Circle one:

General (Inspection) Permits

Groundwater Closure Enforcement

N.C. DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT
HAZARDOUS WASTE SECTION

FILE DOCKET

ITEM	DATE	DESCRIPTION / ITEM
1	7.20.99	CEI Report

Region 4 Compliance Data Entry Form - Side A (Rev.8/97)

YDP (1)

Submittal Information	Initial By-	Initial Date -	Corrected By-	Corrected Date -
RCRA Comp. Section:		/ /		/ /
Received:		/ /		/ /
Entered/ Returned:		/ /		/ /

FACILITY INFORMATION:

EPA ID Number: NCR000002030

Facility Name: Precission Transmission City: Whiteville

EVALUATION DATA: New: X Change: __ Delete: __ (═══ : Required)

Agency: S Date: Mo. 07 / Day 20 / Year 99 Type: CEI

Control Number Data Entry Personnel

Person: 032 Reason:

Evaluation Comments:
(74) 1 : No problems Noted
2 :

SNC DETERMINATION: If this evaluation resulted in a SNC determination, fill in this block. (NOTE: SNC determinations are SNY/SNN evaluations. The SNY/SNN evaluation can also be submitted later on a separate form.)

Facility is (Check one)
- a SNC (SNY evaluation) ☐
or-
- no longer a SNC (SNN eval.) ☐

Date of determination:
Same as above eval.: ☐ - or - __ / __ / __

VIOLATION DATA: New: __ Change: __ Delete: __

#__ Agency: Type: Date (mdy) Determined: / / Class:
Priority: Branch: Person: Seq. Number (Data Entry)
Return to Compliance: -- Scheduled -- / / --- Actual ---- / /
Reg. Type: Reg. Description (30):
Comment (72):

ENTERED RCRIS AUG 1998

#__ Agency: Type: Date (mdy) Determined: / / Class:
Priority: Branch: Person: Seq. Number (Data Entry)
Return to Compliance: -- Scheduled -- / / --- Actual ---- / /
Reg. Type: Reg. Description (30):
Comment (72):

#__ Agency: Type: Date (mdy) Determined: / / Class:
Priority: Branch: Person: Seq. Number (Data Entry)
Return to Compliance: -- Scheduled -- / / --- Actual ---- / /
Reg. Type: Reg. Description (30):
Comment (72):

Continue violation date on Side B if necessary -

State of North Carolina
Department of Environment, Health, and Natural Resources

SMALL QUANTITY GENERATOR INSPECTION FORM

Facility Name: Precission Transmission Inspection Date: 20-Jul-99

Address: 3252 New Britton Hwy Whiteville N.C. 28472

Contact: Ralph Fowler ID#: NCR000002030

Present at Inspection: Johnny Ford, Ralph Fowler

Processes: N/A Type of Business: Transmission Repair

Wastes Generated: D001, D018, D039, D040

Transporters: Safety-Klean, Noble Oil Service TSD's: /

Manifests/Signed Copies: Yes ✓ No___ Comments: None

Inspection Records: Yes ✓ No___ Example Issued: Yes___ No___
Emergency #'s Posted? Yes ✓ No___ Example Issued: Yes___ No___
Emergency Coordinator? Ralph Fowler Personnel trained? Yes ✓ No___
Local Authorities Contacted: Yes ✓ No___

Accumulation Areas: Description: Waste Transmission fluid accumulated at site of generation and removed for disposal by Safety-Klean. (5) Safety-Klean Parts Washer
No problems Noted

Closed/labled/dated/ <55 gallons?

Storage Areas: Description: No Hazardous Waste Storage area.

Closed/labled/dated/ <180 days/good condition?

Signature [signature] Facility/Contact [signature]

Date 20-Jul-99

hws\shells\inspect.frm

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: NCR000002030

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

Precision Transmission

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

Street: 3252 New Britton Hwy.

Street *(Continued)*: Hwy 130 East

City or Town: Whiteville | State: NC | Zip Code: 28472-

County Code: | County Name: Columbus

IV. Installation Mailing Address *(See instructions)*

Street or P.O. Box: 3252 New Britton Hwy.

City or Town: Whiteville | State: NC | Zip Code: 28472-

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

Name *(Last)*: Fowler | *(First)*: Ralph "Delane"

Job Title: owner | Phone Number *(Area Code and Number)*: 910-642-4010

VI. Installation Contact Address *(See instructions)*

A. Contact Address: Location ✓ Mailing ☐

B. Street or P.O. Box: 3252 New Britton Hwy.

City or Town: Whiteville | State: NC | Zip Code: 28472-

VII. Ownership *(See instructions)*

A. Name of Installation's Legal Owner: Ralph Delane Fowler

Street, P.O. Box, or Route Number: 12496 Peacock Rd.

City or Town: Chadbourn | State: NC | Zip Code: 28431-

Phone Number *(Area Code and Number)*: 910-654-4404

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

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.)*

see Attched Sheet from Safety Kleen.

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.)*

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
Ralph Delane Fowler	Owner	10-10-00

XI. Comments

Purchase Solvent from Safety Kleen - They Pick up used Solvent / Nobles Oil CO. Picks Up waste oil + filters

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

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Signature	Name and Official Title *(Type or print)*	Date Signed
Ralph Delane Fowler	owner	10-10-00

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Street (Continued): Hwy 130 East

City or Town: Whiteville | State: NC | Zip Code: 28472-

County Code: | County Name: Columbus

IV. Installation Mailing Address (See instructions)

Street or P.O. Box: 3252 New Britton Hwy.

City or Town: Whiteville | State: NC | Zip Code: 28472-

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

Name (Last): Fowler | (First): Ralph "Delane"

Job Title: owner | Phone Number (Area Code and Number): 910-642-4010

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

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A. Name of Installation's Legal Owner: Ralph Delane Fowler

Street, P.O. Box, or Route Number: 12496 Peacock Rd.

City or Town: Chadbourn | State: NC | Zip Code: 28431-

Phone Number (Area Code and Number): 910-654-4404

B. Land Type: [ ] C. Owner Type: [ ] D. Change of Owner Indicator: Yes [ ] No [✓] Date Changed: Month Day Year