

N.C. DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES  
DIVISION OF SOLID WASTE  
HAZARDOUS WASTE SECTION

Circle one:  
G, I, P, GW, C, E

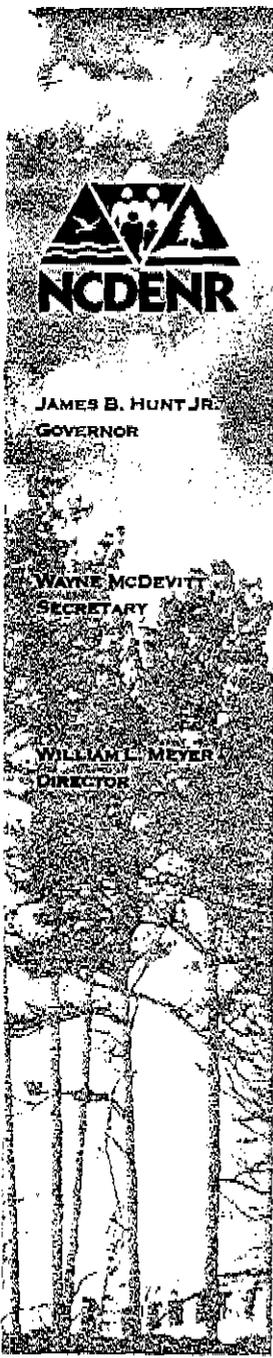
FILE DOCKET

DATE	ITEM
① 6.28.95	Notifier
② 7.6.95	Status Letter (Generator)
③ 7.6.95	Current Computer Record
④ 1-19-98	Subsequent notification
⑤ 1-30-98	RCRA Classification

G

NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES  
DIVISION OF WASTE MANAGEMENT

SOG  
5



January 30, 1998

AIR PRODUCTS & CHEMICALS INC  
115 SOUTHERN OXYGEN RD  
GREENSBORO NC 27407-1421

RE EPA ID NO.: NCR000001545

Dear Sir/Madam:

Based on information received by this office for the site identified with the EPA ID number, the state has accepted and processed the change in RCRA classification or information for the above site.

Please verify the computer generated information on the attached report and notify us of any corrections. We are advising EPA of the changes.

Enclosed you will find some information we hope will be helpful. If you have any questions or if I can be of any further assistance, please call me at (919)733-2178 ext.209.

Sincerely,  
*R. J. Edwards*  
R. J. Edwards, Administrative Assistant  
Division of Waste Management

cc: JOE DEAKINS

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

Please refer to the instructions for filling 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)

4

### 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)
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C. Installation's EPA ID Number	NCR0000001545
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### II. Name of Installation (Include company and specific site name)

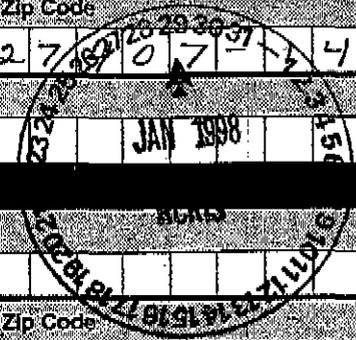
AIR PRODUCTS & CHEMICALS INC
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### III. Location of Installation (Physical address not P.O. Box or Route Number)

Street  
115 SOUTHERN OXYGEN ROAD

Street (Continued)

City or Town	State	Zip Code
GREENSBORO	NC	27407-421
County Code	County Name	
	GUILFORD	



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

Street or P.O. Box  
PO BOX 18447

City or Town	State	Zip Code
GREENSBORO	NC	27419-8447

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

Name (Last)	Name (First)
THORNE	PAUL
Job Title	Phone Number (Area Code and Number)
PLANT MANAGER	910-299-1361

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

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

### VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner			
AIR PRODUCTS & CHEMICALS INC.			
Street, P.O. Box, or Route Number			
7201 HAMILTON BOULEVARD			
City or Town		State	Zip Code
ALLEN TOWN		PA	18195-1501
Phone Number (Area Code and Number)	B. Land Type	C. Owner Type	D. Change of Owner Indicator (Date Changed)
610-481-5766	P	P	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Month Day Year

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

D - 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><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>    1. Smelter/Referral</p> <p>    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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> D007 D008 D009 D004

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

1 4002	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
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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>Damian Marcinek</i>	Name and Official Title (Type or print) ENVIRONMENTAL DAMIAN MARCINEK - COORDINATOR	Date Signed 1-19-98
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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.)

