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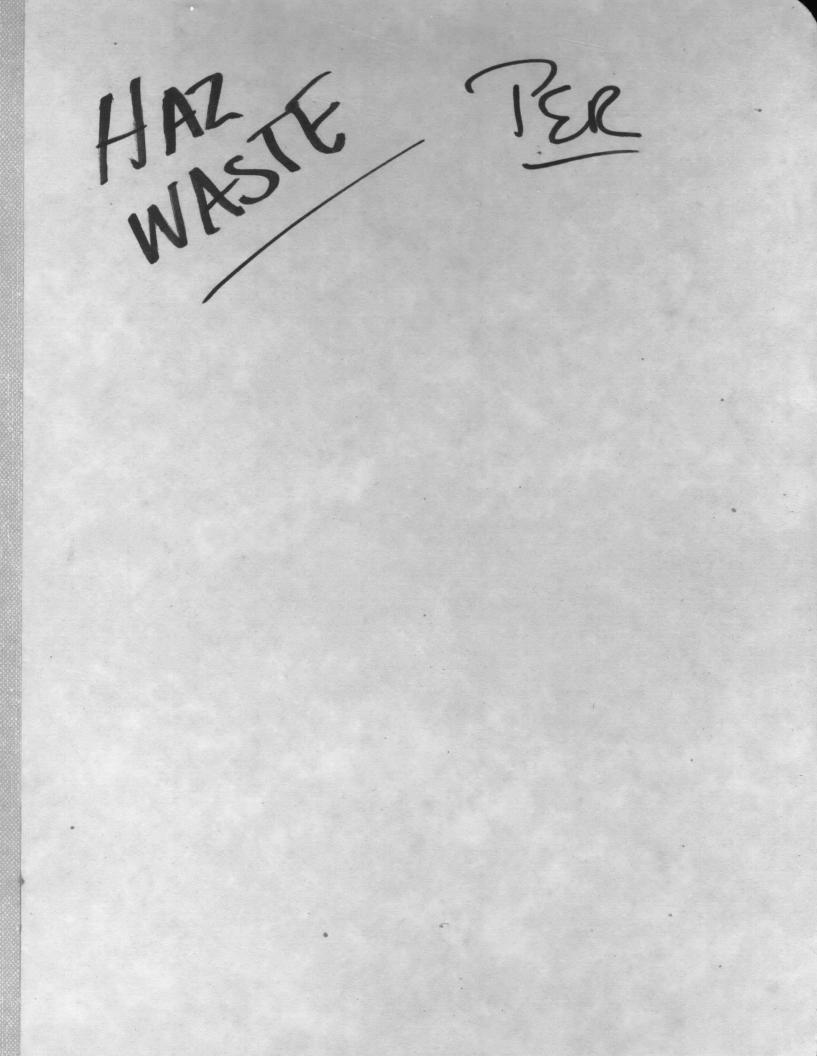
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6240 NREAD FEB 2 8 1986

Mr. William L. Meyer, Head Solid and Hazardous Waste Management Branch Environmental Health Section Division of Health Services North Carolina Department of Human Resources Post Office Box 2091 Raleigh, North Carolina 27602-2091

> Re: Annual Report under N. C. Hazardous Waste Management Program for EPA ID Nos. NC6170022580 and NC8170022570

Dear Mr. Meyer:

Enclosures (1) and (2) provide the subject reports for calendar year 1985. Enclosure (2) has been modified slightly by adding attachment (1), as discussed with Mr. Emil Breckling of your office. The existing hazardous waste (NW) management plan for the Camp Lejeune complex provides for the collection of HW from the various generating shops throughout the base and shipment under a HW manifest to a central storage facility. The central storage facility is owned by Marine Corps Base, Camp Lejeune, and is operated by the Defense Reutilization and Marketing Office (DRMO), Camp Lejeune. The facility is permitted by your agency under the final status hazardous waste management permit number NC61700222580.

It should be noted that the total HW generated at both Marine Corps Base, Camp Lejeune and Marine Corps Air Station, New River, during calendar year 1985 is accounted for in volumes shown on pages 1-4 of enclosure (2). Enclosure (1) and attachment (II) of enclosure (2) quantifies the volume of HW received by the central storage facility. Please note that attachment (II) to enclosure (2) also described action taken to minimize the volume and toxicity of HW generated at both Marine Corps Base, Camp Lejeune and Marine Corps Air Station, New River. This report does not include waste oil.

Writer: D. Sharpe, NREAD, 5003 Typist: T. Hardison, 28 Feb 86 We ka ta ka s

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Writer: D. Sharpe, NREAD, 5003 Typist: T. Hardison, 28 Feb 86

FEB 2.8 1986

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If you desire further information, please contact Mr. Danny Sharpe at the above address, or telephone (919) 451-5003.

Sincerely,

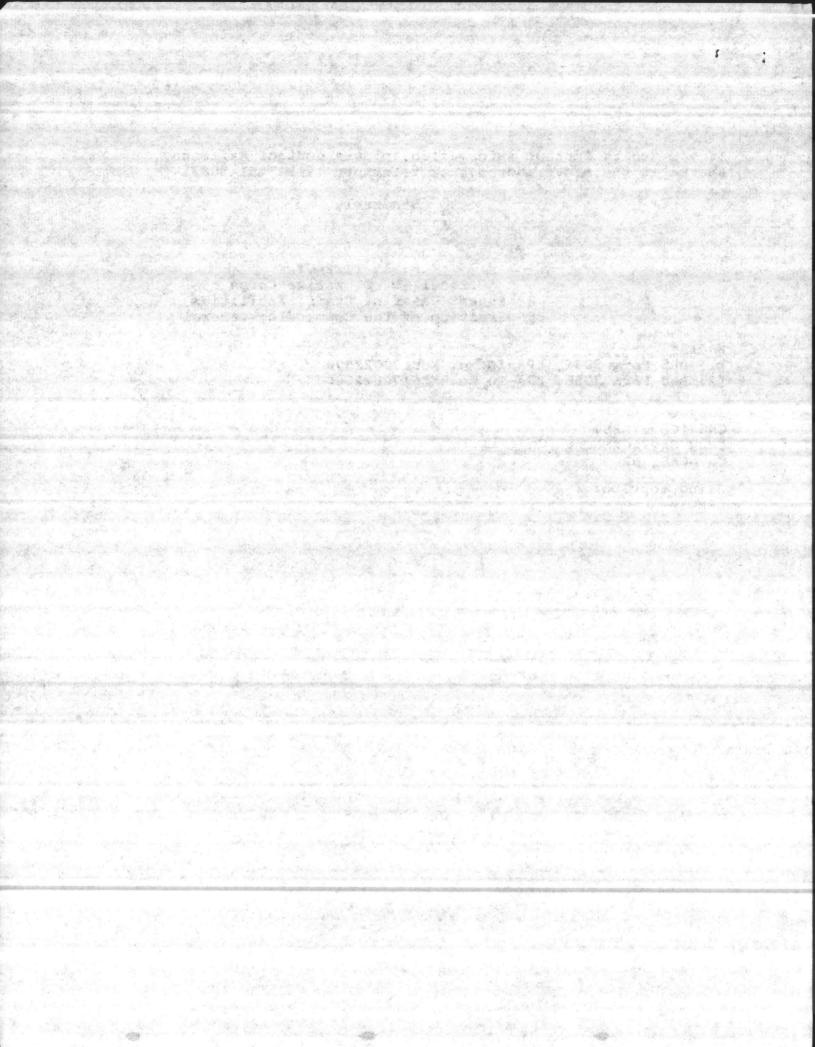
R. A. TIEBOUT Colonel, U. S. Narine Corps Assistant Chief of Staff, Facilities By direction of the Commanding General

Encls: (1) DHS Form 3036, EPA ID No. NC8170022570 (2) DHS Form 3038, EPA ID No. NC6170022580

Copy to: CMC (Code LFL) CMDR NAVFACENGCOM (Code 114) CO MCAS, NR

Blind copy to: DRMO

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N.	c.	DEPARTMENT	OF	HUMAN	RESOURCES	

DIVISION OF HEALTH SERVICES

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	N.	C. 1985 HAZAR	DOUS WASTE GE	NERATOR ONLY ANNU	JAL (PART A) REPORT *]	ti gradendu
Waste Insta Name . Locat Jacksor	Digit Standard Indust 97111 allation EPA ID Number of Installation: tion of Installation:	rial Classific	Setion (SIC) N 8 1 7 Corps Air (Street o	o. For Operations	In Your Company That	2.27.	The 28545 Z1p Code)
		Danny Shar			919	451-5003	Soli I 1107
Waste	(Name Identification:	ne) Drip (ia conserta Ideostation	un e starty vit see to th	Contract of Area C		ne Number)
A. EPA Waste	B. Description of Waste/Chemical	C. Quantity Generated	1	dling Method/Quan te Shipped to	E. In Storage December 31, 1985		
No.	Name	(LBS)	1. Handling Method Code	2. Quantity Shipped to TSD or Recovery Facility (LBS)	3. TSD Facility EPA ID No./ Recovery Facility Name	1. Stor- age Method Code	2. Quantity (LBS)
D001	Flammable ligos	4996	S01	4996	NC6170022580	12	(LBS)
D001	Paint Wastes	5442	S01	5442	II	·	The second se
D001	Compress Gas NO		S01	9	0	- garandal	
D001	Petrol Naptha	500	S01	500			
D001	Isopropyl Alco	and a subscription of the ball of the second second	S01	1001	н	in the second second	
D001	Waste Solvent	4128	S01	4128	ii ii		
	Combus Lig NOS	5046	S01	5046	0		- 7327
	Methyl Alcohol	7414	S01	7414	н		
and the second se	CorrosiveLiqNOS	28	S01	28	0		
D002	CorPaintStrip'r	1835	S01	1835	н., -		
	Used Degreasers	459	S01	459	U		
	Acetone	· 1376	S01	1376			

if more space is needed check _____ and complete attachment 1

List EPA ID Numbers for each Transporter used during reporting year: NC6170022580

Describe efforts undertaken during the year to reduce the volume and toxicity of waste generated. See Note 1. Page 2

over

Describe the changes in volume and toxicity of waste actually achieved during the year in comparison to previous years to the extent such information is available. See Note 2, Page 2

DHS 3036 (Revised 1-86) Solid & Hazardous Waste Mgt. Branch CERTIFICATION: I certify under penalty of law that I have personally examined and an 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 an aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

RA.T.S.t		R.	Α.	TIEBOUT	28	Feb 86
(Signature)	na ang ina kana pina ang ina an Ina ang ina ang	and the second	123	(Print or Type Name)		(Date Signed)

*Read instructions before completing form

DHS 3036 (Revised 1-86) Do. No. 0351A Solid & Hazardous Waste Management Branch

Note 1: The Marine Corps has begun a study of hazardous waste management practices. at Marine Corps Base, Camp Lejeune, EPA ID #NC6170022580 and Marine Corps Air Station, New River, EPA ID #NC8170022570. The \$160,000.00 study scheduled for completion in mid-1986 addresses both operational changes and facilities improvements required to comply with objectives of the Resource Conservation and Recovery Act. Also, all hazardous wastes are shipped to NC6170022580, Marine Corps Base, Camp Lejeune, for storage, awaiting disposal by the Defense Reutilization and Marketing Office, Camp Lejeune (DRMO). The DRMO utilizes recycling and reutilization methodology to reduce volumes requiring final disposal by burial or by incineration.

Note 2: Increased emphasis on segregation of various types of oily wastes is resulting in an increase in the volume of regulated solvents being reflected in hazardous wastes inventory records. This trend is expected to continue until recommendations provided by the study discussed in Note 1 above are implemented.

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Wast	e 9 7 1 1]		weight stad to an			an thirde	entri di Stati
Inst	allation EPA ID Numbe	r: N 0	2 6 1 1	7 0 0 1	2 2 5 8	10 .	y a dia di	1.4.1.1.40.64
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	and the second second	all a second		t or Route Numb			in the second	1
Car	np Lejeune	Onsl	OW	North	Carolina		/ 21	8542
(Cit	y or Town)	(Cour	aty)	an a	(State)			(Zip Code)
Inst	allation Contact:	Danny Sh	narpe		and a state from the	919	451-5	003
Wast	e Identification:	(Nas	ne)			(A	rea Code)	(Phone Number)
A. EPA	B. Description of	C. Amount	t of Waste by	Handling Method				a harrista da ser a segura da se
Waste	Waste/Chemical	1. Handling	2. Quantity	Stored**,	3. EPA ID No./	Shi	pped to Off	-Site
No	Name	Method	Treated,	Disposed,	of Generator	Tre	atment, Dis	sposal,
2443		Code or Recovered By Source of Waste		ered	that shipped			
				e of Waste	Waste to Your		Facility	
131140		- Cara	(a) From	(b) From	Facility	4. Handling	5. Quan-	6. Facility EPA
	Constant of the	Sec. Sec.	In-State	Out-of-State		Method	tity	ID./ Recovery
		a and the second	and the second second		and a start from	Code		See Note #1 Below)
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None D001	HW liquid, NOS	S01	14			D80	926	TN^D000645770
DOOL	Flammable ligos	S01	10737		NC6170022580		30142	TN D000645770
D001	Paint Related				NC8170022570	D80		NC D086871282
D001	Wastes	S01	1299		U.	D80	2775	NC D086871282
D001	Waste Compresse Gas, NOS	d				D84		TN D000645770
D001	Waste NAPTHA	<u> </u>	9		NC8170022570	DQ.4	450	NG 5006071200
D001	Isopropyl Alco		84		n a station	D84	459	NC D086871282
D001	Waste Solvent	S01	3711		u i			ALC: NO DECEMBER
D001	Combustible lig	S01	6881		NC6170022580	D80	17028	TN D000645770
DOOL	Compusciple ing	DVI.	0001		NC8170022570	100	1 1020	1111 1000045770
			a share and	1.				

(If more space is needed check X and complete Attachment 1)

Comments: Transporter used was Humphrey Services Inc., EPA ID No. Al D980842843

3038 Revised 1-86)

'd & Hazardous Waste Mgt. Branch

Note #1: Disposal Facilities Used: GSX Services EPA ID No. TN D000645770 GSX Chemical Services EPA ID No. SC D070375985 BDT EPA ID No. NY D000632372 Cal Dwell EPA ID No. NC D086871282 page 1 of 4

11 CRTIFICATION: I certify as permittee a program is in place to reduce the volume and toxicity of hazardous waste generated to the degree to be economically practicable, and the proposed method of treatment, storage or disposal is that practicable method currently available to the permittee which minimizes the present and future threat to human health and the environment. See page 2, Attachment (2), Enclosure (2).

R. A. TIEBOUT (Print or Type Name) 28 Feb 86 (Date signed) (Signature)

II. CERTIFICATION: I certify under penalty of law that I have personally examined and an 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.

R.A. Til R. A. TIEBOUT 28 Feb 86 (Signature) (Print or Type Name) (Date Signed)

*Read instructions before completing form.

**As of December 31, 1985.

DHS 3038 (Revised 1-86) Do. No. 0353A Solid & Hazardous Waste Mgt. Branch

page 2

Page 2 of 4

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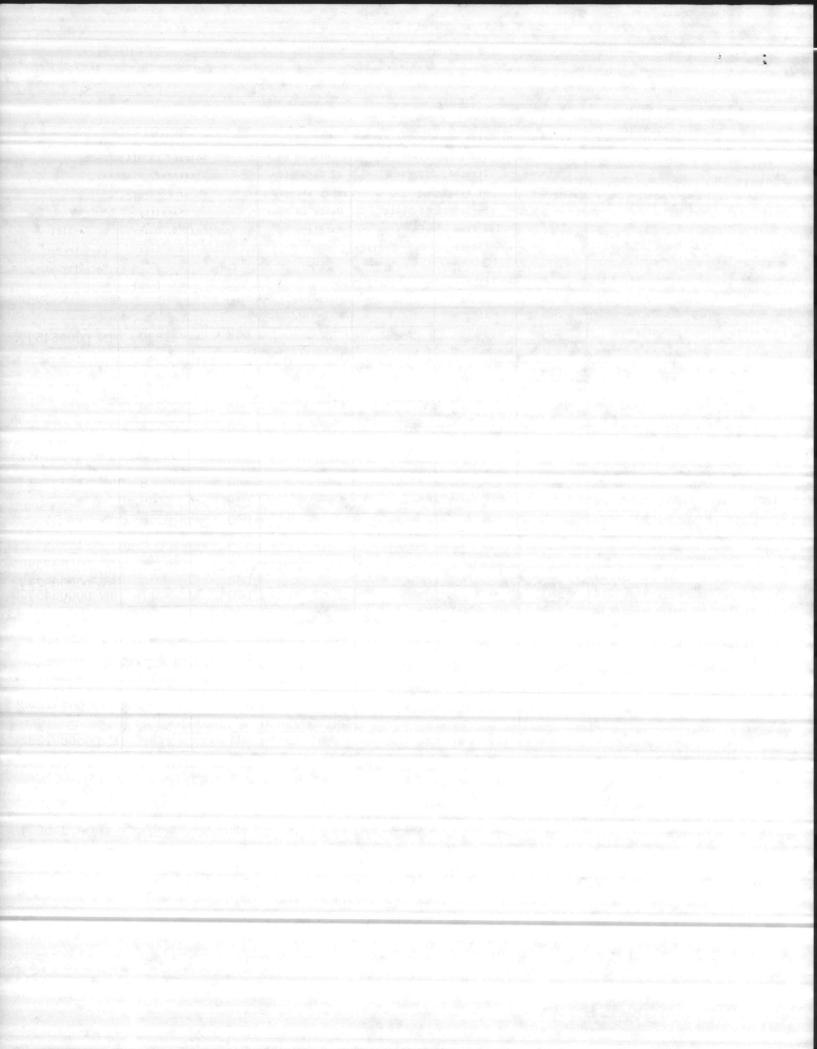
A. EPA	B. Description of	C. Amount of Waste by Handling Hethod										
Waste No	Waste/Chemical Name	l. Handling Method Code	. or Recove	Disposed,	3. EPA ID No./ of Generator that shipped Waste to Your	Shipped to Off-Sile Treatment, Disposal. or Recovery Facility						
			(a) From In-State (LBS)	(b) From Out-of-State	de recentra	4. Handling Method Code	5. Quan- tity (LBS)	6. Factility 15.7 Recove: Facility Sar				
D001	Methyl Alcohol	S01 .	6881	1	NC8170022570							
D002	CorroSolid NOS	S01	100		NC6170022580		Self- Sherry	he and the second second				
D002	CorroLig, NOS	SOI	3828	and the second		D80	5830	TN D00064577				
		No. No.		and again and a second	NC8170022570		1. 19					
D002	CorroPaintStrp'	r S01	50			•						
D002	WasteOxidizerNO	S S01	20	and the second	Salah Bash Share	D80	.5750	1 . 30.				
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D002	Perchloric Acid	· · ·	as i i			D80	8	······································				
D002	HydrogenPeroxid	e		1		D80	8					
D002	AmmoniumSulfate					D80	. 8					
D002	AmmoniumHydrox'			and the second second		D80	5689					
D002	Creosol		1	1	· · · · · · · · · · · · · · · · · · ·	D80	8.					
D002	Bromine Water	1				D80	. 8					
D003	LithiumBat's	S01	· 4281		NC6170022580	D80	22743	GSX SC_D07037598				
	a water a constraint of the					D84		BDT NY D00063237 TN D00064577				
	MiscChem's NOS	S01	·			D80	11	TN D00064577				
	MercuryWaste NO	S S01	606		NC6170022580	D80	20 -					
	Lindane					D80	, 400	"				
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D002				Collection de la collection	NC8170022570		· added					
	MagnesiumBat's	S01 ·	1232		NC6170022580							
F001	WasteDegreasers	S01	968) ii	D84	1835	NC D086871282				
			State State St	1	NC8170022570		Les aniques					
F005	MethylEthylKetd	ne SO1	66		II S	D84	1460	NC D086871282				

3038 (Revised 1-85)

