



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

(4)

October 20, 1995

LOWES CO #445  
4920 CARROLL CANYON RD  
SAN DIEGO CA 92121

RE: EPA ID No.: NCR000002014

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 EXEMPT SMALL QNTY. GENERATOR |
| - TRANSPORTER     | - TREATER                      |
| - STORER          | - DISPOSER                     |

Company Name:	LOWES CO #445	
Owner:	LOWES CO	
Owner Address:	HWY 268 EAST	
City, St.& ZIP:	N WILKESBORO	NC 28659
Contact:	KAUTZ	JODI
Phone Number:	(619)677-0150	
Location Addr.:	354 S COLLEGE RD	
City, St.& ZIP:	WILMINGTON	NC 28403

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: 3605

An Equal Opportunity Affirmative Action Employer

50% recycled/ 10% post-consumer paper

CC: FLINT WORRELL

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)

SEP 7 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

NCR000002014

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

LOWE'S COMPANIES # 445

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

Street

354 SOUTH COLLEGE RD.

Street (Continued)

City or Town

WILMINGTON

State

NC

Zip Code

28403-

County Code

County Name

NEW HANOVER

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

Street or P.O. Box

4920 CARROLL CANYON RD.

City or Town

SAN DIEGO

State

CA

Zip Code

92121-

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

Name (Last)

KAUTZ

(First)

JODI

Job Title

HAZARDOUS MATERIALS

Phone Number (Area Code and Number)

619-677-0150

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

A. Contact Address Location

B. Street or P.O. Box

Mailing       Other      4920 CARROLL CANYON RD.

City or Town

SAN DIEGO

State

CA

Zip Code

92121-

**VII. Ownership (See Instructions)**

**A. Name of installation's Legal Owner**

LOWE'S COMPANIES

Street, P.O. Box, or Route Number

HIGHWAY 268 EAST

City or Town

NWILKESBORO

State

NC

Zip Code

28659

Phone Number (Area Code and Number)

910-651-4095

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

(Date Changed)

Month: Day: Year:

3

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 Recycling Activities	
<input type="checkbox"/> 1. Generator (See instructions) <input type="checkbox"/> 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 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. Smelter/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 characteristic(s))
<input checked="" type="checkbox"/>	<input checked="" 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.)**

1	2	3	4	5	6
7	8	9	10	11	12

**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 <i>Jodi Kautz</i>	Name and Official Title (Type or print) JODI KAUTZ/HAZARDOUS MATERIALS	Date Signed 08/31/95
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**XI. Comments**

THIS BUSINESS (BUILDING MATERIALS RETAILER), DOES NOT HAVE A CONSISTENT WASTE STREAM. SMALL QUANTITIES OF HAZ. WASTE MAY BE GENERATED AS A RESULT

OF SPORADIC ACCIDENTAL SPELLS OF CONSUMER PACKAGED PRODUCTS.  
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



②

September 15, 1995

LOWES CO #445  
4920 CARROLL CANYON RD  
SAN DIEGO, CA 92121

RE: EPA ID No. NCR000002014

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: FLINT WORRELL

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).

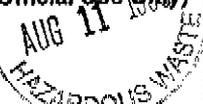


# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

AUG 11 1995



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 NCR000002014
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**II. Name of Installation (Include company and specific site name)**

LOWES COMPANIES # 445

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

Street  
354 SOUTH COLLEGE ROAD

Street (Continued)

City or Town WILMINGTON	State NC	Zip Code 28403-
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County Code 129	County Name NEW HANOVER
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**IV. Installation Mailing Address (See Instructions)**

Street or P.O. Box  
4920 CARROLL ANNYON RD.

City or Town SAN DIEGO	State CA	Zip Code 92121-
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**V. Installation Contact (Person to be contacted regarding waste activities at site)**

Name (Last) KAUTZ	Name (First) JODI
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Job Title HAZ. MATERIALS	Phone Number (Area Code and Number) 619-677-0150
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**VI. Installation Contact Address (See Instructions)**

A. Contract Address Location: <input type="checkbox"/> Mailing: <input checked="" type="checkbox"/> Other: <input type="checkbox"/>	B. Street or P.O. Box HIGHWAY 268 EAST
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City or Town NORTH WILKESBORO	State NC	Zip Code 28659-
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**VII. Ownership (See Instructions)**

A. Name of Installation's Legal Owner  
LOWES COMPANIES

Street, P.O. Box, or Route Number  
HIGHWAY 268 EAST

City or Town NORTH WILKESBORO	State NC	Zip Code 28659-
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Phone Number (Area Code and Number) 910-651-2783	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 <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/>
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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 Recycling Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input checked="" 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><input type="checkbox"/> 1. Smelter (Detail)</p> <p><input type="checkbox"/> 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 Characteristics (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**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
7	8	9	10	11	12

*Handwritten notes: "ENTERED STATE", "ENTERED RCRA", "SEP 1995", "Hazardous Waste Manifest" stamp.*

**C. Other Wastes. (State or other wastes requiring a handler to have and D. number as 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 <i>Jodi Kautz</i>	Name and Official Title (Type or print) JODI KAUTZ/HAZ. MATERIALS SPECIALIST	Date Signed 8/7/95
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**XI. Comments**

This business (Building Materials Retailer), does not have a consistent waste stream. Small quantities of hazardous waste may be generated as a result of sporadic, accidental spills of consumer packaged products.

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