

N.C. DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES
DIVISION OF SOLID WASTE
HAZARDOUS WASTE SECTION

Circle one:
 G, I, P, GW, C, E

FILE DOCKET

	DATE	ITEM
①	6-2-95	First Notification
②	6-8-95	EPA ID #
③	6-8-95	Current Computer record
4	9.28.95	Re: S. Notifier
5	11.1.95	Current Record

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

November 1, 1995

CAROLINA STALITE
PO BOX 1037
SALISBURY NC 28145

RE: EPA ID No.: NCR000001313

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:	CAROLINA STALITE
Owner:	CAROLINA STALITE CO
Owner Address:	PO BOX 1037
City, St. & ZIP:	SALISBURY NC 28145
Contact:	WHITTEN DEWITT
Phone Number:	(704)279-2166
Location Addr.:	OLD BEATTY FORD RD
City, St. & ZIP:	GOLD HILL NC 28071

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: JESSE WELLS

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)

OCT 2

4

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

A. First Notification B. Subsequent Notification (Completes Item C)

C. Installation's EPA ID Number

N C R 0 0 0 0 0 1 3 1 3

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

C A R O L I N A S T A L I T E

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

Street

O L D B E A T T Y S F O R D R O A D

Street (Continued)

City or Town

G O L D H I L L

State

N C

Zip Code

2 8 0 7 1 -

County Code

County Name

R O W A N

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O B O X 1 0 3 7

City or Town

S A L I S B U R Y

State

N C

Zip Code

2 8 1 4 5 - 1 0 3 7

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

Name (Last)

W H I T T E N

(First)

D e W i t t

Job Title

E N V. M A N A G E R

Phone Number (Area Code and Number)

7 0 4 - 2 7 9 - 2 1 6 6

VI. Installation Contact Address (See Instructions)

A. Contract Address Location Mailing Other

B. Street or P.O. Box

P O B O X 1 0 3 7

City or Town

S A L I S B U R Y

State

N C

Zip Code

2 8 1 4 5 - 1 0 3 7

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

C A R O L I N A S T A L I T E

Street, P.O. Box, or Route Number

P O B O X 1 0 3 7

City or Town

S A L I S B U R Y

State

N C

Zip Code

2 8 1 4 5 - 1 0 3 7

Phone Number (Area Code and Number)

7 0 4 - 6 3 7 - 1 5 1 5

B. Land Type

C. Owner Type

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 type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input checked="" 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 Refractory</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 F003	2 D001	3 P005	4	5	6
7	8	9 NOV 1993	10	11	12

C. Other Wastes. (State or other wastes requiring a manifest to have an ID 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>Dewitt Whitten</i>	Name and Official Title (Type or print) Dewitt Whitten Environmental Operations Manager	Date Signed 9/28/95
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XI. Comments

Our initial application indicated we were a transporter which is incorrect and is reflected correctly on this form

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 8, 1995

CAROLINA STALITE
PO BOX 1037
SALISBURY NC 28145

RE: EPA ID No.: NCR000001313

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 |
| X TRANSPORTER | - TREATER |
| - STORER | - DISPOSER |

Company Name:	CAROLINA STALITE
Owner:	CAROLINA STALITE CO
Owner Address:	PO BOX 1037
City, St. & ZIP:	SALISBURY NC 28145
Contact:	WHITTEN DEWITT
Phone Number:	(704)279-2166
Location Addr.:	OLD BEATTY FORD RD
City, St. & ZIP:	GOLD HILL NC 28071

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: JESSE WELLS

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 8, 1995

CAROLINA STALITE
PO BOX 1037
SALISBURY, NC 28145

RE: EPA ID No. NCR000001313

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.

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: JESSE WELLS

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 8, 1995

CAROLINA STALITE
PO BOX 1037
SALISBURY, NC 28145

RE: EPA ID No. NCR000001313

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.

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Sincerely,

R.J. Edwards, Administrative Officer
Division of Solid Waste Management

cc: JESSE WELLS

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)

JUN 6 1995
MISSISSIPPI

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
NCR00000001313

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

CAROLINA STALITE

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

Street
OLD BEATTY FORD ROAD

Street (Continued)

City or Town State Zip Code

GOLD HILL NC 28071-

County Code County Name

25 659 ROMAN

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
PO Box 1037

City or Town State Zip Code

SALISBURY NC 28145-1037

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

Name (Last) (First)
WHITTEN DEWITT

Job Title Phone Number (Area Code and Number)
ENV. MANAGER 704-279-2166

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing Other B. Street or P.O. Box
 PO Box 1037

City or Town State Zip Code

SALISBURY NC 28145-1037

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

CAROLINA STALITE CO

Street, P.O. Box, or Route Number

PO Box 1037

City or Town State Zip Code

SALISBURY NC 28145-1037

Phone Number (Area Code and Number)

704-637-1515

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 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 checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input checked="" 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><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 261.33-35; See Instructions if you need to list more than 12 waste codes.)

1 F003	2 D001	3 P095	4	5	6
7	8	9 ENTERED STATE	10	11 ENTERED RCRA	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) DEWITT WHITTEN ENVIRONMENTAL MANAGER	Date Signed 6/2/95
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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.)