

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) 7-17-95 | First Notification |
| 2) 7-19-95 | ^{Letter Re:} Notification of Regulated Waste Activity |
| 3 | Status Letter |

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



MATLAB INC
PO BOX 2046
ASHEBORO NC 27204-2046
NCR000001719

RE: EPA ID NO. _____
Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a Small Generator, you should be familiar with NC 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).

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 as authorized by G.S. 130A-294(a)(7) which was ratified July 3, 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.

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 27695-7491.

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, PO Box 27687, Raleigh, NC 27611-7687. There is a \$16.00 printing charge for a complete copy of the rules.

Sincerely,

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

cc:



MATLAB, INC.

HIGHWAY 49 SOUTH
P. O. BOX 2046
ASHEBORO, N. C. 27204

TELEPHONE (910) 629-4161
FAX (910) 626-3595



July 19, 1995

Mr. Jim Edwards
Hazardous Waste Section
Division of Solid Waste Management
Department of Environment, Health and
Natural Resources
P.O. Box 27687
Raleigh, North Carolina 27611-7687

SUBJECT: NOTIFICATION OF REGULATED WASTE ACTIVITY,
EPA FORM 8700-12

Dear Mr. Edwards:

The subject form and request for EPA ID# covering our recently established Ramseur Plant is attached.

Should you have questions or recommendations regarding our request, please contact the undersigned.

Thank you.

Yours truly,

Ray E. Pope
Regulatory Advisor

Attachment: Notification of Waste Activity, Form 8700-12

cc: J.R. Peddycord
A.P. Brower

RP:ds

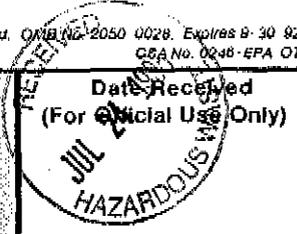
2

Please refer to the instructions for filling this form 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



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

NCR000000719

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

MATLAB INCORPORATED

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

Street

100 JORDAN ROAD

Street (continued)

City or Town

RAMSEUR

State

ZIP Code

NC

27316

County Code

County Name

RANDOLPH

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO BOX 2046

City or Town

ASHEBORO

State

ZIP Code

NC

27204

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

Name (last)

BROWER

Name (first)

EPRESS

Job Title

PROCESS ENGINEER

Phone Number (area code and number)

910-629-4161

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing

B. Street or P.O. Box

City or Town

ASHEBORO

State

ZIP Code

NC

27204

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

JIMMIE R PEDDYCORD

Street, P.O. Box, or Route Number

PO BOX 2046

City or Town

ASHEBORO

State

ZIP Code

NC

27204

Phone Number (area code and number)

910-629-4161

B. Land Type

 P

C. Owner Type

 P

D. Change of Owner Indicator

 Yes

 No

(Date Changed)

Month Day Year

RECEIVED
 JUL 24 1995
 HAZARDOUS WASTE

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

Form Approved. OMB No. 2050-0028. Expires 9-30-92
 GSA No. 0248-EPA-GT

SIC CODE NUMBER 7 3 8 9

ID - For Official Use Only									

VII. 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>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>_____</p>	<p><input 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/Referral</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. Off-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><input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</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 Toxicity Characteristic (D000)	Use specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)													
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 F 0 0 3	2 F 0 0 5	3	4	5	6
7	8	9	10	11	12
<input type="checkbox"/>					

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

1	2	3	4	5	6
<input type="checkbox"/>					

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 <i>Jimmie R. Paddyford</i>	Name and Official Title (type or print) President/Owner	Date Signed 7/17/95
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XI. Comments

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