

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 29, 1995

SEARS #2225
3333 BEVERLY RD D824C
HOFFMAN ESTATES, IL 60179

RE: EPA ID No. NCR000001446

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: WILLIAM DENTON

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



June 14, 1995

Solid and Hazardous Waste Management 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 Burlington, 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 "ML Whitney".

Margaret L. Whitney
Environmental Project Manager

MLW:pas

EPA2105

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 26 1995

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

NCR000001446

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

SEARS #2225

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

Street

BERKELEY MALL

Street (Continued)

703 N BERKELEY BLVD

City or Town

GOLDSBORO

State

NC

Zip Code

27534-

County Code

191

County Name

WAYNE

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

3333 BEVERLY ROAD D824C

City or Town

HOFFMAN ESTATES

State

IL

Zip Code

60179-

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

Name (Last)

WHITNEY

(First)

MARGARET L

Job Title

ENV PROJECT MGR

Phone Number (Area Code and Number)

708-286-8616

VI. Installation Contact Address (See Instructions)

A. Contract 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

CAPITAL FUNDS INC

Street, P.O. Box, or Route Number

PO BOX 144

City or Town

Shelby

State

NC

Zip Code

28150-

Phone Number (Area Code and Number)

704-487-8547

B. Land Type

P

C. Owner Type

P

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> <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<p>3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Deferral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<p>1. Used Oil Fuel Marketer</p> <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
<p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes		<p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace
<p>Mode of Transportation</p> <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify		<p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility
		<p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0008 <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	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 <i>M. Whitney</i>	Name and Official Title (Type or print) MARGARET L. WHITNEY ENVIRONMENTAL PROTECT MGR.	Date Signed 6-16-95
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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.)