

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) 7-24-95 First Notification
- 2) 8-4-95 EPA ID Number (assigned)

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

SHAW UNIVERSITY

NCR000001818

RE EPA ID NO. _____

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(a)(7) which was ratified July 3, 1985. Revised by House Bill 2623, ratified on 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 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, PO Box 27687, Raleigh, NC 27611-7687. There is a \$16.00 printing charge for a complete copy of the rules.

Sincerely,

R.J. Edwards, Administrative Officer
Division of Solid Waste Management

cc:

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)	<h2 style="margin: 0;">Notification of Regulated Waste Activity</h2> <p style="margin: 0;">United States Environmental Protection Agency</p>	Date Received (For Official Use Only) <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> JUL 31 1985 </div>
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J. 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
		NC R0000001818

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

SHAW UNIVERSITY

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

Street
118 EAST SOUTH STREET

Street (continued)

City or Town	State	ZIP Code
RALEIGH	NC	27611-

County Code	County Name
	WAKE

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
118 EAST SOUTH STREET

City or Town	State	ZIP Code
RALEIGH	NC	27611-

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

Name (last)		(first)
MANOEH		SAMA
Job Title		Phone Number (area code and number)
VP FOR FISCAL AFFAIRS		919 546 8244

VI. Installation Contact Address (See Instructions)

A. Contact Address Location	Mailing	B. Street or P.O. Box
<input checked="" type="checkbox"/>	<input type="checkbox"/>	118 E SOUTH STREET

City or Town	State	ZIP Code
RALEIGH	NC	27601-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

SHAW UNIVERSITY

Street, P.O. Box, or Route Number

118 EAST SOUTH STREET

City or Town	State	ZIP Code
RALEIGH	NC	27611-

Phone Number (area code and number)	B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed)	Month	Day	Year
919-546-8220	P	P	Yes <input type="checkbox"/> No <input type="checkbox"/>				

SIC CODE NUMBER 8221

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 Fuel Activities	
1. Generator (See instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input checked="" 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. 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter/Refinery <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. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification	

IX. Description of Regulated Waste (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 (D000)	(List specific EPA hazardous waste numbers for the Toxicity characteristic contaminant(s).)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D004 D005 D006 D007

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

1 F003	2 P012	3 P022	4 P024	5 U028	6 U077
7 P098	8 U001	9 U003	10 U004	11 U006	12 U012

C. Other Wastes. (State or other wastes requiring a handler to have an ID 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 	Name and Official Title (type or print) VILE PRES. FOR FISCAL AFFAIRS	Date Signed 7-24-95
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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.)

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IX. Description of Regulated Wastes Continued (Additional sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
D008	D009	D011	D018	D026	U019
19	20	21	22	23	24
U023	U029	U037	U048	U052	U057
25	26	27	28	29	30
U080	U112	U031	U122	U133	U134
31	32	33	34	35	36
U140	U144	U138	U169	U170	U165
37	38	39	40	41	42
U154	U159	U182	U190	U196	U188
43	44	45	46	47	48
U219	U220	U221	U211	U239	U353
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

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