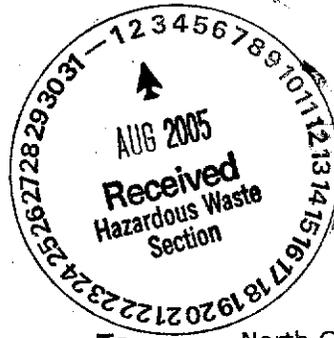


Memo



SKF

AUG 22 2005

Date 07/28/2005

From Vester Lequire
Technical Manager
SKF Sealing Solutions
324 Industrial Park Rd.
Franklin, NC 28734

To North Carolina Department of
Environment and Natural
Resources
Division of Waste Management
Attn: Jim Edwards

Unit SKF Sealing Solutions **cc** Files

Subject EPA Form 8700-12
EPA ID NO: NCR000001164

Dear Mr. Jim Edwards

The enclosed EPA Form 8700-12 is to inform the NCDENR of our name change that was imposed by our parent company, SKF, USA Inc., from CR Industries to SKF Sealing Solutions.

Also, due to significant down sizing of our operations in the 3rd qtr of last year, this facility is requesting reclassification from a SQG to a CESQG. Records of hazardous waste activities since completion of the down size are well below the limit for a CESQG classification.

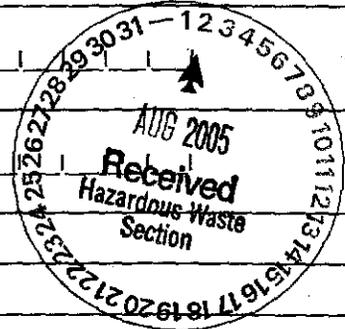
Please contact me if more information is needed or if I can be of further assistance.

Thank you,

Vester Lequire
Ph: 828-524-8444 ex. 234
Fax: 828-524-0789
E-mail vester.j.Lequire@skf.com

SKF Sealing Solutions
324 Industrial Park Rd, Franklin, NC 28734, USA
Tel 828-524-8444 Fax 828-524-0789 www.skf.com

<p>SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.</p>	<p>United States Environmental Protection Agency</p> <p>RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal (See instructions on page 13.)</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)</p> <p><input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report</p>		
<p>2. Site EPA ID Number (page 14)</p>	<p>EPA ID Number</p> <p style="text-align: center;"> N C R 0 0 0 0 0 1 1 1 6 4 </p>		
<p>3. Site Name (page 14)</p>	<p>Name: SKF Sealing Solutions</p>		
<p>4. Site Location Information (page 14)</p>	<p>Street Address: 324 Industrial Park Rd.</p>		
	<p>City, Town, or Village: Franklin</p>	<p>State: NC</p>	
	<p>County Name: Macon</p>	<p>Zip Code: 28734</p>	
<p>5. Site Land Type (page 14)</p>	<p>Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)</p>	<p>A. 3 3 9 9 9 1 </p>	<p>B. </p>	
	<p>C. </p>	<p>D. </p>	
<p>7. Site Mailing Address (page 15)</p>	<p>Street or P. O. Box: 324 Industrial Park Rd.</p>		
	<p>City, Town, or Village: Franklin</p>		
	<p>State: NC</p>		
	<p>Country: Macon</p>	<p>Zip Code: 28734</p>	
<p>8. Site Contact Person (page 15)</p>	<p>First Name: Vester</p>	<p>MI: J.</p>	<p>Last Name: Lequire</p>
	<p>Phone Number: 828-524-8444 Extension: 234</p>		<p>Email address: vester.j.lequire@skf.com</p>
<p>9. Operator and Legal Owner of the Site (pages 15 and 16)</p>	<p>A. Name of Site's Operator: SKF USA INC</p>		<p>Date Became Operator (mm/dd/yyyy): 11-01-1996</p>
	<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
	<p>B. Name of Site's Legal Owner: Lexington Corporate Properties, INC</p>		<p>Date Became Owner (mm/dd/yyyy): 12/27/1996</p>
<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>			



9. Legal Owner (Continued) Address	Street or P. O. Box: One Tenn Plaza, Suite 1045	
	City, Town, or Village: New York	
	State: NY	
	Country: USA	Zip Code: 10119

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

Y N 1. Generator of Hazardous Waste
If "Yes", choose only one of the following - a, b, or c.

a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or

b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

Y N d. United States Importer of Hazardous Waste

Y N e. Mixed Waste (hazardous and radioactive) Generator

Y N 2. Transporter of Hazardous Waste

Y N 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.

Y N 4. Recycler of Hazardous Waste (at your site)

Y N 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark each that applies.

a. Small Quantity On-site Burner Exemption

b. Smelting, Melting, and Refining Furnace Exemption

Y N 6. Underground Injection Control

B. Universal Waste Activities

Y N 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

Y N 2. Destination Facility for Universal Waste
Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities
Mark all boxes that apply.

Y N 1. Used Oil Transporter
If "Yes", mark each that applies.

a. Transporter

b. Transfer Facility

Y N 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.

a. Processor

b. Re-refiner

Y N 3. Off-Specification Used Oil Burner

Y N 4. Used Oil Fuel Marketer
If "Yes", mark each that applies.

a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner

b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	D002	D035	F003	F005		

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 21.)

Requested reclassification from SQG to CESQG and notification of name change of Chicago Rawhide (CR Industries) to SKF Sealing Solutions.

13. 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. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Vester Lequire, Technical Manager	