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Please refer to Section V, Liability. Line instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 8010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

EPA 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 checked="" type="checkbox"/> B. Subsequent Notification (Complete item C)	C. Installation's EPA ID Number NCR000000414
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II. Name of Installation (Include company and specific site name)

MAST BROTHERS IBC CLEANING

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

Street
1200 EXCHANGE ST

Street (Continued)

City or Town: CHARLOTTE State: NC Zip Code: 28208-
County Code: MECKLENBURG County Name

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
1200 EXCHANGE ST

City or Town: CHARLOTTE State: NC Zip Code: 28208-

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

Name (Last): SMITH (First): FLAYEL

Job Title: DIRECTOR ENVIRON Phone Number (Area Code and Number): 704-399-4218

VI. Installation Contact Address (See Instructions)

A. Contact Address Location	Mailing	B. Street or P.O. Box
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1200 EXCHANGE ST

City or Town: CHARLOTTE State: NC Zip Code: 28208-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
MAST BROTHERS TANK CLEANING

Street, P.O. Box, or Route Number
PO BOX 578

City or Town: PAW CREEK State: NC Zip Code: 28160-

Phone Number (Area Code and Number): 704-391-0503

B. Land Type	C. Owner Type	D. Change of Owner Indicator	(Date Changed)
<input type="checkbox"/>	<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Month: 09 Day: 18 Year: 00

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

Form Approved, OMB No. 2050-0028 Expires 10/31/00
GSA No. 4946-EPA-01

D - 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 Recycling Activities	
<input type="checkbox"/> 1. Generator (See instructions) <input checked="" type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input checked="" type="checkbox"/> 2. Transporter (Indicate Mode in boxes 3-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation: <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation). Note: A permit is required for this activity. See instructions. <input type="checkbox"/> 4. Hazardous Waste Fee! <input type="checkbox"/> a. Generator/Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> a. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smaller/Deferral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type(s) of Combustion Device(s): <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Used Oil Recycling Marketer <input type="checkbox"/> a. Shipper/Direct Shipments of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications <input type="checkbox"/> 2. Used Oil Burner. Indicate Type(s) of Combustion Device: <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace <input type="checkbox"/> 3. Used Oil Transporter. Indicate Type(s) of Combustion Device(s): <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> 4. Used Oil Processor/Refiner. Indicate Type(s) of Activity(ies): <input type="checkbox"/> a. Process <input type="checkbox"/> b. Refines	

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)

<input checked="" type="checkbox"/> 1. Corrosive (D001)	<input type="checkbox"/> 2. Oxidative (D002)	<input type="checkbox"/> 3. Reactive (D003)	<input checked="" type="checkbox"/> 4. Toxicity Characteristics (Use specific EPA hazardous waste number(s) for the Toxicity characteristic)
			D1017 D008 D018 D035

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

	2	3	4	5	6
7	8	9	10	11	12

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

	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 ensure 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>Flavel Smith</i>	Name and Official Title (Type or print) FLAVEL SMITH/DIRECTOR, ENVIR. AFFAIRS	Date Signed 9/26/00
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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.)

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

Form Approved, OMB No. 2050-0028 Expire 10/31/99 GSA No. 0346-EPA-01

D - 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
<input checked="" type="checkbox"/> 1. Generator (See instructions) <input checked="" type="checkbox"/> a. Greater than 100 kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input checked="" type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For off-site only <input type="checkbox"/> b. For on-site purposes Mode of Transportation: <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity. See instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator according to burner <input type="checkbox"/> b. Other Markers <input type="checkbox"/> c. Boiler and/or industrial furnace <input type="checkbox"/> 1. Smaller Furnace <input type="checkbox"/> 2. Small Quantity Exemption <input type="checkbox"/> Indicate Type of Combustion Device(s): <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Used Oil Recycling Marketer <input type="checkbox"/> a. Marketer: Direct Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Uses the Specifications for Used Oil Burner (Indicate Type(s) of Combustion Device) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace <input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> 4. Used Oil Processor/Refiner (Indicate Type(s) of Activity(ies)) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine

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 (Specify EPA Hazardous Waste Number(s) for the toxicity characteristic concern(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> D010, 7, D008, D018, D035

B. 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

C. Other Wastes. (State other wastes requiring a handler to have an LD 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 <i>Flavel Smith</i>	Name and Official Title (Type or print) FLAVEL SMITH/DIRECTOR, ENVIR. AFFAIRS	Date Signed 9/26/00
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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.)

