

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

- | DATE      | ITEM                          |
|-----------|-------------------------------|
| ① 6-15-95 | First notification            |
| ② 6-22-95 | EPA ID #                      |
| ③ 6-22-95 | Current Computer record       |
| ④ 11/1/95 | Change in RCRA Classification |
| ⑤ 9.6.95  | Notifier                      |

Please refer to the instructions for filling out this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

# EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)  
SEP 8

(S)

**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 NCR000001396
--	---	---

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

BUTCH MOCK MOTORSPORTS INC.

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

Street  
217 ROLLING HILLS ROAD

Street (Continued)

City or Town: MOORESVILLE State: NC Zip Code: 28115-

County Code: IREDELL County Name:

**IV. Installation Mailing Address (See Instructions)**

Street or P.O. Box  
217 ROLLING HILLS ROAD

City or Town: MOORESVILLE State: NC Zip Code: 28115-

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

Name (Last): SELBERG (First): TROY

Job Title: CREW CHIEF Phone Number (Area Code and Number): 704-

**VI. Installation Contact Address (See Instructions)**

A. Contact Address Location Mailing Only:  B. Street or P.O. Box:

City or Town: State: Zip Code:

**VII. Ownership (See Instructions)**

A. Name of Installation's Legal Owner  
BUTCH MOCK

Street, P.O. Box, or Route Number  
19529 MARY ARDREY CIRCLE

City or Town: HUNTERSVILLE State: NC Zip Code: 28078-

Phone Number (Area Code and Number): 704-892-9972  
B. Land Type: C. Owner Type: D. Change of Owner Indicator: (Date Changed) Month Day Year

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

BUTCH MOCK MOTORSPORTS INC  
217 ROLLING HILL RD  
MOORESVILLE NC 28115

RE: EPA ID No.: NCR000001396

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:	BUTCH MOCK MOTORSPORTS INC	
Owner:	BUTCH MOCK	
Owner Address:	19529 MARY ARDREY CIRCLE	
City, St.& ZIP:	HUNTERSVILLE	NC 28078
Contact:	SELBERG	TROY
Phone Number:	(704)663-7572	
Location Addr.:	217 ROLLING HILL RD	
City, St.& ZIP:	MOORESVILLE	NC 28115

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 781-7896 Management 3605

An Equal Opportunity Affirmative Action Employer

50% recycled/ 10% post-consumer paper

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 22, 1995

BUTCH MOCK MOTORSPORTS INC  
217 ROLLING HILL RD  
MOORESVILLE NC 28115

RE: EPA ID No.: NCR000001396

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:	BUTCH MOCK MOTORSPORTS INC
Owner:	BUTCH MOCK
Owner Address:	217 ROLLING HILL RD
City, St. & ZIP:	MOORESVILLE NC 28115
Contact:	SELBERG TROY
Phone Number:	(704)663-7572
Location Addr.:	217 ROLLING HILL RD
City, St. & ZIP:	MOORESVILLE NC 28115

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

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

BUTCH MOCK MOTORSPORTS INC  
217 ROLLING HILL RD  
MOORESVILLE, NC 28115

RE: EPA ID No. NCR000001396

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: 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)

RECEIVED  
JUN 19 1995

**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 NCR000001396
---	---	---

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

BUTCH MOCK MOTORSPORTS, INC

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

Street  
217 ROLLING HILLS ROAD

Street (Continued)

City or Town MOORESVILLE	State NC	Zip Code 28115-
-----------------------------	-------------	--------------------

County Code	County Name IREDELL
-------------	------------------------

**IV. Installation Mailing Address (See Instructions)**

Street or P.O. Box  
SAME

City or Town	State	Zip Code -
--------------	-------	---------------

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

Name (Last) SELBERG	(First) TROY
Job Title CREW CHIEF	Phone Number (Area Code and Number) 704-663-7572

**VI. Installation Contact Address (See Instructions)**

A. Contact Address Location Mailing Other <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	B. Street or P.O. Box
City or Town	State Zip Code -

**VII. Ownership (See Instructions)**

A. Name of Installation's Legal Owner  
BUTCH MOCK

Street, P.O. Box, or Route Number  
SAME AS ABOVE

City or Town	State	Zip Code -
--------------	-------	---------------

Phone Number (Area Code and Number) 704-663-7572	B. Land Type P	C. Owner Type P	D. Change of Owner Indicator Yes <input type="checkbox"/> No <input type="checkbox"/>	(Date Changed) Month Day Year
---	-------------------	--------------------	--	----------------------------------

7948

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))

\_\_\_\_\_

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)**

1 F005	2 F003	3 000	4 000	5 0018	6 0035
7 D039	8 D040	9	10	11	12

**C. Other Wastes. (State or other wastes requiring a handler to have an ID 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>Butch Mock</i>	Name and Official Title (Type or print) Butch Mock - President/owner	Date Signed 6-15-95
--------------------------------	---	------------------------

**XI. Comments**

\_\_\_\_\_

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