

DAMAGE

TRACK® A DIVISION OF
SUPERMARKET INFORMATION SYSTEMS, INC.

4045 UNIVERSITY PARKWAY
WINSTON-SALEM, NC 27106
910-896-7900 • FAX: 910-896-8190

FLORIDA OFFICE:
28100 US HIGHWAY 19 NORTH, SUITE 301
CLEARWATER, FLORIDA 34621
813-825-4882 • FAX: 813-725-2204

December 29, 1995

*Supermarket Info Sys
NC R 000001222*

(3)

Mr. R. J. Edwards
Administrative Assistance
Waste Management Branch, Hazardous Waste Section
North Carolina DEHNR
P.O. Box 27687
Raleigh, NC 27611-7687

instructed JR

Dear Mr. Edwards,

This is to inform you that our CHOICESM Carolina facility, originally located at 550 North Ridge Park Drive, Rural Hall, North Carolina has relocated to a new site. **Hazardous waste was never generated at this site.**

Please update your records accordingly, and indicate to me any further action required. I can be reached at (910) 896-7969, or at the following address:

Supermarket Information Systems, Inc.
4045 University Parkway
Winston-Salem, NC 27106

We do anticipate that hazardous waste will be generated at the new site, therefore application is being made for that site. Thank you for your assistance.

Sincerely,

Glenda Y. Williams

Glenda Y. Williams
Manager, Regulatory Compliance

GW1276AN

cc: Emily Neese, Damage Track



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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 5, 1995

SUPERMARKET INFORMATION SYSTEM
4045 UNIVERSITY PKWY
WINSTON SALEM, NC 27106

RE: EPA ID No. NCR000001222

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a Generator, you should be familiar with North Carolian Hazardous Waste Management, Regulation 15A NCAC 13A .0002 Definitions, contained in 40 CFR 260; 15A NCAC 13A .0006 Identification and Listing of Hazardous Waste, contained in 40 CFR 261; 15A NCAC 13A .0007 Standards for Hazardous Waste Generators, contained in 40 CFR 262; 15A NCAC 13A .0033 Personnel Training, contained in 40 CFR 265.16 (Subpart B); Preparedness and Prevention, contained in 40 CFR 265.30-265.37 (Subpart C); Contingency Plan and Emergency Procedure contained in 40 CFR 265.50-265.56 (Subpart D); Use and Management of Containers, contained in 40 CFR 265.170 - 265.177 (Subpart I); Tanks, 40 CFR 265.190 - 265.201 (subpart J).

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: STEPHEN E. PHIBBS

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
MAY 23 1996

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

NCR0000001222

①

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

SUPERMARKET INFORMATION SYSTEMS

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

Street

CHOICE CAROLINA

Street (Continued)

550 NORTH RIDGE PARK DRIVE

City or Town

RURAL HALL

State

NC

Zip Code

27045-

County Code

County Name

FORSYTH

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

4045 UNIVERSITY PARKWAY

City or Town

WINSTON-SALEM

State

NC

Zip Code

27106-

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

Name (Last)

WILLIAMS

(First)

GLENDA

Job Title

DISPOSITION MGR

Phone Number (Area Code and Number)

910-896-7969

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

LENTZ TRANSFER AND STORAGE CO

Street, P.O. Box, or Route Number

6300 CLEMENTINE DRIVE, POB 989

City or Town

CLEMMONS

State

NC

Zip Code

27012-

Phone Number (Area Code and Number)

910-766-7331

B. Land Type

P

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 checked="" 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 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, 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> D009

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

Stamp: JUN 1995 ENTERED STATES

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6

Stamp: JUN 1995 ENTERED STATES

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>M. Gilbert Hobson</i>	M. GILBERT HOBSON - SECRETARY	4-21-95

XI. Comments

Company name is Supermarket Information Systems, Inc.
Site name is CHOICE CAROLINA

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