

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

4

October 27, 1995

AC CORPORATION
347 WITT
WINSTON SALEM NC 27103

RE: EPA ID No.: NCR000001461

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
- TRANSPORTER
- STORER
- X EXEMPT SMALL QNTY. GENERATOR
- TREATER
- DISPOSER

Company Name:	AC CORPORATION
Owner:	AC CORPORATION
Owner Address:	301 CREEK RIDGE RD
City, St.& ZIP:	GREENSBORO NC 27406
Contact:	LINVILLE GARY
Phone Number:	(910)765-0416
Location Addr.:	347 WITT
City, St.& ZIP:	WINSTON SALEM NC 27103

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

An Equal Opportunity Affirmative Action Employer

50% recycled/ 10% post-consumer paper

CC: STEPHEN E. PHIBBS

Please refer to the instructions for filling this form before completing this form. The information requested here is required by law (Section 3019 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

AUG 18 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

NCR0000001461

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

AC CORPORATION

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

Street
347 ~~WITT~~ WITT

Street (Continued)

City or Town State Zip Code
Winston-Salem NC 27103-

County Code County Name
Forsyth

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
347 ~~WITT~~ WITT

City or Town State Zip Code
Winston-Salem NC 27103-

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

Name (Last) (First)
LINVILLE GARY

Job Title Phone Number (Area Code and Number)
DIR. TECH. SVR. 910-765-0416

VI. Installation Contact Address (See Instructions)

A. Contact 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

AC CORPORATION

Street, P.O. Box, or Route Number

301 Creek Ridge Road

City or Town State Zip Code
Greensboro NC 27406-

Phone Number (Area Code and Number)

910-273-4472

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(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 1000 kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 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>A. 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 container(s))
<input 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 ID number; See Instructions.)

1	2	3	4	5

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>Steen B. Bluff</i>	Name and Official Title (Type or print) Safety Director	Date Signed 6-27-95
------------------------------------	--	------------------------

XI. Comments

Identification number needed for manifesting purposes to the state of Louisiana only.

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

July 5, 1995

AC CORPORATION
347 WITT
WINSTON SALEM NC 27103

RE: EPA ID No.: NCR000001461

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 EXEMPT SMALL QNTY. GENERATOR |
| - TRANSPORTER | - TREATER |
| - STORER | - DISPOSER |

Company Name:	AC CORPORATION
Owner:	AC CORPORATION
Owner Address:	301 CREEK RIDGE RD
City, St.& ZIP:	GREENSBORO NC 27406
Contact:	LINVILLE GARY
Phone Number:	(910)765-0416
Location Addr.:	347 WITT
City, St.& ZIP:	WINSTON SALEM NC 27103

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

Division of Solid Waste Management

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Telephone 919-782-2966 Fax 919-782-3605

An Equal Opportunity Affirmative Action Employer

50% recycled/ 10% post-consumer paper

CC: STEPHEN E. PHIBBS

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



July 5, 1995

AC CORPORATION
347 WITT
WINSTON SALEM, NC 27103

RE: EPA ID No. NCR000001461

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: STEPHEN E. PHIBBS

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 9-30-86
GSA No. 0246-EPA-07

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 28 1995
H
HUS 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

NCR0000001461

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

AC CORPORATION

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

Street

347 ~~W~~ WITT

Street (Continued)

City or Town

Winston-Salem

State

Zip Code

NC 27103-

County Code

County Name

0007 Forsyth

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

347 ~~W~~ WITT

City or Town

Winston-Salem

State

Zip Code

NC 27103-

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

Name (Last)

(First)

LINVILLE

GARY

Job Title

Phone Number (Area Code and Number)

DIR. TECH. SVR.

910-765-0416

VI. Installation Contact Address (See Instructions)

A. Contract Address

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

AC CORPORATION

Street, P.O. Box, or Route Number

301 Creek Ridge Road

City or Town

Greensboro

State

Zip Code

NC 27406-

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

910-273-4472

F

P

Yes No

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 type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 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 Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter/Referral</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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

C. Other Wastes. (State for 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>Steen B. Staff</i>	Name and Official Title (Type or print) Safety Director	Date Signed 6-27-95
------------------------------------	--	------------------------

XI. Comments

Identification number needed for manifesting purposes to the state of Louisiana only.

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