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) 4-8-96	First Notification
2) 5-8-96	EPA ID Number

HAZARDOUS WASTE SECTION (Review 8/93)

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

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

DEHNR

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May 8, 1996

H Dobbs Oxendine, Owner
DOBBS AUTO & TRUCK
Hwy 74 Rte 4 Box 224
Lumberton, NC 28209
RE EPA ID NO.: NCR000004531
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. NC 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 Officer
Division of Waste Management

cc: FLINT WORRELL

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved. OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-01

Please read 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).

EPA 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)

[X] A. First Notification

[ ] B. Subsequent Notification (Complete item C)

C. Installation's EPA ID Number: NCR000004531

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

DOBBS AUTO + TRUCK

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

Street: HWY 74, RTE 4, BOX 224

Street (Continued):

City or Town: LUMBERTON

State: NC

Zip Code: 28209-

County Code: 155

County Name:

09

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): OXENDINE

(First): H. DOBBS

Job Title: OWNER

Phone Number (Area Code and Number): 910-521-2448

VI. Installation Contact Address (See instructions)

A. Contract Address: Location [X] 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: Dobbs Auto + Truck Parts

Street, P.O. Box, or Route Number: RT 4 Box 224

City or Town: Lumberton

State: NC

Zip Code: 28358-

Phone Number (Area Code and Number): 910-521-2448

B. Land Type: P

C. Owner Type: P

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

(Date Changed) Month Day Year

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

Continued on Reverse

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Form Approved. OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-DT

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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 Activity

1. Generator (See instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (200-2,200 lbs.)
   - [X] 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. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

   Indicate Type of Combustion Device(s)
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [ ] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

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 Toxicity characteristic contaminant(s))		
X						

B. 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
F001	F002	F003	F005		
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

APR 1996 ENTERED RCRIS

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
[signature]	Management	4-8-96

XI. Comments

RECEIVED APR 16 1996 HAZARDOUS WASTE

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

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.