST
City, St. & ZIP:	WALLACE NC 28466
Contact:	HOGAN TERRY
Phone Number:	(910)763-5163
Location Addr.:	311 SE RAILROAD ST
City, St. & ZIP:	WALLACE NC 28466

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

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Division of Solid Waste Management-3605

An Equal Opportunity Affirmative Action Employer 50% recycled/ 10% post-consumer paper

CC: FLINT WORRELL

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May 19, 1995

RYDER TRUCK RENTAL WALLACE  
100 FLEMINGTON RD  
WILMINGTON, NC 28401

RE: EPA ID No. NCR000000935

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)

### 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

NC R0000000935

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

RYDER TRUCK RENTAL-WALLACE

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

Street

311 SE RAILROAD STREET

Street (continued)

City or Town

WALLACE

State

ZIP Code

NC 28466-

County Code

County Name

DUPLIN

### IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

100 FLEMINGTON RD.

City or Town

WILMINGTON

State

ZIP Code

NC 28401-

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

Name (last)

HOGAN

(first)

TERRY

Job Title

SERVICE MGR.

Phone Number (area code and number)

910-763-5163

### VI. Installation Contact Address (See Instructions)

A. Contact Address Location

Mailing



B. Street or P.O. Box

100 FLEMINGTON RD.

City or Town

WILMINGTON

State

ZIP Code

NC 28401-

### VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

NICHOLS FOOD SERVICE CO.

Street, P.O. Box, or Route Number

311 SE RAILROAD STREET

City or Town

WALLACE

State

ZIP Code

NC 28466-

Phone Number (area code and number)

910-285-3197

B. Land Type



C. Owner Type



D. Change of Owner Indicator

Yes



No

(Date Changed)

Month

08

Day

03

Year

94

4231

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/Fuel Activities	
<input type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 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"/> 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"/> 5. Underground Injection Control	<input type="checkbox"/> Off-Specification Used Oil/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"/> 2. Specification Used Oil/Fuel Marketer (or On-Site Burner) Who El/Sl Claims the Oil Meets the Specification	<input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> 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 _____

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 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 D001	2 D018	3 D003	4	5 D002	6
7	8	9	10	11	12

C. Other Wastes. (State of other Wastes requiring 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 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 C. Chanek</i>	Name and Official Title (type or print) FREDERICK C. CHANEK, DSM	Date Signed 4/26/85
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XI. Comments  
NEWLY PURCHASED FACILITY - 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.)