

State of North Carolina
Department of Environment
and Natural Resources
Division of Waste Management



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

August 1, 2000

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

EPA ID#: NCR000012674
Company name: CARRIER CORPORATION
Owner: CARRIER CORP
Contact: CHRIS HERRMANN, EHS MGR
Phone number: 704/921-3839
Location address: 9701 OLD STATESVILLE RD
City, St & ZIP: CHARLOTTE, NC 28269-

- Generator**
- LARGE GENERATOR
 - SMALL QNTY GENERATOR
 - EXEMPT SMALL QNTY
 - LG QNTY. UNIVERSAL

- TSD**
- STORES
 - TREATER
 - DISPOSER

- Used Oil Fuel Marketer**
- Marketer directs shipment of used oil to off-specification burner
 - Marketer who first claims the used oil meets specifications

- Transporter**
- For own waste only
 - For commercial purposes

- Hazardous Waste Fuel**
- Gentr marketing to burner
 - Other marketers
 - Burner
 - 1. Smelter deferral
 - 2. Small quant. exempt

- Used Oil Burner-Combustion Devices**
- Utility Boiler
 - Industrial Boiler
 - Industrial Furnace

- Transportation**
- Air
 - Rail
 - Highway
 - Water
 - Other

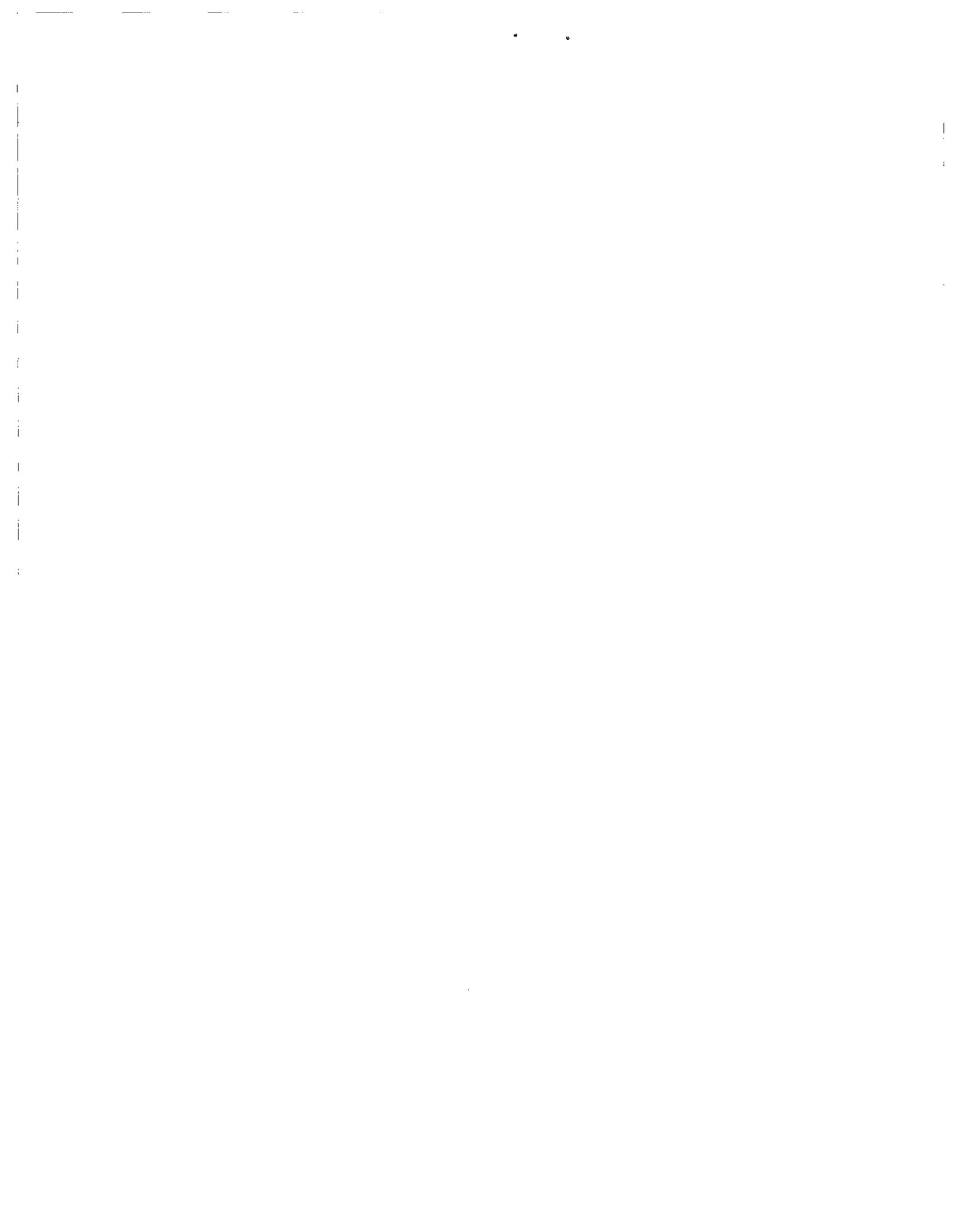
- Combustion Devices**
- Utility boiler
 - Industrial boiler
 - Industrial furnace

