

Hazardous Waste Section  
File Room Document Transmittal Sheet

##

Your Name: MEL DEEVER  
EPA ID: NCP020216003  
Facility Name: CRASH MANAGEMENT  
Document Group: General (G)  
Document Type: Other (O)  
Description: PROVISIONAL ID FORM  
Date of Doc: 1/27/2016  
Author of Doc: ROBERT PAGANELLO

**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
3	17	16

NCP020216003

Scanner's Initials:

SH



**Waste Management**  
ENVIRONMENTAL QUALITY

PAT MCCRORY

*Governor*

DONALD R. VAN DER VAART

*Secretary*

LINDA CULPEPPER

*Director*

February 08, 2016

ROB PAGANELLO  
CRASH MANAGEMENT  
622 OLD ROBERTS RD  
BENSON, NC 27504

RE: PROVISIONAL EPA ID: # NCP020216003  
CRASH MANAGEMENT

Dear Facility Contact :

The above Provisional EPA ID Number has been assigned to your facility as a handler of hazardous waste. This number is to be used for the hazardous waste activity as described on the application. Specifically, please note that the Provisional EPA ID Number is for the shipment of hazardous waste from none other than the facility and site identified on the application. This number is effective for a period of ninety (90) days only.

All handlers of hazardous waste are required to pay an annual fee. N.C.G. S. 130A-294.1 (f) requires that a person who generates greater than 100 kilograms (220 lbs.) but less than 1,000 kilograms (2,200 lbs) of hazardous waste in any calendar month during the year shall pay an annual fee of one hundred seventy-five dollars (\$175.00). Effective July 1, 2010, Hazardous Waste fees increased pursuant to the North Carolina General Statute 130A-294.1. The new hazardous waste fees may be found on page two of the attached Invoice. N.C.G.S. 25-3-506 states that a processing fee of \$25.00 will be charged for a returned check.

If you have any questions, please contact Melodi Deaver at (919) 707-8204.

Sincerely,

Julie Woosley, Chief  
Hazardous Waste Section

cc: Central Files (General)

# IBEAM - RCRA Site Detail

Report run on: February 08, 2016

**NCP020216003 CRASH MANAGEMENT**

County: JOHNSTON Source Type: P Seq. Number: 9 Receive Date: 02-Feb-2016

<b>Location</b> 622 OLD ROBERTS RD <b>Address:</b> BENSON, NC 27504	<b>Mailing</b> 622 OLD ROBERTS RD <b>Address:</b> BENSON, NC 27504
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**Contact Person** ROB PAGANELLO 622 OLD ROBERTS RD  
**For Source** (919) 209-9001 BENSON, NC 27504  
**Information** US

**Owner (current)** ROBERT PAGANELLO 622 OLD ROBERTS RD  
 BENSON, NC 27504 **Type:** P

**From:** 01/01/1601 **To:** **Phone:** (919) 209-9001

**Operator (current)** ROBERT PAGANELLO 622 OLD ROBERTS RD  
 BENSON, NC 27504 **Type:** P

**From:** 01/01/1601 **To:** **Phone:** (919) 209-9001

**Land Type:** P **Non Notifier :** E **Commercial Availability:** **Tsd Date:**  
**Accessibility:** **No. Employees :** **State District:**

**Required Notices**

Hazardous Waste Generator Status - Federal: Small Quantity Generator; State: Small Quantity Generator

<b>Transfer Facility:</b>	<b>Used Oil Activities</b>		
<b>Other Hazardous Waste Generator Activities</b>	<b>Used Oil Transport Activity</b>	<b>Off-Specification Used Oil Burner:</b>	<b>No</b>
Importer Activity: No	Transporter: No	<b>Used Oil Fuel Marketer Activity</b>	
Mixed Waste Generator: No	Transfer Facility: No	Marketer who direct shipment off-specification used oil to off-specification used oil burner:	<b>No</b>
Transporter Activity: No	<b>Used Oil Processor and/or Re-refiner Activity</b>	Marketer who first claims the used oil meets the specifications:	<b>No</b>
TSD Activity: No	Processor: No		
Recycler Activity: No	Refiner: No		
<b>Exempt Boiler and/or Industrial Furnace</b>	<b>Underground Injection Control:</b>	<b>Destination Facility for Universal Waste:</b>	<b>No</b>
Small Quantity Onsite Burner Exemption: No			
Smelting, melting, Refining Furnace Exemption: No			

**Signature Information**

First Name : ROBERT Title OWNER  
 Last Name : PAGANELLO Date Signed 01/27/2016

**NAICS Code**

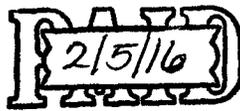
811121

**Comments**

CREATED NEW PROVISIONAL ID FORM DATED 1/27/2016 AS A SQG. MD 2/5/2016



Waste Management  
ENVIRONMENTAL QUALITY



CK# 2534  
\$175.-  
JP

# 2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE  
CRASH MANAGEMENT  
622 OLD ROBERTS RD  
BENSON, NC 27504

**FACILITY LOCATION ADDRESS:**

ROB PAGANELLO  
✓CRASH MANAGEMENT  
622 OLD ROBERTS RD  
BENSON, NC 27504

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCP020216003	HW71430	2/5/2016	175.00	02/05/2016	

- A. Fee Requirements: Pursuant to North Carolina General Statute 130A-294.1, a Facility must pay fee(s) based on its hazardous waste management activities. The fees are used to support government programs that ensure the safe management of hazardous waste. Failure to pay the required fees could result in an enforcement action with a penalty.
- B. Invoice amount is based on the registered status as of the invoice date and includes any past-due balances. A 10% late-payment penalty has been assessed for Fiscal Year 2014 if the annual fee was not paid by June 30, 2015.
- C. If Fiscal Year 2015 annual fees are not paid by June 30, 2016, the facility must pay a late-payment of 10% of the total amount due.
- D. In accordance with N.C.G.S. § 147-86.23, a facility may petition for waiver of any late-payment penalty but the Hazardous Waste Section will only grant a waiver for good cause shown.

