

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

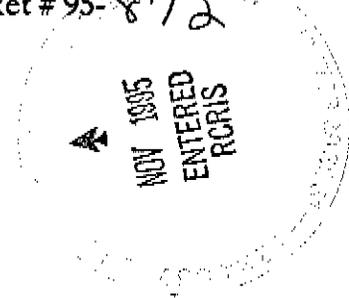
October 19, 1996
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CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Notice of Violation
Docket # 95-872

MARGARET WHITNEY
SEARS #6165
3333 BEVERLY RD D824C
HOFFMAN ESTATES, IL 60179



NCR000001412

RE: Final Notice for Annual Fee and Waste Minimization Report

Dear MARGARET WHITNEY:

The original invoice and the second notice for your annual hazardous waste fee (fee) and the Waste Minimization Report Form (Report) were mailed to you on July 1, 1995, and September 11, 1995, respectively. As of October 19, 1995, you have failed to respond to these requests for fee payment and for submittal of the Report. You must send a \$25.00 check or money order payable to the Division of Solid Waste Management and the completed Report to the following address:

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

Failure to pay the fee and submit the Report by November 6, 1995, will result in the loss of your EPA Identification Number (ID Number). If the requirements above are not met and if you should later use a revoked ID Number, 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 fee payment and your Report, please disregard this reminder. Please call Ms. Walker or Mr. Emil Breckling at (919) 733-2178 if you should have any questions.

Sincerely,

Carol Walker for
James A. Carter, Chief
Hazardous Waste Section

cc: Central Files rc: Carol Walker, Jim Edwards

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Telephone 919-733-4996 FAX 919-715-3605

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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

SEARS #6165
3333 BEVERLY RD D824C
HOFFMAN ESTATES IL 60179

RE: EPA ID No.: NCR000001412

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:	SEARS #6165	
Owner:	SEARS ROEBUCK & CO	
Owner Address:	3333 BEVERLY RD	
City, St.& ZIP:	HOFFMAN ESTATES	IL 60179
Contact:	WHITNEY	MARGARET
Phone Number:	(708)286-8616	
Location Addr.:	207 A INDUSTRIAL AVE	
City, St.& ZIP:	GREENSBORO	NC 27406

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: JOSEPH H. DEAKINS

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June 22, 1995

SEARS #6165
3333 BEVERLY RD D824C
HOFFMAN ESTATES, IL 60179

RE: EPA ID No. NCR000001412

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: JOSEPH H. DEAKINS

SEARS

Margaret L. Whitney
Environmental Project Manager
Construction Department
Dept. D824C

Sears Merchandise Group
3333 Beverly Road, A2-165B
Hoffman Estates, Illinois 60179
Phone: 708/286-8616
Fax: 708/286-4531

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June 7, 1995

Solid and Hazardous Waste Mgmt. Branch
Division of Health Services
Department of Human Resources
P.O. Box 27687
Raleigh, NC 27611

To Whom it May Concern:

Enclosed is a Notification of Regulated Waste Activity Form for a Sears facility located in Greensboro, NC. We are in the process of scheduling removal of this waste and would appreciate your prompt attention to this request.

If possible, please call me at 708/286-8616 once the EPA ID Number is issued or send the notification via facsimile to 708/286-4531.

Thank you for your anticipated cooperation. Please call me if you have any questions.

Sincerely,
Sears, Roebuck and Co.

A handwritten signature in cursive script that reads "Margaret L. Whitney".

Margaret L. Whitney
Environmental Project Manager

MLW:pas

enc

EPA6165

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 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 contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> D018

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		9	10	11	12

Stamp: JUN 1995 ENTERED STAFFING

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

1	2	3	4	5	6

Stamp: JUN 1995 ENTERED STAFFING

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>M Whitney</i>	Name and Official Title (Type or print) MARGARET L WHITNEY ENVIRONMENTAL PROJECT MGR	Date Signed 6-8-95
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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.)