1d & Hazardous Waste Management Branch

page 3 of 4

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A. EPA	B. Description of			andling Method	all generative services	a harrista de la composition de la comp	and the second	and a second		
Waste No	Waste/Chemical Name	1. Handling Method Code	or Recove	Disposed,	3. EPA ID No./ of Generator that shipped Waste to Your	Trea	Shipped to Off-Sile Treatment, Disposal, or Recovery Facility			
			(a) From In-State (LBS)	(b) From Out-of-State , (LBS)		4. Handling Method Code	Service of the servic	6. Facility 15.7 Recover Facility Sar		
F003	Xylene, Acetone			and the second second	NC817002257	D D84	1751	NC D08687128		
None	HW Solid, NOS					D80	496	TN D00064577		
None	Poison B. NOS	S01	255			D80	67	TN D00064577		
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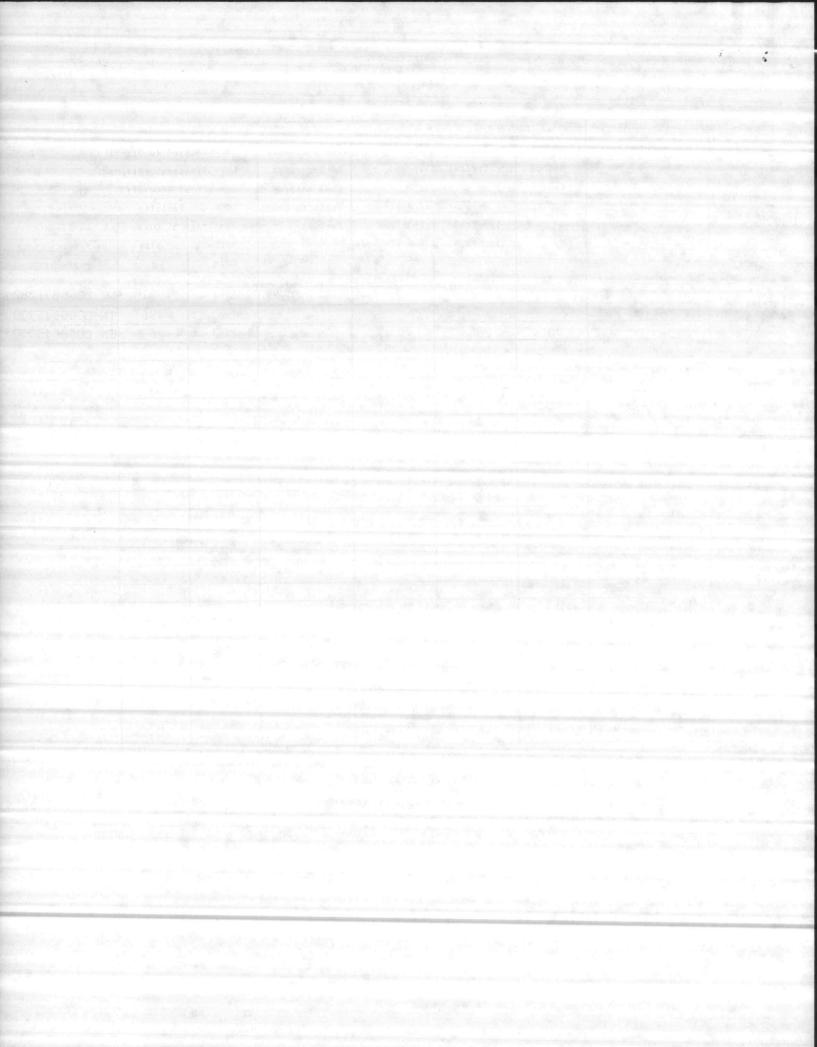
page 4 of 4

11 & Hazardous Waste Management Branch-

Note 1: Hazardous waste shown in lines 6 and 8 above were incinerated in accordance with emergency hazardous waste permit no. NC 617002258-El of 8 Oct 85

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ATTACHMENT II

1

Report of internal shipments of hazardous wastes aboard Marine Corps Base, Camp Lejeune during calendar year 1985 (See Note 1 below).

A. EPA Waste	B. Description of Waste/Chemical	C. Quantity Generated		dling Method/Quant te Shipped to	tity/Location	and the second of the second	Storage cember 31, 1985
No.	Name	01 (103) 2010 11(103) (LBS)	1. Handling Method Code	2. Quantity Shipped to TSD or Recovery Facility (LBS)	3. TSD Facility EPA ID No./ Recovery Facility Name	1. Stor- age Method Code	2. Quantity Sales 35 d (LBS)
D001	Flammable ligNOS	3 10508	S01	-10508	NC6170022580	double di	New Kyre
D001	Combus lig NOS	7639	S01	7639	Vi concerción in	light star	Ands ····································
D001	Magnesium Bat's		S01	1232	nakongo uso basi	LE DE T	a isan <mark>o</mark> st '
D002	CorrosiveSolid NOS	100	S01	100	a televen 1997 - Ser Florenser	REALS LAN	n Danado 1. Mile Tras
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D003	Lithium Bat's	2969	S01	2969			and the second second second
D009	Mercury Waste NOS	123	S01	123	an diama " por saa	er leepo	_
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Note 1: The wastes shown above are also accounted for on pages 1-4, of form DHS 3038.

11 & Hazardous Waste Management Branch

pg 1 of 2

Hazardous Waste Minimization: The overall objective of the Department of Defense hazardous waste (HW) and hazardous material (HW) disposal activities aboard the activity is to minimize final disposal by burial or by incineration (except for recovery of energy). The following action has been taken to reduce HW generation by volume and toxicity:

a. Use of contract solvent recycling services of Safety Kleen, Inc. (trade name) at selected locations with intent to expand in coming years.

b. Use of mineral spirits as solvents as substitute for listed chlorinated items.

c. Undertaking a comprehensive basewide (to include Marine Corps Air Station, New River) study of HM and HW procurement, storage, handling and disposal procedures. The study is being conducted by Environmental and Safety Designs, Inc., Memphis, Tennessee, at a cost of approximately \$160,000.00. The study will outline those operational changes and facilities improvements required to improve compliance with current federal and state hazardous waste standards and regulations.

The DRMO program for disposal of HM and HW provides for the following:

- a. Local reuse for legitimate purpose
- b. Sale or donation for legitimate purpose
- c. Recycling or recovery

As a last resort, HW and HM are shipped to an offsite HW treatment, storage or disposal facility.



North Carolina Department of Human Resources Division of Health Services P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor Phillip J. Kirk, Jr., Secretary

January 31, 1986

Ronald H. Levine, M.D., M.P.H. State Health Director

MEMORANDUM

TO: North Carolina Generators and On-Site Treaters, Storers, or <u>Disposers (TSD'S)</u> of Hazardous Waste (Excludes Generators, that do <u>NOT</u> treat, store, or dispose on-site. Owners or Operators That Treat, Store, or Dispose of Hazardous Waste From Off-Site Sources Should Complete DHS Form 3038)

FROM: William L. Meyer, Head For Solid and Hazardous Waste Management Branch Environmental Health Section

SUBJECT: Notice of Annual Report Under N. C. Hazardous Waste Management Program

> On or before March 1, 1986 each facility that generates, stores, treats, or disposes of hazardous waste shall submit an annual report to the Solid and Hazardous Waste Management Branch as required by NC Rule 10 NCAC 10F .0037 (40 CFR 264.75 and CFR 262.43). We will need this information in our office by March 1, 1986. A copy of the report form is attached. This annual report shall cover the period January 1, 1985 to December 31, 1985.

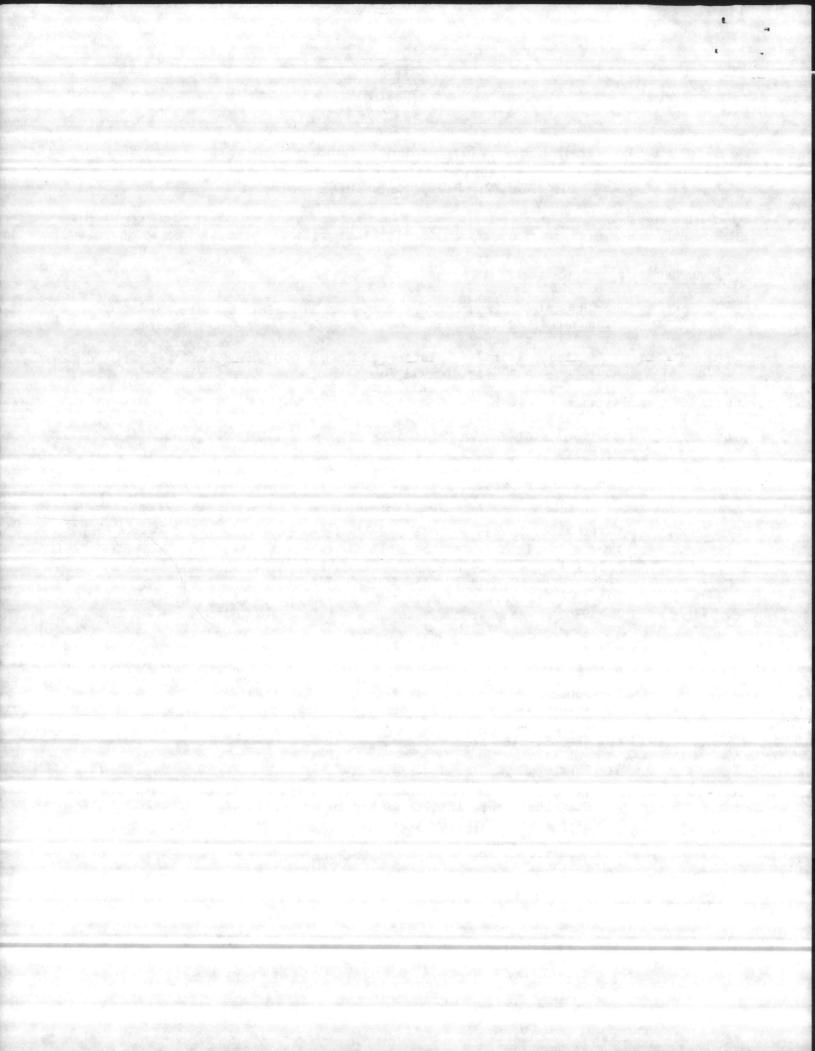
> Form instructions are found on page 4. Hazardous waste sent to a resource recovery facility should be reported on the form even if exempt under RCRA. Storage figures are as of December 31, 1985. Handling codes should be reported both for the on-site and the off-site handling of waste.

> Data from the annual report will provide information required by the State and EPA. Annual report information will be used in planning for future facilities and to assist industry in the management of hazardous waste.

If there are questions call Emil Breckling or William Paige at (919) 733-2178 for assistance.

WLM/EB:cew 0352A

Attachment DHS Form 3037



		A State of the second second	MENT, STORAGE	STE GENERATOR THAT DO C, OR DISPOSAL-TSD FAC PART B) REPORT*]	
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Waste A. EPA	Identification:	C. Quantity				A COLORADO	
Waste	B. Description of Waste/Chemical	Generated	D.	Amount of Waste by 2. Quantity		od d to off-Site	Treatment
No.	Name	Generated	Method	Stored**/Treated	A 1993 MARK	al, or Recove	Real of the second second second second
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human	health and the enviro	onment.					
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IX. <u>CERTIFICATION</u>: 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.

(Signature)

(Print or Type Name)

(Date Signed)

*Read instructions before completing form

**As of December 31, 1985

DHS 3037 Revised 1-86 Doc. No. 0352A Solid & Hazardous Waste Mgt Branch

N. C. DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH SERVICES

			TREAT	IMENT, STORAGE	TE GENERATOR THAT DO , OR DISPOSAL-TSD FAC ART B) REPORT*	CILITY		
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		or Town) llation Contact: J	and the second	GAS		9	19	828-9842
[V.	Insta		. D . D	990	Standard B.	(Are	a Code)	(Phone Number)
۷.	Waste	Identification:						
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	e a Malay		(If more space	is needed che	ck and complete	attachment 1))	
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VII	. Descr	ibe the changes in vo	lume and toxic	ity of waste a	ctually achieved dur	ing the year	in compariso	on to previous y

to the extent such information is available. We reduced the amount of Waste by 10% due to the above activity, no change in toxicity.

VIII. <u>CERTIFICATION</u>: I certify as permittee a program is in place to reduce the volume and toxicity of hazardous waste generated to the degree to be economically practicable, and the proposed method of treatment, storage or disposal is that practicable method currently available to the permittee which minimizes the present and future threat to human health and the environment.

(Sugnature)

DHR 3037 (Revised 1-86) Solid & Hazardous Waste Mgt. Branch J. R. BRIGGS (Print or Type Name)

Over

2/10/86

(Date Signed)

IX. 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.

Briggs (Signature)

J. R. BRIGGS (Print or Type Name)

2/10/86

(Date Signed)

*Read instructions before completing form

** As of December 31, 1985

DHS 3037 (Revised 1-86) Solid & Hazardous Waste Mgt Branch

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important: "READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Purpose: This form will provide N. C. with information needed for EPA reports and to manage hazardous wastes.

Mailing: One copy to - Solid and Hazardous Waste Management Branch N. C. Department of Human Resources P. O. Box 2091 Raleigh, NC 27602

Be sure to complete the proper form.

DHS FORM 3036

(Part A): GENERATOR ONLY ANNUAL REPORT - For generators who ship their waste off-site. (Excludes generators that treat, store or dispose of waste on site)

DHS FORM 3037

(Part B): GENERATOR AND ON-SITE TSD FACILITY ANNUAL REPORT - For generators and owners or operators of on-site facilities that treat, store, or dispose of hazardous waste. (Facility owners or operators that treat, store, or dispose of hazardous waste from off site sources should complete DHS for 3038.)

DHS FORM 3038

(Part C): OFF-SITE TSD FACILITY ANNUAL REPORT - For owners or operators of facilities that treat, store, or dispose of hazardous waste from off-site sources.

DHS FORM 3038

(Part D): UNMANIFESTED WASTE REPORT - For facility owners or operators who accept for treatment, storage, or disposal any hazardous waste from an off-site source without an accompanying manifest.

DHS FORM 3037

(Part B Form)

- SECTION IV. Installation Contact: Enter the name and telephone number of the person who may be contacted regarding information contained in this report.
- SECTION V. Waste Identification: All information in this section must be entered by line number. Each line entry will describe the total annual amount of each waste.
- SECTION V-A EPA Hazardous Waste Number: For listed wastes, enter the EPA Hazardous Waste Number from 40 CFR Part 261, Subpart D, which identifies the waste.

For a mixture of more than one listed waste, enter each of the applicable EPA Hazardous Waste Numbers. If more space is needed, continue on the next line(s) and leave all other information on that line blank.

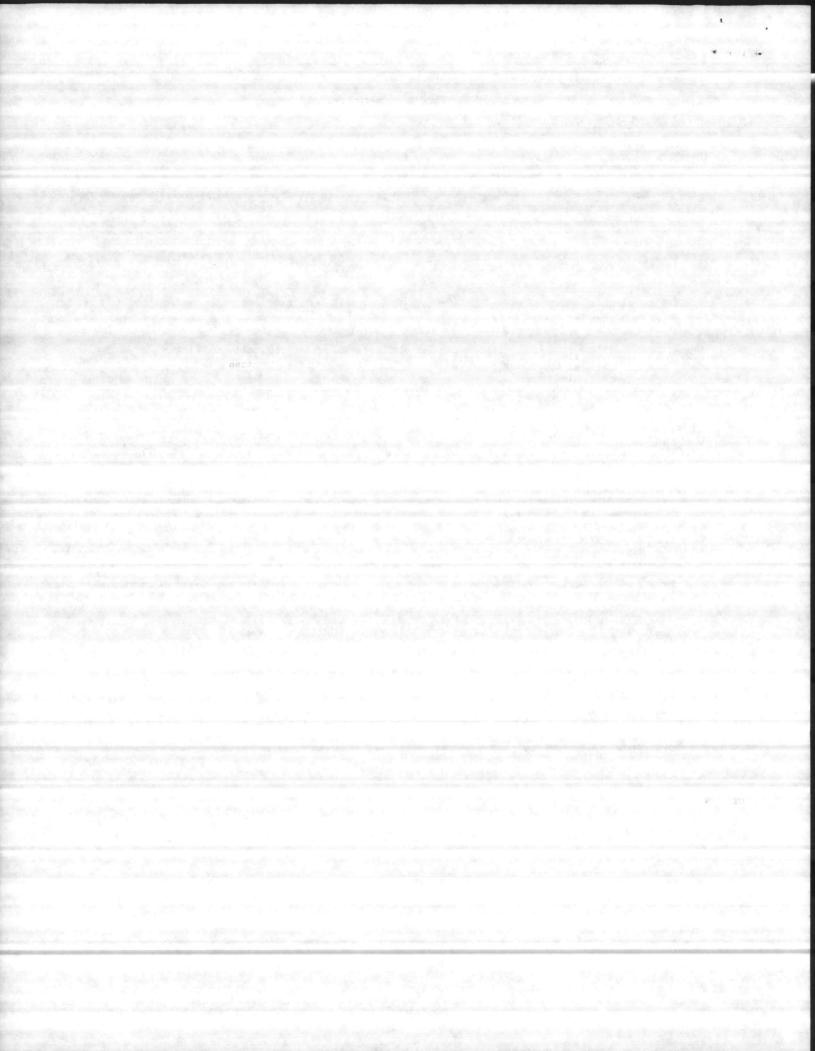
For unlisted hazardous wastes, enter the EPA Hazardous Waste Numbers from 40 CFR Part 261, Subpart C, applicable to the waste. If more space is required, follow the procedure described above.

SECTION V-B Description of Waste: For hazardous wastes that are listed under 40 CFR Part 261, Subpart D, enter the EPA listed name, abbreviated if necessary. Where mixtures of listed wastes were shipped, enter the description which you believe best described the waste.

For unlisted hazardous waste identified under 40 CFR Part 261, Subpart C, enter the description which you believe best describes the waste. Include the specific manufacturing or other process generating the waste, (e.g., green sludge from widget manufacturing) and, if known, the <u>chemical or generic chemical name of</u> waste.

SECTION V-C. Enter total amount generated in reporting year.

DHS 3037 (Revised 1-86) Solid & Hazardous Waste Mgt. Branch



SECTION V-D.1.

Handling Method:

Enter the handling code(s) listed below that most closely represent the technique(s) used to treat, store, dispose, or recover the hazardous waste.

Enter one EPA handling code for each waste line entry. Where several handling steps have occurred during the year, report only the handling code representing the waste's status at the end of the reporting year or its final disposition.

Storage (Indicate volume (in LB's) remaining at your site December 31, 1985.)

Containers (barrel, drum, etc.) S01

- Tank 502
- S03 Waste Piles
- Surface impoundment \$04
- Other specify S05

Treatment

- T01 Treatment in a tank
- Treatment in a surface impoundment T02
- T03 Incineration
- T04 Chemical Treatment Examples Adsorption Chemical fixation Chemical oxidation Chemical precipitation Chemical reduction Chlorination Cyanide destruction Degradation Ion exchange Neutralization

Physical Treatment T05 Examples Centrifugation Clarification Coagulation Decanting Encapsulation Filtration Flocculation Flotation Foaming Sedimentation Thickening Absorption-molecular sieve Activated carbon Blending Crystallization Distillation Electrolysis Evaporation High gradient magnetic separation Leaching Liquid ion exchange Liquid-liquid extraction

Stripping Sand filter

Biological Treatment T06 Examples Activated sludge Aerobic lagoon Aerobic tank Anaerobic lagoon Composting Thickening filter Trickling filter Waste stabilization pond

T07 Other specify

Disposal

Landfill D80

D84 Other specify

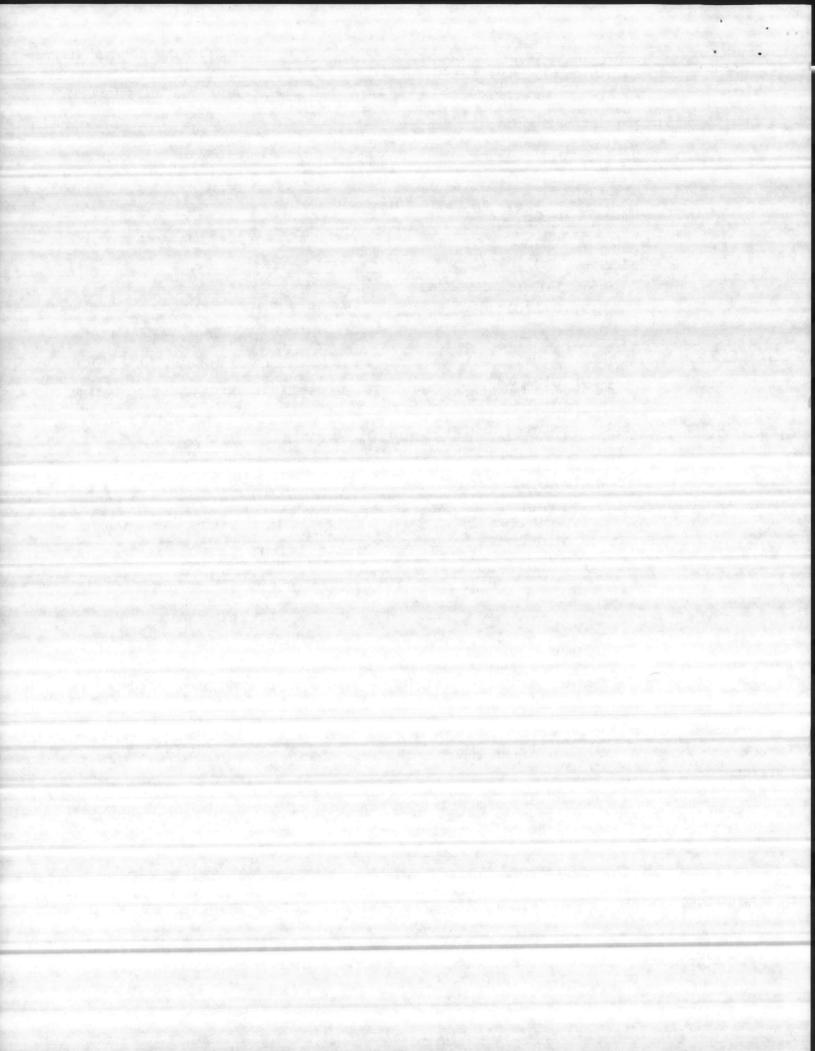
Resource Recovery

Resource recovery R01 (include also unmanifested waste examp from RCRA)

SECTION V-D.2.

