

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



7

March 7, 1997

BELDING CORTICELLI TECHNICAL CTR
1620 BREVARD RD
HENDERSONVILLE NC 28739

RE EPA ID NO.: NCD101782613

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 on the attached report and notify us of any corrections. We are advising EPA of the changes.

Enclosed you will find some information we hope will be helpful. If you have any questions or if I can be of any further assistance, please call me at (919)733-2178 ext.209.

Sincerely,


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

cc: SPRING ALLEN

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



FAX 919-715-3605
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State of North Carolina
Department of Environment,
Health and Natural Resources

Division of Waste Management

March 7, 1997



P. O. Box 29603

Raleigh, North Carolina 27611-9603

Voice 919-733-4996

Notification of Hazardous Waste Report

Current Computer Record

'X' indicates operation status of your facility.

Company name: BELDING CORTICELLI TECHNICAL CTR

Owner: HICKING PENTECOST PLC

Contact: STUCKEY WILLIAM, DIR RESEARCH

Phone number: 704/693-0061

Location address: 1620 BREVARD RD

City, St & ZIP: HENDERSONVILLE, NC 28739-

<p>Generator</p> <p><input type="checkbox"/> LARGE GENERATOR <input type="checkbox"/> SMALL QNTY GENERATOR <input checked="" type="checkbox"/> EXEMPT SMALL QNTY <input type="checkbox"/> LG QNTY. UNIVERSAL</p>	<p>TSD</p> <p><input type="checkbox"/> STORES <input type="checkbox"/> TREATER <input type="checkbox"/> DISPOSER</p>	<p>Used Oil Fuel Marketer</p> <p><input type="checkbox"/> Marketer directs shipment of used oil to off-specification burner <input type="checkbox"/> Marketer who first claims the used oil meets specifications</p>
<p>Transporter</p> <p><input type="checkbox"/> For own waste only <input type="checkbox"/> For commercial purposes</p>	<p>Hazardous Waste Fuel</p> <p><input type="checkbox"/> Gentr marketing to burner <input type="checkbox"/> Other marketers <input type="checkbox"/> Burner</p> <p><input type="checkbox"/> 1. Smelter deferral <input type="checkbox"/> 2. Small quant. exempt</p>	<p>Used Oil Burner-Combustion Devices</p> <p><input type="checkbox"/> Utility Boiler <input type="checkbox"/> Industrial Boiler <input type="checkbox"/> Industrial Furnace</p>
<p>Transportation</p> <p><input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Highway <input type="checkbox"/> Water <input type="checkbox"/> Other</p>	<p>Combustion Devices</p> <p><input type="checkbox"/> Utility boiler <input type="checkbox"/> Industrial boiler <input type="checkbox"/> Industrial furnace</p>	<p>Used Oil Transporter Activities</p> <p><input type="checkbox"/> Transporter <input type="checkbox"/> Transfer facility</p> <p>Used Oil Processor/Re-refiner Activities</p> <p><input type="checkbox"/> Process <input type="checkbox"/> Re-refine</p>

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

Your EPA ID number is currently active.

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Please refer to the instructions for filling 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)

United States Environmental Protection Agency

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

<input type="checkbox"/> A. First Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (Complete Item C)	C. Installation's EPA ID Number NCDD101782013
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II. Name of Installation (Include company and specific site name)

BUILDING CORTICELLI TECH CENTER

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

Street
1620 BREVARD ROAD

Street (Continued)

City or Town: HENDERSONVILLE State: NC Zip Code: 28739-

County Code: 089 County Name: HENDERSON

IV. Installation Mailing Address (See instructions)

Street or P.O. Box
PO BOX 130

City or Town: HENDERSONVILLE State: NC Zip Code: 28739-0130

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

Name (Last): STUCKEY (First): WILLIAM

Job Title: DIRECTOR RESEARCH Phone Number (Area Code and Number): 704-693-0061

VI. Installation Contact Address (See instructions)

A. Contact 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
SEE ATTACHMENT

Street, P.O. Box, or Route Number

City or Town: State: Zip Code: -

Phone Number (Area Code and Number): B. Land Type: P C. Owner Type: P D. Change of Owner Indicator: Yes X No (Date Changed) Month: Day: Year:

SIC code 2884 2821

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 1000 kg/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/Referral <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 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 F1002	2	3	4	5	6
7	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 Ceri M Jones	Name and Official Title (Type or print) Ceri M. Jones Secretary	Date Signed February 21 1993
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XI. Comments

VIII. A. 1. Facility is a CESQG.
IX. A + B. Facility generates lab pack wastes.

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

EPA Notification of Regulated Waste Activity
EPA Form 8700-12

VII. Ownership

- A. HP Belt Aquisition Corporation or another wholly owned subsidiary of
Hicking Pentecost PLC
19 Stanwell Road
Penarth
South Glamorgan CF64 2EZ
Phone: 011-44-122-271-1333

