

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



JOY BAILEY, PURCHASING
HANCOCK & MOORE PLT 3
PO BOX 3444
HICKORY, NC 28601

G
October 11, 1996

RE EPA ID NO.: NCR000001248

Dear Sir/Madam:

Based on information received by this office for the site identified with the EPA ID number, the state has accepted and processed the change in RCRA classification or information for the above site.

Please verify the computer generated information below and notify us of any corrections. We are advising EPA of the changes.

Sincerely,

R. J. Edwards, Administrative Assistant
Division of Waste Management

Current Computer Record

'X' indicates operation status of your facility.

<input type="checkbox"/> LARGE GENERATOR	<input type="checkbox"/> STORES	<input type="checkbox"/> TRANSPORTER
<input checked="" type="checkbox"/> SMALL QNTY GENERATOR	<input type="checkbox"/> TREATER	<input type="checkbox"/> SMALL QTY BURNER
<input type="checkbox"/> EXEMPT SMALL QNTY	<input type="checkbox"/> DISPOSER	<input type="checkbox"/> USED OIL
<input type="checkbox"/> LG QNTY. UNIVERSAL		

Company name: HANCOCK & MOORE PLT 3
Owner: HANCOCK & MOORE INC
Contact: BAILEY JOY, PURCHASING
Phone number: 704/495-8235
Location address: 127 RINK DAM RD
City, St & ZIP: HICKORY, NC 28601-

Please notify us if there is any further change in your operation which would affect your status namely
Company's Name, Ownership, Address, Contact or Telephone Number.

Your EPA ID number is currently active.

cc: LARRY FOX

P.O. Box 27687,
Raleigh, North Carolina 27611-7687
Voice 919-733-4996



FAX 919-715-3605
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Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

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)

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I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

<input type="checkbox"/> A. First Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (Complete item C)	C. Installation's EPA ID Number
		NCR 000001248

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

H A N C O C K & M O O R E P L A N T # 3

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

Street
R t 1 3 H w y 1 2 7 R i n k D a m R d

Street (Continued)

City or Town	State	Zip Code
H i c k o r y	N C	2 8 6 0 1 -

County Code	County Name
	A l e x a n d e r

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
P O B o x 3 4 4 4

City or Town	State	Zip Code
H i c k o r y	N C	2 8 6 0 1 -

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

Name (Last)	(First)
B a i l e y	J o y

Job Title	Phone Number (Area Code and Number)
P u r c h a s i n g	7 0 4 - 4 9 5 - 8 2 3 5

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing Other	B. Street or P.O. Box
<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	P O B o x 3 4 4 4

City or Town	State	Zip Code
H i c k o r y	N C	2 8 6 0 1 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
H a n c o c k & M o o r e

Street, P.O. Box, or Route Number
P O B o x 3 4 4 4

City or Town	State	Zip Code
H i c k o r y	N C	2 8 6 0 1 -

Phone Number (Area Code and Number)	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed)
7 0 4 - 4 9 5 - 8 2 3 5	P	P	Yes <input type="checkbox"/> No <input type="checkbox"/>	Month Day Year

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

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><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 D001	2 F005	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
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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>Gary S. Bailey</i>	Name and Official Title (Type or print) <i>Purchasing Agent</i>	Date Signed <i>8/28/96</i>
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XI. Comments

NOT A TRANSPORTER

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

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

HANCOCK & MOORE PLANT 3
PO BOX 3444
HICKORY, NC 28603

RE: EPA ID No. NCR000001248

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: LARRY FOX

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

HANCOCK & MOORE PLANT 3
PO BOX 3444
HICKORY, NC 28603

RE: EPA ID No. NCR000001248

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 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.

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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: LARRY FOX

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

June 4, 1995

HANCOCK & MOORE PLANT 3
PO BOX 3444
HICKORY NC 28603

RE: EPA ID No.: NCR000001248

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

Company Name:	HANCOCK & MOORE PLANT 3	
Owner:	HANCOCK & MOORE INC	
Owner Address:	PO BOX 3444	
City, St.& ZIP:	HICKORY	NC 28603
Contact:	BAILEY	JOY
Phone Number:	(704)495-8235	
Location Addr.:	RINK DAM RD	
City, St.& ZIP:	HICKORY	NC 28603

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

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CC: LARRY FOX



EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Reporting Form - The Reporting Requirements are based on the provisions of the Resource Conservation and Recovery Act.

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
		N C R 0 0 0 0 0 0 1 2 4 8

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

H A N C O C K & M O O R E P l a n t 3

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

R i n k D a m R o a d

City or Town: H i c k o r y State: N C Zip Code: 2 8 6 0 3 -

County Name: A l e x a n d e r

IV. Installation Mailing Address (See Instructions)

P.O. B o x 3 4 4 4

City or Town: H i c k o r y State: N C Zip Code: 2 8 6 0 3 -

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

Name (Last): B a i l e y (First): J o y

Phone Number (Area Code and Number): P O B o x 3 4 4 4 7 0 4 - 4 9 5 - 8 2 3 5

VI. Installation Contact Address (See Instructions)

A. General Address: B. Street or P.O. Box: P O B o x 3 4 4 4

City or Town: H i c k o r y State: N C Zip Code: 2 8 6 0 3 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner: H a n c o c k & M o o r e I n c.

Street, P.O. Box, or Route Number: P O B o x 3 4 4 4

City or Town: H i c k o r y State: N C Zip Code: 2 8 6 0 3 -

Phone Number (Area Code and Number): 7 0 4 - 4 9 5 - 8 2 3 5

B. Land Type: P C. Owner Type: P

D. Change of Owner Indicator: Yes No x

(Date Changed) Month: 0 Day: 5 Year: 2 6 9 5

7 0 4 - 4 9 5 - 8 2 3 5 P P Yes No x 0 5 2 6 9 5

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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
<input type="checkbox"/> Generator (See Instructions) <input type="checkbox"/> Generator (more than 1000 kg/mo (2,200 lbs.)) <input type="checkbox"/> Generator (100 to 1000 kg/mo (200-2,200 lbs.)) <input type="checkbox"/> Generator (less than 100 kg/mo (220 lbs.)) <input type="checkbox"/> Transporter (Indicate Mode in boxes 1-5) <input type="checkbox"/> For commercial purposes only <input type="checkbox"/> 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"/> Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions. <input type="checkbox"/> Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Refractor <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s): <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> d. Underground Injection Control	1. Used Oil Fuel Burner <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Processes <input type="checkbox"/> 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 regulated hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.34)

Corrosive (2001)	Explosive (2002)	Flammable (2003)	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
D	0	0									

C. Other Wastes. (State or other wastes requiring a handler to have an LD 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>Joy S. Bailey</i>	Name and Official Title (Type or print) Joy S. Bailey, purchasing agent	Date Signed May 26, 1995
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XI. Comments

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