

Purpose:

The attached form will be used as a file folder docket. EPA have requested that we list the content of each file folder docket will be used to provide a folder content list.

Preparation:

This form will be completed by the Section file clerk. It identifies what document it is -- a letter, a report, a memo, etc. Filing is by date with the last entry on the top of the file folder and the bottom of the file docket.

Disposition:

This form may be destroyed in accordance with the Solid Waste Management Division Section of the Records Disposition Schedule published by the North Carolina Division of Archives and History.

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 6, 1995

STATESVILLE RADIATOR SRV INC
1132 SECOR ST
STATESVILLE, NC 28677

RE: EPA ID No. NCR000001495

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



1 1

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 6, 1995

STATESVILLE RADIATOR SRV INC
1132 SECOR ST
STATESVILLE NC 28677

RE: EPA ID No.: NCR000001495

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:	STATESVILLE RADIATOR SRV INC
Owner:	WAYNE CHURCH
Owner Address:	1132 SECOR ST
City, St.& ZIP:	STATESVILLE NC 28677
Contact:	CHURCH WAYNE
Phone Number:	(704)873-0529
Location Addr.:	1132 SECOR ST
City, St.& ZIP:	STATESVILLE NC 28677

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: JESSE WELLS



1 2 3 4

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

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)
JUL 3 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)
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C. Installation's EPA ID Number	NICR0000001495
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II. Name of Installation (Include company and specific site name)

STATESVILLE RADIATOR SERVICE INC

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

Street

1132 SELCOR STREET

Street (Continued)

City or Town

STATESVILLE	State	NC	Zip Code	28677-
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County Code

099	County Name	IREDELL
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IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

	State		Zip Code	-
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V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

CHURCH	(First)	WAYNE
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Job Title

PRESIDENT	Phone Number (Area Code and Number)	704-873-0529
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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	SAME
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City or Town

	State		Zip Code	-
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VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

WAYNE CHURCH

Street, P.O. Box, or Route Number

1132 SELCOR STREET

City or Town

STATESVILLE	State	NC	Zip Code	28677-
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Phone Number (Area Code and Number)	704-873-0529	B. Land Type	P	C. Owner Type	P	D. Change of Owner Indicator	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(Date Changed)	Month	Day	Year
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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
<input type="checkbox"/> 1. Generator (See Instructions) <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.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <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 _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <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. Smaller 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	<input type="checkbox"/> 1. Used Oil Fuel Marketer <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 <input type="checkbox"/> 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace <input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <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 checked="" type="checkbox"/>	<input type="checkbox"/>	D008

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

ENTERED STATE RCRRIS JUN 20 1995

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

1	2	3	4	5	6

ENTERED STATE RCRRIS JUN 20 1995

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>Wayne Church</i>	Name and Official Title (Type or print) Pres. Wayne Church, Pres JW	Date Signed 6-30-95
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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.)

**DIVISION OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE SECTION**

June 30, 1995



Memorandum To: R. J. Edwards
Hazardous Waste Section
Administrative Officer

From: Jesse W. Wells *JWells*
Waste Management Specialist
Mooresville Regional Office

Subject: Statesville Radiator Service
Iredell County, N.C.

It is requested that the enclosed 8700-12 form be processed for the subject facility. The facility was inspected on June 30, 1995 and was determined to be a SQG. The number is required to ship stored waste and to handle future shipments.

Please advise should you have any questions.

cc: Keith Masters