FACILITY STATUS	FEE	TONNAGE	AMOUNT DUE
SMALL QUANTITY GENERATOR	\$175.00	-----	\$175.00
		PAST DUE	\$0.00
		CREDIT	\$0.00
		<b>TOTAL AMOUNT DUE</b>	<b>\$175.00</b>

E. Remit Payment:

To pay via electronic bank transfer, go to <http://portal.ncdenr.org/web/wm/hw/epayment>. You will need your EPA facility ID# and invoice number, as well as your bank routing and account numbers. There is no fee for electronic transfers. Partial payments are not allowed with this payment method.

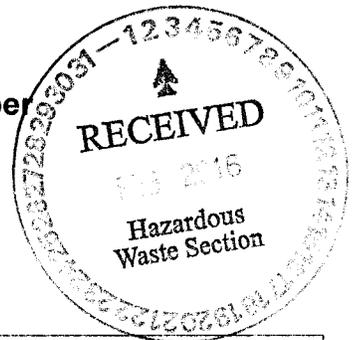
To pay via mail with a paper check or money order, please make payable to N.C. Hazardous Waste Section. Include EPA ID# and Invoice # on check. Please note per NC General Statute (G.S. 25-3-506), a \$25.00 processing fee will be charged on all returned checks. Please return a copy of this invoice with your payment to:

**ATTN: PATRICIA DAVALOS  
NC HAZARDOUS WASTE SECTION  
1646 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1646**

**North Carolina  
Application for Provisional Identification Number**



NC Department of Environment and Natural Resources  
Division of Waste Management  
Hazardous Waste Section  
1646 Mail Service Center  
Raleigh, NC 27699-1646



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)

1. Reason for Submittal	Provisional EPA ID Number		N C P 0 2 0 2 1 6 0 0 3					
	Name of Company or Site		CRASH MANAGEMENT					81121
2. Generator	Generator Name		CRASH MANAGEMENT					81121
	NAICS Code Number							
3. Site Location	Physical Address (Not P.O. Box or Route Number)							
	622 OLD ROBERTS RD							
	Street Name							
	BENSON	USA	NC	27504				
City		County		State		Zip Code		
4. Site Mailing Address	P.O. Box or Route Number							
	SAME AS #3							
	Street							
	City		State		Zip Code			
5. Site Contact Information	ROB PAGANELLO		OWNER					
	First and Last Name		Title					
	CRASHMANAGEMENTINC@AOL.COM		919-209-9001					
	Email Address		Phone Number					
	622 OLD ROBERTS RD							
Mailing Address								
BENSON		NC	27504					
City		State		Zip Code				
6. Legal Owner of the site	ROBERT PAGANELLO							
	Name of Legal Owner							
	622 OLD ROBERTS RD							
	Street Address							
	BENSON	NC	27504					
City		State		Zip Code				
919-209-9001								
Phone Number								
7. Operator Type	<input checked="" type="checkbox"/> Private	<input type="checkbox"/> District	<input type="checkbox"/> County	<input type="checkbox"/> Federal				
	<input type="checkbox"/> Indian	<input type="checkbox"/> Municipal	<input type="checkbox"/> State	<input type="checkbox"/> Other				
8. Owner Type	<input checked="" type="checkbox"/> Private	<input type="checkbox"/> District	<input type="checkbox"/> County	<input type="checkbox"/> Federal				
	<input type="checkbox"/> Indian	<input type="checkbox"/> Municipal	<input type="checkbox"/> State	<input type="checkbox"/> Other				

9. Transporter	SAFETY KLEEN SYSTEMS		TXR000081205	
	Company Name		EPA ID Number	
	130-A FRONTAGE RD			
	Site Address			
	LEXINGTON		SC	29073
City		State	Zip Code	
		803-356-4061		
Contact Name		Tel. Number		
10. Disposer	Safety Kleen Systems			
	Company Name		EPA ID Number	
	130-A Frontage Rd			
	Site Address			
	Lexington		SC	29073
City		State	Zip Code	
Casey		919-772-6622		
Contact Name		Tel. Number		
11. Description of Hazardous Waste	(Check ALL that Apply)			
	<input checked="" type="checkbox"/> Ignitable	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Reactive	<input type="checkbox"/> Toxic
	List Any Additional Specific EPA Hazardous Waste Number(s)			
	UN	0001		
	1263			
12. Waste Specifics	Generator Status: SQC lbs		SQG: 100 to 1,000 kg/mo (220-2,200 lbs/mo)	
	Quantities of Waste Disposed (per month)		LQG: 1,000 kg/mo to (2,200 lbs/mo or more)	
	250 Gallons		1100-1300 lbs	
13. Non-Hazardous Waste	Was there Non-Hazardous Waste Generated? ___ Yes ___ No			
	Description of Non-Hazardous Waste Generated: <u>Paint waste</u>			
14. Past Generation	Have you Generated other Hazardous Wastes in the Past? <input checked="" type="checkbox"/> Yes ___ No			
15. Certification	I Certify that the information supplied is accurate and correct to the best of my knowledge and belief; and that this is a one-time handling of any kind of hazardous waste. I do not and will not generate any hazardous waste of any quantity. I have personally examined and am familiar with the information submitted in this and 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.			
16. Signature			1/27/16	
	Sign		Date	
	ROBERT PAGANELLO		OWNER	
Print Name		Title of Official		