

North Carolina
Department of Environment and Natural Resources

Division of Waste Management

Michael F. Easley, Governor
William G. Ross Jr., Secretary
Dexter R. Matthews, Director



February 20, 2003

ZANE HILL
UNIVAR USA INC
2001 CONTINENTAL BLVD
CHARLOTTE, NC 28273

EPA ID #: NCR000005066

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 to be made.

If you have any questions or if I can be of any further assistance, please call me at (919)733-2178, ext. 209.

Sincerely,

A handwritten signature in black ink, appearing to read 'R.J. Edwards, III'. The signature is fluid and cursive.

R.J. Edwards, III
Administrative Assistant
Division of Waste Management

cc: Central Files

1646 Mail Service Center, Raleigh, North Carolina 27699-1646
Phone: 919-733-4996 \ FAX: 919-715-3605 \ Internet: www.enr.state.nc.us

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

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)

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 0 0 0 0 0 5 0 6 6

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

UNIVAR USA INC

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

Street

2001 CONTINENTAL BLVD

Street (Continued)

City or Town

CHARLOTTE

State

Zip Code

NC

28273-

County Code

County Name

MECKLENBURG

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME AS ABOVE

City or Town

State

Zip Code

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

Name (Last)

HILL

(First)

ZANE

Job Title

BRANCH OPS MGR

Phone Number (Area Code and Number)

704-587-4575

VI. Installation Contact Address (See Instructions)

A. Contact Address Location

Mailing

B. Street or P.O. Box

SAME AS ABOVE

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

UNIVAR USA INC

Street, P.O. Box, or Route Number

PO BOX 34325

City or Town

State

Zip Code

SEATTLE

WA

98124-1325

Phone Number (Area Code and Number)

425-889-3400

B. Land Type

P

C. Owner Type

P

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)

<p>A. Hazardous Waste Activities</p> <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 checked="" type="checkbox"/> a. For own waste only</p> <p><input checked="" 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 checked="" type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p> <p>_____</p>	<p>C. Used Oil Management Activities</p> <p>1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)</p> <p><input checked="" type="checkbox"/> a. Transporter</p> <p><input checked="" 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>
<p>B. Universal Waste Activity</p> <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 U080	2 U044	3 U069	4 U161	5 U159	6 U220
7 U002	8 U056	9 U154	10 U165	11 U228	12 U210

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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	D035	D018		

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

1 F001	2 F002	3 F003	4 F005	5	6
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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 <i>Michael Thornton</i>	Name and Official Title (Type or print) Michael D Thornton Regional Regulatory Mgr	Date Signed 12/17/02
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XI. Comments

Change From Large Quantity Generator to Small Quantity Generator

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