

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.

North Carolina
Department of Environment and Natural Resources

Division of Waste Management

Michael F. Easley, Governor
William G. Ross Jr., Secretary
William L. Meyer, Director



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May 7, 2001

EVERETTE WAYNE CHRUCH
STATESVILLE RADIATOR SERVICE INC
1132 SECOR STREET
STATESVILLE NC 28677

EPA ID #: NCR000001495

Dear Mr. Church:

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 to be made.

In Section VIII. A (Hazardous Waste Activity) the generator type is indicated as follows:

1. - Large Quantity Generator (Greater than 2,200 lbs.)
2. - Small Quantity Generator (220-2,200 lbs.)
3. - Conditionally Exempt Small Generator (Less than 220 lbs.)

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

Sincerely,

A handwritten signature in cursive script, appearing to read 'R.J. Edwards, III', is written over a horizontal line.

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

cc: Central Files

1646 Mail Service Center, Raleigh, North Carolina 27699-1646
Phone: 919-733-4996 \ FAX: 919-715-3605 \ Internet: www.enr.state.nc.us

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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)

<input type="checkbox"/> A. Initial Notification	<input type="checkbox"/> B. Subsequent Notification (Complete Item C)	C. Installation's EPA ID Number NCR000001495
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II. Name of Installation (Include company and specific site name)

STATESVILLE PADPATOR SER INC

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

Street
1132 SECOR STREET

Street (Continued)

City or Town STATESVILLE	State NC	Zip Code 28677-
County Code IR	County Name IREDELL	

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
1132 SECOR STREET

City or Town STATESVILLE	State NC	Zip Code 28677-
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V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last) CHURCH	Name (First) EVERETTE WAYNE
Job Title PRESIDENT	Phone Number (Area Code and Number) 704-872-3679

VI. Installation Contact Address (See Instructions)

A. Contact Address Location <input checked="" type="checkbox"/>	B. Street or P.O. Box <input type="checkbox"/>
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1132 SECOR ST

City or Town STATESVILLE	State NC	Zip Code 28677-
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VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
EVERETTE W CHURCH

Street, P.O. Box, or Route Number
1132 SECOR ST

City or Town STATESVILLE	State NC	Zip Code 28677-
Phone Number (Area Code and Number) 704-872-3679	B. Land Type <input type="checkbox"/>	C. Owner Type <input type="checkbox"/>
D. Change of Owner Indicator Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Date Changed Month <input type="checkbox"/> Day <input type="checkbox"/> Year <input type="checkbox"/>

ID - For Official Use Only					

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

<p>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 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 type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p> <p>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>5. Underground Injection Control</p>	<p>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>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.)

RADIUM SURGE

(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
<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 <i>Everette W. Church</i>	Name and Official Title (Type or print) EVERETTE WAYNE CHURCH	Date Signed 10-11-00
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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)

<p>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 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 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>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>		<p>N/A</p>	

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

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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.)

RADIATOR SLUDGE

(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
<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 <i>Everette W. Church</i>	Name and Official Title (Type or print) EVERETTE WAYNE CHURCH	Date Signed 10-11-00
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XI. Comments

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

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United States Environmental Protection Agency

Date Received
(For Official Use Only)

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<input type="checkbox"/> A. Initial Notification	<input type="checkbox"/> B. Subsequent Notification (Complete item C)	C. Installation's EPA ID Number
		NCR0000001495

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

STATESVILLE PADPATOR SER INC

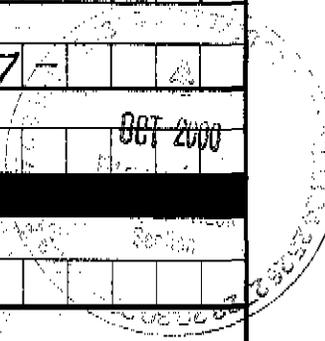
III. Location of Installation (Physical address not P.O. Box or Route Number)

Street
1132 SECOR STREET

Street (Continued)

City or Town STATESVILLE **State** NC **Zip Code** 28677-

County Code **County Name** TREDELL



IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
1132 SECOR STREET

City or Town STATESVILLE **State** NC **Zip Code** 28677-

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

Name (Last) CHURCH **(First)** EVERETTE WAYNE

Job Title PRESIDENT **Phone Number (Area Code and Number)** 704-872-3679

VI. Installation Contact Address (See Instructions)

A. Contact Address Location	Mailing	B. Street or P.O. Box
<input checked="" type="checkbox"/>		1132 SECOR ST
City or Town STATESVILLE		State NC Zip Code 28677-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
EVERETTE W CHURCH

Street, P.O. Box, or Route Number
1132 SECOR ST

City or Town STATESVILLE **State** NC **Zip Code** 28677-

Phone Number (Area Code and Number) 704-872-3679

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