



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

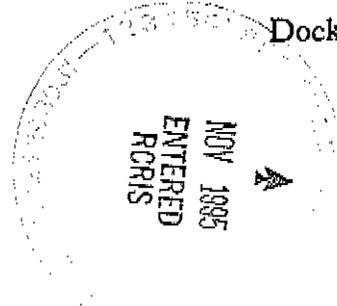
October 19, 1995

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED

Notice of Violation

Docket # 95-871

ROBERT GLISSON  
REED-LALLIER CHEV GEO  
PO BOX 40637  
FAYETTEVILLE, NC 28304



NCR000001107

RE: Final Notice for Annual Fee and Waste Minimization Report

Dear ROBERT GLISSON:

The original invoice and the second notice for your annual hazardous waste fee (fee) and the Waste Minimization Report Form (Report) were mailed to you on July 1, 1995, and September 11, 1995, respectively. As of October 19, 1995, you have failed to respond to these requests for fee payment and for submittal of the Report. You must send a \$25.00 check or money order payable to the Division of Solid Waste Management and the completed Report to the following address:

Ms. Carol Walker  
Hazardous Waste Section, DEHNR  
Post Office Box 27687  
Raleigh, North Carolina 27611-7687

Failure to pay the fee and submit the Report by November 6, 1995, will result in the loss of your EPA Identification Number (ID Number). If the requirements above are not met and if you should later use a revoked ID Number, pursuant to N.C.G.S. 130A-22(a) and 15A NCAC 13B .0701 - .0707, an administrative penalty of up to \$25,000.00 per day per violation will be assessed for violation of the hazardous waste law or regulations.

If you have already mailed your fee payment and your Report, please disregard this reminder. Please call Ms. Walker or Mr. Emil Breckling at (919) 733-2178 if you should have any questions.

Sincerely,

  
James A. Carter, Chief  
Hazardous Waste Section

cc: Central Files rc: Carol Walker, Jim Edwards

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

June 2, 1995

REED-LALLIER CHEV GEO  
PO BOX 40637  
FAYETTEVILLE, NC 28304

RE: EPA ID No. NCR000001107

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a 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).

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 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 19 1995  
HAZARDOUS WASTE

**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  
NCR0000001107

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

REED-LALLIER CHEVROLET-GEN

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

Street  
4500 RAFFORD ROAD  
Street (Continued)

City or Town      State      Zip Code  
FAYETTEVILLE      NC      28304-

County Code      County Name  
CUMBERLAND

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

Street or P.O. Box  
PO BOX 40637  
City or Town      State      Zip Code  
FAYETTEVILLE      NC      28304-

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

Name (Last)      (First)  
ROBERT GLISSON      ROBERT  
Job Title      Phone Number (Area Code and Number)  
BODYSHOP MANAGER      910-426-2103

**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  
GENE REED

Street, P.O. Box, or Route Number  
7519 RIVERS AVENUE

City or Town      State      Zip Code  
CHARLESTON      SC      29418-

Phone Number (Area Code and Number)      B. Land Type      C. Owner Type      D. Change of Owner Indicator (Date Changed) Month Day Year  
803-863-5462      P      P      Yes  No

**ID - For Official Use Only**

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**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 checked="" 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 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>_____</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>
<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>	

**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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F 005 7 0 0 3

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 5	2 F 0 0 3	3 D 0 0 1	4 D 0 0 8	5 D 0 0 8	6 D 0 3 9
7 D 0 3 5	8 D 0 4 0	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

**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>Robert Glisson</i>	Name and Official Title (Type or print) Robert Glisson Body Shop Manager	Date Signed 5-17-95
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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.)

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)

RECEIVED  
JUN 1 1995

### 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 R0000000109

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

REED-LALLIER CHEVROLET-GEU

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

Street

4500 RAEFORD ROAD

Street (Continued)

City or Town

FAYETTEVILLE

State

NC

Zip Code

28304-3230

County Code

County Name

CUMBE

### IV. Installation Mailing Address (Street or P.O. Box)

Street or P.O. Box

4500 RAE

City or Town

FAYETTEVILLE

State

NC

Zip Code

28304-3230

*I already filed this  
old data  
inactive*

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

Name (Last)

BROWN

(First)

GEORGE

Job Title

SERVICE MANAGER

Phone Number (Area Code and Number)

910-426-2000

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

A. Contract Address  
Location Mailing Other

B. Street or P.O. Box

4500 RAEFORD ROAD

City or Town

FAYETTEVILLE

State

NC

Zip Code

28304-3230

### VII. Ownership (See instructions)

#### A. Name of Installation's Legal Owner

MICHAEL LALLIER & GENE REED

Street, P.O. Box, or Route Number

4500 RAEFORD ROAD

City or Town

FAYETTEVILLE

State

NC

Zip Code

28304-3230

Phone Number (Area Code and Number)

910-426-2000

B. Land Type

R

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month Day Year

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 checked="" 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 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>_____</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/Referral</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>

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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))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0001 NA 263

**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 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
<i>George A. Brown</i>	George H. Brown Service mgr	5-29-95

**XI. Comments**

*Application for new EPA number  
old number NCD981476773*

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