

MAIN/JIM/th
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15 AUG 1983

Regional Director
Environmental Protection Agency, Region IV
Resource Conservation and Recovery Act Activities
345 Courtland Street, N. E.
Atlanta, Georgia 30308

Dear Sir:

In compliance with the Resource Conservation and Recovery Act regulations, EPA Form 8700-12, Notification of Hazardous Waste Activities, is enclosed. The notification is applicable to all hazardous waste activities at Marine Corps Base, Camp Lejeune.

If additional information is desired, the base point of contact is Mr. Danny Sharpe, Ecologist, Natural Resources and Environmental Affairs Division, Base Maintenance Department, telephone (FTS) 676-5003/2083/2195.

Sincerely,

J. R. FRIDELL
Chief of Staff

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The following information was obtained from the records of the Department of the Interior, Bureau of Land Management, on the subject of the land in question.

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U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

INSTALLATION'S EPA I.D. NO.
I. NAME OF INSTALLATION
II. INSTALLATION MAILING ADDRESS
III. LOCATION OF INSTALLATION

FOR OFFICIAL USE ONLY

COMMENTS

Grid for comments with columns for date and text.

INSTALLATION'S EPA I.D. NUMBER, APPROVED, DATE RECEIVED (yr., mo., & day)

I. NAME OF INSTALLATION
MARINE CORPS BASE CAMP LEJEUNE

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX
3 MARINE CORPS BASE

CITY OR TOWN, ST., ZIP CODE
CAMP LEJEUNE NC 28542

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER
5 SAME AS ABOVE

CITY OR TOWN, ST., ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title), PHONE NO. (area code & no.)
2 SHARPE DECOLOGIST 919-451-5003

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER
8 US GOVERNMENT

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL, M - NON-FEDERAL, A. GENERATION, B. TRANSPORTATION, C. TREAT/STORE/DISPOSE, D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

A. AIR, B. RAIL, C. HIGHWAY, D. WATER, E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

A. FIRST NOTIFICATION, B. SUBSEQUENT NOTIFICATION (complete item C), C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