Quantity Stored, Treated, Disposed, or Recovered: Enter the amount of waste you treated, disposed, or recovered on-site as indicated by handling method.

HSD 3037 (Revised 1-86) Solid & Hazardous Waste Mgt. Branch

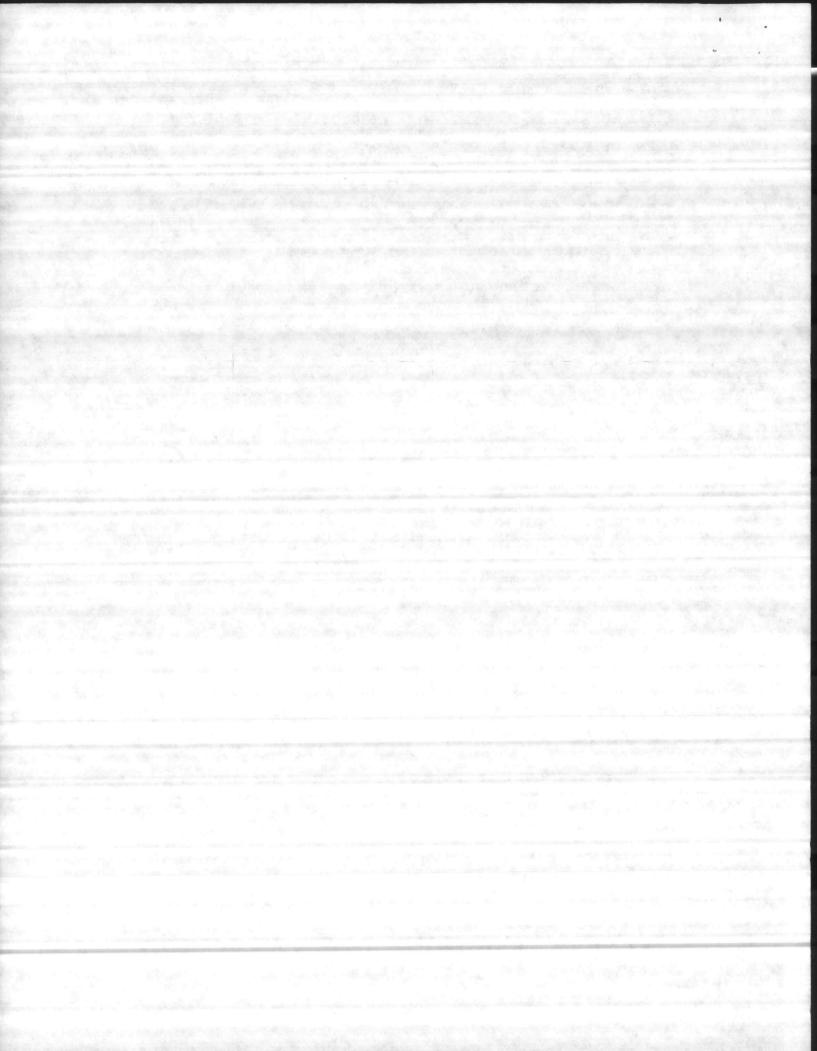


SECTION V-D.3 Handling method: Enter handling method from V-D.1 that represent the techniques used to treat store, dispose or recover the hazardous waste.

- SECTION V-D.4. Quantity Shipped: Enter the amount in LBS of waste you shipped off-site to TSD or recovery facility.
- SECTION V-D.5. TSD Facility EPA Identification Number/Resource Recovery Facility Name: Enter the EPA identification number of the facility or Resource Recovery facility name to which you sent the waste described in V-A. (A separate line must be used for each facility to which you sent hazardous waste.) Add an (X) to end of ID Number if this is a company/corporation owned facility (EXAMPLE: NCD986854312 (X).
- SECTION VI-VII. Describe efforts to reduce the volume and toxicity of waste generated and change in volume and toxicity of waste generated.
- SECTION VIII. Certification for volume and toxicity reduction: The owners or operator or his authorized representative must sign.

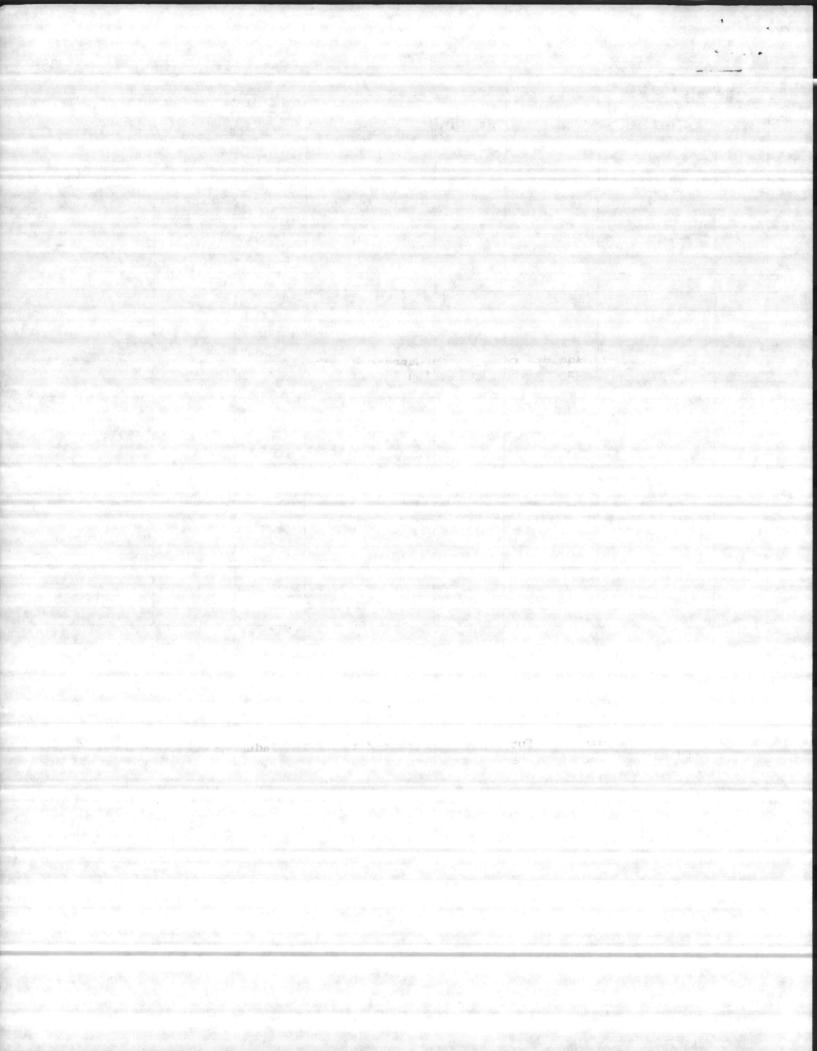
SECTION IX. Certification: The owner or operator or his authorized representative must sign the report.

HS 3037 (Revised 1-86) olid & Hazardous Waste Mgt. Branch



٧.	Waste	Identification:	in the second		an and a state of the second			
2	A. EPA	B. Description of	C. Quantity	D.	Amount of Waste by			
	Waste No.	Waste/Chemical Name	Generated (LBS)	1. Handling Method	 Quantity Stored**/Treated 		ARCONTRACTOR AND	Site Treatment,
Line Number				Code	Disposed, or Recovered On-Site (LBS)	3. Handling Method Code	4. Quan- tity (LBS)	5. Facility EPA I.D. Number / Recovery Facility Name
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DHS 3037 (Revised 1-86) Solid & Hazardous Waste Management Branch





North Carolina Department of Human Resources Division of Health Services P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor Phillip J. Kirk, Jr., Secretary

January 31, 1986

Ronald H. Levine, M.D., M.P.H. State Health Director

MEMORANDUM

TO: North Carolina Off-Site Treaters, Storers, or Disposers (TSD's) of Hazardous Waste

FROM: William L. Meyer, Head Solid and Hazardous Waste Management Branch Environmental Health Section

SUBJECT:

Notice of Annual Report Under N. C. Hazardous Waste Management Program

On or before March 1, 1986 each facility that stores, treats, or disposes of hazardous waste shall submit an annual report to the Solid and Hazardous Waste Management Branch as required by NC Rule 10 NCAC 10F .0037 (40 CFR 264.75 and CFR 262.43). We will need this information in our office by March 1, 1986. A copy of the report form is attached. This annual report shall cover the period January 1, 1985 to December 31, 1985.

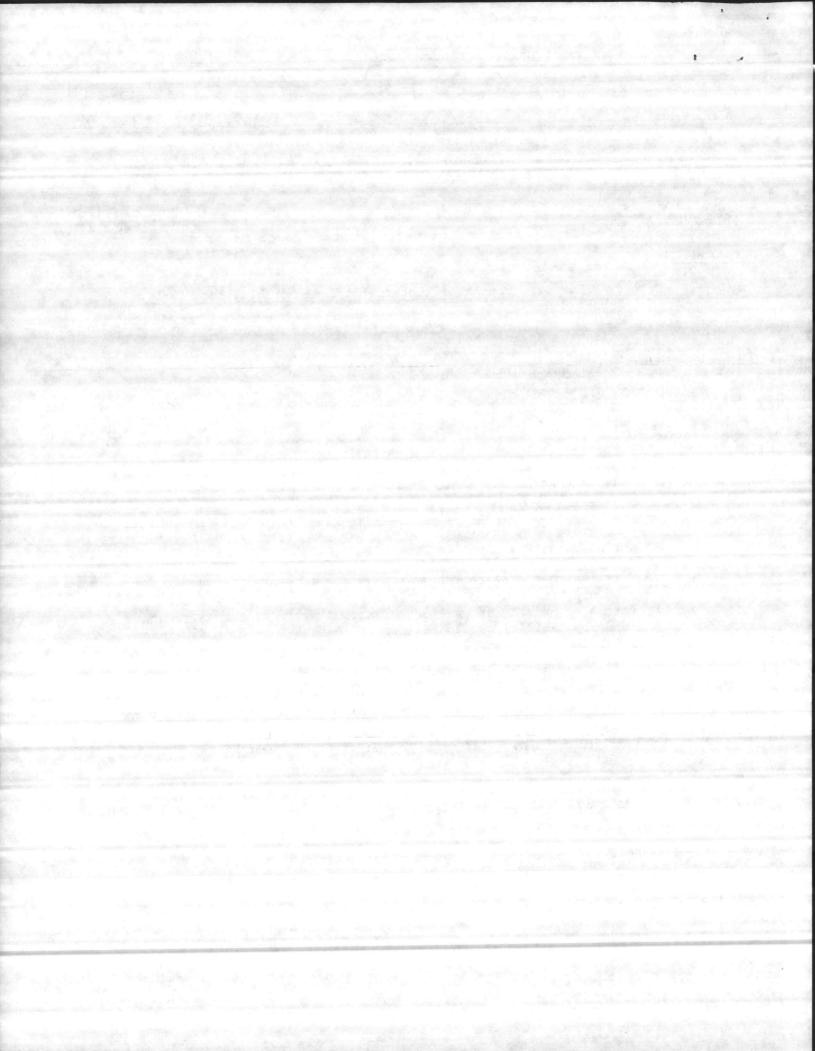
Form instructions are found on page 4. If you received waste from off site sources without a manifest, check blank labeled Part D on page 1 and page 3. Hazardous waste sent to a resource recovery facility should be reported on the form even if exempt under RCRA. For waste shipped in from out of state, we will need the EPA ID Number of the facility which sent the waste. Storage figures are as of December 31, 1985.

Data from the annual report will provide information required by the State and EPA. Annual report information will be used in planning for future facilities and to assist industry in the management of hazardous waste.

If there are questions call Emil Breckling or William Paige at (919) 733-2178 for assistance.

OWS/EB:cew 0353A

Attachment DHS Form 3038



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•	Instal	Llation Contact:	(Name	»)	- <u></u>			rea Code)	(Phone Number)
-	Waste	Identification:		1 0.00			(A	rea code)	(Flolle Number)
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VI. Comments:

DHS 3038 Revised 1-86) Solid & Hazardous Waste Mgt. Branch

page 1

VII CRTIFICATION: I certify as permittee a program is in place to reduce the volume and toxicity of hazardous waste generated to the degree to be economically practicable, and the proposed method of treatment, storage or disposal is that practicable method currently available to the permittee which minimizes the present and future threat to human health and the environment.

(Signature)

(Print or Type Name)

(Date signed)

VIII. 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.

(Signature)

(Print or Type Name)

(Date Signed)

*Read instructions before completing form.

**As of December 31, 1985.

DHS 3038 (Revised 1-86) Do. No. 0353A Solid & Hazardous Waste Mgt. Branch

page 2

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				ANNUAL PART	C PART	D REPORT	*		
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*		ty or Town)	(Coun			(State)			(Zip Code)
IV.	Inst	tallation Contact:		LOVER			704	lat-	823-6852
v.	Wast	te Identification:	(Nam)	e)			(Ar	ea Code)	(Phone Number)
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VI. Comments: NONE

DHS 3038 Revised 1-86) Solid & Hazardous Waste Mgt. Branch

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page 3

CRTIFICATION: I certify as permittee a program is in place to reduce the volume and toxicity of hazardous waste VII generated to the degree to be economically practicable, and the proposed method of treatment, storage or disposal is that practicable method currently available to the permittee which minimizes the present and future threat to human health and the environment.

P. J. Alova 2/10/86 P.L. GLOVER (Print or Type Name) (Date signed)

VIII. 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.

2/10/86 (Signature) P.L. GLOVER (Print or Type Name)

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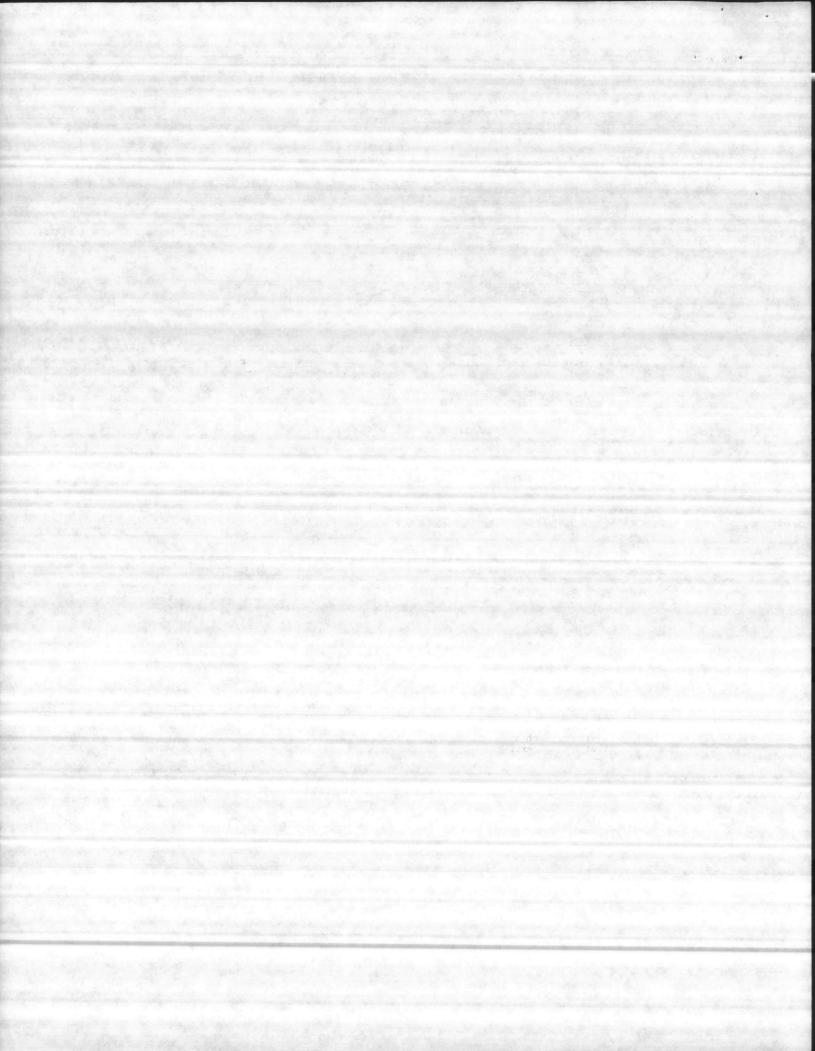
Important: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Purpose: This form will provide N. C. with information needed for EPA reports and to manage hazardous wastes Mailing: One copy to - Solid and Hazardous Waste Management Branch N. C. Department of Human Resources P. O. Box 2091 Raleigh, NC 27602 Be sure to complete the proper form. DHS FORM 3036 GENERATOR ONLY ANNUAL REPORT - For generators who ship their waste off-site. (Excludes generators that treat, (Part A): store, or dispose of waste on site) DHS FORM 3037 GENERATOR AND ON-SITE TSD FACILITY ANNUAL REPORT - For generators and owners or operators of on-site facilities (Part B): that treat, store, or dispose of hazardous waste. (Facility owners or operators that treat, store, or dispose of hazardous waste from off site sources should complete DHS form 3038.) DHS FORM 3038 OFF-SITE TSD FACILITY ANNUAL REPORT - For owners or operators of facilities that treat, store, or dispose of (Part C): hazardous waste from off-site sources. DHS FORM 3038 (Part D): UNMANIFESTED WASTE REPORT - For facility owners or operators who accept for treatment, storage, or disposal any hazardous waste from an off-site source without an accompanying manifest. DHS FORM 3038 (Part C Form) Check Part C SECTION IV. Installation Contact: Enter the name and telephone number of the person who may be contacted regarding information contained in this report. SECTION V. Waste Identification: All information in this section must be entered by line number. Each line entry will describe the total annual amount of each waste. SECTION V-A EPA Hazardous Waste Number: For listed wastes, enter the EPA Hazardous Waste Number from 40 CFR Part 261, Subpart D, which identifies the waste. For a mixture of more than one listed waste, enter each of the applicable EPA Hazardous Waste Numbers. If more space is needed, continue on the next line(s) and leave all other information on that line blank. For unlisted hazardous wastes, enter the EPA Hazardous Waste Numbers from 40 CFR Part 261, Subpart C, applicable to the waste. If more space is required, follow the procedure described above. SECTION V-B Description of Waste: For hazardous wastes that are listed under 40 CFR Part 261, Subpart D, enter the EPA listed name, abbreviated if necessary. Where mixtures of listed wastes were shipped, enter the description which you believe best described the waste. For unlisted hazardous waste identified under 40 CFR Part 261, Subpart C, enter the description which you believe best describes the waste. Include the specific manufacturing or other process operating the waste, (e.g., green sludge from widget manufacturing) and, if known, the chemical or generic chemical name of the waste.

DHS 3038 (Revised 1-86) Solid & Hazardous Waste Mgt. Branch

page 4

over



SECTION V-C:1.

Enter the handling code(s) listed below that most closely represent the technique(s) used to treat, store, dispose, or recover the hazardous waste.

Enter one EPA handling code for each waste line entry. Where several handling steps have occurred during the year, report only the handling code representing the waste's status at the end of the reporting year or its final disposition.

Storage (Indicate volume (in LB's) remaining at your site December 31, 1985.)

S01 Containers (barrel, drum, etc.)

