



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 27, 1997

3

SIGNLITE SERVICES INC.  
2254 HWY 601N  
MOCKSVILLE NC 27028

RE EPA ID NO.: NCR000006403

Dear Sir/Madam:

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. 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 29603, Raleigh, 27611-9603. There is a \$25.00 printing charge for complete copy of the rules. Attached is a report of your facility's information.

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  
An Equal Opportunity Affirmative Action Employer  
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February 7, 1997

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DAN DESNOYERS, PRESIDENT  
SIGNLITE SERVICES INC  
P O BOX 1207  
MOCKSVILLE, NC 27028

RE EPA ID NO.: NCR000006304

Dear Sir/Madam:

Based on information received by this office for the site identified with the EPA ID number, the state has accepted and processed the change in RCRA classification or information for the above site.

Please verify the computer generated information below and notify us of any corrections. We are advising EPA of the changes.

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

Your EPA ID number is currently active.

(\*X indicates operation status of your facility.)

Current Computer Record

<input type="checkbox"/> LARGE GENERATOR	<input type="checkbox"/> STORER	<input type="checkbox"/> TRANSPORTER
<input type="checkbox"/> SMALL QNTY GENERATOR	<input type="checkbox"/> TREATER	<input type="checkbox"/> SMALL QTY BURNER
<input checked="" type="checkbox"/> EXEMPT SMALL QNTY	<input type="checkbox"/> DISPOSER	<input type="checkbox"/> USED OIL
<input type="checkbox"/> LG QNTY. UNIVERSAL		

Company name:	SIGNLITE SERVICES INC
Owner:	SIGNLITE SERVICES INC.
Contact:	DESNOYERS DAN, PRESIDENT
Phone number:	704/492-2910
Location address:	2254 HWY 601N
City, St & ZIP:	MOCKSVILLE, NC 27028-

Please notify us if there is any further change in your operation which would affect your status namely  
Company's Name, Ownership, Address, Contact or Telephone Number.

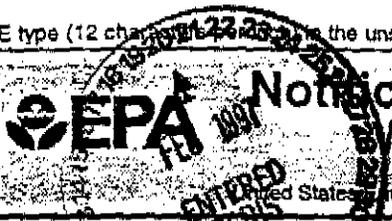
cc: STEPHEN PHIBBS

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Raleigh, North Carolina 27611-7687  
Voice 919-733-4996



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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

Date Received  
(For Official Use Only)

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

A. First Notification       B. Subsequent Notification (See Part C)

C. Installation's EPA ID Number

NCR0000006403

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

SIGNLITE SERVICES INC

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

Street

2254 HWY 601N

Street (Continued)

City or Town

MOCKSVILLE

State

NC

Zip Code

27028-

County Code

059

County Name

DAVIE

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO BOX 1207

City or Town

MOCKSVILLE

State

NC

Zip Code

27028-

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

Name (Last)

DESNOYERS

(First)

DAN

Job Title

PRESIDENT

Phone Number (Area Code and Number)

704-492-2910

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing Other

B. Street or P.O. Box

2254 HWY 601N

City or Town

MOCKSVILLE

State

NC

Zip Code

27028-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

SIGNLITE SERVICES INC

Street, P.O. Box, or Route Number

2254 HWY 601N

City or Town

MOCKSVILLE

State

NC

Zip Code

27028-

Phone Number (Area Code and Number)

704-492-2910

B. Land Type

C. Owner Type

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

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

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
<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 checked="" type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes  <b>Mode of Transportation</b> <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. <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. Smelter 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 contaminant(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	F003 F005

**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	3	4	5	6
7 F005	8	9	10	11	12

**C. Other Wastes. (State or other wastes requiring a handler to have an I.D. 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 	Name and Official Title (Type or print) Dan Desnoyers, President	Date Signed 1/25/97
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**XI. Comments**  
 Determination of Waste Per S. Pt. HBs, NC DEHWR, Winston Office, upon Site Investigation 1/6/97.

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