

File Room Document Transmittal Sheet

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Your Name: MEL DEAVER
EPA ID: NCR000009878
Facility Name: JELD-WEN
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 1/11/2016
Author of Doc: CHAD THIEL

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
3	11	16

NCR000009878

Scanner's Initials:

STH



Waste Management
ENVIRONMENTAL QUALITY

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DONALD R. VAN DER VAART

Secretary

LINDA CULPEPPER

Director

January 28, 2016

AARON BRITE
JELD-WEN
647 HARGRAVE RD SUITE D
LEXINGTON, NC 27292

RE: EPA ID # NCR000009878 - JELD-WEN

Dear Facility Contact:

The North Carolina Hazardous Waste Section has received Subsequent Notification from your facility. Our office has accepted and processed the changes. Attached is a RCRA Site Detail Report for your review to ensure that the information is accurate.

If you have any questions or need assistance, please feel free to contact Melodi Deaver at (919)-707-8204.

Sincerely,

Julie Woosley, Chief
Hazardous Waste Section

cc: Central Files (General)

IBEAM - RCRA Site Detail

Report run on: January 28, 2016

NCR000009878 JELD-WEN

County: DAVIDSON Site Type: S Site Number: 10 Receive Date: 19 Jan 2016

Location 647 HARGRAVE RD STE C Address: LEXINGTON, NC 27292	Mailing 647 HARGRAVE RD SUITE C Address: LEXINGTON, NC 27292
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Contact Person AARON BRITE For Source Information (336) 956-1105X27	647 HARGRAVE RD SUITE D LEXINGTON, NC 27292 US
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Owner (current) JELD-WEN INC	3250 LAKEPORT BLVD KLAMATH FALLS, OR 97601	Type: P
From: 05/24/1996	To:	Phone: (514) 883-3373

Operator (current) JELD-WEN INC	3250 LAKEPORT BLVD KMATH FALLS, OR 97601	Type: P
From: 05/24/1996	To:	Phone: (541) 883-3373

Land Type: P	Non Notifier : E	Commercial Availability:	Tsd Date:
Accessibility:	No. Employees : 0	State District:	

Hazardous Waste Generator Status - Federal: Small Quantity Generator; State: Small Quantity Generator

Transfer Facility: No	Used Oil Activities		
Other Hazardous Waste Generator Activities	Used Oil Transport Activity	Off-Specification Used Oil Burner:	No
Importer Activity: No	Transporter: No	Used Oil Fuel Marketer Activity	
Mixed Waste Generator: No	Transfer Facility: No	Marketer who direct shipment off-specification used oil to off-specification used oil burner:	No
Transporter Activity: No	Used Oil Processor and/or Re-refiner Activity	Marketer who first claims the used oil meets the specifications:	No
TSD Activity: No	Processor: No		
Recycler Activity: No	Refiner: No		
Exempt Boiler and/or Industrial Furnace	Underground Injection Control:	Destination Facility for Universal Waste:	No
Small Quantity Onsite Burner Exemption: No			
Smelting, melting, Refining Furnace Exemption: No			

Site Contact Information

First Name : CHAD	Title	PLT MGR
Last Name : THIEL	Date Signed	01/11/2016

APCS Code

321911

Comments

UPDATED 8700-12 DATED 1/11/2016 SITE NAME, SITE CONTACT PERSON INFOR, LEGAL OWNER/OPEARATOR. MD 1/27/2016



SEND COMPLETED FORM TO:
The Appropriate State or Regional Office.

United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

1. Reason for Submittal

MARK ALL BOX(ES) THAT APPLY

Reason for Submittal:

To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)

To provide a Subsequent Notification (to update site identification information for this location)

As a component of a First RCRA Hazardous Waste Part A Permit Application

As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)

As a component of the Hazardous Waste Report (If marked, see sub-bullet below)

Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

2. Site EPA ID Number

EPA ID Number

N	C	R	0	0	0	0	0	9	8	7	8
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3. Site Name Name: JELD-WEN

4. Site Location Information

Street Address: 647 Hargrave Rd Suite C

City, Town, or Village: Lexington County: Davidson

State: North Carolina Country: USA Zip Code: 27292

5. Site Land Type Private County District Federal Tribal Municipal State Other

6. NAICS Code(s) for the Site (at least 5-digit codes)

A.

