

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 2.10.97 First Notification
- ② 2.14.97 EPA Id# assigned

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 14, 1997

DONNIE KALLAM, PARTS MGR  
TRI-CITY FORD INC  
912 VAN BUREN ROAD  
EDEN, NC 27288

2

RE EPA ID NO.: NCR000006361

Dear Sir/Madam:

Listed above is your EPA ID number which has been assigned by the EPA. As a 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 - 262.43 (Subpart A-D).

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. 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, 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

cc: STEPHEN PHIBBS

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



FAX 919-715-3605  
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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)

FEB 12 1988

### I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification

B. Subsequent Notification  
(Complete Item C)

Original Installation's EPA ID Number

NC R 000 000 6361

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

TRI-CITY FORD INC

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

Street

912 VAN BURDEN RD

Street (Continued)

City or Town

EDEN

State

NC

Zip Code

27288-0685

County Code

County Name

ROCKINGHAM

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

Street or P.O. Box

PO BOX 685

City or Town

EDEN

State

NC

Zip Code

27288-0685

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

Name (Last)

KALLAM

(First)

DONNIE

Job Title

PARTS MGR

Phone Number (Area Code and Number)

910-623-2185

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

A. Contract Address  
Location Mailing Other

B. Street or P.O. Box

City or Town

EDEN

State

NC

Zip Code

27288-0685

### VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

SAM COATS

Street, P.O. Box, or Route Number

PO BOX 685

City or Town

EDEN

State

NC

Zip Code

27288-0685

Phone Number (Area Code and Number)

910-623-2185

B. Land Type

P

C. Owner Type

A

D. Change of Owner Indicator

Yes

No

(Date Changed)  
Month Day Year

SIC code -----

| 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 1000 kg/mo (2,200 lbs.)</p> <p><input checked="" 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. Smelter Deterral</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 Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(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                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |
| 7                        | 8                        | 9                        | 10                       | 11                       | 12                       |
| <input type="checkbox"/> |

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

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1                        | 2                        | 3                        | 4                        | 5                        | 6                        |
| <input type="checkbox"/> |

**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

*Downie Kallos*

Name and Official Title (Type or print)

*Parts MGR.*

Date Signed

*2-10-97*

**XI. Comments**

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