

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 6-7-95	First notification
② 6-19-95	EPA ID #
③ 5-29-96	Current Computer Record
④ 3-16-98	Subsequent notification
⑤ 3-24-98	RCRA classification

G

(5)
SAC

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT

March 24, 1998

PRIME EQUIPMENT
6133 MURCHISON RD
FAYETTEVILLE NC 28311-

RE EPA ID NO.: NCR000001354

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 on the attached report and notify us of any corrections. We are advising EPA of the changes.

Enclosed you will find some information we hope will be helpful. If you have any questions or if I can be of any further assistance, please call me at (919)733-2178 ext.209.

Sincerely,



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

cc: FLINT WORRELL

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 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

4516771819 2021222300
Date Received
For Official Use Only
MAR 1998
Received

47

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

A. Initial Notification B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

WCR0000 01A 35 H

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

Prime Equipment

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

Street

6133 Murchison Rd

Street (Continued)

City or Town

Fayetteville

State

NC

Zip Code

28311-

County Code

County Name

Cumberland

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

6133 Murchison Rd

City or Town

Fayetteville

State

NC

Zip Code

28311-

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

Name (Last)

Hellms

(First)

Neal

Job Title

Manager

Phone Number (Area Code and Number)

910-482-3300

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

6133 Murchison Rd

City or Town

Fayetteville

State

NC

Zip Code

28311-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

Primeco Inc

Street, P.O. Box, or Route Number

16225 Park Ten Place Suite 200

City or Town

Houston

State

TX

Zip Code

77084-

Phone Number (Area Code and Number)

281-578-5600

B. Land Type

P

C. Owner Type

Q

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 (220-2,200 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 Recycling 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</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 Combustion Device(s)</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 Regulated 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.)

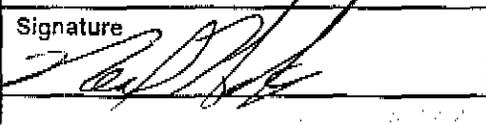
1	2	3	4	5	6
7	8	9	10	11	12

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) Neal Helms Branch Manager	Date Signed 3/16/98
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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.)

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

Stephen Miller, Dir Re & Const
 PRIME EQUIPMENT #431
 16225 Park Ten Place #200
 Houston, TX 77084

May 29, 1996

3

RE EPA ID NO.: NCR000001354

Dear Sir/Madam:

Listed above is your EPA ID number which has been assigned to you by the State. As a handler of Used Oil, you should be familiar with North Carolina Hazardous Waste Management, Regulations 15A NCAC 13A. 0018 Standards for the Management of Used Oil, contained in 40 CFR 279.

Effective October 1, 1993, all handlers of used oil were required by G.S. 130A-294(b),(c); 150B-21.6 to pay an annual fee, and submit an annual report listing the type of used oil transported, collected, and recycled during the preceding calendar year by JULY 1 of each year. You can contact the Hazardous Waste Management Section at (919)733-2178 for information.

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 Section, Division of Waste Management, PO Box 27687, Raleigh N.C. 27611-7687. There is a \$ 25.00 printing charge for a complete copy of the rules.

Sincerely,

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

Current Computer Record -		'X' indicates used oil status of your facility.		
Fuel Marketer	Burner- Combustion Devices	Transporter Activities	Processor/ Re-refiner Activities	
<input type="checkbox"/> Marketer directs shipment of used oil to off-specification burner	<input type="checkbox"/> Utility Boiler	<input type="checkbox"/> Transporter	<input type="checkbox"/>	<input type="checkbox"/> Process
<input checked="" type="checkbox"/> Marketer who first claims the used oil meets specifications	<input type="checkbox"/> Industrial Boiler	<input type="checkbox"/> Transfer facility	<input type="checkbox"/>	<input type="checkbox"/> Re-refine
	<input type="checkbox"/> Industrial Furnace			
Company name:	PRIME EQUIPMENT #431			
Owner:				
Contact:	MILLER STEPHEN, DIR RE &			
Phone number:	713/578-5600			
Location address:	6133 MURCHISON RD			
City, St & ZIP:	FAYETTEVILLE, NC 28311-			
Please notify us if there is any further change in your operation which would affect your status namely <u>Company's Name, Ownership, Address, Contact or Telephone Number.</u>				
Your EPA ID number is currently active.				

CC: FLINT WORRELL



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 19, 1995

PRIME EQUIPMENT #431
16225 PARK TEN PLACE #200
HOUSTON, TX 77084

RE: EPA ID No. NCR000001354

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a marketer or burner of hazardous waste fuel, you should be familiar with 15A NCAC 13A North Carolina Hazardous Waste Management Rules .002 Definitions; .0006 Identification and Listing of Hazardous Waste Part 261; and .0007 Standards for Hazardous Waste Generators - Part 262; and .0011 Standards for the Management of Specific Types of Hazardous Waste Management Facilities - Part 266 (Subpart D, E and H).

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

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 19, 1995

PRIME EQUIPMENT #431
16225 PARK TEN PLACE #200
HOUSTON, TX 77084

RE: EPA ID No. NCR000001354

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: 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)

RECEIVED
JUN 12 1995
HAZARDOUS WASTE

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 last 7)	C. Installation's EPA ID Number NCR000001354
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II. Name of Installation (Include company and specific site name)

PRIME EQUIPMENT #431

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

Street
6133 MURCHISON ROAD

Street (continued)

City or Town: FAYETTEVILLE State: NC ZIP Code: 28311-

County Code: 051 County Name: CUMBERLAND

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
16225 PARK TEN PLACE #200

City or Town: HOUSTON State: TX ZIP Code: 77084-

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

Name (last): MILLER (first): STEPHEN
Job Title: DIR RE # CONST Phone Number (area code and number): 713-578-5600

VI. Installation Contact Address (See Instructions)

A. Contact Address Location: Mailing: B. Street or P.O. Box
City or Town: State: ZIP Code:

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
GRAHAM R CREECH JR

Street, P.O. Box, or Route Number: PO BOX 321
City or Town: FAYETTEVILLE State: NC ZIP Code: 28302-

Phone Number (area code and number): - - -
B. Land Type: M C. Owner Type: M D. Change of Owner Indicator (Data Changed) Month Day Year: Yes No

SIC 7353

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 Fuel 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 (220 - 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 Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</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. Off-Specification Used Oil Fuel</p> <p><input checked="" type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</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>2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p> <p><input type="checkbox"/></p>	

IX. Description of Regulated 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 (D000)	(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"/>	D 0 1 8

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 an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature <i>Stephen O. Miller</i>	Name and Official Title (type or print) STEPHEN O. MILLER DE RECONS	Date Signed June 7 1995
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XI. Comments

SIC 7353

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