3	2	1	9	1	1
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 C.

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B.

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 D.

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7. Site Mailing Address

Street or P.O. Box: 647 Hargrave Rd Suite C

City, Town, or Village: Lexington

State: NC Country: USA Zip Code: 27292

8. Site Contact Person

First Name: Aaron MI: Last: Brite

Title: Regional Environmental Manager

Street or P.O. Box: 647 Hargrave Rd Suite D

City, Town or Village: Lexington

State: NC Country: USA Zip Code: 27292

Email: ABrite@JELDWEN.com

Phone: 336-956-1105 Ext.: 27 Fax:

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: JELD-WEN Inc Date Became Owner: 5/24/1996

Owner Type: Private County District Federal Tribal Municipal State Other

Street or P.O. Box: 3250 Lakeport Blvd

City, Town, or Village: Klamath Falls Phone: 5418833373

State: OR Country: USA Zip Code: 97601

B. Name of Site's Operator: JELD-WEN Inc Date Became Operator: 5/24/1996

Operator Type: Private County District Federal Tribal Municipal State Other

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y N 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- a. College or University
- b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y N 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	F003					

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.



January 12, 2016

**NC Division of Waste Management
Hazardous Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646**

RE: JELD-WEN Interior and Exterior Doors
JELD-WEN, inc. d.b.a., JELD-WEN
Lexington, North Carolina

To whom it may concern:

Please find enclosed an EPA Form 8700-12, subsequent notification for the JELD-WEN facility located in Lexington, NC under EPA ID # NCR000009878.

The facility information is updated as to the responsible official, waste generator status and waste streams.

If you have questions regarding this report, please contact me at (336) 956-1105 ext. 27.

Sincerely,

A handwritten signature in cursive that reads 'Aaron Brite'.

Aaron Brite
Regional Environmental Manager

Enclosure(s): EPA Form 8700-12

10. Type of Regulated Waste Activity (at your site)
 Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

- Y N **1. Generator of Hazardous Waste**
 If "Yes," mark only one of the following – a, b, or c.
- a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.
- b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.
- c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.
- If "Yes" above, indicate other generator activities in 2-10.

- Y N **2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.
- Y N **3. United States Importer of Hazardous Waste**
- Y N **4. Mixed Waste (hazardous and radioactive) Generator**

- Y N **5. Transporter of Hazardous Waste**
 If "Yes," mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y N **6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.
- Y N **7. Recycler of Hazardous Waste**
- Y N **8. Exempt Boiler and/or Industrial Furnace**
 If "Yes," mark all that apply.
- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption
- Y N **9. Underground Injection Control**
- Y N **10. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.

- Y N **1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.
- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other (specify) _____
- f. Other (specify) _____
- g. Other (specify) _____

- Y N **2. Destination Facility for Universal Waste**
 Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

- Y N **1. Used Oil Transporter**
 If "Yes," mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y N **2. Used Oil Processor and/or Re-refiner**
 If "Yes," mark all that apply.
- a. Processor
- b. Re-refiner
- Y N **3. Off-Specification Used Oil Burner**
- Y N **4. Used Oil Fuel Marketer**
 If "Yes," mark all that apply.
- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- b. Marketer Who First Claims the Used Oil Meets the Specifications

12. Notification of Hazardous Secondary Material (HSM) Activity

Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

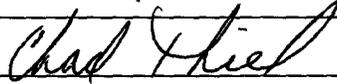
If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Facility was operating as CESQG under EPA ID NCD982127979. Recent process changes necessitate returning to SQG status. Submittal also updates site contact information.

Waste stream common names: Naphtha silicone flush, NMP & IPA mixture, Aerosol Purge Residue

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Chad Thiel, Plant Manager	01/11/2016