

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



August 4, 1995

CUSTOM AUTOMOTIVE BODY SHOP
4271-A OLD WINSTON RD
KERNERSVILLE NC 27284

2

NCR000001776

RE EPA ID NO. _____

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 NC 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, PO Box 7401, McKimmon Center, NC 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, NC 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:

Please refer to the instructions for filing notifications before completing this form. The information requested here is required by law (Section 3018 of the Resource Conservation and Recovery Act).

EPA Notification of Regulated Waste Activity

Date Received
(For Official Use Only)
JUL 31 1995

United States Environmental Protection Agency

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	NCR000001776
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II. Name of Installation (Include company and specific site name)

Custom Automotive Body Shop

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

Street

4271-A Old Winston Rd.

Street (Continued)

City or Town	State	Zip Code
Kernersville	NC	27284-

County Code	County Name
	Forsyth

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

4271-A Old Winston Rd.

City or Town	State	Zip Code
Kernersville	NC	27284-

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

Name (Last)	Name (First)
MCKEE	Ronnie

Job Title	Phone Number (Area Code and Number)
Owner	910-788-1201

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing Other	B. Street or P.O. Box
<input checked="" type="checkbox"/>	4271-A Old Winston Rd.

City or Town	State	Zip Code
Kernersville	NC	27284-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
Custom Automotive Body Shop

Street, P.O. Box, or Route Number
4271-A Old Winston Rd.

City or Town	State	Zip Code
Kernersville	NC	27284-

Phone Number (Area Code and Number)	B. Lead Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed) Month Day Year
910-788-1201	P	P	X	

For Official Use Only

VII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used OR Recycling Activities
<input type="checkbox"/> 1. Generator (See Instructions) a. Greater than 1000kg/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 checked="" type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) 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, Storage, Disposer (at installation) Note: A permit is required for this activity; see Instructions. a. Hazardous Waste Fuel <input type="checkbox"/> b. Generator Marketing to Burner <input type="checkbox"/> c. Other Marketers <input type="checkbox"/> d. 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"/> 4. Underground Injection Control	<input type="checkbox"/> 1. Used OR Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used OR to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Cleans the Used OR Meets the Specifications <input type="checkbox"/> 2. Used OR 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 OR Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> 4. Used OR 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. Volatile Characteristic (List specific EPA hazardous waste numbers) (See Toxicity Characteristic Compendium)
<input checked="" 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.)

F003	F015		1495				
			ERED				

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

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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>Ronald A. McKee</i>	Name and Official Title (Type or print) RONALD A. MCKEE OWNER	Date Signed 7-27-95
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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.)