

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 10, 1995

POLK CO SCHOOLS
PO BOX 638
COLUMBUS, NC 28722

RE: EPA ID No. NCR000001594

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: SPRING ALLEN

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(2)

July 10, 1995

POLK CO SCHOOLS
PO BOX 638
COLUMBUS NC 28722

RE: EPA ID No.: NCR000001594

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:	<u>POLK CO SCHOOLS</u>
Owner:	<u>POLK CO BD OF EDUCATION</u>
Owner Address:	<u>PO BOX 638</u>
City, St. & ZIP:	<u>COLUMBUS NC 28722</u>
Contact:	<u>COVIL ARTHUR</u>
Phone Number:	<u>(704)894-3154</u>
Location Addr.:	<u>202 E MILLS ST</u>
City, St. & ZIP:	<u>COLUMBUS NC 28722</u>

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: SPRING ALLEN

Form Approved, OMB No. 2060-0028 Expires 9-30-90
GSA No. 0248-EPA-DT

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

<p>Instructions to the filer for filing notification before completing this form. The information requested here is required by law (Section 3019 of the Resource Conservation and Recovery Act).</p>	 <h1 style="margin: 0;">Notification of Regulated Waste Activity</h1> <p>United States Environmental Protection Agency</p>	<p>Date Received (For Official Use Only)</p> <div style="border: 1px solid black; padding: 5px; text-align: center;"> JUL 7 1995 HAZARDOUS WASTE </div>
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1

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)	C. Installation's EPA ID Number NCR000001594
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II. Name of Installation (Include company and specific site name)

POLK COUNTY SCHOOLS

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

Street
202 EAST MILLS STREET

Street (Continued)

City or Town	State	Zip Code
COLUMBUS	NC	28722-

County Code	County Name
750	POLK

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
PO BOX 638

City or Town	State	Zip Code
COLUMBUS	NC	28722-

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

Name (Last)	(First)
COVIL	ARTHUR
Job Title	Phone Number (Area Code and Number)
MAINTENANCE	704-894-3154

VI. Installation Contact Address (See Instructions)

A. Contact Address Location (Mark 'X')	B. Street or P.O. Box
<input checked="" type="checkbox"/>	PO BOX 638

City or Town	State	Zip Code
COLUMBUS	NC	28722-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
POLK COUNTY BOARD OF EDUCATION

Street, P.O. Box, or Route Number
PO BOX 638

City or Town	State	Zip Code
COLUMBUS	NC	28722-

Phone Number (Area Code and Number)	A. Last Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month Day Year
704-894-3051	C	C		

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

Official Use Only	

VIII. Type of Regulated Process Activity

A. Hazardous Waste Activity		B. Used Oil Recycling Activities	
<input type="checkbox"/> 1. Generator (See instructions) <input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode(s) in boxes 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 checked="" 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 supplying to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smaller Others <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/Refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine	<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 supplying to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smaller Others <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

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)

Ignitable (D001)	Corrosive (D002)	Reactive (D003)	Toxicity Characteristics (See specific EPA hazardous waste number(s) for the toxicity characteristic D004-D008)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D005 D006 D008 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
U122	U19X	U223	U239	U239	P022
P120	U2151	U2514			
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
		0254			

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>Arthur Covil</i>	Name and Official Title (Type or print): ARTHUR COVIL	Date Signed: 6-20-95
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XI. Comments

Provisional number for one time labpack

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