S02 Tank

Handling Method:

- SO3 Waste Piles
- S04 Surface impoundment
- S05 Other specify

Treatment

- TO1 Treatment in a tank
- TO2 Treatment in a surface impoundment
- TO3 Incineration
- T04 Chemical Treatment Examples Adsorption Chemical fixation Chemical oxidation Chemical precipitation Chemical reduction Chlorination Cyanide destruction Degradation Ion exchange Neutralization T05 Physical Treatment Examples Centrifugation Clarification Coagulation Decanting Encapsulation Filtration Flocculation Flotation Foaming Sedimentation Thickening Absorption-molecular sieve Activated carbon Blending Crystallization Distillation Electrolysis Evaporation High gradient magnetic separation Leaching Liquid ion exchange Liquid-liquid extraction Stripping Sand filter
- T06 Biological Treatment Examples Activated sludge Aerobic lagoon Aerobic tank Anaerobic lagoon Composting Thickening filter Trickling filter Waste stabilization pond
- T07 Other specify

Disposal

D80 Landfill D84 Other specify

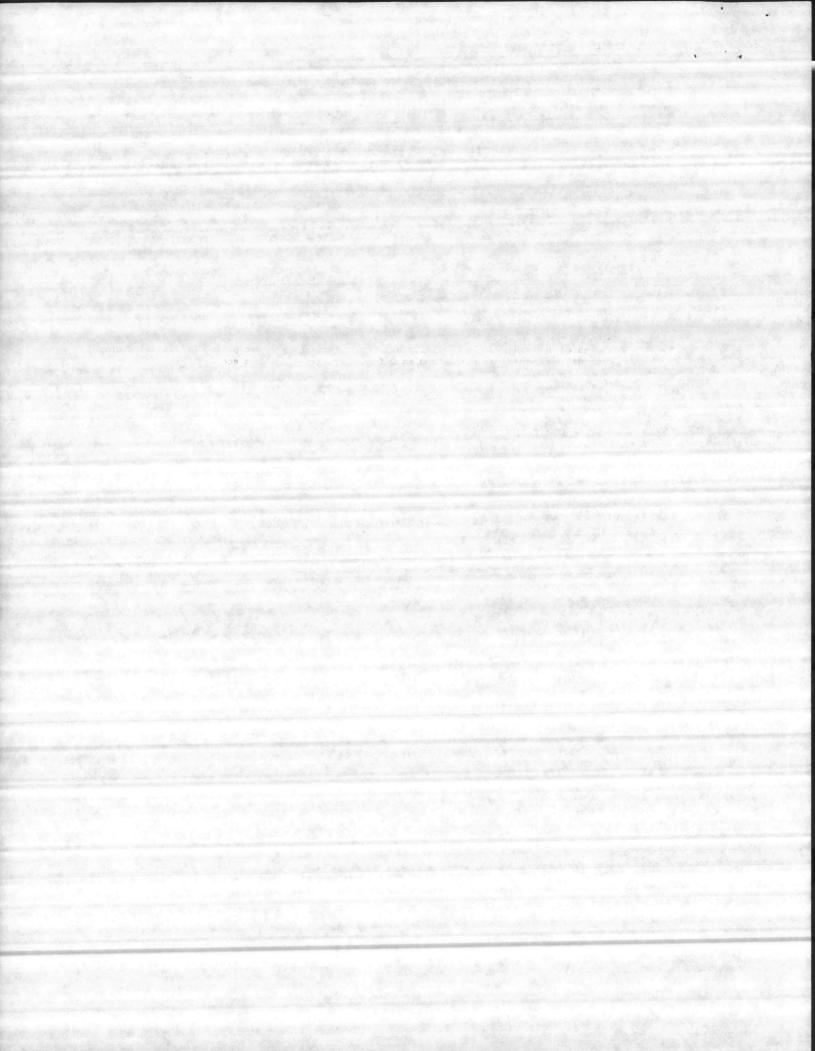
Resource Recovery

R01 Resource recovery (include also unmanifested waste exempt from RCRA)

SECTION V-C.2(a) Quantity Stored, Treated, Disposed, or Recovered: Enter the amount of waste you stored, treated, disposed, or recovered (from in-state).

SECTION V-C.2(b) Quantity Stored, Treated, Disposed, or Recovered: in V-C.3. Enter the amount of waste you stored, treated, disposed, or recovered by source (ID number) (from out-of-state) Enter in V-C.3. the EPA ID Number of the generator which sent the waste described in V-A to your facility. (A separate line must be used for each generator which sent your facility hazardous waste.) Add an (X) to end of ID Number if this is a company/corporation owned generator (example NCD986854312 (X).

DHS 3038 (Revised 1-86) Solid and Hazardous Waste Mgt. Branch



SECTION V-C.3	Enter EPA ID Number of generator that sent waste to your facility.
SECTION V-C.4	Handling Method: Enter the handling code(s) from V-C.1 that most closely represent the technique(s) used to the treat, store, dispose or recover the hazardous waste.
SECTION V-C.5	Quantity Shipped: Enter the amount of waste shipped to off-site TSD or Recovery facility.
SECTION V-C.6.	TSD Facility EPA Identification Number /Resource Recovery Facility Name: Enter the EPA identification number of the facility or Resource Recovery facility name to which you sent the waste described in V-A. (A separate line must be used for each facility to which you sent hazardous waste.) Add an (X) to end of ID Number if this is a company/corporation owned facility (EXAMPLE: NCD986854312 (X).
SECTION VII	Certification for volume & toxicity reduction: The owners or operator or his authorized representative must sign.
SECTION VIII.	Certification: The owner or operator or his authorized representative must sign the report.

DHS FORM 3038

(Part D Form) Unmanifested Waste Report - Part D instructions (Check block Part D)

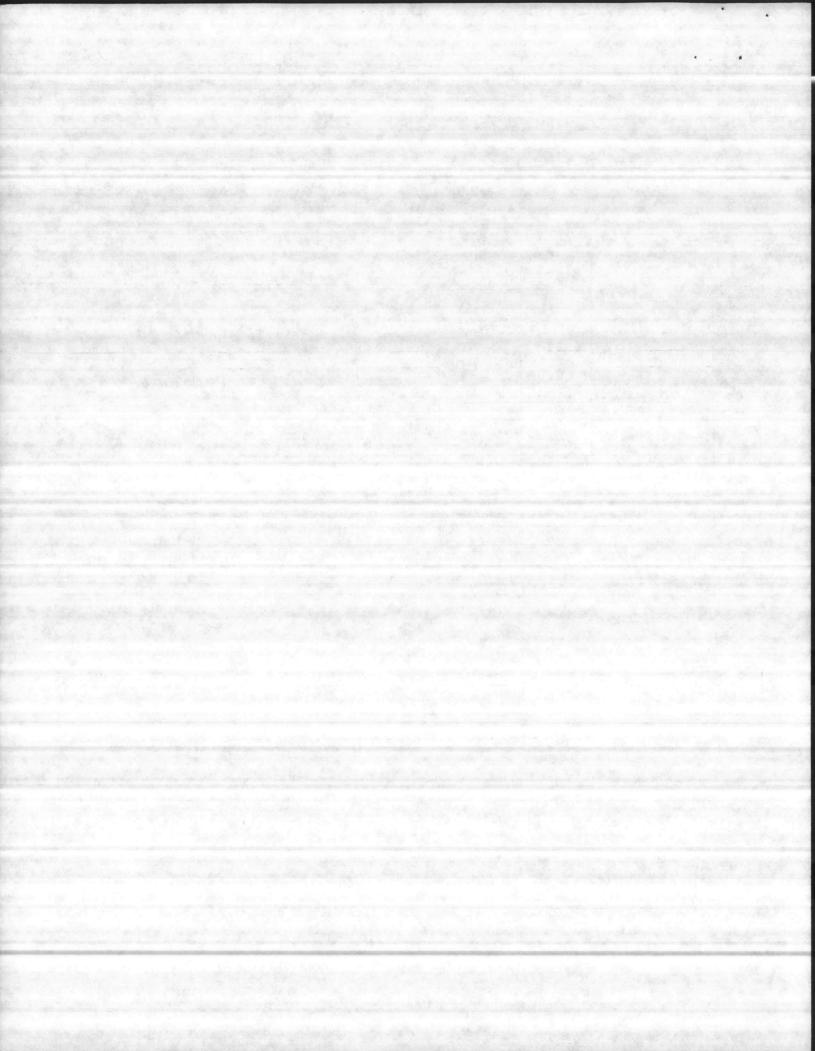
Unmanifested Waste Report for facility owners or operators who accept for treatment, storage, or disposal any hazardous waste from an off-site source without an accompanying manifest.

For the Unmanifested Waste Report, complete except the; (1) blocks for which information is not available to the owner or operator of the reporting facility may be marked "UNKNOWN", and (2) the following special instructions apply:

SECTION VI Comments:

- a. Enter the EPA identification number, name and address of the transporter, if known. If the transporter is not known to you, enter the name of the driver and the state and license number of the transporting vehicle which presented the waste to your facility, if known.
- b. Enter an explanation of how the waste movement was presented to your facility; why you believe the waste is hazardous; and how your facility plans to manage the waste. Continue on a separate blank sheet of paper if additional space is needed.

DHS 3038 (Revised 1-86) Solid & Hazardous Waste Mgt. Branch



ATTACHMENT I

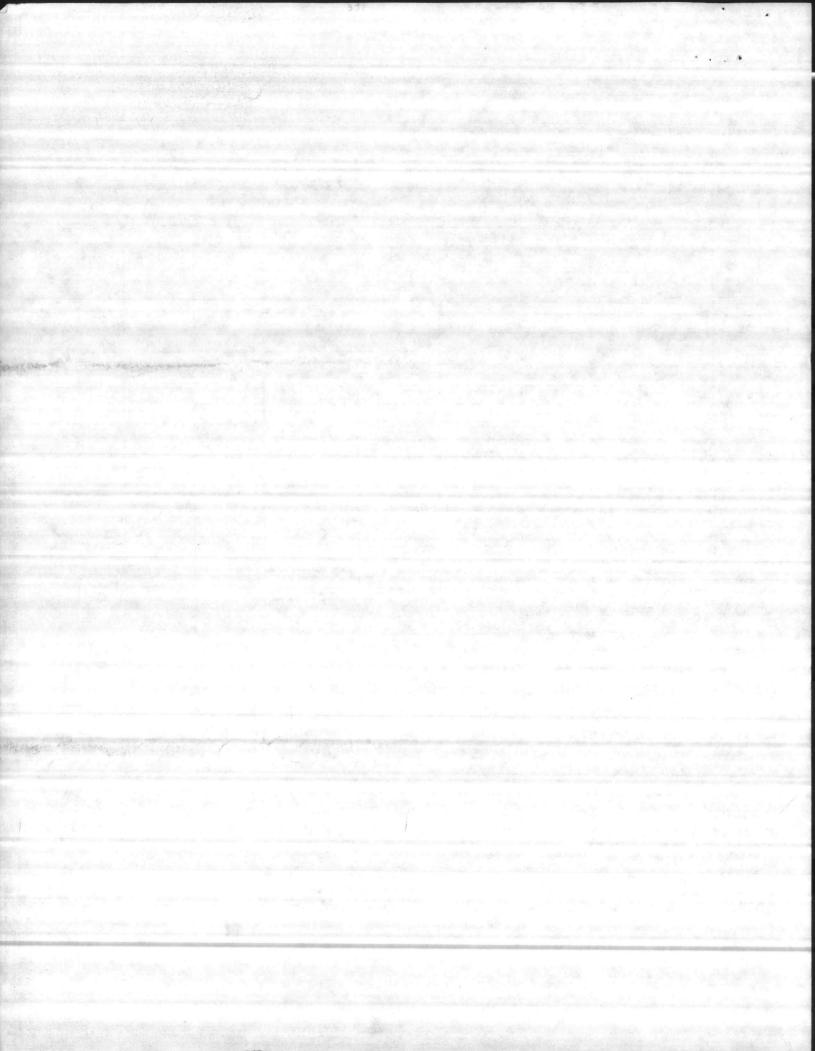
V. . Waste Identification:

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DHS 3038 (Revised 1-85) Solid & Hazardous Waste Management Branch

page 7





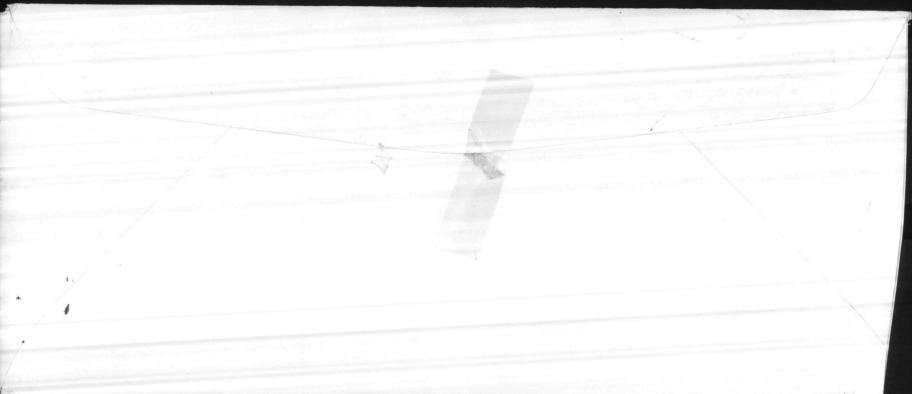
STATE OF NORTH CAROLINA DIVISION OF HEALTH SERVICES P.O. Box 2091 Raleigh, N.C. 27602-2091





Mr. Danny Sharp Commanding General Marine Corp. Base Camp Lejeune, NC 28542

ATTN: Dir. Natural Resources & Envir. Affairs Div.



6280/2 FAC 4 MAR 1985

Mr. O. W. Strickland, Head Solid and Hazardous Waste Management Branch N.C. Department of Human Resources P. O. Box 2091 Raleigh, NC 27602-2091

> Re: Annual Report under N.C. Hazardous Waste Management Program NC 6170022570 - MCB, Camp Lejeune, NC NC 6170022580 - MCAS(H), New River, NC

Dear Mr. Strickland:

The subject report is enclosed as requested by your letter of 2 January 1985. Reports are completed for the hazardous wastes generated and stored at the Marine Corps Base (MCB) facility. Further, the report is also enclosed for those wastes which are generated at the Marine Corps Air Station (Helicopter), New River and transported to the MCB facility for storage.

If you desire further information on this report, please contact Mr. Bob Alexander at the above address or 919-451-3034.

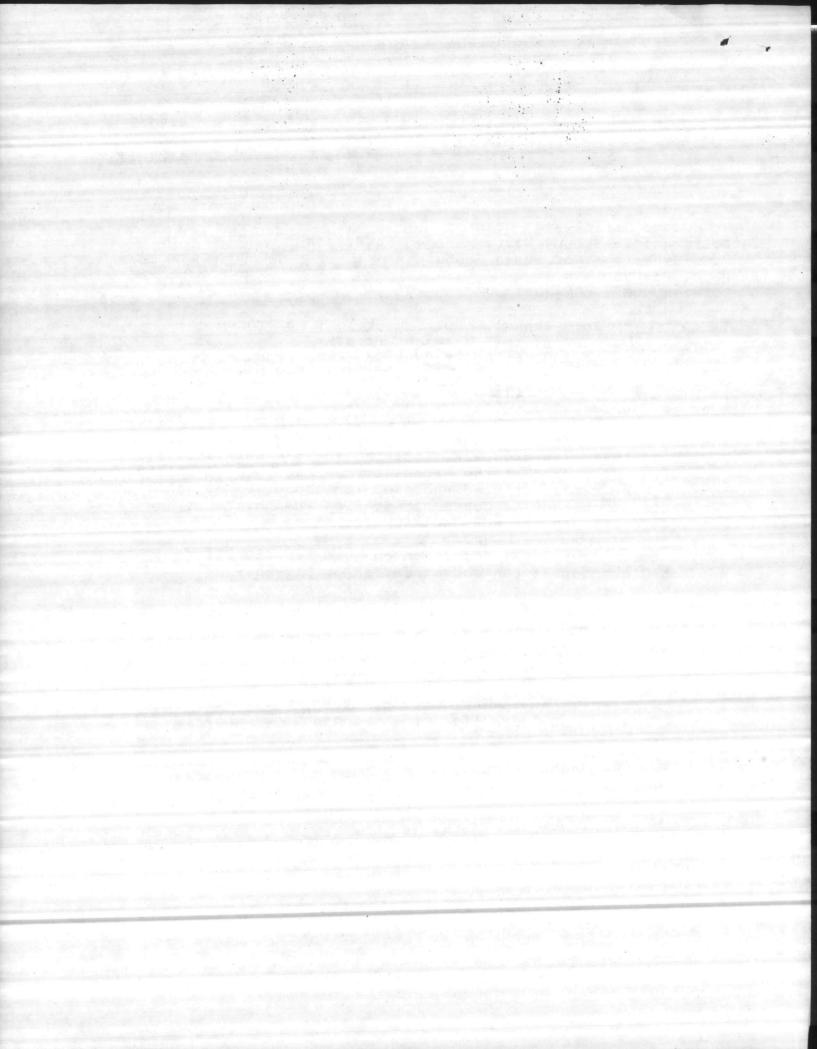
Sincerely,

M. G. LILLEY Colonel, U.S. Marine Corps Assistant Chief of Staff, Facilities By direction of the Commanding General

Encl:

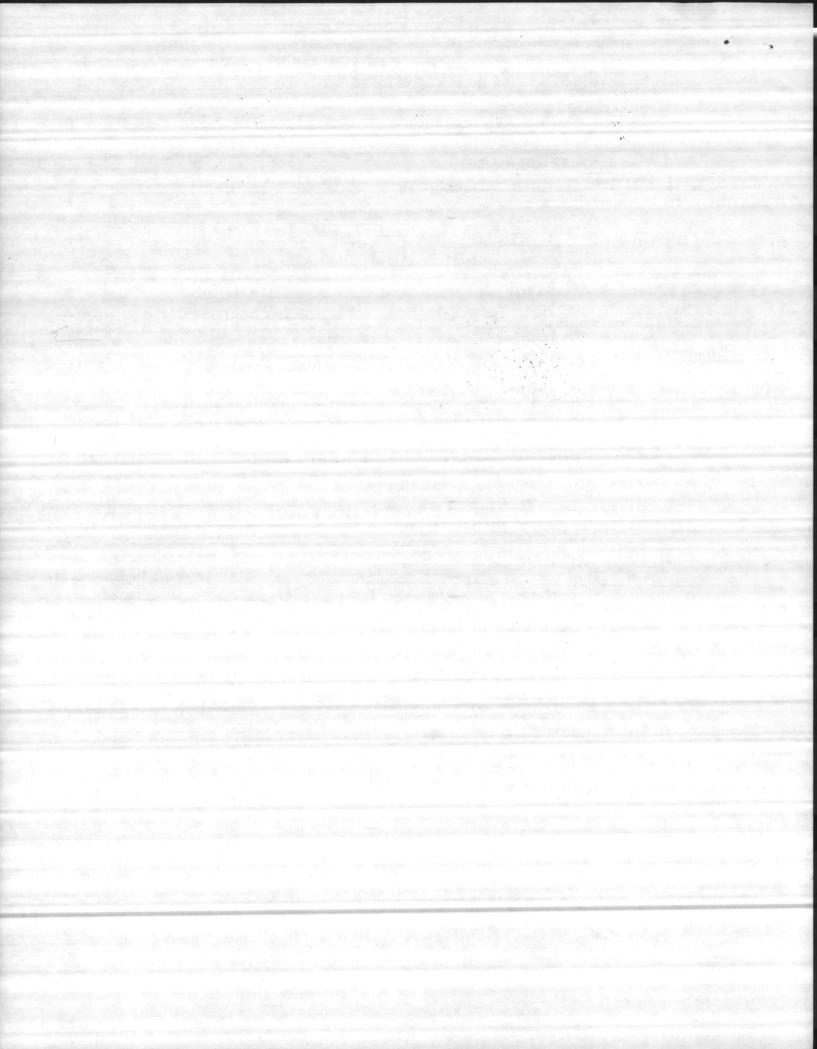
DHS Form 3036
 DHS Form 3037 w/attach

Blind Cy to: CO, MCAS(H), NR AC/S, Log DPDO NREA EnvEng



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*Read instructions before completing form DES 3036 (Revised 1-85) Do. No. 0351A

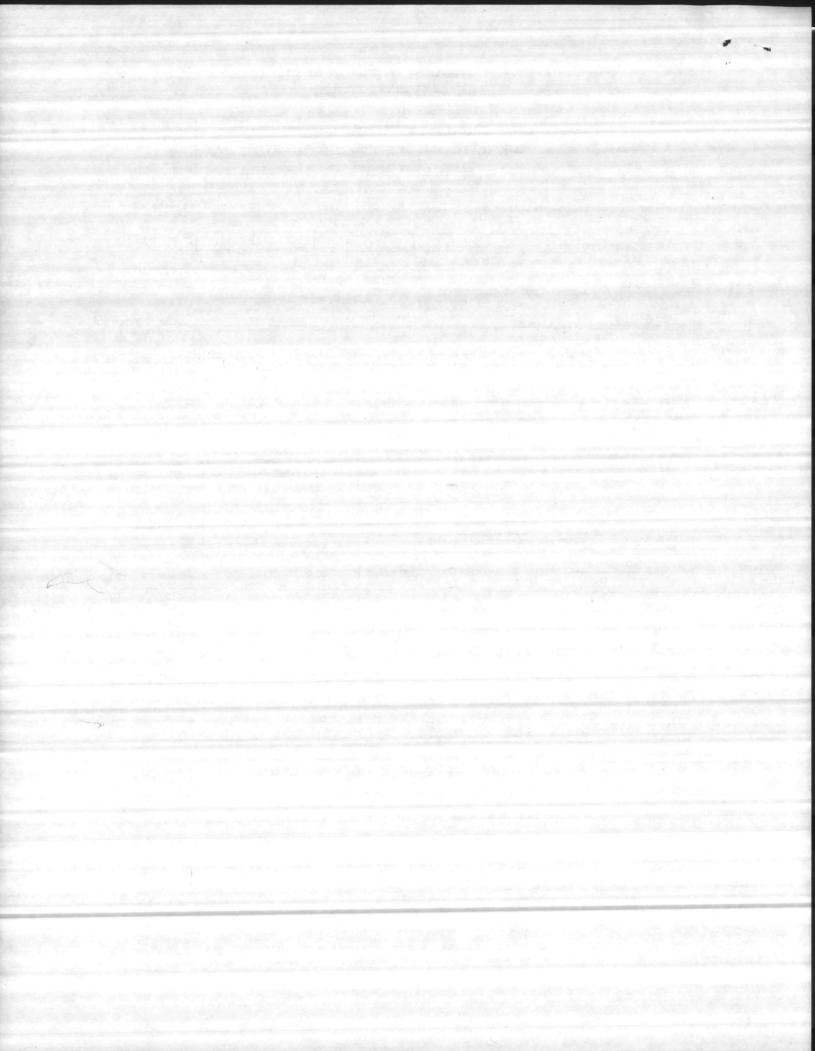


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	3037 (Revised 1-85) Do. No.					

