





JAMES B. HUNT JR.
GOVERNOR

BILL HOLMAN
SECRETARY

WILLIAM L. MEYER
DIRECTOR



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NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT

September 22, 2000

CHARLES KAY
Or Current Hazardous Waste Facility Contact
EXCEL BODY WORKS (NCR000000091)
1105 LEJEUNE BLVD
JACKSONVILLE, NC 28540

Dear Mr./Ms. KAY:

Pursuant to North Carolina General Statutes 130A-294 and 130A-294.1 the above listed facility is required to both pay a fee and submit a written description of any program(s) to minimize or reduce the volume and quantity or toxicity of hazardous waste produced. You can access the referenced General Statutes at the NC Hazardous Waste Rules web page at: <http://wastenot.enr.state.nc.us/HWHOME/WEBRules/NCHWRule.html>.

Please review the attached form concerning your hazardous waste status and fee requirements, and describe your waste minimization efforts. **Return the completed Waste Minimization Form and submit payment no later than November 30, 2000** to:

North Carolina Division of Waste Management
Hazardous Waste Section
ATT: Jim Edwards
1646 Mail Service Center
Raleigh, NC 27699-1646

Checks should be made out to N.C. Hazardous Waste Section. Please include your EPA ID number and facility name on your check..

If you have any questions concerning this information please call Jim Edwards (x-209) or Bud McCarty (x-247) at 919-733-2178.

Sincerely,

Jill Burton, Acting Chief
North Carolina Hazardous Waste Section
(over)



1646 MAIL SERVICE CENTER, RALEIGH, NORTH CAROLINA 27699-1646
401 OBERLIN ROAD, SUITE 150, RALEIGH, NC 27605
PHONE 919-733-4998 FAX 919-715-3605

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WHO IS REQUIRED TO PAY A HAZARDOUS WASTE FEE ?

Large Quantity Generators (\$500.00) - A person who generates one kilogram or more of acute hazardous waste or 1000 kilograms or more of hazardous waste in any calendar month during the year beginning July 1, 2000, and ending June 30, 2001. (Note: Large Quantity Generators are also required to pay an additional fee of \$.50 per ton, or any part thereof, of hazardous waste generated during the period January 1, 1999 to December 31, 1999, up to a maximum of 25,000 tons.)

Small Quantity Generators (\$25.00) - A person who generates 100 kilograms or more of hazardous waste in any calendar month during the year beginning July 1, 2000, and ending June 30, 2001, but less than 1000 kilograms of hazardous waste in each calendar month during that year.

Transporters (\$600) - A person who transports hazardous waste shall pay an annual fee.

Treaters, Storers or Disposers (\$1200.00 for each activity) - A storage, treatment, or disposal facility shall pay an annual activity fee for each activity.

The North Carolina Hazardous Waste Section database indicates the following information for your facility. If you need to make changes please do so on the attached Notification of Regulated Waste Activity form and return it with your payment and waste minimization information.

Contact: **CHARLES KAY**
 Facility Name: **EXCEL BODY WORKS**
 EPA ID Number: **NCR000000091**
 Mailing Address: **1105 LEJEUNE BLVD**
JACKSONVILLE, NC 28540
 Location Address: **1105 LEJEUNE BLVD**
JACKSONVILLE, NC 28540

Reported Facility Status

Generator Status..... 2
 (1 = Large Quantity Generator, 2 = Small Quantity Generator, 3 = Conditionally Exempt Small Quantity Generator, N or blank = Not a generator)
 Transporter..... NO
 Treater NO
 Storer..... NO
 Disposer..... NO

INVOICE INVOICE INVOICE INVOICE INVOICE INVOICE

CATEGORY	FEE	FACILITY STATUS	AMOUNT DUE
Large Quantity Generator	\$ 500		
Small Quantity Generator	\$ 25	YES	25
Transporter	\$ 600		
Treater	\$ 1200		
Storer	\$ 1200		
Disposer	\$ 1200		
Amount Past Due			
Generator Fee (Based on the 1999 HW Report)	\$ 0.50/Ton	Tons	\$ 0.00
TOTAL AMOUNT DUE			\$ 25.00

Return the completed Waste Minimization Form and submit payment no later than November 30, 2000 to:

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 1646 Mail Service Center
 Raleigh, NC 27699-1646

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DIVISION OF WASTE MANAGEMENT

September 22, 2000



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Sincerely,

Jill Burton, Acting Chief
North Carolina Hazardous Waste Section
(over)



(A)

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).	<h2 style="margin: 0;">Notification of Regulated Waste Activity</h2> United States Environmental Protection Agency	Date Received (For Official Use Only)
---	--	--

