

**APPLICATION FOR  
 HOUSEHOLD HAZARDOUS WASTE IDENTIFICATION NUMBER**

A household hazardous waste I.D. number shall be required to ship collected materials off-site for treatment and/or processing.  
 Please check the appropriate box and fill in the blanks.

Temporary Event

Permanent Facility

**OPERATOR/CONTRACTOR**

Facility/Event Host	Person County	County	Person
Contact Person	Mr. Jody Suitt	Title	Recycling Manager
Mailing Address	741 Martin Street		
City	Roxboro	State	NC
Zip	27574		
Phone	336-504-2918	Fax	336-598-9249
E-mail	jsuitt@personcounty.net		
On-Site Contractor	ECOFLO, Inc.		
Contact Person	Patrick Grogan	Title	HHW Program Manager
Mailing Address	2750 Patterson Street		
City	Greensboro	State	NC
Zip	27407		
Phone	336-617-2707	Fax	336-855-4137
E-mail	pgrogan@ecoflo.com		

**TRANSPORTER**

Company Name	ECOFLO, Inc.	ID No.	NCD980842132
Contact Person	Patrick Grogan	Title	HHW Program Manager
Mailing Address	2750 Patterson Street		
City	Greensboro	State	NC
Zip	27407		
Phone	336-617-2707	Fax	336-855-4137
E-mail	pgrogan@ecoflo.com		

**DISPOSER/RECYCLER**

Company Name	ECOFLO, Inc.	ID No.	NCD980842132
Contact Person	Patrick Grogan	Title	HHW Program Manager
Mailing Address	2750 Patterson Street		
City	Greensboro	State	NC
Zip	27407		
Phone	336-617-2707	Fax	336-855-4131
E-mail	pgrogan@ecoflo.com		

**COLLECTION DETAILS**

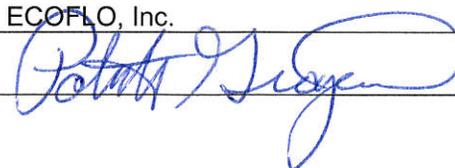
Physical Location of Event/Facility	HYCO Tobacco Warehouse, 1965 Durham Rd., Roxboro, NC
Date of Temporary Event (if applicable)	November 23, 2013 (8:30am to 1pm)
Materials To Be Collected	Various HHW materials including paint, solvents, pesticides, herbicides, batteries, etc.
Materials To Be Recycled	Paints, solvents, etc. for fuel blending
Additional Comments	In conjunction with NCDA collection program

**CERTIFICATION OF OPERATOR/CONTRACTOR:**

I certify that the information supplied is accurate and correct to the best of my knowledge and belief, and that this facility will only accept household hazardous waste. I am authorized to make this request on behalf of the operator at the location given.

Name Patrick Grogan Title HHW Program Manager

Company ECOFLO, Inc.

Signature  Date 9/16/13

**Purpose:** Application for household hazardous waste identification number. This number shall be used to ship collected materials off-site for treatment and/or processing.

**Distribution:** Mail completed original to the following address:

Division of Waste Management  
Solid Waste Section  
1646 Mail Service Center  
Raleigh, North Carolina 27699-1646

**Contact:** Bill Patrakis (919) 508-8512

**Disposition:** This form shall be maintained in accordance with the standards of the Solid Waste Section's Records Disposition Schedule published by the North Carolina Division of Archives and History.

The Solid Waste Section shall assign an identification number upon receipt of application.

**\*Temporary Day -** Upon completion of a Temporary Collection day, a report on HHW collected, disposed, and recycled shall be returned to the Solid Waste Section.

**\*Permanent Site -** An annual report on HHW collected, disposed, and recycled shall be returned to the Solid Waste Section.

**SOLID WASTE SECTION USE ONLY**

Date Received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

HHW ID Number: NC \_\_H\_\_\_\_\_