Solid & Hazardous Waste Mat Branch

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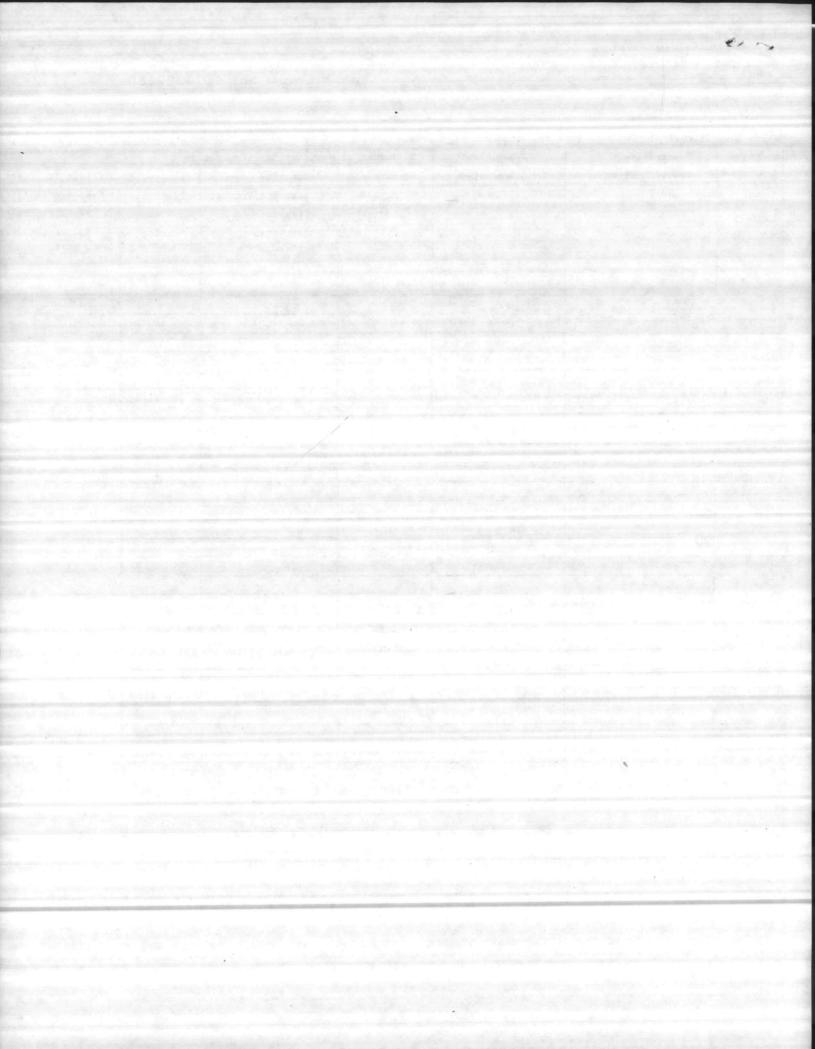
EPA ID No.: NC 6170022580

5

ATTACHMENT I

A. EPA	B. Description of	C. Quantity	D. Amount of	Waste by Handling Meth	hod	
Waste No.	Waste/Chemical Name	Generated	1. Handling Method	2.Quantity Stored**/Treated	in a supplication of a for	o Off-Site Treatment, or Recovery Facility
		(LBS)	Code	Disposed, or Recovered On-Site	3. Quan- tity	4. Facility EPA ID No./Recovery Facility Name
F005	Toluene	2,400	501	2,400	2,400	PAD980550479
F002	Methylene Chlo		501	800	800	PAD980550479
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olid & Hazardous Waste Management Branch



T-6240

FAC/REA/na 6280 29 FEB 84

Mr. O. W. Strickland, Head Solid and Hazardous Maste Management Branch North Carolina Department of Human Resources P.O. Sox 2091 Raleigh, NC 27602-2091

> Re: Monusl Report under Worth Carolina Hasardous Waste Management Program NC 6170022570 - MCB, Camp Lejeune, NC MC 6170022580 - MCAS(H), New River, NC

Dear Mr. Strickland:

The subject report is enclosed as requested by your letter of 13 January 1984. Reports are completed for the hazardous wastes generated and stored at the Marine Corps base (MCS) facility. Further, the report is also enclosed for those wastes which are generated at the Marine Corps Air Station (Helicopter), New River and transported to the MCS facility for storage.

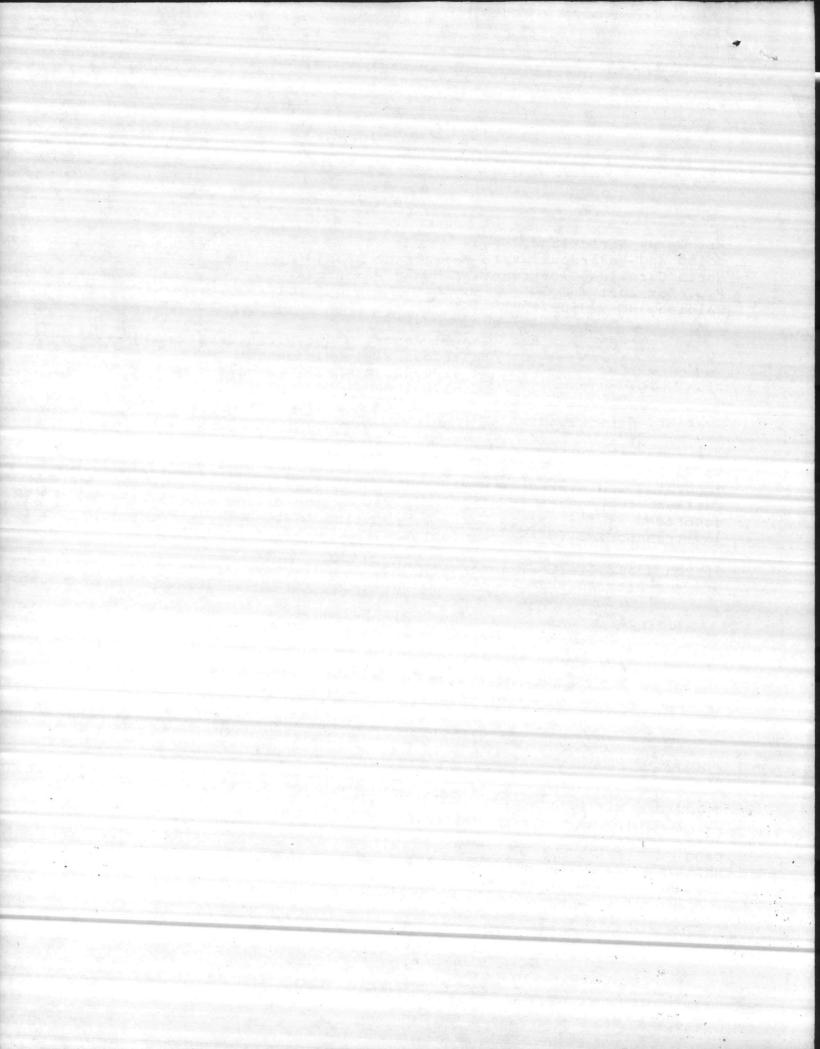
If you desire further information on this report, please contact Mr. Bob Alexander at the above address or (919) 451-3034.

Sincerely,

H. G. LILLEY Colonel, U.S. Marine Corps Assistant Chief of Staff, Facilities By direction of Commanding Coneral

2cc1s

Blind cys to: (w/o encl) CO, MCAS(H), NR AC/S, Log DPDO NREAD EnvEng



N. C. DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH SERVICES

	Waste Instal Name of	llation EPA ID Number: N (c 6 1 7 ne Corps	00 Base	2 2 5 7 0	 e of /		ed The Facilities
		p Lejeune Onsi		or Route No	umber) NC			28542
	(City	or Town) . (Count	ty)		(State)) 451-	(Zip Code)
tv.		llation Contact: Robert E. (Name) Identification:	Alexande	r		(Area C		(Phone Number)
	A. EPA Waste	B. Description of Waste/Chemical Name	C. Quantity Generated	1	of Waste by Handling 2.Quantity Stored**/Treated	Shipped		ite Treatment, overy Facility
Line Number	No.	Name	(LBS)	Method Code	Disposed, or Recovered On-Site (LBS)	3. Quan- tity (LBS)		5. Facility EPA ID No./Recove Facility Name
	U129	Lindane	152	S 01	152		0	6170022580
	U061	DDT	96	S 01	96		0	6170022580
-	F001	Trichloroethane	7920	S 01	7920	1.1.1	0	6170022580
	F003	Paint Thinner w/xyl		S 01	440		0	6170022580
	U151	Metallic Mercury	75	S 01	75		0	6170022580
	D001	Lithium Batteries	7646	D003	4030	4978	0	WID9807913
	U151	Mercury Spill Resid		S 01	20		0	6170022580
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(Signature)

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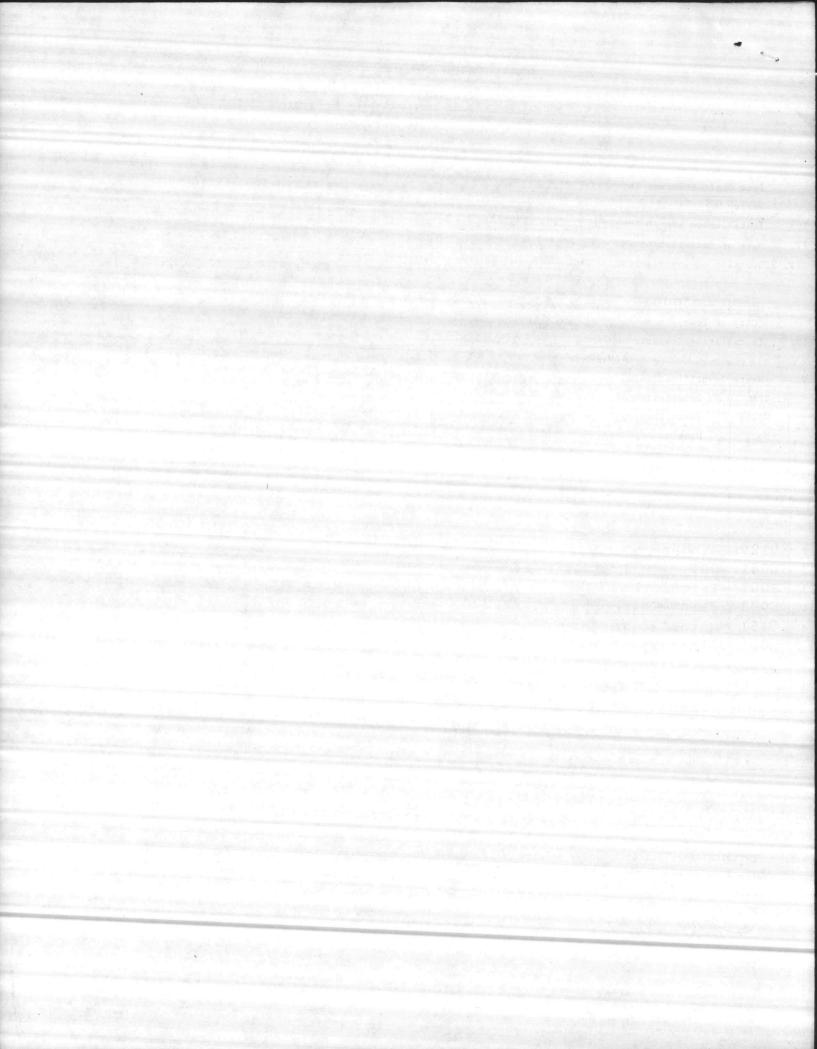
.....

M. G. LILLEY, Colonel, U.S. Marine Corps 29 FED ((Print or Type Name) (Date Sig:

*Read instructions before completing form

**As of December 31, 1983

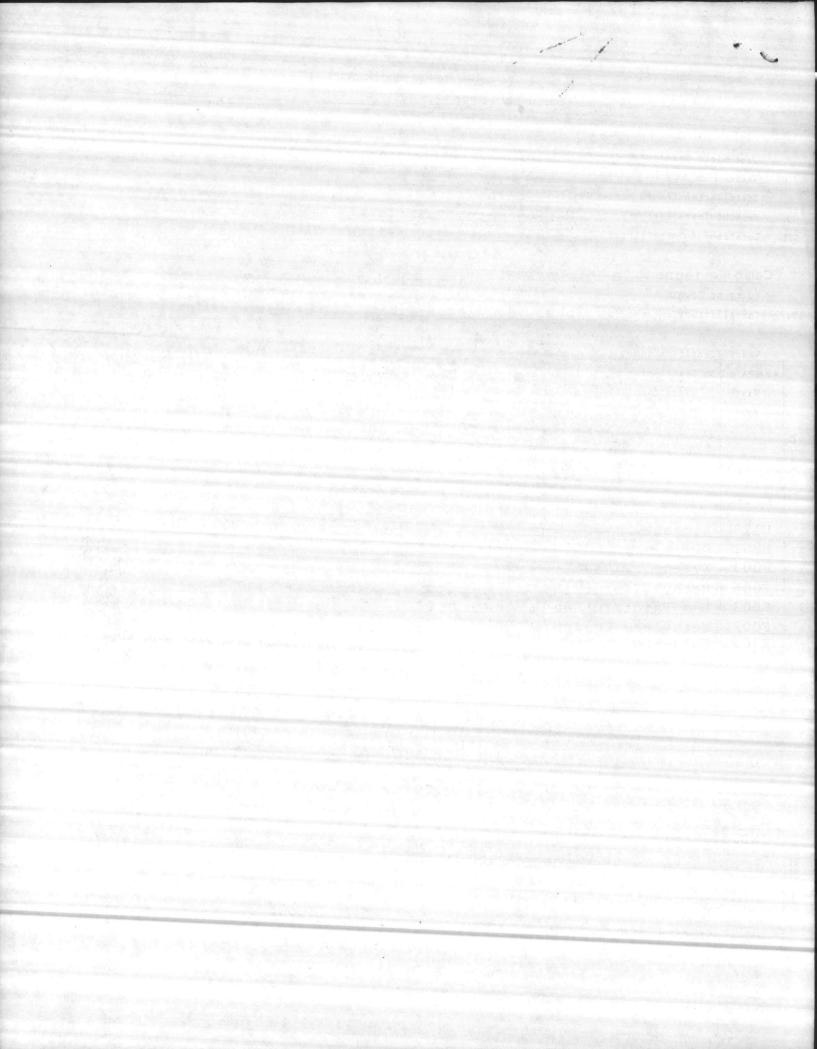
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N. C. DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH SERVICES

N. C. 1983 HAZARDOUS WASTE GENERATOR ONLY ANNUAL (PART A) REPORT *

	Four D	igit Standard Industrial C	lassification ((SIC) No. For Og	perations In Y	our Company That Geneat	ed The	
	Waste	have been and the second se						
1.	Instal	lation EPA ID Number: N	second		0 2 2	5 8 0		
II.	Name of	f Installation: <u>Ma</u>	rine Corp	s Base (At	tn: Offi	ce of AC/S, Fac	cilitie	s)
III.	Locati	on of Installation: Ma	rine Corp	s Air Stat	ion (Heli	copter), New R.	iver	
			🌢 (St	treet or Route 1	Number)			
	Camp	Lejeune O	nslow		and and the second states	NC	2854	5
and in the			(County)			(State)	(Zip C	Code)
IV.		lation Contact: Mr. Rob	ert E. Ale	exander		(919)	451-303	34
		(Name)	and the second second	Section States States		(Area Code)	(Phone Nu	mber)
	Waste	Identification:		are. Secondaria	×		j	12.
1		B. Description of	C. Handling	Method/Quantity	/Location		D. In Sto	rage
	Waste	Waste/Chemical	Waste Shi		and the second second second		Decemb	er 31
1	No.	Name	1	2. Quantity	3. %	4. TSD Facility	1. Stor-	2.
	NO.	Induce	Method	Shipped	Water	EPA ID No./	age	1999
Jer				to TSD or	In Waste	Recovery	Method	P- 1
Number			Code				Code	1.12
	State 1			Recovery	Shipped	Facility Name	CODE	1.13
Line	ga ka di k			Facility	a share in the	and the second second		
	<u></u>			(LBS)				1
	U129	Lindane	D81	28	0	TND 0895 58019		1
	U061	DDT	D81	-50	0	TND 0895 58019		
	F003	Xylene	501	800	0	6170022580	n/a	1
	F005	Methyl Isobutyl	Ketone	2,000	0	6170022580	n/a	1
	F003	Lag Paint/Xylene	S 01	800	0	6170022580	n/a	
10	F002	Methylene Chlori		800	0	6170022580	n/a	
4	F005	Toluene	501	2,400	0	6170022580	n/a	-
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Ί.	List EN	PA ID Numbers for each Tran	nsporter used d	uring reporting	year:			
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HAV 5216/144A (Rev. 8-81)

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OM:

JAN 23 1986

Memorana

SJA

Staff Judge Advocate, Marine Corps Base, Camp Lejeune

Director, Natural Resources and Environmental Affairs Division, Marine Corps Base, Camp Lejeune

ia: Assistant Chief of Staff, Facilities, Marine Corps Base, Camp Lejeune: Sullator 1/27/86

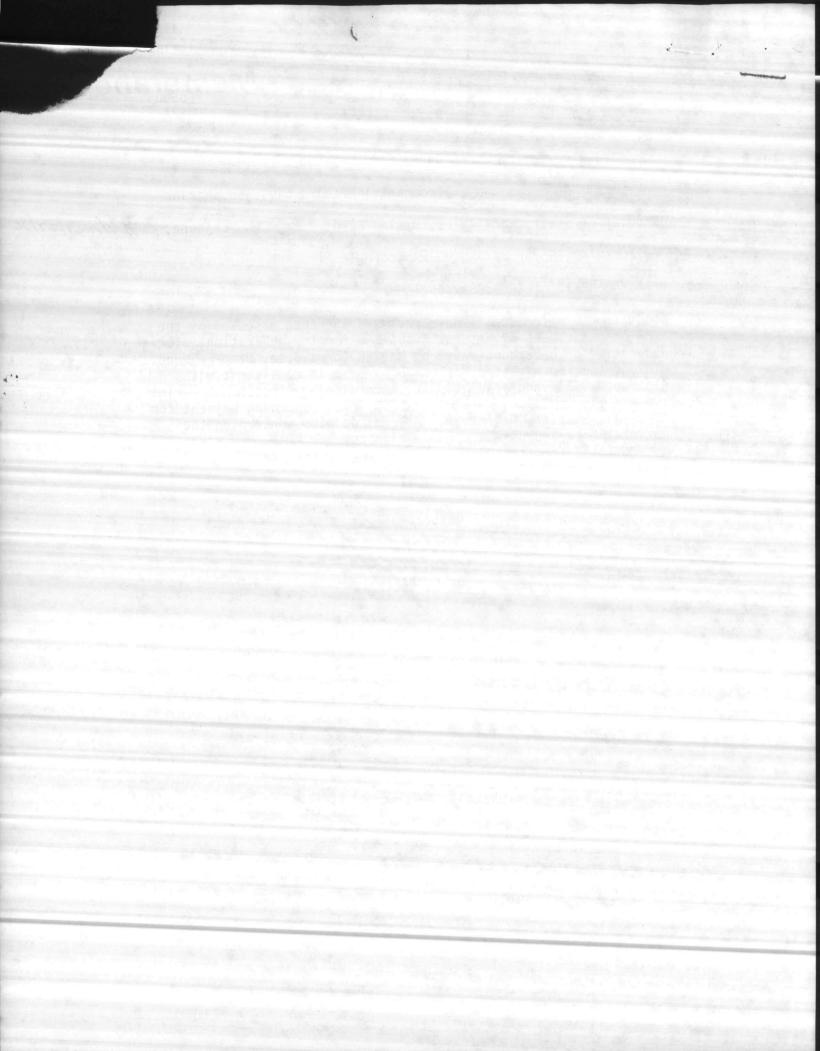
al: STATE FEES FOR HANDLERS OF HAZARDOUS WASTE (HW)

ef: (a) Yr ltr 6240 NREAD of 30Dec85 w/encl

1. Pursuant to the reference, I have reviewed the fees assessed by the North Carolina Department of Natural Resources for the generation, storage and transporation of hazardous waste by Marine Corps Base, Camp Lejeune. In my opinion, the fee assessed Marine Corps Base is consistent with applicable federal law and regulations. Accordingly, I recommend Marine Corps Base pay the assessment but offer no opinion regarding payment for Marine Corps Air Station, New River. A legal opinion concerning the assessment of the hazardous waste generation fee for MCAS, New River should be requested from the Director, Law Center, MCAS-2dMAW or the Staff Judge Advocate, MCAS, Cherry Point.