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

<input type="checkbox"/> A. Initial Notification	<input type="checkbox"/> B. Subsequent Notification (Complete Item C)	C. Installation's EPA ID Number
		NCR0000000091

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

Excel Body Works Inc

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

Street
1105 Lejeune Blvd

Street (Continued)
Jacksonville - 12345

City or Town Jacksonville	State NC	Zip Code 28540-
County Code 0	County Name Onslow	

IV. Installation Mailing Address (See instructions)

Street or P.O. Box
Same as Above

City or Town	State	Zip Code
		-

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

Name (Last) KAY	(First) Charles
Job Title President	Phone Number (Area Code and Number) 910-455-1151

VI. Installation Contact Address (See instructions)

A. Contact Address Location	Mailing	B. Street or P.O. Box
City or Town		State
		Zip Code
		-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner
Excel Body Works Inc

Street, P.O. Box, or Route Number
1105 Lejeune Blvd

City or Town Jacksonville	State NC	Zip Code 28540-
Phone Number (Area Code and Number) 910-455-1151	B. Land Type <input checked="" type="checkbox"/>	C. Owner Type <input checked="" type="checkbox"/>
D. Change of Owner Indicator		Date Changed
Yes <input type="checkbox"/> No <input type="checkbox"/>		Month Day Year

ID - For Official Use Only											

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

<p style="text-align: center;">A. Hazardous Waste Activities</p> <p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input 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><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.</p> <p>4. Exempt Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> a. Smelting, Melting, and Refining Furnace Exemption</p> <p><input type="checkbox"/> b. Small Quantity On-Site Burner Exemption</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p style="text-align: center;">C. Used Oil Management Activities</p> <p>1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> 3. Off-Specification Used Oil Burner</p> <p>4. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>
<p>B. Universal Waste Activity</p> <p><input type="checkbox"/> Large Quantity Handler of Universal Waste</p>	

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

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

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

B. 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; See instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. 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

XI. Comments

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

ID - For Official Use Only									

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activities		C. Used Oil Management Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input 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. Exempt Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> a. Smelting, Melting, and Refining Furnace Exemption</p> <p><input type="checkbox"/> b. Small Quantity On-Site Burner Exemption</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> 3. Off-Specification Used Oil Burner</p> <p>4. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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

1	2	3	4	5	6

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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
		

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		NCR000000091

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

Excel Body Works Inc

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

Street
1105 Lejeune Blvd

Street (Continued)
Jacksonville

City or Town
Jacksonville

State
NC

Zip Code
28540

County Code
010

County Name
Onslow

IV. Installation Mailing Address (See instructions)

Street or P.O. Box
Same as Above

City or Town

State

Zip Code

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

Name (Last)
KAY

Name (First)
Charles

Job Title
President

Phone Number (Area Code and Number)
910-455-1151

VI. Installation Contact Address (See instructions)

A. Contact Address Location

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner
Excel Body Works Inc

Street, P.O. Box, or Route Number
1105 Lejeune Blvd

City or Town
Jacksonville

State
NC

Zip Code
28540

Phone Number (Area Code and Number)
910-455-1151

B. Land Type

C. Owner Type

D. Change of Owner Indicator

Date Changed
Month: Day: Year:

Facility Name: Excel Body Works Inc. EPA ID NUMBER NC R000000091

(3)

NORTH CAROLINA HAZARDOUS WASTE MINIMIZATION QUESTIONNAIRE

1. Has the facility implemented or continued any waste minimization strategies on hazardous waste produced between January 1, 1999 and December 31, 1999. (Circle one) YES NO

IF YES ANSWER QUESTION 2, IF NO ANSWER QUESTION 3.

2. Circle a Waste Minimization Strategy(s) that best describe your efforts in minimizing your hazardous waste streams.

<u>STRATEGY</u>	<u>DESCRIPTION</u>
a) Chemical Substitution	Replacing hazardous solvents with non or less hazardous items.
b) Volume Reduction	Use filter press, reduce amount of sludge/waste.
<input checked="" type="radio"/> c) On-site Recycling	Use of still to recover solvents.
d) Good Housekeeping	Monitoring processes for leaks or spills.
<input checked="" type="radio"/> e) Off-site Recycling	Contract with a service company to recycle.
f) Other	Describe below

Safety Clean Co. # 663334

3. Circle only one obstacle that prevented you from minimizing your waste between January 1, 1999 and December 31, 1999.

- A Insufficient capital to install new equipment.
- B Lack of Technical Information on Waste Reduction.
- C Not Economically Feasible.
- D Concern that Product Quality May Decline.
- E Technical Limitations of Production Process.
- F Regulatory Burdens inhibit Recycling.
- G Other (explain below)

