

<p><b>SEND COMPLETED FORM TO:</b> The Appropriate State or EPA Regional Office.</p>	<p>United States Environmental Protection Agency</p> <p><b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b></p>		
<p><b>1. Reason for Submittal</b> (See instructions on page 9)</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p><b>Reason for Submittal:</b></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 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 checked="" type="checkbox"/> As a component of the Hazardous Waste Report</p>		
<p><b>2. Site EPA ID Number</b> (page 10)</p>	<p>EPA ID Number</p> <p style="text-align: center;">N C R 0 0 0 0 0 1 2 5 5</p> <p style="text-align: right;">Easitvak 2007 RTK 5/12/2008</p>		
<p><b>3. Site Name</b> (page 10)</p>	<p>Name:</p> <p>LOPAREX LLC</p>		
<p><b>4. Site Location Information</b> (page 10)</p>	<p>Street Address: 816 FIELDCREST ROAD</p>		
	<p>City, Town, or Village: EDEN</p>	<p>State: NC</p>	
	<p>County Name: ROCKINGHAM</p>	<p>Zip Code: 27288</p>	
<p><b>5. Site Land Type</b> (page 10)</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><b>6. North American Industry Classification System (NAICS) Code(s) for the Site</b> (page 10)</p>	<p>A. 322222</p>	<p>B.</p>	
	<p>C.</p>	<p>D.</p>	
<p><b>7. Site Mailing Address</b> (page 11)</p>	<p>Street or P. O. Box: 816 FIELDCREST ROAD</p> <p>City, Town, or Village: EDEN</p> <p>State: NC</p> <p>Country: USA</p> <p>Zip Code: 27288</p>		
<p><b>8. Site Contact Person</b> (page 11)</p>	<p>First Name: DAVID</p>	<p>MI:</p>	<p>Last Name: MAUST</p>
	<p>Phone Number: 336-635-0192</p>	<p>Extension: 6409</p>	<p>E-mail address: DAVID.MAUST@LOPAREX.COM</p>
<p><b>9. Operator and Legal Owner of the Site</b> (pages 11 and 12)</p>	<p>A. Name of Site's Operator: LOPAREX LLC</p>		<p>Date Became Operator (mm/dd/yyyy): 1/1/06</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: LOPAREX LLC</p>		<p>Date Became Owner (mm/dd/yyyy): 1/1/06</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: <u>816 FIELD CREST ROAD</u>	
	City, Town, or Village: <u>EDEN</u>	
	State: <u>NC</u>	
	Country: <u>USA</u>	Zip Code: <u>27288</u>

**10. Type of Regulated Waste Activity**  
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)

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

- |  |  |
|--|--|
| <p><input checked="" type="checkbox"/> <input type="checkbox"/> 1. <b>Generator of Hazardous Waste</b><br/>If "yes", choose only one of the following - a, b, or c.</p> <p><input checked="" type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p><b>In addition, indicate other generator activities.</b></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p> | <p><input type="checkbox"/> <input checked="" type="checkbox"/> 2. <b>Transporter of Hazardous Waste</b></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 3. <b>Treater, Storer, or Disposer of Hazardous Waste (at your site)</b> Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 4. <b>Recycler of Hazardous Waste (at your site)</b></p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 5. <b>Exempt Boiler and/or Industrial Furnace</b><br/>If "yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 6. <b>Underground Injection Control</b></p> |
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**B. Universal Waste Activities**

1. **Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate the types of universal waste managed at your site. Mark all boxes that apply:**
- Managed
- |                          |                          |
|--------------------------|--------------------------|
| a. Batteries             | <input type="checkbox"/> |
| b. Pesticides            | <input type="checkbox"/> |
| c. Thermostats           | <input type="checkbox"/> |
| d. Lamps                 | <input type="checkbox"/> |
| e. Other (specify) _____ | <input type="checkbox"/> |
| f. Other (specify) _____ | <input type="checkbox"/> |
| g. Other (specify) _____ | <input type="checkbox"/> |
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.

1. **Used Oil Transporter**  
If "yes", mark each that applies.
- a. Transporter
- b. Transfer Facility
2. **Used Oil Processor and/or Re-refiner**  
If "yes", mark each that applies.
- a. Processor
- b. Re-refiner
3. **Off-Specification Used Oil Burner**
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 17.)**

**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	F003	F005				

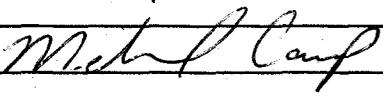
**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

N/A						

**12. Comments (See instructions on page 17.)**

Multiple empty horizontal lines for providing comments.

**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.  
 (See instructions on page 17.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	MICHAEL CAMP, OPERATIONS MANAGER	2/22/08