Respectfully

2





North Carolina Department of Human Resources Division of Health Services P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor Phillip J. Kirk, Jr., Secretary

December 5, 1985

Ronald H. Levine, M.D., M.P.H. State Health Director

ENCL(1)

MEMORAN DUM

TO: North Carolina Generators; Transporters; and Treaters, Storers or Disposers (TSD's) of Hazardous Waste.

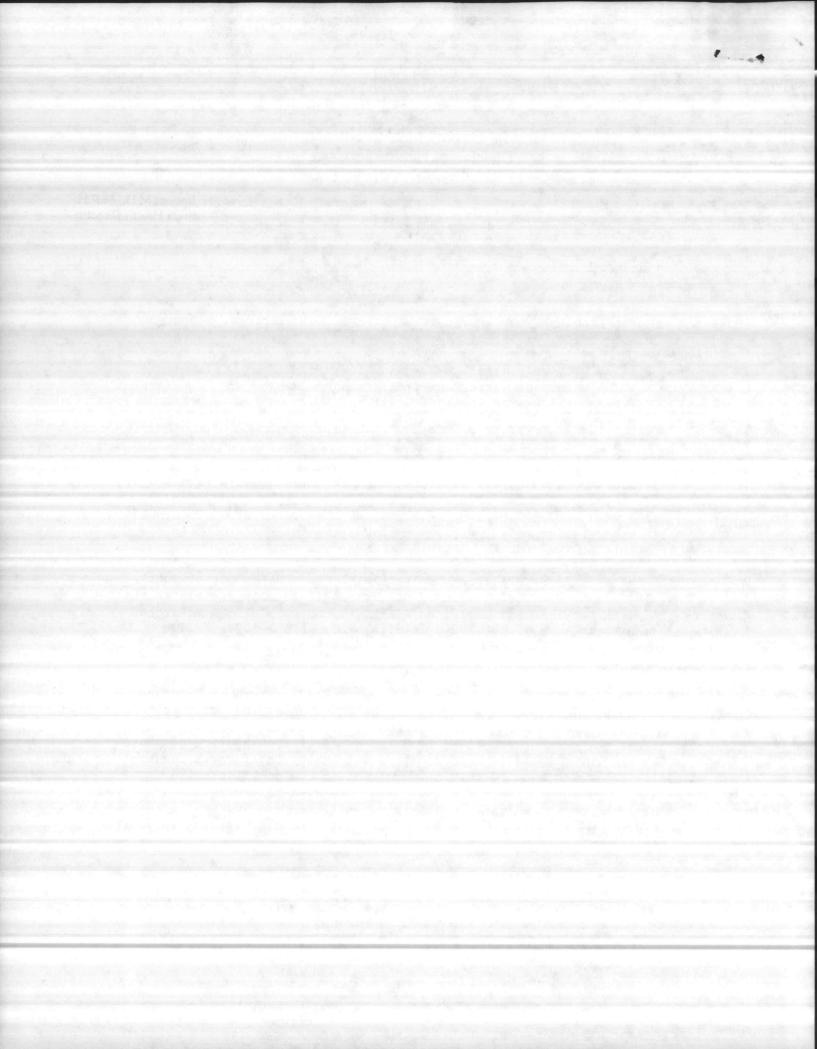
FROM: William L. Meyer, Head William & Meyer Solid & Hazardous Waste Mangement Branch Environmental Health Section

SUBJECT: Annual Fees Billing For Handlers of Hazardous Waste.

Effective January 1, 1986, all handlers of hazardous waste are required by administrative rule 10 NCAC 10C .0701 through .0704 to pay an annual fee . The above rules were adopted November 13, 1985, as authorized by GS 130A - 294 (a) (7) which was ratified July 3, 1985. A copy of the adopted rules is included with this billing.

One-half the annual fee will be collected in FY 86. The amount of your fee is included on the attached invoice. Checks should be made payable to the Division of Health Services and mailed to William 'L. Meyer, Solid & Hazardous Waste Management Branch, P.O. Box 2091, Raleigh, N.C. 27602-2091

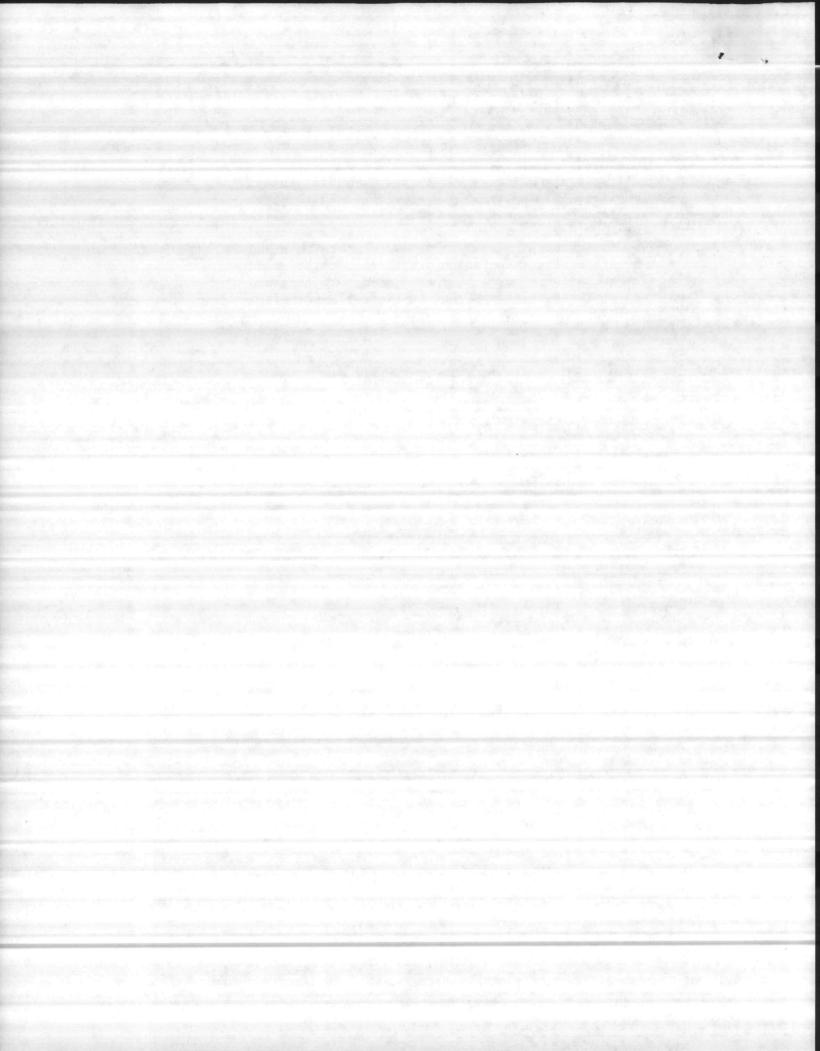
Public meetings were held by the N.C. Department of Human Resources October 23 in Greenville, October 24 in Hickory, and a public hearing was held October 25, 1985 in Raleigh on the annual fee rules for handlers of hazardous waste. Based on public comments at the meetings and the hearing and many written comments the final rules were modified considerably. The changes made directly reflect the comments received from the public. The majority of those commenting on the rules would like to submit a rulemaking petition in January 1986 to modify the rules even further as permitted in the administrative procedure rule 10 NCAC 4B. The Branch supports the rulemaking petition effort. Additional public meetings and hearings will be held and we anticipate that these rules will be modified prior to the next billing in July of 1986.



Revisions will be considered by a proposed committee in early January. The committee is proposed to consist of:

Representative

	Solid & Hazardous Waste Management Branch	William L. Meyer	r
	Rep. from Envir. Groups	Bill Holman	
	Citizens for Business & Industry	Edith Marsh	
	Gov. Waste Mgt. Board	Edgar Miller	
	Rep. from NRCD	to be named	
	H.W. Treatment Commission	to be named	
	N.C. Textile Manufacturing Association	to be named	
	N.C. Hospital Association	to be named	
1	Other concerned citizens or groups, not to exceed	10 members	
	the second se		



10 NCAC 10C .0701 through .0704 have been adopted as follows:

Section .0700 ANNUAL FEES FOR HANDLERS OF HAZARDOUS WASTE

.0701 APPLICABILITY AND FEE SCHEDULE

(a) Any person who handles hazardous waste for which an identification number is required under 10 NCAC 10F is subject to annual fees for each activity as follows:

Generators	\$ 600.00
Transporters	
Generators and Transporters	600.00
The the state of t	900.00
Treatment, Storage, and/or Disposal Facilities	1,200.00
reatment, Storage, and/or Disposal Facilities	1,200.00
that are also generators or transporters of	1,200.00
hazardous waste.	

(b) Small quantity generators, as defined in 10 NCAC 10F .0029, shall be exempt from these annual fee requirements.

History Note: Statutory Authority G. S. 130A-294(a)(7); Eff. January 1, 1986.

.0702 PAYMENT OF FEES

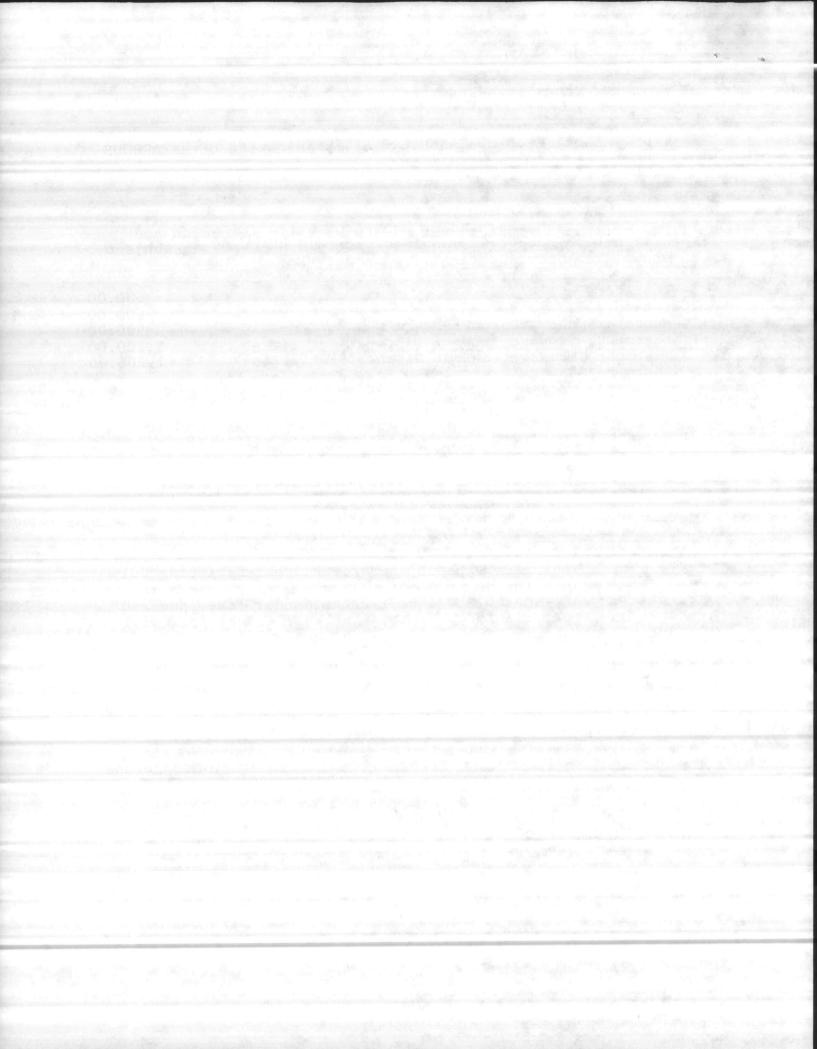
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be due and payable on July 1 of each fiscal year. (b) Any person notifying the Division of Health Services of hazardous waste handling or any person submitting a permit application for a treatment, storage or disposal facility, shall pay the appropriate annual fee within 30 days of notification or receipt, by the Division, of the permit application.

(c) Check shall be made payable to the Division of Health Services and mailed to the Solid and Hazardous Waste Management Branch, P.O. Box 2091, Raleigh, N. C., 27602-2091.

(d) All fees imposed by this section are nonrefundable.

History Note: Statutory Authority G.S. 130A-294(a)(7); Eff. January 1, 1986.



.0703 APPEALS

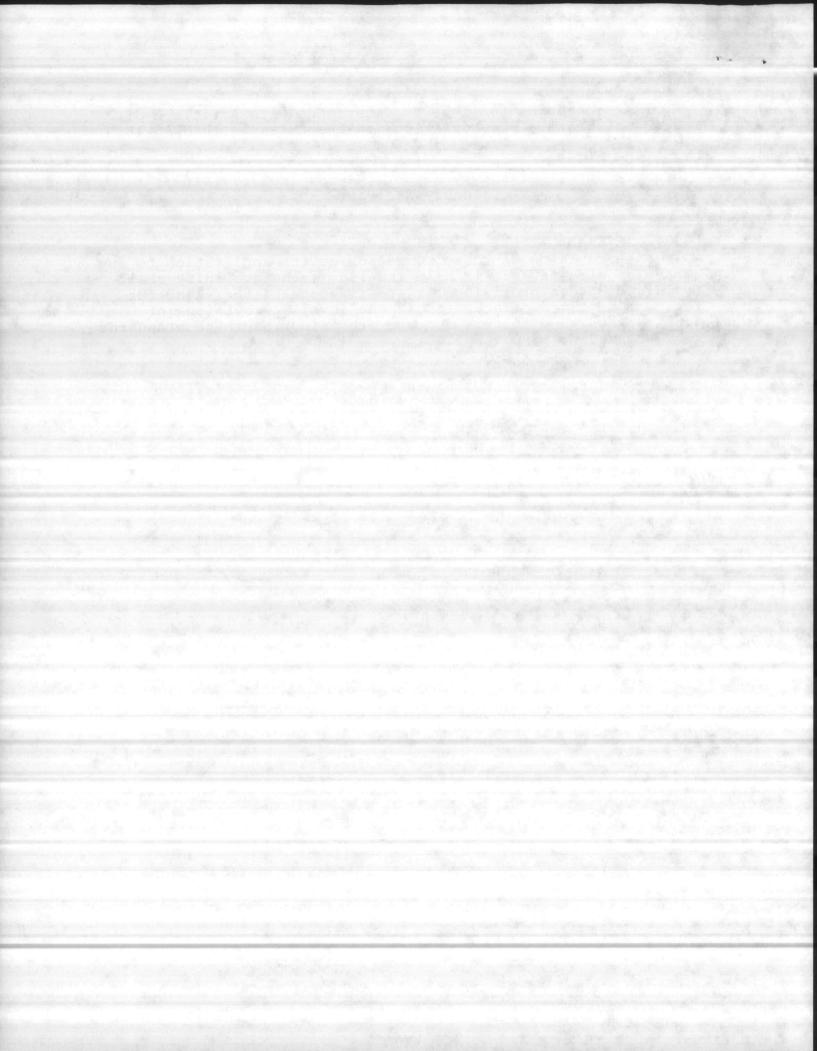
Appeal procedures shall be in accordance with Article 3 of the Administrative Procedure Act and the rules in 10 NCAC 1B.

History Note: Statutory Authority G.S. 130A-294(a)(7); Eff. January 1, 1986.

.0704 SEVERABILITY

If any provision of these standards or its application to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the standards that can be given effect without the invalid provisions or applications, and to this end the provisions of these standards are declared to be severable.

History Note: Statutory Authority G.S. 130A-294(a)(7) Eff. January 1, 1986.





James G. Martin, Governor Phillip J. Kirk, Jr., Secretary Ronald H. Levine, M.D., M.P.H. State Health Director

December 10, 1985

INVOICE

N.C. Treater, Storer, or Disposer and/or combined Hazardous Waste Facility.

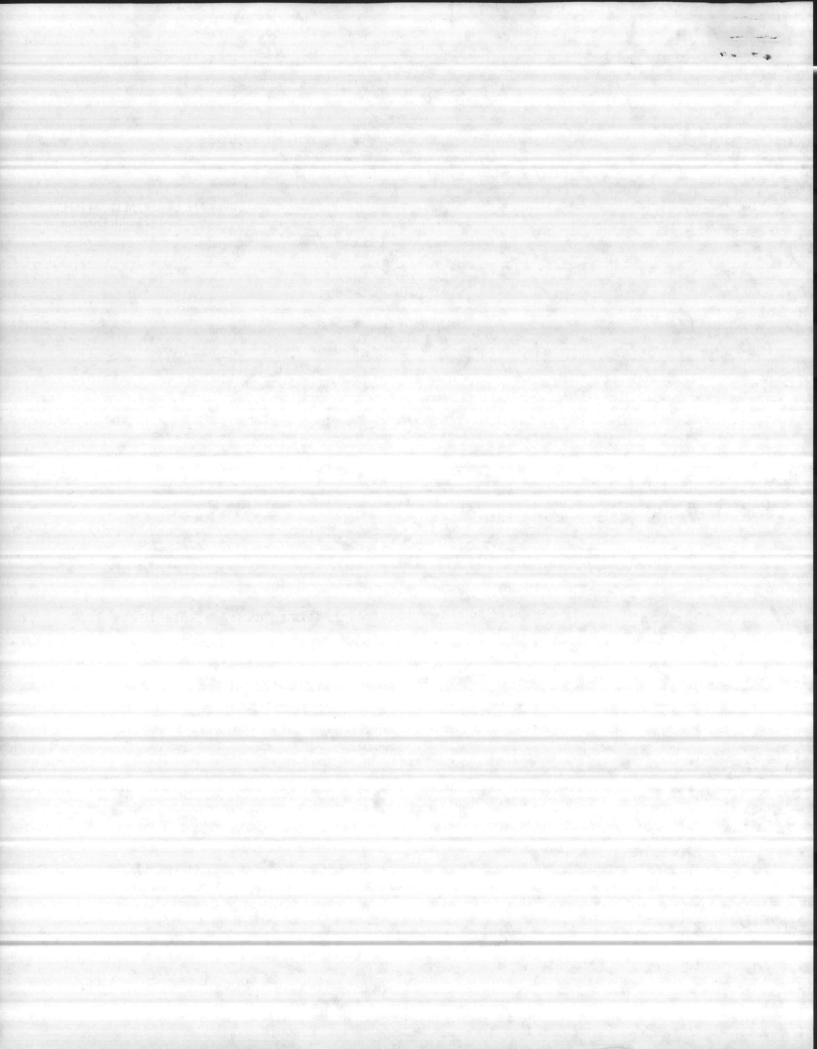
TO:

NC6170022580 Alexander. Bob Ecologist US Marine Corps Base Camp LeJeune Marine Corps Base Camp LeJeune NC 28542

Amount of Annual fees due $\frac{600}{000}$, as required by Administrative Rule 10 NCAC 10C .0701 through .0704 .