- 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.



②

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT



JAMES B. HUNT JR.
GOVERNOR

August 1, 2000

BILL HOLMAN
SECRETARY

CARRIER CORPORATION
9701 OLD STATESVILLE RD
CHARLOTTE NC 28269-

WILLIAM L. MEYER
DIRECTOR

RE EPA ID NO.: NCR000012674

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, Administrative Assistant
Division of Waste Management

cc: JOE PARKER



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

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1

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 checked="" type="checkbox"/> A. Initial Notification	<input type="checkbox"/> B. Subsequent Notification (Complete Item C)	C. Installation's EPA ID Number
		NCR0000012674

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

CARRIER CORPORATION

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

Street
9701 OLD STATESVILLE RD

Street (Continued)

City or Town	State	Zip Code
CHARLOTTE	NC	28269-
County Code	County Name	
	MECKLENBURG	

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)	(First)	Phone Number (Area Code and Number)
HERMANN	CHRIS	704-921-0538
Job Title		
E.H.S. MANAGER		

VI. Installation Contact Address (See Instructions)

A. Contact Address Location	Mailing	B. Street or P.O. Box
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
City or Town		State Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
CARRIER CORPORATION

Street, P.O. Box, or Route Number
ONE CARRIER PLACE

City or Town	State	Zip Code
FARMINGTON	CT	06034-4015
Phone Number (Area Code and Number)	B. Land Type	C. Owner Type
203-674-3000	P	P
D. Change of Owner Indicator		(Date Changed) Month Day Year
Yes <input type="checkbox"/> No <input type="checkbox"/>		

ID - For Official Use Only									

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

A. Hazardous Waste Activity		B. Used Oil Recycling Activities
<input type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity - see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter/Deferral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Used Oil Recycling Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications <input type="checkbox"/> 2. Used Oil Burner - Indicate Type(s) of Combustion Device <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace <input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine

IX. Description of Regulated 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 the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

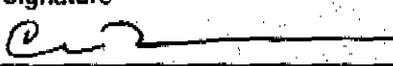
1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

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) CURTIS HERRMANN EHS MANAGER	Date Signed 01/26/2000
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XI. Comments

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

1

Please refer to Section V, Line C of the instructions for completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 311 of the Resource Conservation and Recovery Act).	<h2 style="margin: 0;">Notification of Regulated Waste Activity</h2> United States Environmental Protection Agency	Date Received (For Official Use Only)
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I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

<input checked="" type="checkbox"/> A. Initial Notification	<input type="checkbox"/> B. Subsequent Notification (Complete item C)	C. Installation's EPA ID Number
		NCR0000012674

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

CARRIER CORPORATION

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

Street
9701 OLD STATESVILLE RD

Street (Continued)

City or Town: CHARLOTTE State: NC Zip Code: 28269-

County Code: County Name: MECKLENBURG

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): HERMANN (First): CHRIS

Job Title: E.H.S. MANAGER Phone Number (Area Code and Number): 704-921-1015/3839

VI. Installation Contact Address (See instructions)

A. Contact Address Location B. Street or P.O. Box

City or Town: State: Zip Code: -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner
CARRIER CORPORATION

Street, P.O. Box, or Route Number
ONE CARRIER PLACE

City or Town: FARMINGTON State: CT Zip Code: 06034-4015

Phone Number (Area Code and Number): 203-674-3000 B. Land Type: P C. Owner Type: P D. Change of Owner Indicator: (Date Changed) Month: Day: Year: