

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



4

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

43A

June 16, 1994

33 EAST AUTO SALES
RT 7 BOX 290
GREENVILLE NC 27858

RE: EPA ID No.: NC0000145300

Dear Sir:

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 is active.

Current computer record of your facility contains following information:

(X Indicates Operational Status of Your Facility)

- LARGE GENERATOR
- TRANSPORTER
- STORER
- X EXEMPT SMALL QNTY. GENERATOR
- TREATER
- DISPOSER

Company Name:	33 EAST AUTO SALES
Owner:	33 EAST AUTO SALES
Owner Address:	RT 7 BOX 240
City, St. & ZIP:	GREENVILLE NC 27858
Contact:	KITE, JR ROBERT
Phone Number:	(919)756-3533
Location Addr.:	HWY 33 EAST
City, St. & ZIP:	GREENVILLE NC 27858

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

We are advising EPA of the change. Please notify us if there is any further change in your operations which would affect your status, namely Company's Name, Ownership, Address, Contact, or Telephone.
Your EPA ID number is currently active.

Sincerely,

R.J. Edwards, Administrative Officer

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Telephone 919-720-7200 FAX 919-720-3605

An Equal Opportunity Affirmative Action Employer 50% recycled/ 10% post-consumer paper

CC: WILLIAM DENTON

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)

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

NC0000145300

3

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

33 East Auto

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

Street

Rt 7 Box 290 Rt Hardee Rd

Street (Continued)

City or Town

Greenville

State

Zip Code

NC 27858-

County Code

County Name

0147 Pitt

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

Same

City or Town

State

Zip Code

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

Name (Last)

Hardee

(First)

Kelly

Job Title

Secretary

Phone Number (Area Code and Number)

919-756-3533

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

Robert L Kite Jr

Street, P.O. Box, or Route Number

Rt 7 Box 209

City or Town

Greenville

State

Zip Code

NC 27858-

Phone Number (Area Code and Number)

919-752-6306

B. Land Type

Q

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

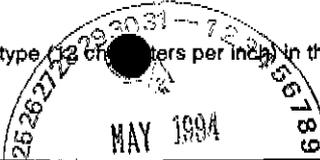
Month

Day

Year

Please print or type with ELITE type (23 characters per inch) in the unshaded areas only

SIC 7532



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 type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input checked="" 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 checked="" 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/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)

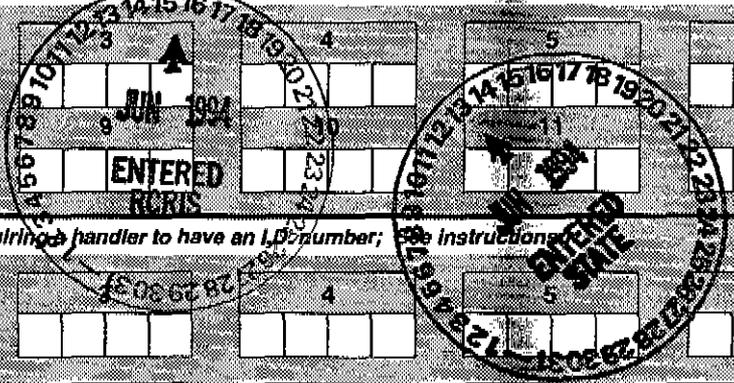
1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic container(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F003	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an ID number; See instructions)

1	2	3	4	5	6



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)	Date Signed
Kelly K. Hardee	Kelly K. Hardee Secretary	5/25/94

XI. Comments

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

empted per Kelly Hardee 6-15-94

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



March 22, 1994

33 EAST AUTO SALES
RT 7 BOX 290
GREENVILLE, NC 27858

RE: EPA ID No. NC0000145300

Dear Sir:

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.

NCSU provides a training program for generators which you may want to attend. Call Mac McKenzie or Kathryn Murray at 919-515-2261 or write to the Office of Continuing Education and Professional Development, P.O. Box 7401, Mckimmon Center, N. C. State University, Raleigh, NC 27695-7401.

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 Solid Waste Management, Box 27687, Raleigh, 27611-7687. There is a 16.00 printing charge for complete copy of the rules.

Sincerely,

A handwritten signature in black ink that reads "R.J. Edwards III".

R.J. Edwards, Administrative Officer
Division of Solid Waste Management

cc: WILLIAM DENTON

12-285-9721

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

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)

1

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
NC 00101745380

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

33 East Auto Sales

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

Street

Hwy 33 East

Street (continued)

City or Town

Greenville

State

NC

ZIP Code

27858-

County Code

County Name

49 Pitt

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

Rt 7, Box 290

City or Town

Greenville

State

NC

ZIP Code

27858-

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

Name (last)

Kittle

(first)

Robert Jr.

Job Title

owner

Phone Number (area code and number)

919-756-3533

VI. Installation Contact Address (See instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

Rt 7 Box 290

City or Town

Greenville

State

NC

ZIP Code

27858-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

33 East Auto Sales

Street, P.O. Box, or Route Number

Rt 7 Box 290

City or Town

Greenville

State

NC

ZIP Code

27858-

Phone Number (area code and number)

919-756-3533

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

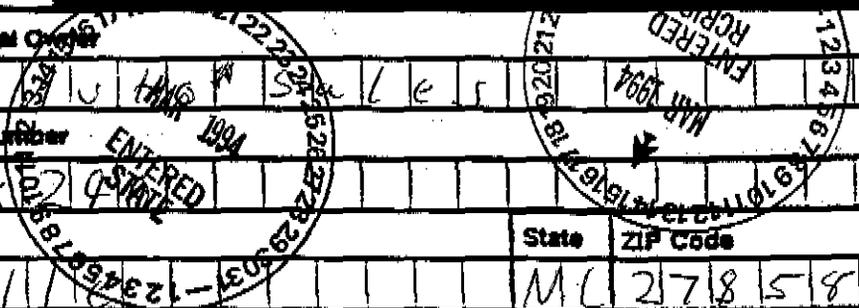
Yes

No

X

(Date Changed) Month Day Year

06



5521

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 Fuel Activities	
<p>1. Generator (See instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p>		<p>1. Oil-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - Indicate device(s) Type of Combustion Device</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>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>2. Specification Used Oil Fuel Marketer (or On-site Burner Who First Cleans the Oil Meets the Specification)</p>	
<p>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 Marketer</p> <p><input type="checkbox"/> c. Burner - Indicate device(s) Type of Combustion Device</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>			

IX. Description of Regulated 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. EP Toxic (D000) (List specific EPA hazardous waste numbers for the EP Toxic contaminants):

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B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 F 0 0 3	3 F 0 0 2	4 F 0 0 5	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an LD number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents; and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Robert [Signature]

XI. Comments
