



**NORTH CAROLINA DEPARTMENT OF ENVIRONMENTAL QUALITY
DIVISION OF WASTE MANAGEMENT
HAZARDOUS WASTE SECTION**

North Carolina Hazardous Waste Transfer Facility Registration Form

Instructions	North Carolina Hazardous Waste Transfer Facilities are required to complete and submit this form. Please Refer to the Instructions for Completing Form (on page 2 of this form) before completing this form. Submit this form to the Hazardous Waste Section. In addition, maintain copies of this form on-site for at least three years.											
Requirement for Submittal	North Carolina General Statute 130A-295.05(a): The owner or operator of hazardous waste transfer facility in North Carolina shall register the facility with the Department and shall obtain a hazardous waste transfer facility identification number for the facility. <i>A Hazardous Waste Transfer Facility is a facility or location where a hazardous waste transporter stores hazardous waste for a period of more than 24 hours but less than 10 days.</i>											
1. Reason for Submittal	<input type="checkbox"/> Initial Registration <input type="checkbox"/> Subsequent Registration <input type="checkbox"/> Operation Ceased		Transfer Facility Registration Number N C T F									
			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>									
2. Transfer Facility Name	(Name of company and/or specific site name)											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> <tr> <td style="width: 100%;">Transfer Facility Name</td> </tr> </table>				Transfer Facility Name							
Transfer Facility Name												
3. Facility Location	(Physical Address, NOT P.O. Box or Route Number)											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;">Street</td> </tr> </table>			Street								
	Street											
			NC									
City	County	Zip Code										
4. Mailing Address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;">Street</td> </tr> </table>			Street								
	Street											
			NC									
City	State	Zip Code										
5. Contact Name Information												
	Last Name		First Name									
	Job Title		Tel. Number									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;">Email Address</td> </tr> </table>			Email Address								
	Email Address											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;">Street Address</td> </tr> </table>			Street Address								
Street Address												
City	State	Zip Code										
6. Legal Owner of the Site	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;">Name of Legal Owner</td> </tr> </table>			Name of Legal Owner								
	Name of Legal Owner											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;">Street Address</td> </tr> </table>			Street Address								
	Street Address											
			NC									
City	State	Zip Code										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;">Tel. Number</td> </tr> </table>			Tel. Number									
Tel. Number												

7. Operator Type	<input type="checkbox"/> Private <input type="checkbox"/> Indian	<input type="checkbox"/> District <input type="checkbox"/> Municipal	<input type="checkbox"/> County <input type="checkbox"/> State	<input type="checkbox"/> Federal <input type="checkbox"/> Other
8. Owner Type	<input type="checkbox"/> Private <input type="checkbox"/> Indian	<input type="checkbox"/> District <input type="checkbox"/> Municipal	<input type="checkbox"/> County <input type="checkbox"/> State	<input type="checkbox"/> Federal <input type="checkbox"/> Other
9. Certification	I certify that the information supplied is accurate and correct to the best of my knowledge and belief. 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 fines and imprisonment.			
10. Signature	Sign		Date	
	Print Name		Title of Official	

**INSTRUCTIONS FOR COMPLETING FORM
TYPE OR PRINT ALL ITEMS IN BLACK INK EXCEPT ITEM 10: "SIGNATURE."**

Item 1: Reason for Submittal

Place an "X" in the appropriate box to indicate whether this is an initial or a subsequent registration for this site. If you check "Initial Registration", the Transfer Facility Registration Number will be assigned to your facility.

Item 2: Transfer Facility Name

Provide the name of the transfer facility.

Item 3, 4 & 5: Facility Location and Contact

Please note that the address given for Item 3: "Facility Location" must be a physical address, not a post office box or route number. If the county name is unknown contact the local Post Office. Enter the name, title, business telephone number and email address of the person who should be contacted regarding information submitted on this form.

Item 6: Legal Owner of the Site

Enter the name of the legal owner(s) of the Transfer Facility, including the property owner. Also enter the address and phone number where the owner may be reached. Use an additional sheet if necessary, to list more than one owner.

Items 7 & 8: Operator

Using the codes listed below, place "X" in the appropriate position to indicate the code which best describes the current legal status of the land on which the facility is located.

- Private = (Privately owned)
- Indian = (Recognized Indian Lands)
- District = (Legislative District)
- Municipal = (Owned by City Government)
- County = (Owned by County Government)
- State = (Owned by State Government)
- Federal = (Owned by Federal Government)

Items 9 & 10: Certification and Signature

This certification must be signed by the owner, operator or an authorized representative of the Transfer Facility. An "authorized representative" is a person responsible for the overall operation of the facility (i.e., a plant manager or superintendent, or a person of equal responsibility). All applications must include this certification to be complete.

Where should I send my completed form?

Mail your completed form to:

North Carolina Department of Environmental Quality
Division of Waste Management
Hazardous Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646

If you have any questions, contact:

Kelly Galantis
Kelly.Galantis@ncdenr.gov
(919) 707-8205

Mark Burnette (Supervisor)
Mark.Burnette@ncdenr.gov
(980) 269-8251