Dan DDA

Permanent File

6280/2
FAC
JAN 30 1986

Please file

Mr. William Myer, Hea
Solid and Hazardous [illegible] ch
N. C. Division of Hea
P. O. Box 2091
Raleigh, NC 27602-2

Re: Notification of Hazardous Waste Activity for Burning and Marketing Used Oil Fuel
NC 6170022580 - MCB Camp Lejeune
NC 6170022570 - MCAS, New River

Dear Mr. Myer:

We are enclosing the subject notifications as required by recently published regulations. Reports are completed for the generation and collection of used oils at Camp Lejeune and MCAS, New River.

Marketing for recycling or burning of the used oils is currently performed through the Camp Lejeune office of the Defense Reutilization and Marketing Office, Defense Logistics Agency. In mid-1986, a Base-wide management plan for both used oils and hazardous materials/waste will be completed. We will keep you informed of the plan's progress and seek your advice in implementing practices which conform to North Carolina policies.

Please contact Mr. Bob Alexander, Marine Corps Base Environmental Engineer, 919-451-3034, should you desire further information on this matter.

Sincerely,

R. A. TIEBOUT
Colonel, U. S. Marine Corps
Assistant Chief of Staff, Facilities
By direction of the Commanding General

Encl:
(1) Notification of Hazardous Waste Activity, NC 6170022580, MCB, Camp Lejeune
(2) Notification of Hazardous Waste Activity, NC 6170022570, MCAS, New River

Copy to:
USEPA, Region IV, Atlanta, Ga
CMC (LFL)
LANTDIV (Code 114)
CO, MCAS, NR (Grd Safety Mgr)
DRMO, Camp Lejeune

Blind copy to:
MAIN
NREAD
EnvEngr

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JAN 30 1986

Mr. William Myer, Head
Solid and Hazardous Waste Management Branch
N. C. Division of Health Services
P. O. Box 2091
Raleigh, NC 27602-2091

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Form Approved. OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-OT

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

For Official Use Only

Comments

C C

Installation's EPA ID Number | Approved | Date Received (yr. mo. day)

C F | T/A C 1

I. Name of Installation

U . S . M A R I N E C O R P S B A S E

II. Installation Mailing Address

Street or P.O. Box

C 3 F A C I L I T I E S D E P T

City or Town | State | ZIP Code

C 4 C A M P L E J E U N E | N C | 2 8 5 4 0

III. Location of Installation

Street or Route Number

C 5 U . S . M A R I N E C O R P S B A S E

City or Town | State | ZIP Code

C 6 C A M P L E J E U N E | N C | 2 8 5 4 2

IV. Installation Contact

Name and Title (*last, first, and job title*) | Phone Number (*area code and number*)

C 2 A L E X A N D E R , R E N V E N G | 9 1 9 4 5 1 3 0 3 4

V. Ownership

A. Name of Installation's Legal Owner | B. Type of Ownership (*enter code*)

C R B R I G G E N J . B . K N O T T S | FF

VI. Type of Regulated Waste Activity (*Mark 'X' in the appropriate boxes. Refer to instructions.*)

A. Hazardous Waste Activity

- [X] 1a. Generator
- [ ] 1b. Less than 1,000 kg/mo.
- [X] 2. Transporter
- [X] 3. Treater/Storer/Disposer
- [ ] 4. Underground Injection
- [ ] 5. Market or Burn Hazardous Waste Fuel (*enter 'X' and mark appropriate boxes below*)
  - [ ] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner

B. Used Oil Fuel Activities

- [X] 6. Off-Specification Used Oil Fuel (*enter 'X' and mark appropriate boxes below*)
  - [X] a. Generator Marketing to Burner
  - [ ] b. Other Marketer
  - [ ] c. Burner
- [ ] 7. Specification Used Oil Fuel Marketer (Or On-Site Burner) Who First Claims the Oil Meets the Specification.

VII. Waste Fuel Burning: Type of Combustion Device (*enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.*)

[ ] A. Utility Boiler [ ] B. Industrial Boiler [ ] C. Industrial Furnace

VIII. Mode of Transportation (*transporters only — enter 'X' in the appropriate box(es)*)

[ ] A. Air [ ] B. Rail [X] C. Highway [ ] D. Water [ ] E. Other (*specify*)

IX. 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 ID Number in the space provided below.

[ ] A. First Notification [ ] B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number: N C 6 1 7 0 0 2 2 5 8 0

Continue on reverse

ID — For Official Use Only			
C		T/A	C
W			1

Description of Hazardous Wastes *(continued from front)*

azardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste om nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

azardous Wastes from Specific Sources. Enter the four-digit number from 40 *CFR* Part 261.32 for each listed hazardous waste from pecific sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

ommercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance our installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

sted Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hos- tals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

haracteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes our installation handles. *(See 40 CFR Parts 261.21 — 261.24)*

☐ 1. Ignitable *(D001)* ☐ 2. Corrosive *(D002)* ☐ 3. Reactive *(D003)* ☐ 4. Toxic *(D000)*

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

ature	Name and Official Title *(type or print)*	Date Signed
	R. A. TIEBOUT AC/S, Facilities	30 JAN 1986

Form 8700-12 (Rev. 11-85) Reverse

G CODE 6560-50-C

Form Approved. OMB No. 2050-0028. Expires 9-30-88.
GSA No. 0246-EPA-OT

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

United States Environmental Protection Agency
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For Official Use Only

Comments

C C

Installation's EPA ID Number | Approved | Date Received (yr. mo. day)

C F | T/A C 1

I. Name of Installation

MARINE CORPS AIR STATION, NEWR

II. Installation Mailing Address

Street or P.O. Box

C 3 FACILITIES DEPT, MCB BASE

City or Town | State | ZIP Code

C 4 CAMP LEJEUNE | NC | 28542

III. Location of Installation

Street or Route Number

C 5 US MARINE CORPS AIR STATION

City or Town | State | ZIP Code

C 6 CAMP LEJEUNE | NC | 28542

IV. Installation Contact

Name and Title (*last, first, and job title*) | Phone Number (*area code and number*)

C 2 ALEXANDER, RENVENG | 919 451 3034

V. Ownership

A. Name of Installation's Legal Owner | B. Type of Ownership (*enter code*)

C R BRIG GEN J.B. KNOTTS | FF

VI. Type of Regulated Waste Activity (*Mark 'X' in the appropriate boxes. Refer to instructions.*)

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- [X] 6. Off-Specification Used Oil Fuel (*enter 'X' and mark appropriate boxes below*)
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[ ] A. First Notification [ ] B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number: NC6 170022570

EPA Form 8700-12 (Rev. 11-85) Previous edition is obsolete.

Continue on reverse

ID — For Official Use Only														
C													T/A	C
W														1

Description of Hazardous Wastes *(continued from front)*

Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 *CFR* Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
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19	20	21	22	23	24
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Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 *CFR* Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

Listed Infectious Wastes. Enter the four-digit number from 40 *CFR* Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

Characteristics of Nonlisted Hazardous Wastes. Mark "X" in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 — 261.24)*

☐ 1. Ignitable *(D001)* ☐ 2. Corrosive *(D002)* ☐ 3. Reactive *(D003)* ☐ 4. Toxic *(D000)*

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