

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Waste Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director



February 5, 1997

3

MARK ROSS, MANAGER
COMPUCHEM ENVIRONMENTAL CORP
4600 SILICON DRIVE
DURHAM, NC 27703

RE EPA ID NO.: NCR000006155

Dear Sir/Madam:

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 has been inactivated.

Please verify the above computer information, and notify us of any corrections.

We are advising EPA of the change. Please notify us if there is any further change in your operation which would affect your Company's name, Ownership, Address, Contact person, or Telephone number. You must activate your EPA ID number if you generate 100 Kg/mo or greater.

Sincerely,

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

cc: BOB HARDING

P.O. Box 27687,
Raleigh, North Carolina 27611-7687
Voice 919-733-4996



FAX 919-715-3605
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2

MARK ROSS, MANAGER
COMPUCHEM ENVIRONMENTAL CORP
4600 SILICON DRIVE
DURHAM, NC 27703

RE: EPA ID NO.: NCR000006155

Dear Sir/Madam:

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 .0010 Personnel Training, contained in 40 CFR 265.16 (Subpart B); Preparedness and Prevention, Contained in 40 CFR 265.35-265.37 (Subpart C); Contingency Plan and Emergency Procedures, contained in 40 CFR 265.51-265.56 (Subpart D); Use and Management of Containers, contained in 40 CFR 265.170-265.177 (Subpart I); Tanks, contained in 40 CFR 265.191-265.177 (Subpart J).

Effective January 1, 1986, all handlers of hazardous waste were required by G.S. 130A-294.1 to pay a 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. The State of North Carolina provides a training program for generators which you may want to attend.

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 Waste Management, P. O. Box 27687, Raleigh, NC 27611-7687. There is a \$25.00 printing charge for complete copy of the rules.

Sincerely,


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

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

Form Approved EPA 2050-028 Expires 12/31/96 G.S. No. 0245-EPA-96



See also 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

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	NCR000006155
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II. Name of installation (include company and specific site name)

COMPUCHEM ENVIRONMENTAL CORP

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

Street	4600 SILICON DRIVE
Street (Continued)	

City or Town	DURHAM	State	NC	Zip Code	27703
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County Code	063	County Name	DURHAM
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IV. Installation Mailing Address (See instructions)

Street or P.O. Box	4600 SILICON DR				
City or Town	DURHAM	State	NC	Zip Code	27703

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

Name (Last)	ROSS	(First)	MARK
Job Title	MANAGER	Phone Number (Area Code and Number)	919-474-7097

VI. Installation Contact Address (See instructions)

A. Contract Address Location Mailing Other	<input checked="" type="checkbox"/>	B. Street or P.O. Box	4600 SILICON DR		
City or Town	DURHAM	State	NC	Zip Code	27703

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner	Fred Godley Realty				
Street, P.O. Box, or Route Number	6132-C Brookshire Blvd				
City or Town	CHARLOTTE	State	NC	Zip Code	28216
Phone Number (Area Code and Number)	704-392-0369	B. Land Type	P	C. Owner Type	P
		D. Change of Owner Indicator		(Date Changed) Month Day Year	
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

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 checked="" 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 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. Smaller Deferral</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. Corrosives (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic characteristic container(s))
<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.)

1 A001	2 A002	3 A003	4 A004	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an LD 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>Mark S. Ross</i>	Name and Official Title (Type or print) Mark S. Ross, Vice President	Date Signed 1/8/97
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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.)