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Please refer to Section V, Land-Use Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 9610 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)

<input type="checkbox"/> A. Initial Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (Complete item C)	C. Installation's EPA ID Number NCR000000414
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II. Name of Installation (Include company and specific site name)

MAST BROTHERS IBC CLEANING

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

Street
1200 EXCHANGE ST

Street (Continued)

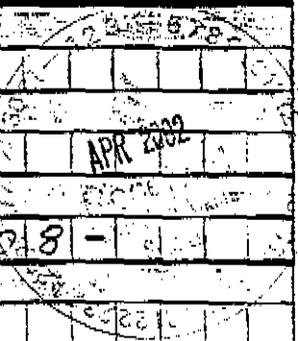
City or Town
CHARLOTTE

State
NC

Zip Code
28208

County Code
MECKLENBURG

County Name



IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
1200 EXCHANGE ST

City or Town
CHARLOTTE

State
NC

Zip Code
28208

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

Name (Last)
SMITH

(First)
FLAYEL

Job Title
DIRECTOR ENVIRON

Phone Number (Area Code and Number)
704-399-4218

VI. Installation Contact Address (See Instructions)

A. Contact Address Location	Mailing	B. Street or P.O. Box
<input type="checkbox"/>	<input checked="" type="checkbox"/>	1200 EXCHANGE ST
City or Town		State Zip Code
CHARLOTTE		NC 28208

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
MAST BROTHERS TANK CLEANING

Street, P.O. Box, or Route Number
P.O. BOX 578

City or Town
PAW CREEK

State
NC

Zip Code
28160

Phone Number (Area Code and Number)
704-391-0503

B. Land Type

C. Owner Type

D. Change of Owner indicator (Date Changed)
Yes No
Month Day Year
09/800

North Carolina
Department of Environment and Natural Resources
Division of Waste Management

Michael F. Easley, Governor
William G. Ross Jr., Secretary
Dexter R. Matthews, Director



April 8, 2002

FLAVEL SMITH
MAST BROTHERS IBC CLEANING
1200 EXCHANGE ST
CHARLOTTE, NC 28208

RE: EPA ID #: NCR000000414

Dear FLAVEL SMITH:

Listed above is your EPA ID Number which has been assigned by the EPA through the North Carolina Hazardous Waste Section. As a Large Quantity Generator, you should be familiar with the following North Carolina Hazardous Waste Management Regulations: Definitions in 15A NCAC 13A .0102 (40 CFR 260); Identification and Listing of Hazardous Waste in 15A NCAC 13A .0106 (40 CFR 261); Standards for Hazardous Waste Generators in 15A NCAC 13A .0107 (40 CFR 262); and Personnel Training (40 CFR 265.16 (Subpart B)), Preparedness and Prevention (40 CFR 265 (Subpart C)), Use and Management of Containers (40 CFR 265 (Subpart I)), Tanks (40 CFR 265 (Subpart J)) in 15A NCAC 13A .0110. You will be inspected at a future date to insure compliance with the above rules.

To obtain a copy of the rules contact Lillie Hinnant at 919-733-2178 ext. 248. There is a printing charge for the complete copy of the rules, or you can download them from the web at <http://wastenot.enr.state.nc.us/HWHOME/WEBRules/NCHWRule.html>

Large Quantity Generator (LQGs) of hazardous waste, Small Quantity Generators (SQGs) of hazardous waste, Transporters of hazardous waste, and hazardous waste Treatment, Storage and Disposal (TSDs) Facilities are required by G.S.130A-294.1 to pay an annual fee. The invoice for this fee is attached to this letter. If you are only a Conditionally Exempt Small Quantity Generator then your invoice should be for \$0.00.

You may contact the Hazardous Waste Section at (919) 733-2178 for further information.

Sincerely,

R.J. Edwards III, Administrative Officer
North Carolina Hazardous Waste Section

Cc: Central Files (General)

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 and ending June 30.

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 and ending June 30, 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, Storer or Disposer (\$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.

Contact: **FLAVEL SMITH**
 Facility Name: **MAST BROTHERS IBC CLEANING**
 EPA ID Number: **NCR000000414**
 Mailing Address: **1200 EXCHANGE ST
 CHARLOTTE, NC 28208**
 Location Address: **1200 EXCHANGE ST
 CHARLOTTE, NC 28208**

Reported Facility Status

Generator Status..... **1**
 (1 = Large Quantity Generator, 2 = Small Quantity Generator, 3 = Conditionally Exempt Small Quantity Generator, 4 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	YES	500
Small Quantity Generator	\$ 25		
Transporter	\$ 600		
Treater	\$ 1200		
Storer	\$ 1200		
Disposer	\$ 1200		
TOTAL AMOUNT DUE			\$ 500.00

Submit payment no later than 60 days after the receipt of this invoice 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.

WHO IS REQUIRED TO PAY A HAZARDOUS WASTE FEE?

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Contact: **FLAVEL SMITH**
 Facility Name: **MAST BROTHERS IBC CLEANING**
 EPA ID Number: **NCR000000414**
 Mailing Address: **1200 EXCHANGE ST**
CHARLOTTE, NC 28208
 Location Address: **1200 EXCHANGE ST**
CHARLOTTE, NC 28208

Reported Facility Status

Generator Status..... **1**
 (1 = Large Quantity Generator, 2 = Small Quantity Generator, 3 = Conditionally Exempt Small Quantity Generator, 4 or blank = Not a generator)
 Transporter..... **NO**
 Treater **NO**
 Storer..... **NO**
 Disposer..... **NO**

INVOICE INVOICE INVOICE INVOICE INVOICE INVOICE

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Disposer	\$ 1200		
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North Carolina
Department of Environment and Natural Resources
Division of Waste Management

Michael F. Easley, Governor
William G. Ross Jr., Secretary
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April 8, 2002

FLAVEL SMITH
MAST BROTHERS IBC CLEANING
1200 EXCHANGE ST
CHARLOTTE, NC 28208

RE: EPA ID #: NCR000000414

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