

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 5-13-95	First notification
② 6-22-95	EPA ID #
③ 6-22-95	Current Computer record
④ 10-27-95	Final notice for waste minimization rep.

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



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October 27, 1995

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
LYNN MILANESE
GRIFFIN MOTORS OF ROCKINGHAM ✓
PO BOX 1866
ROCKINGHAM, NC 28379
NCR000001362

Notice of Violation
Docket #95- 951



RE: Final Notice for Waste Minimization Report

Dear LYNN MILANESE:

The original and the second notice for your Waste Minimization Report Form (Report) were mailed to you on July 1, 1995, and September 11, 1995, respectively. As of October 27, 1995, you have failed to respond to these requests. You must send the completed Report to the following address:

Ms. Carol Walker
Hazardous Waste Section, DEHNR
Post Office Box 27687
Raleigh, North Carolina 27611-7687

If the requirement above is not met by November 13, 1995, pursuant to N.C.G.S. 130A-22(a) and 15A NCAC 13B .0701 - .0707, an administrative penalty of up to \$25,000.00 per day per violation will be assessed for violation of the hazardous waste law or regulations.

If you have already mailed your Report, please disregard this reminder. Please call Ms. Walker or Mr. Emil Breckling at (919) 733-2178 Ext. 240 and 247 respectively, if you should have any questions.

Sincerely,

James A. Carter, Chief
Hazardous Waste Section

cc: Central Files

rc: Jim Edwards, Carol Walker

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 22, 1995

GRIFFIN MOTORS OF ROCKINGHAM
PO BOX 1866
ROCKINGHAM NC 28379

RE: EPA ID No.: NCR000001362

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

Company Name:	GRIFFIN MOTORS OF ROCKINGHAM	
Owner:	PATRICIA G STEWART TRUST	
Owner Address:	PO BOX 1699	
City, St.& ZIP:	MONROE	NC 28110
Contact:	MILANESE	LYNN
Phone Number:	(910)895-2400	
Location Addr.:	HWY 74 E	
City, St.& ZIP:	ROCKINGHAM	NC 28379

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 5-3605

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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 22, 1995

GRIFFIN MOTORS OF ROCKINGHAM
PO BOX 1866
ROCKINGHAM, NC 28379

RE: EPA ID No. NCR000001362

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: 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)

JUN 2 1995
HAZARDOUS WASTE

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

NC R 000001362

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

GRIFFIN MOTORS OF ROCKINGHAM

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

Street

HWY 74 EAST

Street (Continued)

1710 EAST BROAD AVENUE

City or Town

ROCKINGHAM

State

NC

Zip Code

28379-

County Code

153

County Name

RICHMOND

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO BOX 1866

City or Town

ROCKINGHAM

State

NC

Zip Code

28379-

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

Name (Last)

MILANESE

(First)

LYNN

Job Title

SERVICE MANAGER

Phone Number (Area Code and Number)

910-895-2400

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing Other

B. Street or P.O. Box

City or Town

MONROE

State

NC

Zip Code

28110-

VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

PATRICIA G. STEWART, TRUST

Street, P.O. Box, or Route Number

PO BOX 1699

City or Town

MONROE

State

NC

Zip Code

28110-

Phone Number (Area Code and Number)

704-289-3135

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

Month

Day

Year

(Date Changed)

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 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 checked="" 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 0001	2 0006	3 0008	4 0018	5 0035	6 0039
7 0040	8 0027	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) Joe E. Stasney (General Manager)	Date Signed 5-31-95
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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.)