

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

- | DATE       | ITEM                    |
|------------|-------------------------|
| ① 10-24-96 | Request for EPA ID#     |
| ② 10-25-96 | Subsequent notification |
| ③ 11-15-96 | EPA ID#                 |

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



6  
New  
39

3

November 15, 1996

C E HICKS, DIRECTOR ENV  
CSX TRANSPORTATION  
500 WATER ST J340  
JACKSONVILLE, FL 32202  
RE EPA ID NO.: NCR000003525

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

P.O. Box 27687,  
Raleigh, North Carolina 27611-7687



FAX 919-715-3605  
An Equal Opportunity Affirmative Action Employer  
50% recycled/10% post-consumer paper

Voice 919-733-4996  
cc: MIKE WILFORD

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)

OCT 28

### 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

NICK000002525

2

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

C S X T R A N S P O R T A T I O N

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

#### Street

8 6 0 S E M A R T D R I V E

#### Street (Continued)

#### City or Town

R A L E I G H

#### State

N C

#### Zip Code

2 7 6 0 4 -

#### County Code

1 8 3

#### County Name

W A K E

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

#### Street or P.O. Box

5 0 0 W A T E R S T R E E T J 3 4 0

#### City or Town

J A C K S O N V I L L E

#### State

F L

#### Zip Code

3 2 2 0 2 -

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

#### Name (Last)

H I C K S

#### (First)

C . E .

#### Job Title

D I R E C T O R E N V O P

#### Phone Number (Area Code and Number)

9 0 4 - 3 5 9 - 4 8 0 0

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

#### A. Contract Address Location Mailing Other

#### B. Street or P.O. Box

#### City or Town

#### State

#### Zip Code

### VII. Ownership (See Instructions)

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

C S X T R A N S P O R T A T I O N

#### Street, P.O. Box, or Route Number

5 0 0 W A T E R S T R E E T

#### City or Town

J A C K S O N V I L L E

#### State

F L

#### Zip Code

3 2 2 0 2 -

#### Phone Number (Area Code and Number)

9 0 4 - 3 5 9 - 4 8 0 0

#### B. Land Type

P

#### C. Owner Type

P

#### D. Change of Owner Indicator

Yes

No

#### (Date Changed)

Month Day Year



6 New



Mechanical Operations  
500 Water Street, J340  
Jacksonville, FL 32202

C. E. Hicks  
Director Environmental Operations  
(904) 359-4800  
FAX: (904) 366-3028

①

October 24, 1996

North Carolina Hazardous Waste Section  
Division of Solid Waste Management  
Department of Environment, Health and  
Natural Resources  
401 Oberlin Road, Suite 150  
Raleigh, North Carolina 27605



Re: Form 8700-12 - Request for EPA ID Number  
CSX Transportation  
Raleigh, North Carolina

Dear Sir:

Enclosed is Form 8700-12 to request an EPA ID Number for the above-mentioned location. If possible, when the number is issued, please contact Ms. Judy Alford at 615-252-4206 with the number.

If you have any questions, please contact Ms. Alford or me at 904-359-4800.

Sincerely,

*Charles E. Hicks*

C. E. Hicks

Enclosure

CEH:A:961023A.CEH.bap

*NCR 00000 3525*