PLEASE MAKE CHECK PAYABLE TO: Division of Health Services

MAIL TO: William L. Meyer Solid & Hazardous Waste Management Branch P.O. Box 2091 Raleigh, NC 27602-2091





James G. Martin, Governor Phillip J. Kirk, Jr., Secretary

December 5, 1985

Ronald H. Levine, M.D., M.P.H. State Health Director

MEMORANDUM

TO: North Carolina Generators; Transporters; and Treaters, Storers or Disposers (TSD's) of Hazardous Waste.

FROM: William L. Meyer, Head William & Meyer Solid & Hazardous Waste Mangement Branch Environmental Health Section

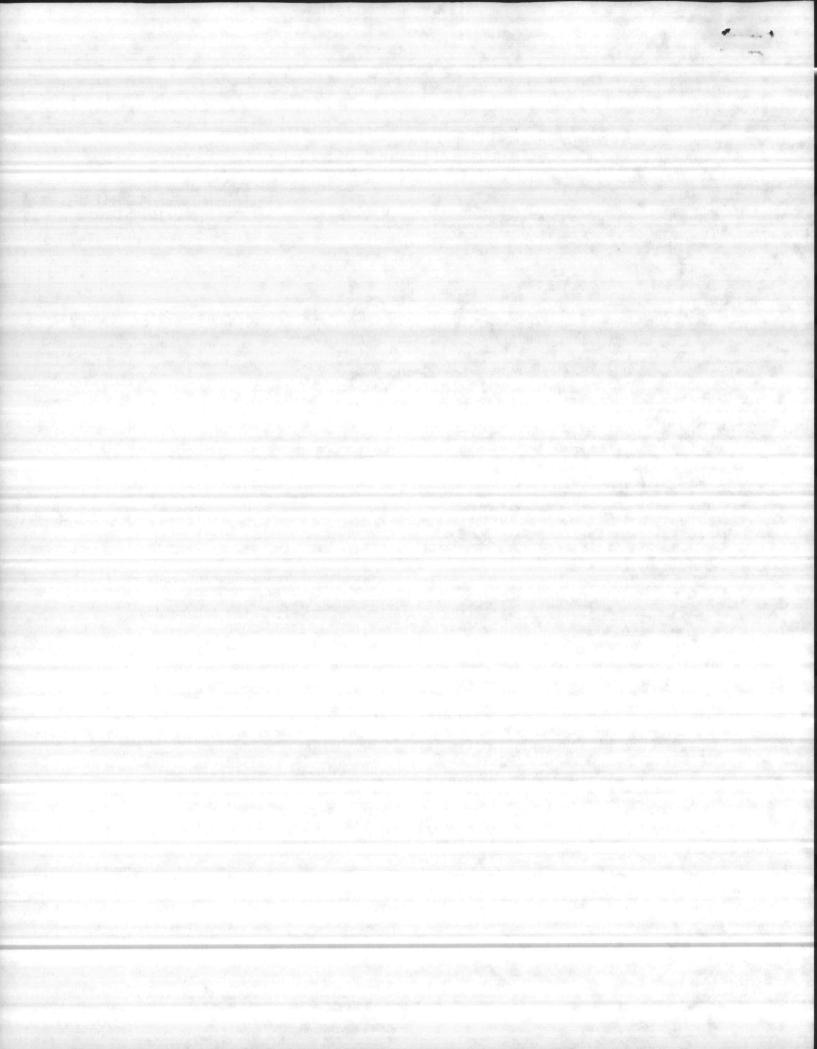
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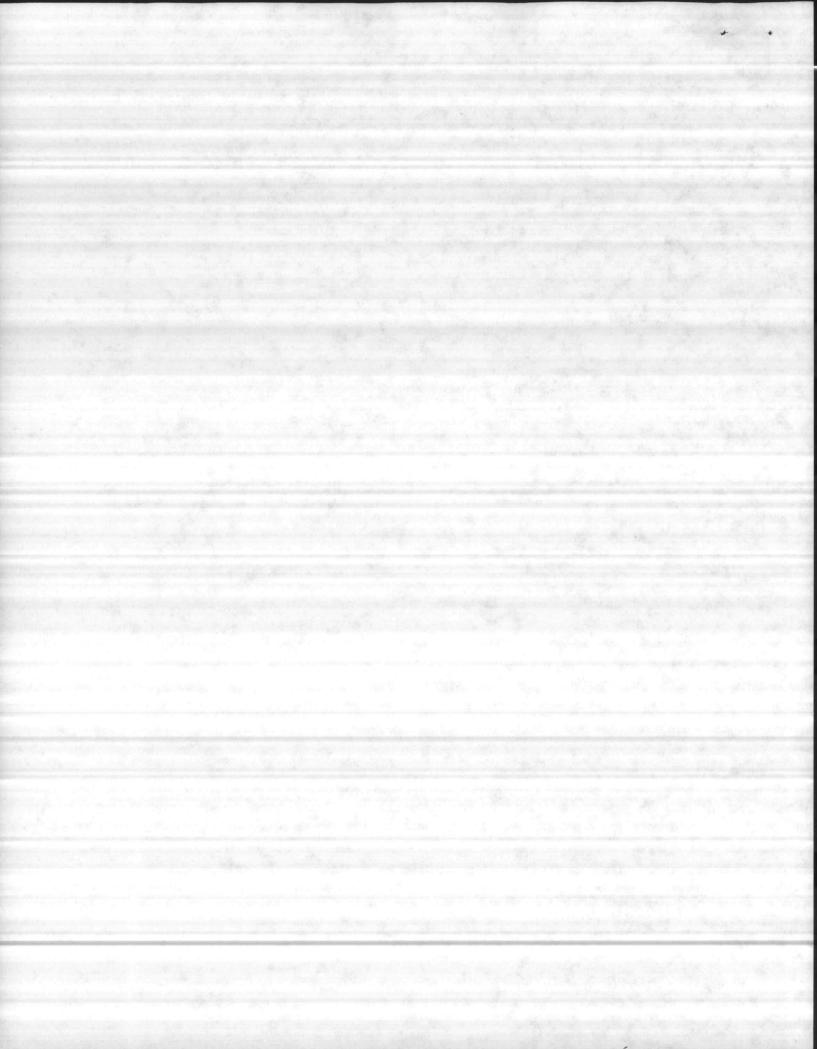
ENCL(1)



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(b) Small quantity generators, as defined in 10 NCAC 10F .0029, shall be exempt from these annual fee requirements.

History Note: Statutory Authority G. S. 130A-294(a)(7); Eff. January 1, 1986.

.0702 PAYMENT OF FEES

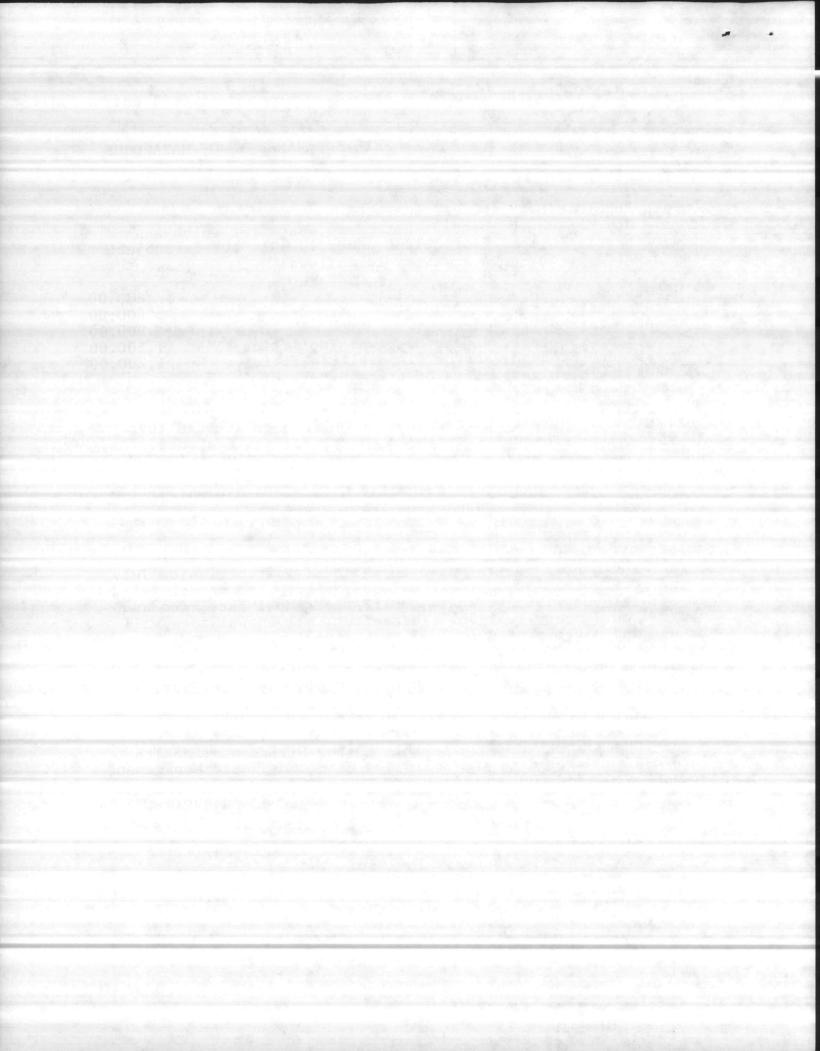
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History Note: Statutory Authority G.S. 130A-294(a)(7); Eff. January 1, 1986.



.0703 APPEALS

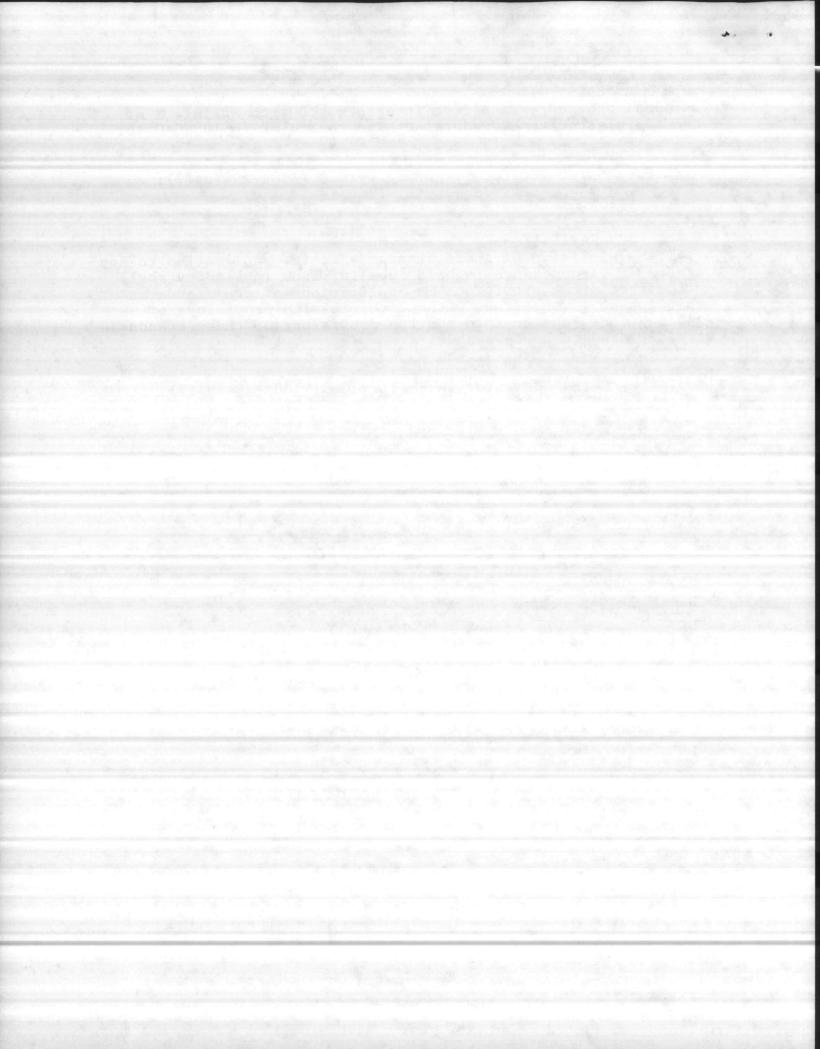
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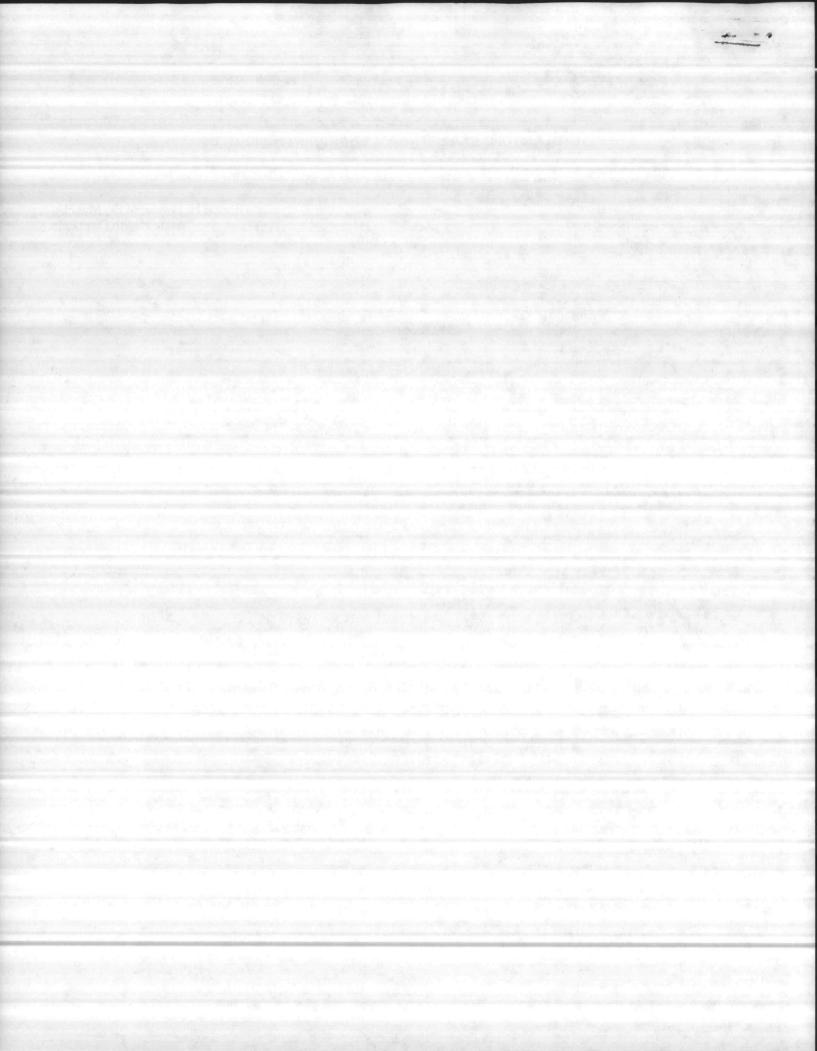
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Ronald H. Levine, M.D., M.P.H. State Health Director

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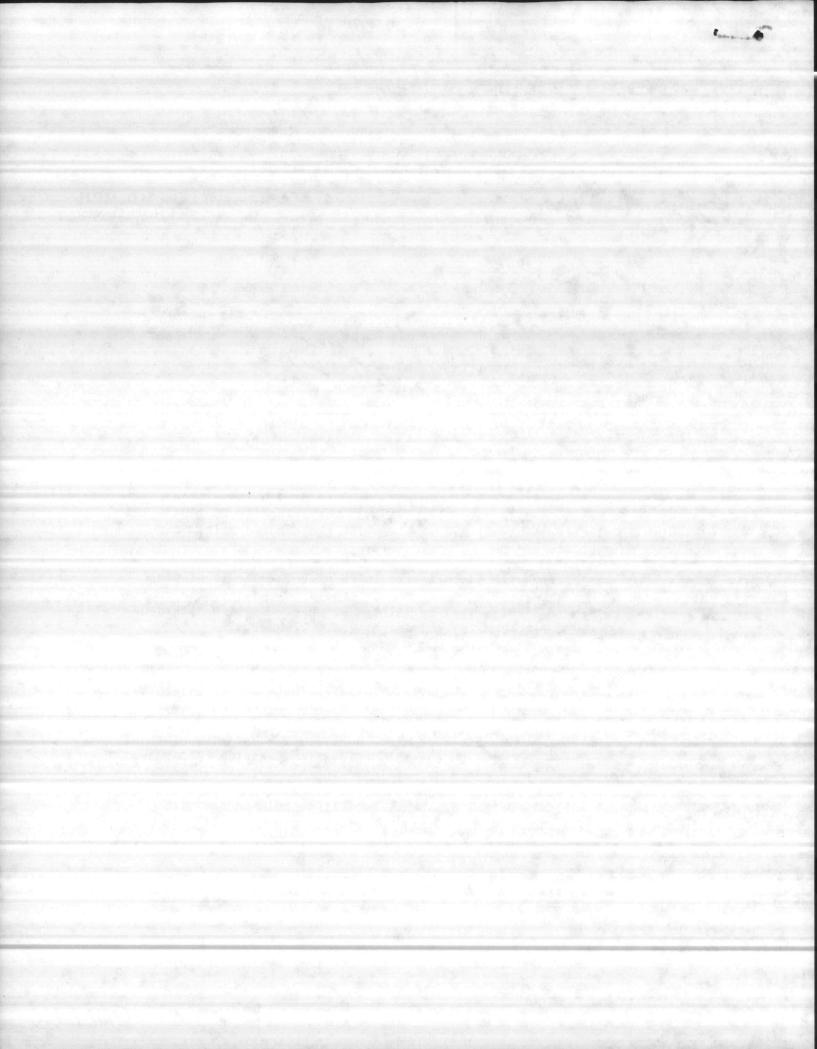
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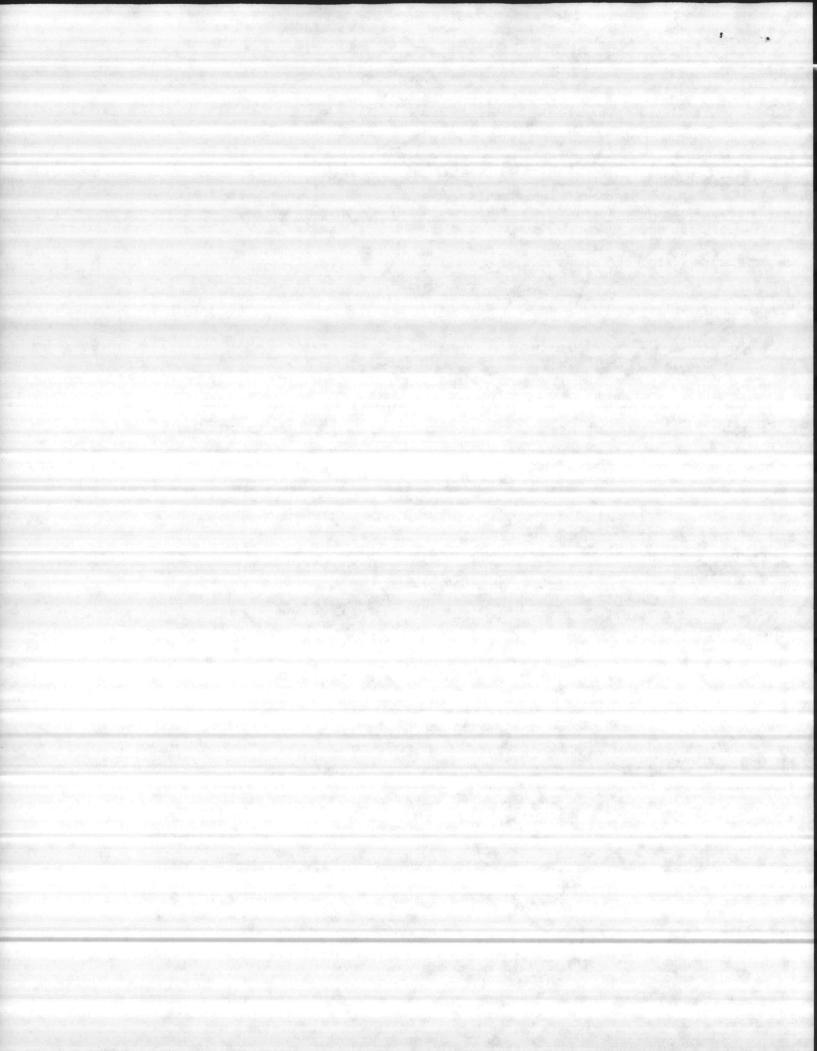


