



Ronald H. Levine, M.D., M.P.H.
STATE HEALTH DIRECTOR

(2)

DIVISION OF HEALTH SERVICES
P.O. Box 2091
Raleigh, N.C. 27602-2091

Date: July 9, 1984

Mr. J. H. Thurman
Woolfolk Chemical Company
P.O. Box 938
Fort Valley, GA 31030

Re: Facility ID No. NCD 991 277 807

Dear Mr. Thurman:

Based on information supplied by you we have processed and accepted at the State level your request for the facility identified with the above ID number to receive the indicated change in classification under RCRA:

<u>Add As</u>	<u>Delete As</u>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	generator
<input type="checkbox"/>	<input checked="" type="checkbox"/>	transporter
<input type="checkbox"/>	<input type="checkbox"/>	treater
<input type="checkbox"/>	<input type="checkbox"/>	storer
<input type="checkbox"/>	<input type="checkbox"/>	disposer
<input type="checkbox"/>	<input type="checkbox"/>	small generator

We are advising EPA of the change in your status. Please notify us if there is any further change in your operations which would again affect your status. Your EPA ID NO. is is not being cancelled.

Cordially,

O. W. Strickland, Head
Solid & Hazardous Waste Management Branch
Environmental Health Section

OWS /KL: tl

cc: Doug McCurry
EPA Region IV
Emil Breckling
Larry Perry
Wake County Health Department

DHS Form 3048 3/82
Solid & Haz. Waste Mgt. Branch



Department of Human Resources
Division of Health Services
Solid and Hazardous Waste Management Branch

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APPLICATION FOR CHANGE IN CLASSIFICATION UNDER RCRA

Date: 7-5-84

Company Name: Woolfolk Chemical Works

Company Address: ~~the~~ P. O. Box 449
Wendell, N.C. 27591

EPA ID No: NCD 991 277 807

Mr. O. W. Strickland, Head
Solid & Hazardous Waste Management Branch
Division of Health Service
Post Office Box 2091
Raleigh, N.C. 27602

Dear Mr. Strickland:

Our Company requests the following change in its classification under RCRA (check all that apply):

<u>Add As</u>	<u>Delete As</u>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Generator
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transporter
<input type="checkbox"/>	<input type="checkbox"/>	Treater
<input type="checkbox"/>	<input type="checkbox"/>	Storer
<input type="checkbox"/>	<input type="checkbox"/>	Disposer
<input type="checkbox"/>	<input type="checkbox"/>	Small Generator

The reason for this request is:

Site has been closed out since at least 1982. Do not
not know where parent Co. is located. Site does not
need to continue being on generator list.

- NOTES: 1) Be specific. Give all pertinent information. This may be a change in your process; a change in your handling procedures; new analyses, or the like.
- 2) This is not a delisting petition with respect to a listed waste.

- 3) If you are requesting deletion as a treater, storer, or disposer, our branch will immediately institute steps to terminate your interim status. The termination process will include a public notice in your local paper to the effect that interim status has been terminated for this plant. Thus, in this case we must insist that your request be signed by a major corporate officer.
- 4) If this request involves small generator status, it must include an accurate statement of your present and anticipated waste generation. This is necessary because changes in the small generator definition are expected. (Attach an additional sheet.)

If your request would remove your plant from the regulated system, but you wish to retain an EPA ID Number, please give your reasons.

I understand that my company must supply information about any changes in its operations which might change its status again to our office on its own initiative.

I certify that the information supplied is accurate and correct to the best of my knowledge and belief.

I am authorized to make this request on behalf of my company at the location give. (Refer again to notes 3 and 4 before signing.)

Name (printed or typed): _____

Signature: _____

Company Title: _____