

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

9-12-95

First notification

②

10-9-95

EPA ID #

③

9-22-00

Hw fee letter.

④

11-8-00

subsequent notification.

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

September 22, 2000

3

JAMES B. HUNT JR.
GOVERNOR

BILL HOLMAN
SECRETARY

WILLIAM L. MEYER
DIRECTOR

JIM SAYLORS
Or Current Hazardous Waste Facility Contact
NORTH CAROLINA EQUIPMENT (NCR000002279)
PO BOX 3247
GREENSBORO, NC 27402

Dear Mr./Ms. SAYLORS:

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 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 919-715-3608

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, Storer 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: **JIM SAYLORS**
 Facility Name: **NORTH CAROLINA EQUIPMENT**
 EPA ID Number: **NCR000002279**
 Mailing Address: **PO BOX 3247**
GREENSBORO, NC 27402
 Location Address: **7620 MARKET ST**
GREENSBORO, NC 27409

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

<i>INVOICE</i>	<i>INVOICE</i>	<i>INVOICE</i>	<i>INVOICE</i>	<i>INVOICE</i>	<i>INVOICE</i>
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.

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: **JIM SAYLORS**
 Facility Name: **NORTH CAROLINA EQUIPMENT**
 EPA ID Number: **NCR000002279**
 Mailing Address: **PO BOX 3247**
GREENSBORO, NC 27402
 Location Address: **7620 MARKET ST**
GREENSBORO, NC 27409

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

<i>INVOICE INVOICE INVOICE INVOICE INVOICE INVOICE</i>					
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.



NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT

September 22, 2000

3

JAMES B. HUNT JR. GOVERNOR

BILL HOLMAN SECRETARY

WILLIAM L. MEYER DIRECTOR

JIM SAYLORS Or Current Hazardous Waste Facility Contact NORTH CAROLINA EQUIPMENT (NCR000002279) PO BOX 3247 GREENSBORO, NC 27402

Dear Mr./Ms. SAYLORS:

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 919-715-3805

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER - 50% RECYCLED/10% POST-CONSUMER PAPER

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

United States Environmental Protection Agency

Date Received
(For Official Use Only)

4

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

NC R 000002279

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

NC EQUIPMENT CO

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

Street

7620 MARKET STREET

Street (Continued)

PO BOX 3247

City or Town

GREENSBORO

State

Zip Code

NC 27409-

County Code

County Name

GUILFORD

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

PO BOX 3247

City or Town

GREENSBORO

State

Zip Code

NC 27409-

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

Name (Last)

WALTERS

(First)

DARRELL

Job Title

OFFICE MANAGER

Phone Number (Area Code and Number)

336-668-1000

VI. Installation Contact Address (See Instructions)

A. Contact Address Location

Mailing

B. Street or P.O. Box

3247

City or Town

GREENSBORO

State

Zip Code

NC 27409-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

NORTH CAROLINA EQUIPMENT CO

Street, P.O. Box, or Route Number

3001 HILLSBOROUGH STREET

City or Town

RALEIGH

State

Zip Code

NC 27602-0431

Phone Number (Area Code and Number)

919-833-4811

B. Land Type

C. Other Type

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 Activities		C. Used Oil Management Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)</p> <p><input 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>_____</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>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>
B. Universal Waste Activity		
<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.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s).)

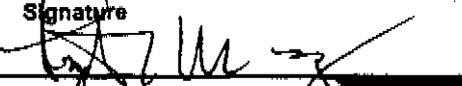
1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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 	Name and Official Title (Type or print) Lloyd L. Manning - U.P. of SALES Admin	Date Signed 11-08-00
--	---	-------------------------

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

ID - For Official Use Only											

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

A. Hazardous Waste Activities		C. Used Oil Management Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)</p> <p><input 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>_____</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>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>
B. Universal Waste Activity		
<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.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

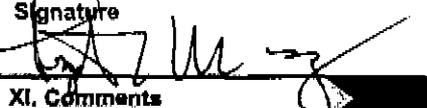
1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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 	Name and Official Title (Type or print) Lloyd L. Manning - U.P. of SALES Admin	Date Signed 11-08-00
--	---	-------------------------

XI. Comments

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

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)

4

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)											
<input type="checkbox"/> A. Initial Notification				<input checked="" type="checkbox"/> B. Subsequent Notification (Complete Item C)				C. Installation's EPA ID Number N C R 0 0 0 0 0 2 2 7 9			
II. Name of Installation (Include company and specific site name) N C E Q U I P M E N T C O											
III. Location of Installation (Physical address not P.O. Box or Route Number)											
Street											
7 6 2 0 M A R K E T S T R E E T											
Street (Continued)											
P O B O X 3 2 4 7											
City or Town						State		Zip Code			
G R E E N S B O R O						N C		2 7 4 0 9 -			
County Code		County Name									
		G U I L F O R D									
IV. Installation Mailing Address (See Instructions)											
Street or P.O. Box											
P O B O X 3 2 4 7											
City or Town						State		Zip Code			
G R E E N S B O R O						N C		2 7 4 0 9 -			
V. Installation Contact (Person to be contacted regarding waste activities at site)											
Name (Last)						Name (First)					
W A L T E R S						D A R R E L L					
Job Title						Phone Number (Area Code and Number)					
O F F I C E M A N A G E R						3 3 6 - 6 6 8 - 1 0 0 0					
VI. Installation Contact Address (See Instructions)											
A. Contact Address Location <input checked="" type="checkbox"/>				B. Street or P.O. Box 3 2 4 7							
<input checked="" type="checkbox"/> Mailing											
City or Town						State		Zip Code			
G R E E N S B O R O						N C		2 7 4 0 9 -			
VII. Ownership (See Instructions)											
A. Name of Installation's Legal Owner N O R T H C A R O L I N A E Q U I P M E N T C O											
Street, P.O. Box, or Route Number 3 0 0 1 H I L L S B O R O U G H S T R E E T											
City or Town						State		Zip Code			
R A L E I G H						N C		2 7 6 0 2 - 0 4 3 1			
Phone Number (Area Code and Number)						Land Line Type		Other Type		B. Change of Owner Indicator	
9 1 9 - 8 3 3 - 4 8 1 1						P		P		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
								Date Changed		Month Day Year	