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

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	CITY OF DURHAM		County	DURHAM	
Contact Person	BRUCE WOODY		Title	ACTING DISPOSAL MANAGER	
Mailing Address	1833 CAMDEN AVENUE				
City	DURHAM		State	NC	Zip 27704
Phone 919-560-4186	Fax 919-560-1197		E-mail	bruce.woody@durhamnc.gov	
On-Site Contractor	ECOFLO				
Contact Person	KENN WEBB		Title	VP AND FIELD SERVICES	
Mailing Address	2750 PATTERSON STREET				
City	GREENSBORO		State	NC	Zip 27407
Phone 336-617-2733	Fax 866-929-0371		E-mail	kwebb@ecoflo.com	

TRANSPORTER

Company Name	ECOFLO		ID No.	NCD980842132	
Contact Person	KENN WEBB		Title	VP AND FIELD SERVICES	
Mailing Address	2750 PATTERSON STREET				
City	GREENSBORO		State	NC	Zip 27407
Phone 336-617-2733	Fax 866-929-0371		E-mail	kwebb@ecoflo.com	

DISPOSER/RECYCLER

Company Name	ECOFLO		ID No.	NCD980842132	
Contact Person	KENN WEBB		Title	VP AND FIELD SERVICES	
Mailing Address	2750 PATTERSON STREET				
City	GREENSBORO		State	NC	Zip 27407
Phone		Fax		E-mail	kwebb@ecoflo.com

COLLECTION DETAILS

Physical Location of Event/Facility	City of Durham Transfer Station 2115 E. Club Blvd Durham, NC 27704
Date of Temporary Event (if applicable)	
Materials To Be Collected	Various household hazardous waste material including paints, cleaners, pesticides, herbicides, aerosols, auto products, batteries, waxes, varnishes, coastings, etc.
Materials To Be Recycled	Paints, solvents, motor oil, batteries, computers, empty tanks, etc.
Additional Comments	Not opened on Mondays currently. Tuesday thu Wed 12pm to 6pm, Thursday thru Sat 7am to 3pm.

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 _____ Title Acting Disposal Manager

Company City of Durham Solid Waste Management Department

Signature _____ Date 02-20-14

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: 2/20/2014

Date Approved: 6/11/2014

HHW ID Number: NC P H 0 3 2 1 4 0 2