

North Carolina Department of Environment and Natural Resources
Division of Waste Management - Hazardous Waste Section

FACILITY VERIFICATION ANNUAL FORM

1. Site ID *NCR 00002097*

EPA ID: *NC* Activity Location: *NORTH CAROLINA*

2. Site Name

Name: *Allen Industries, Inc.*

3. Site Location (Physical address, not P.O. Box or Route #)

Number: *[redacted]*
Street name: *4100 Sherman Ct.*
Suite #, etc.: *[redacted]*
City: *Greensboro* State: *NORTH CAROLINA*
Zip Code: *27410* County: *[redacted]*

4. Billing Address (Include PO Box or Route# in Street 2 line)

Number: *[redacted]*
Street 1: *4100 Sherman Ct.*
Street 2: *[redacted]*
City: *Greensboro* State: *NORTH CAROLINA*
Zip Code: *27410* Country: *UNITED STATES*

5. Site Contact Person

First Name: *John* Middle Initial: *H* Last Name: *Allen*
Phone Number: *336-291-4777* Fax #: *336-291-4332* Email Address: *john.allen@allenindustries.com*

6. Site Contact Address (Also include PO Box or Route # in Street 2 line)

Number: *[redacted]*
Street 1: *4100 Sherman Ct.*
Street 2: *[redacted]*
City: *Greensboro* State: *NC*
Zip Code: *27410* Country: *UNITED STATES*

Added in RERA 9/24/08 status changed from NA-596