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



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(2)

July 6, 1995

AIR PRODUCTS & CHEMICALS INC  
PO BOX 18447  
GREENSBORO NC 27419

RE: EPA ID No.: NCR000001545

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)

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

Company Name:	AIR PRODUCTS & CHEMICALS INC
Owner:	AIR PRODUCTS & CHEMICALS INC
Owner Address:	7201 HAMILTON BLVD
City, St. & ZIP:	ALLENTOWN PA 18195
Contact:	THORNE PAUL
Phone Number:	(910)299-1361
Location Addr.:	115 SOUTHERN OXYGEN RD
City, St. & ZIP:	GREENSBORO NC 27407

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: 919-777-3605

An Equal Opportunity Affirmative Action Employer

50% recycled/ 10% post-consumer paper

CC: JOSEPH H. DEAKINS

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



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July 6, 1995

AIR PRODUCTS & CHEMICALS INC  
PO BOX 18447  
GREENSBORO, NC 27419

RE: EPA ID No. NCR000001545

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a Generator, you should be familiar with North Carolina Hazardous Waste Management, Regulation 15A NCAC 13A .0002 Definitions, contained in 40 CFR 260; 15A NCAC 13A .0006 Identification and Listing of Hazardous Waste, contained in 40 CFR 261; 15A NCAC 13A .0007 Standards for Hazardous Waste Generators, contained in 40 CFR 262; 15A NCAC 13A .0033 Personnel Training, contained in 40 CFR 265.16 (Subpart B); Preparedness and Prevention, contained in 40 CFR 265.30-265.37 (Subpart C); Contingency Plan and Emergency Procedure contained in 40 CFR 265.50-265.56 (Subpart D); Use and Management of Containers, contained in 40 CFR 265.170 - 265.177 (Subpart I); Tanks, 40 CFR 265.190 - 265.201 (subpart J).

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

Industrial Gas Division  
Air Products and Chemicals, Inc.  
P.O. Box 18447  
Greensboro, NC 27419-8447  
Telephone (910) 299-1361  
Fax (910) 299-3458



29 June 1995

Jim Edwards  
Hazardous Waste Management Branch  
Division of Solid Waste Management  
Environment, Health & Natural Resources  
P. O. Box 27687  
Raleigh, North Carolina 27611-7687

Dear Mr. Edwards:

Attached please find the notification of Regulated Waste Activity form for our Greensboro, NC Facility. As we discussed on the phone on 19 June 1995, this notification was necessary due to our being a LQG for 1994 and problems with the ID Number we were using. The large quantity generator status for 1994 was basically due to a spill cleanup of acetone and the contaminated soil generated.

If you have any questions regarding this, please contact me at my office (610) 481-5766. Thank you very much for your assistance.

Sincerely,

AIR PRODUCTS AND CHEMICALS, INC.

A handwritten signature in cursive script that reads "Damian Marcinek".

Damian Marcinek  
Principal Environmental Coordinator

DM:lt  
Enclosure

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)

A. First Notification

B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

NC R0000001545

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

AIR PRODUCTS & CHEMICALS INC

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

Street

115 SOUTHERN OXYGEN ROAD

Street (Continued)

City or Town

GREENSBORO

State

NC

Zip Code

27407-1421

County Code

County Name

081 GUILFORD

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

Street or P.O. Box

PO BOX 18447

City or Town

GREENSBORO

State

NC

Zip Code

27419-8447

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

Name (Last)

THORNE

(First)

PAUL

Job Title

PLANT MANAGER

Phone Number (Area Code and Number)

910-299-1361

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

A. Contract Address

Location

B. Street or P.O. Box

City or Town

State

Zip Code

### VII. Ownership (See Instructions)

#### A. Name of Installation's Legal Owner

AIR PRODUCTS & CHEMICALS INC

Street, P.O. Box, or Route Number

7201 HAMILTON BLVD

City or Town

ALLEN TOWN

State

PA

Zip Code

18195-1501

Phone Number (Area Code and Number)

610-481-4911

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year