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.0702 PAYMENT OF FEES

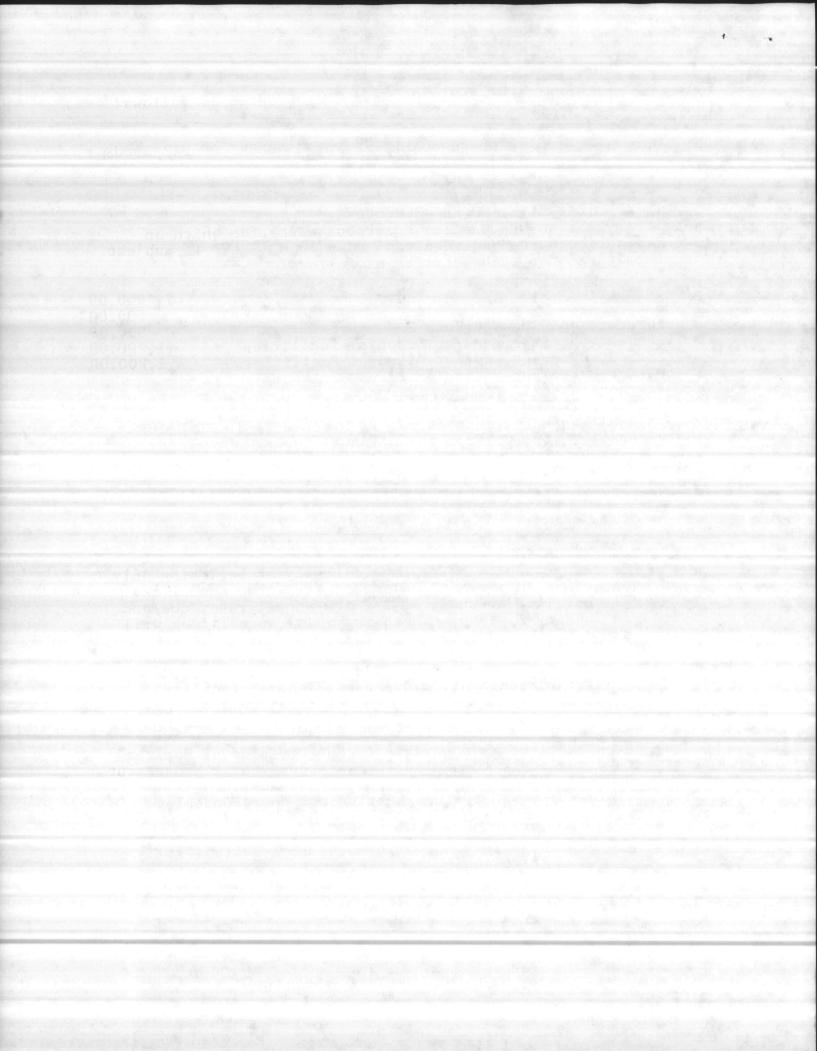
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History Note: Statutory Authority G.S. 130A-294(a)(7); Eff. January 1, 1986.



.0703 APPEALS

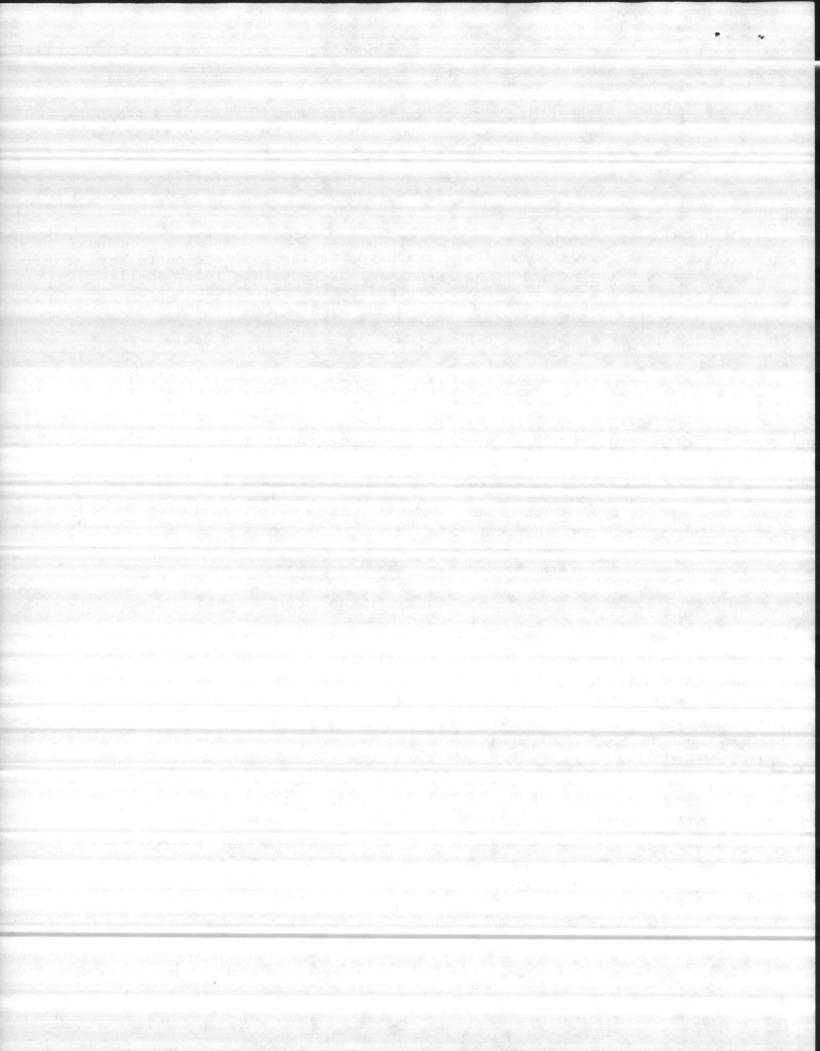
Appeal procedures shall be in accordance with Article 3 of the Administrative Procedure Act and the rules in 10 NCAC 1B.

History Note: Statutory Authority G.S. 130A-294(a)(7); Eff. January 1, 1986.

.0704 SEVERABILITY

If any provision of these standards or its application to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the standards that can be given effect without the invalid provisions or applications, and to this end the provisions of these standards are declared to be severable.

History Note: Statutory Authority G.S. 130A-294(a)(7) Eff. January 1, 1986.





James G. Martin, Governor Phillip J. Kirk, Jr., Secretary

Ronald H. Levine, M.D., M.P.H. State Health Director

December 10, 1985

INVOICE

N.C. Treater, Storer, or Disposer and/or combined Hazardous Waste Facility.

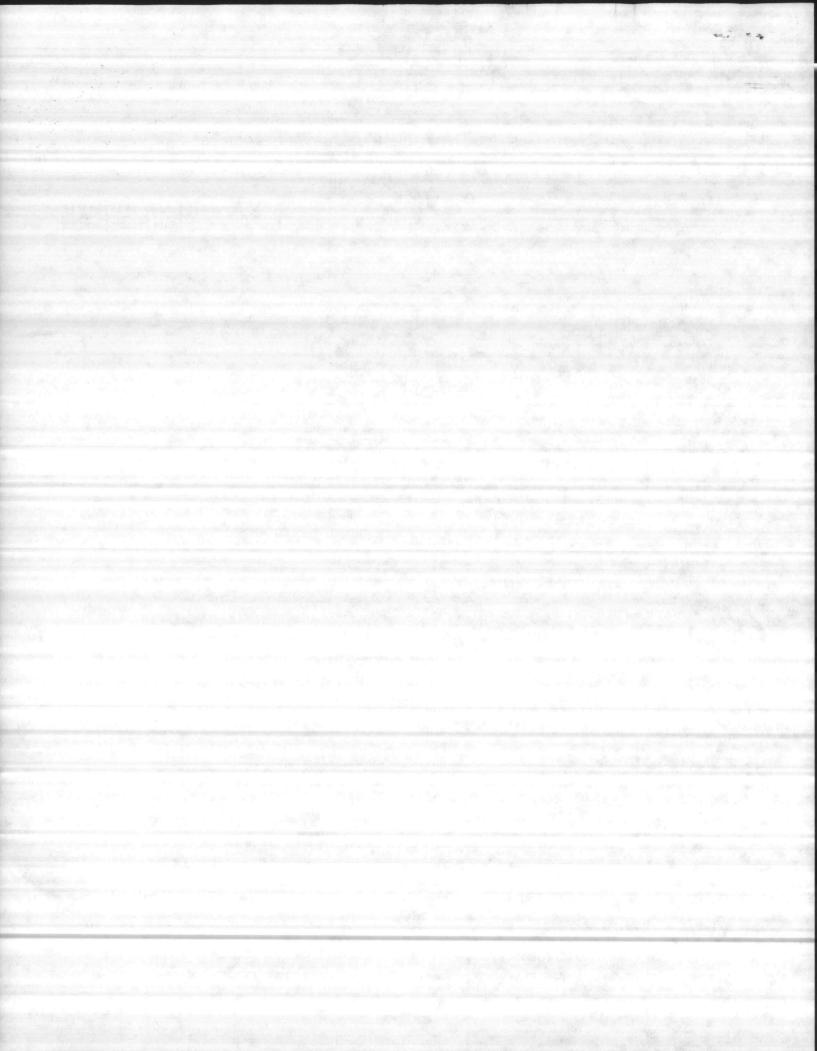
TO:

NC6170022580 Alexander, Bob Ecologist US Marine Corps Base Camp LeJeune Marine Corps Base Camp LeJeune NC 28542

Amount of Annual fees due $\frac{600}{0.000}$, as required by Administrative Rule 10 NCAC 10C .0701 through .0704 .

PLEASE MAKE CHECK PAYABLE TO: Division of Health Services

MAIL TO: William L. Meyer Solid & Hazardous Waste Management Branch P.O. Box 2091 Raleigh, NC 27602-2091



First MAN power Chop



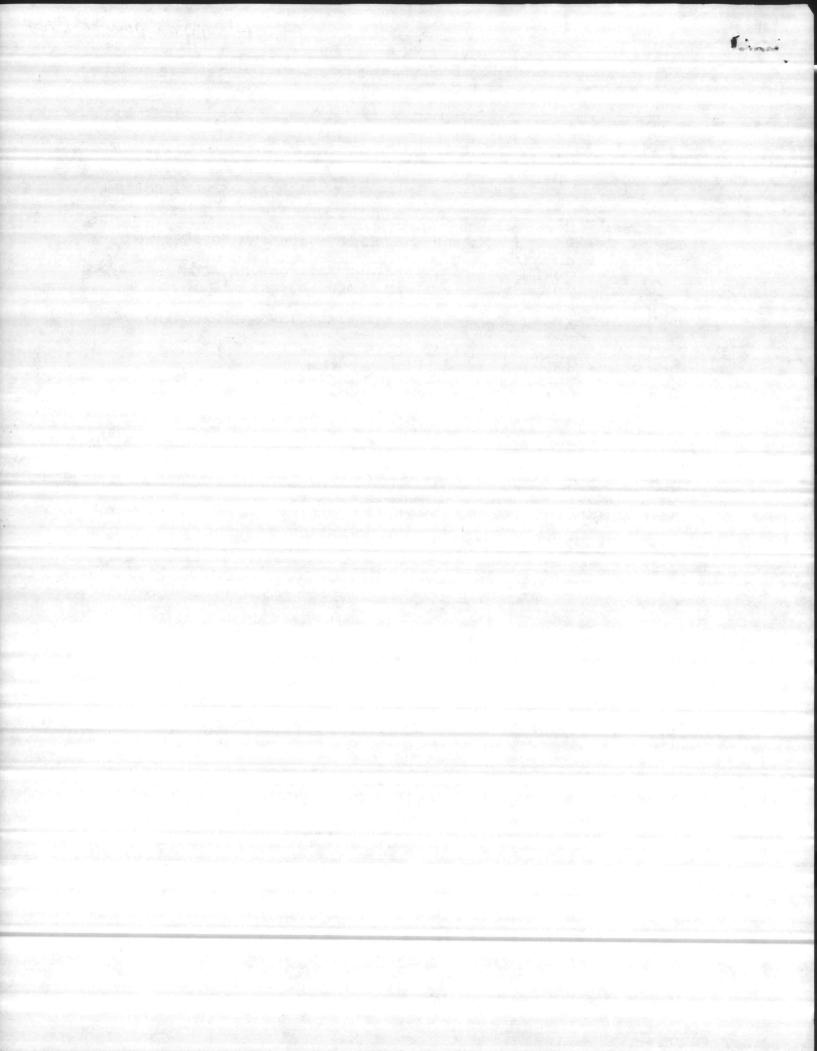
6240 MANP '2 Oct 86

MEMORANDUM

Prom:	Assistant Chief of Staff, Manpower, Marine Corps Base, Camp Lejeune
То:	Director, Natural Resources and Environment Affairs Division, Marine Corps Base, Camp Lejeune
Subj:	CHANGES TO BASE HAZARDOUS MATERIAL DISPOSAL PROGRAM
Ref:	(a) Your ltr 6240 NREAD of 15 Sep 86
Encl:	(1) CPO Memo of 30 Sep 86

1. The reference has been reviewed and the enclosure is submitted as comments/recommendations to the proposed Base Order 6240.5A.

D. W. COLLINS By direction



\$16/144A (Rev. 8-81) 107-LF-052-2320 DEPARTMENT OF THE NAVY

ible for coordinating and reviding

- and providing the actual training

a tasked to provide intopreticapi and

Memorandum

DATE: 30 Sep 86

FROM: Civilian Personnel Officer, Marine Corps Base, Camp Lejeune

10: Assistant Chief of Staff, Manpower, Marine Corps Base, Camp Lejeune

SUN: HAZARDOUS MATERIAL DISPOSAL PROGRAM

AC/S Manpower memo of 17 sep 86

1. The following comments/recommendations are submitted in accordance with the reference.

a. Fnclosure (2); a stra facilities to ACRE Handower.

-Paragraph 1.b.

(6) Delete: "and provide to the Base Civilian Personnel Division (CPD)".

add: (7) Coordinate required HW training for civil service personnel with Base Civilian Personnel Division (CPD).

Delpw 4.d.

Rationale: This segment of the instruction is too broad in its scope. It implies the CPD will be responsible for all HW training of military as well as civilian personnel. The CPD is not responsible for military training.

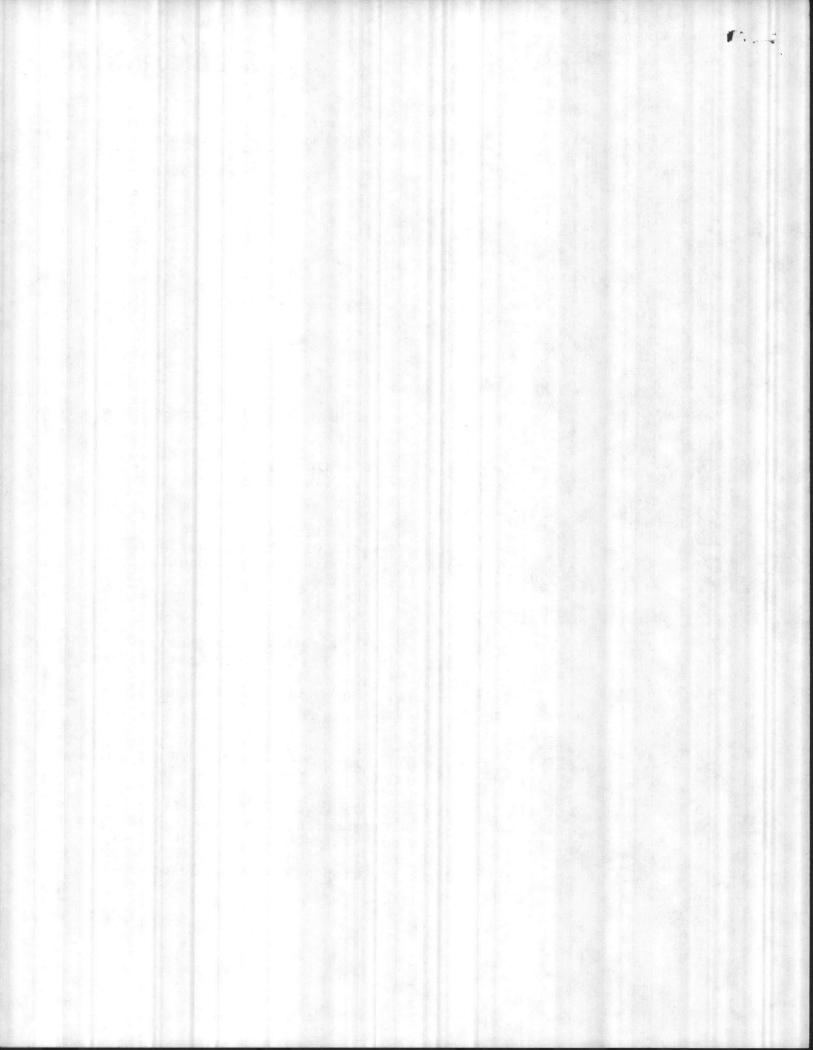
-Paragraph 1.d.

(4) add: (g) Submit a record of civilian personnel HW training incidences to CPD for inclusion in the official personnel folder.

Rationale: There is no provision for documenting civilian, training as required by BO 12410.3H.mg. This of the straining

Add: (5) Develop and implement a comprehensive HW personnel training plan meeting the requirements of reference (b) and related State of North Carolina regulations.

Rationale: The Director NREA Division is the position most cognizant of the entire HW Program; from the exact locations of HQ generators, through transport and storage, to the final disposal. Thus, the level of training required by each position and by the person filling that position can best be determined by the NREA.



-Paragraph l.i.

(1) Delete entire subparagraph and renumber subparagraph(2) as (1).

Rationale: Supervisors, military and civilian, are responsible for determining and making known the training needs for subordinates. The AC/S, Manpower is responsible for coordinating and providing funded civilian training.

b. Enclosure (3):

- Paragraph 4: change "Manpower" to "Facilities".

Rationale: This paragraph shifts the responsibility of providing HW training from AC/S Facilities to AC/S, Manpower. While AC/S, Manpower is tasked to provide informational and technical support in enclosure (2), 1.i.(2), it is felt the responsibility for identifying and providing the actual training lies with AC/S, Facilities.

Unnumbered paragraph below 4.d.

Change the last sentence of the paragraph to read: HMDC will coordinate the scheduling and funding of specialized HW training with the appropriate training support activity.

Rationale: The last sentence of the paragraph appears to task the AC/S, Manpower with the actual scheduling and funding of HW training.

-Paragraph 5:

Add: e. Copies of HW training records for civilian employees will be forwarded to the Civilian Personnel Division for inclusion in the official personnel folder. The record will contain the following information: Name, social security number, beginning and ending dates of training, title or type of training and number of hours of training.

Rationale: To provide for the documentation of civilian training incidences as required by BO 12410.3H.

HOSEA HORNE, JR.



BASE MAINTENANCE DIVISION MARINE CORPS BASE CAMP LEJEUNE, NORTH CAROLINA 28542

From: Supervisor, Finance and Property Management Section To: Cost Accounting

Subj: Job Order for Minor Work or Contract Authorization

1. The following Job Order has been established for accomplishment of minor work/contract authorization as indicated.

a.	Labor Class Code
b.	Service Work Authorization No.
c.	CAC P1 9290 12002
d.	Date Authorized 13 FJ- 1986
e.	Job Order No. Charges AM6-23- 2094-2392T
	Building Involved
g.	Description of Work annual few for Headler
•_	of Hazedaw Waste
h.	Work requested by Dharpe

A.

Copy to:

MCBCL 4701/1 (REV. 7-81)

