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) [illegible]	Notifier
(2) 6-29-95	Status Letter (SQG)
(3) 8-2-00	Current Computer record

HAZARDOUS WASTE SECTION (Review 8/93)

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

Purpose: The attached form will be used as a file folder docket. EPA have requested that we list the content of each file folder docket will be used to provide a folder content list.

Preparation: This form will be completed by the Section file clerk. It identifies what document it is -- a letter, a report, a memo, etc. Filing is by date with the last entry on the top of the file folder and the bottom of the file docket.

Disposition: This form may be destroyed in accordance with the Solid Waste Management Division Section of the Records Disposition Schedule published by the North Carolina Division of Archives and History.

NCDENR

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT

3

JAMES B. HUNT JR.
GOVERNOR

BILL HOLMAN
SECRETARY

WILLIAM L. MEYER
DIRECTOR

August 2, 2000

SEARS #6632
3333 BEVERLY ROAD A2-238A
HOFFMAN ESTATES, IL 60179-

RE EPA ID NO.: **NCR000001438**

Dear Sir/Madam:

Based on information received by this office for the site identified with the EPA ID number, the state has accepted and processed the change in RCRA classification or information for the above site.

Please verify the computer generated information on the attached report and notify us of any corrections. We are advising EPA of the changes.

If you have any questions or if I can be of any further assistance, please call me at (919)733-2178 ext.209.

Sincerely,

R. J. Edwards III

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

cc: BRENT ROCKET

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

State of North Carolina
Department of Environment and Natural Resources

Division of Waste Management

DEHNR
P. O. Box 29603
Raleigh, North Carolina 27611-9603
Voice 919-733-2178

August 2, 2000

Notification of Hazardous Waste Report
Current Computer Record
'X' indicates operation status of your facility.

EPA ID#:	NCR000001438
Company name:	SEARS #6632
Owner:	SEARS, ROEBUCK AND CO
Contact:	KATHLEEN FLAHERTY, ENV SPECIALIST
Phone number:	847/286-7199
Location address:	102 HOLLY HILL MALL
City, St & ZIP:	BURLINGTON, NC 27215-

Generator

__ LARGE GENERATOR
__ SMALL QNTY GENERATOR
X EXEMPT SMALL QNTY
__ LG QNTY. UNIVERSAL

Transporter

__ For own waste only
__ For commercial purposes

Transportation

__ Air
__ Rail
__ Highway
__ Water
__ Other

TSD

__ STORES
__ TREATER
__ DISPOSER

Hazardous Waste Fuel

__ Gentr marketing to burner
__ Other marketers
__ Burner
__ 1. Smelter deferral
__ 2. Small qunt. exempt

Combustion Devices

__ Utility boiler
__ Industrial boiler
__ Industrial furnace

Used Oil Fuel Marketer

__ Marketer directs shipment of used oil to off-specification burner
__ Marketer who first claims the used oil meets specifications

Used Oil Burner-Combustion Devices

__ Utility Boiler
__ Industrial Boiler
__ Industrial Furnace

Used Oil Transporter Activities

__ Transporter
__ Transfer facility

Used Oil Processor/Re-refiner Activities

__ Process
__ Re-refine

Please notify us if there is any further change in your operation which would affect your status specifically Company's Name, Ownership, Address, Contact or Telephone Number.

Your EPA ID number is currently active.

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: NCR000001438

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

Sears Unit #6632

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

Street: 102 Holly Hill Mall

Street *(Continued)*:

City or Town: Burlington | State: NC | Zip Code: 27215-

County Code: | County Name:

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: 3333 Beverly Road A2-238A

City or Town: Hoffman Estates | State: IL | Zip Code: 60179-

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

Name *(Last)*: Flaherty | *(First)*: Kathleen

Job Title: Env Specialist | Phone Number *(Area Code and Number)*: 847-286-7199

VI. Installation Contact Address *(See instructions)*

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

B. Street or P.O. Box: 3333 Beverly Road A2-238A

City or Town: Hoffman Estates | State: IL | Zip Code: 60179-

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: Sears, Roebuck and Co.

Street, P.O. Box, or Route Number: 3333 Beverly Road

City or Town: Hoffman Estates | State: IL | Zip Code: 60179-

Phone Number *(Area Code and Number)*: 847-286-7199

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [X]

Date Changed: Month | Day | Year

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

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

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
D039					
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.)*

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)) 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
Kathleen M Flaherty	Environmental Specialist	6/1/00

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. *(See Section IV 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 Expires 12/31/02
GSA No. 0246-EPA-OT

ID - For Official Use Only

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

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Mode of Transportation
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- ☐ 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

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
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D039					
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.)*

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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
Kathleen M. Flaherty	Environmental Specialist	6/1/00

XI. Comments

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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: NCR000001438

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

Sears Unit #6632

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

Street: 102 Holly Hill mall

Street *(Continued)*:

City or Town: Burlington | State: NC | Zip Code: 27215-

County Code: | County Name:

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: 3333 Beverly Road A2-238A

City or Town: Hoffman Estates | State: IL | Zip Code: 60179-

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

Name *(Last)*: Flaherty | *(First)*: Kathleen

Job Title: Env Specialist | Phone Number *(Area Code and Number)*: 847-286-7199

VI. Installation Contact Address *(See instructions)*

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

B. Street or P.O. Box: 3333 Beverly Road A2-238A

City or Town: Hoffman Estates | State: IL | Zip Code: 60179-

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: Sears, Roebuck and Co.

