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
(1) 3-15-95	First notification
(2) 5-4-95	EPA ID #
(3) 7-18-96	Subsequent notification
(4) 7-30-96	Current computer record
(5) 8-31-98	Subsequent notification
(6) 11-3-98	RCRA classification
(7) 9-22-00	Fee letter
(8) 10-12-00	Notification Report

HAZARDOUS WASTE SECTION (Review 8/93)

G- General, I- Inspections
P- Permits, GW- Ground Water
C- Closure E-Enforcement

(8)

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

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0246-EPA-OT

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).

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)*

[ ] A. Initial Notification [ ] B. Subsequent Notification *(Complete item C)*

C. Installation's EPA ID Number: NCR000000638

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

THE TEXWIPE CO LLC

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

Street: SAME

Street *(Continued)*:

City or Town: State: Zip Code:

County Code: County Name:

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box: SAME

City or Town: State: Zip Code:

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

Name *(Last)*: FREIER *(First)*: MARK

Job Title: DIR OF ENGINEER Phone Number *(Area Code and Number)*: 336-996-8774

VI. Installation Contact Address *(See instructions)*

A. Contact Address: Location [✓] Mailing [ ]

B. Street or P.O. Box: 3181 FINCH FARM RD

City or Town: TRINITY State: NC Zip Code: 27370-

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: SAME

Street, P.O. Box, or Route Number:

City or Town: State: Zip Code:

Phone Number *(Area Code and Number)*: B. Land Type: C. Owner Type: D. Change of Owner Indicator: Yes [ ] No [ ] Date Changed: Month Day Year

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ID - For Official Use Only

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

A. Hazardous Waste Activities

1. Generator (See Instructions)
   - ☐ a. Greater than 1000kg/mo (2,200 lbs.)
   - ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
   - ☐ c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - ☐ a. For own waste only
   - ☐ b. For commercial purposes

Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ *5. Other - specify*

☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity, see instructions.

4. Exempt Boiler and/or Industrial Furnace
   - ☐ a. Smelting, Melting, and Refining Furnace Exemption
   - ☐ b. Small Quantity On-Site Burner Exemption
5. ☐ Underground Injection Control

SAME

B. Universal Waste Activity

☐ Large Quantity Handler of Universal Waste

C. Used Oil Management Activities

1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)
   - ☐ a. Transporter
   - ☐ b. Transfer Facility
2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - ☐ a. Processor
   - ☐ b. Re-refiner
3. ☐ Off-Specification Used Oil Burner
4. Used Oil Fuel Marketer
   - ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner
   - ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

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

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
Mark Fretter	MARK FRETER, DIR OF ENGINEER	10/12/00

XI. Comments

CONTACT CHANGE ONLY

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

NCDENR

JAMES B. HUNT JR.
GOVERNOR

BILL HOLMAN
SECRETARY

WILLIAM L. MEYER
DIRECTOR

(7)

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT

September 22, 2000

JOHN HANSGMANN
Or Current Hazardous Waste Facility Contact
THE TEXWIPE CO LLC (NCR000000638)
1210 S PARK DR
KERNERSVILLE, NC 27284

Dear Mr./Ms. HANSGMANN:

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 E. Burton

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 919-733-4996 FAX 919-715-3605
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER - 50% RECYCLED/10% POST-CONSUMER PAPER

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:	**JOHN HANSGMANN**
Facility Name:	**THE TEXWIPE CO LLC**
EPA ID Number:	**NCR000000638**
Mailing Address:	**1210 S PARK DR**
	KERNERSVILLE, NC 27284
Location Address:	**1210 S PARK DR**
	KERNERSVILLE, NC 27284

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:

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.