



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



3

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

June 13, 1995

B & T COLLISION CENTER INC  
PO BOX 8264  
MORGANTON NC 28680

RE: EPA ID No.: NCR000001321

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

Company Name:	B & T COLLISION CENTER INC
Owner:	TOMMY CARLTON
Owner Address:	1285 BROWN DR
City, St.& ZIP:	MORGANTON NC 28655
Contact:	CARLTON BENNY
Phone Number:	(704)437-3309
Location Addr.:	1285 BROWN DR
City, St.& ZIP:	MORGANTON NC 28655

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 Telephone: 919-766-3605

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

CC: SPRING ALLEN

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 13, 1995

B & T COLLISION CENTER INC  
PO BOX 8264  
MORGANTON, NC 28680

RE: EPA ID No. NCR000001321

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: SPRING ALLEN



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  
MCR000000321

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

BANDT COLLISION CENTER INC.

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

Street  
1285 BROWN DR.

Street (Continued)

City or Town      State      Zip Code  
MORGANTON      N.C.      28655-

County Code      County Name  
023      BURKE

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

Street or P.O. Box  
P.O. BOX 8264

City or Town      State      Zip Code  
MORGANTON      N.C.      28680-

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

Name (Last)      (First)  
CARLTON      BENNY

Job Title      Phone Number (Area Code and Number)  
PARTS MGR      704-437-3309

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

A. Contact 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  
TOMMY CARLTON

Street, P.O. Box, or Route Number  
1285 BROWN DR.

City or Town      State      Zip Code  
MORGANTON      N.C.      28655-

Phone Number (Area Code and Number)      B. Land Type      C. Owner Type      D. Change of Owner Indicator      (Date Changed)  
704-437-0062      P      P      Yes  No       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>_____</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 (RfC 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 U220	2 F005	3 F003	4 D001	5 D001	6 D001
-----------	-----------	-----------	-----------	-----------	-----------

ENTERED STATE JUN 1995

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

1	2	3	4	5
---	---	---	---	---

**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>Benny Carlton</i>	Name and Official Title (Type or print) BENNY CARLTON PARTS MGR	Date Signed 6/8/95
-----------------------------------	--	-----------------------

**XI. Comments**

\_\_\_\_\_

\_\_\_\_\_

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