



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



October 28, 1996

DAVE JANSSEN, INDUSTRIAL ENGR  
BUEHLER PRODUCTS INC  
1306 E NEW BERN RD  
KINSTON, NC 28501

RE EPA ID NO.: NCR000001040

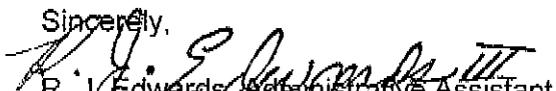
Dear Sir/Madam:

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

You can contact the Hazardous Waste Management Section at (919) 733-2178 for information. The State of North Carolina provides a training program for generators which you may want to attend.

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 Waste Management, P. O. Box 27687, Raleigh, 27611-7687. There is a \$25.00 printing charge for complete copy of the rules.

Sincerely,

  
R. J. Edwards, Administrative Assistant  
Division of Waste Management

P.O. Box 27687,  
Raleigh, North Carolina 27611-7687  
Voice 919-733-4996



FAX 919-715-3605  
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Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Please refer to the instructions for Filing Notification 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

Date Received  
(For Official Use Only)

**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  
NCR0000001048

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

BUEHLER PRODUCTS INCORPORATED

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

Street

1306 EAST NEW BERN ROAD

Street (Continued)

City or Town

KINSTON

State

NC

Zip Code

28501-

County Code

107

County Name

LENOIR

**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)

JANSEN

(First)

DAVE

Job Title

INDUSTRIAL ENGR

Phone Number (Area Code and Number)

919-522-3101

**VI. Installation Contact Address (See Instructions)**

A. Contract Address Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

**VII. Ownership (See Instructions)**

**A. Name of installation's Legal Owner**

BUEHLER PRODUCTS INCORPORATED

Street, P.O. Box, or Route Number

303 GREGSON DRIVE

City or Town

CARY

State

NC

Zip Code

27511-

Phone Number (Area Code and Number)

919-469-8522

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed) Month Day Year

ID - 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
<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 (200-2,200 lbs.)</p> <p><input checked="" 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 checked="" 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. 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 Deferral</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. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>

**IX. Description of Hazardous 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 (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

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

1 FOO1	2	3	4	5	6
7	8	9	10	11	12

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

1	2	3	4	5	6
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**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>[Signature]</i>	Name and Official Title (Type or print): <i>Operator Manager</i>	Date Signed: <i>9/16/76</i>
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**XI. Comments**

*PROPERTY OWNER - FURTWAENGLER COMPANY*

*303 GREGSON DRIVE CARY, NC 27511 Attn: G.P. CRAM*

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