Street, P.O. Box, or Route Number: 3333 Beverly Road

City or Town: Hoffman Estates | State: IL | Zip Code: 60179-

Phone Number *(Area Code and Number)*: 847-286-7199

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [X]

Date Changed: Month | Day | Year

NCR000001438
Sears Full-Line And Auto Center 2105/6632
HOLLY HILL MALL
102 HOLLY HILL MALL
BURLINGTON NC 272155148

Refer Questions to Kathleen Flaherty
(847) 286 5313

U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

FORM IC

IDENTIFICATION AND CERTIFICATION

Burlington

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label ☒ or → NCR 000001438	B. County Same as label ☐ or →
C. Site/company name Same as label ☒ or →	D. Has the site name associated with this EPA ID changed since 1997? ☐ 1 Yes ☒ 2 No
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label ☒ or →	
F. City, town, village Same as label ☒ or →	G. State Same as label ☒ or → ☐☐ / H. Zip Code Same as label ☒ or → ☐☐☐☐☐-☐☐☐☐

Sec. II Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? ☐ 1 Yes (SKIP TO SEC. III) ☒ 2 No (CONTINUE TO BOX B)

B. Number and street name of mailing address: 3333 Beverly Rd., D768EV, A2-238A

C. City, town, village: Hoffman Estates	D. State: IL	E. Zip Code: 60179-☐☐☐☐

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name	First name	M.I.	B. Title	C. Telephone Number
Flaherty	Kathleen	M.	Environmental Specialist	847 286-7199 Extension ☐☐☐☐

Sec. IV "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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.

A. Last Name	First name	M.I.	B. Title
Flaherty	Kathleen	M.	Environmental Specialist

C. Signature: Kathleen M. Flaherty

D. Date of signature: 06 01 00 (Month Day Year)

Over →

EPA ID NO. N C R 0 0 0 0 0 1 4 3 8

Sec. V Generator status. Instructions begin on page 8.

A. 1999 RCRA generator status (CHECK ONE BOX BELOW)	B. Reason for not generating (CHECK ALL THAT APPLY)	
☐ 1 LQG ☐ 2 SQG ☑ 3 CESQG } SKIP TO SEC. VI	☐ 1 Never generated ☐ 2 Out of business ☐ 3 Only excluded or delisted waste ☐ 4 Only non-hazardous waste	☐ 5 Periodic or occasional generator ☐ 6 Waste minimization activity ☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)
☐ 4 Non-generator (CONTINUE TO BOX B)		

Sec. VI On-site waste management status. Instructions page 10.

A. Storage subject to RCRA permitting requirements	B. Treatment, disposal, or recycling subject to RCRA permitting requirements
1	1

Comments:

EPA ID NO. NCR 000 001 438

Sec. V Generator status. Instructions begin on page 8.

A. 1999 RCRA generator status (CHECK ONE BOX BELOW)	B. Reason for not generating (CHECK ALL THAT APPLY)	
☐ 1 LQG ☐ 2 SQG ☒ 3 CESQG } SKIP TO SEC. VI	☐ 1 Never generated ☐ 2 Out of business ☐ 3 Only excluded or delisted waste ☐ 4 Only non-hazardous waste	☐ 5 Periodic or occasional generator ☐ 6 Waste minimization activity ☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)
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Sec. VI On-site waste management status. Instructions page 10.

A. Storage subject to RCRA permitting requirements	B. Treatment, disposal, or recycling subject to RCRA permitting requirements
L	L

Comments:

NCR000001438
Sears Full-Line And Auto Center 2105/6632
HOLLY HILL MALL
102 HOLLY HILL MALL
BURLINGTON NC 272155148

Refer Questions to Kathleen Flaherty
(847) 286 5313

U.S. ENVIRONMENTAL PROTECTION AGENCY

1999 Hazardous Waste Report

FORM IC

IDENTIFICATION AND CERTIFICATION

Burlington

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A. EPA ID No. Same as label ☒ or → NCR000001438	B. County Same as label ☐ or →
C. Site/company name Same as label ☒ or →	D. Has the site name associated with this EPA ID changed since 1997? ☐ 1 Yes ☒ 2 No
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label ☒ or →	
F. City, town, village Same as label ☒ or →	G. State Same as label ☒ or → H. Zip Code Same as label ☒ or →

Sec. II Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? ☐ 1 Yes (SKIP TO SEC. III) ☒ 2 No (CONTINUE TO BOX B)

B. Number and street name of mailing address: 3333 Beverly Rd., D768EV, A2-238A

C. City, town, village: Hoffman Estates	D. State: IL	E. Zip Code: 60179 -

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flaherty	Kathleen	M.	Environmental Specialist	847 286 - 7199 Extension

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A. Last Name	First name	M.I.	B. Title
flaherty	Kathleen	M.	Environmental Specialist

C. Signature: Kathleen M. Flaherty

D. Date of signature: 06 01 00 (Month Day Year)

Over →