

Hazardous Waste Section  
File Room Document Transmittal Sheet

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Your Name: MEL DEAVER  
EPA ID: NCR000163568  
Facility Name: MASTERBRAND CABINETS-LEXINGTON OPERATION  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 9/30/2015  
Author of Doc: MICHAEL T GOEPFRICH

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Date Recieved by File Room:

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NCR000163568

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**Waste Management**  
ENVIRONMENTAL QUALITY

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*Secretary*

LINDA CULPEPPER

*Director*

February 01, 2016

ED WILLIAMS  
MASTERBRAND CABINETS-LEXINGTON OPERATION  
632 DIXON ST  
LEXINGTON, NC 27292

**RE: EPA ID # NCR000163568 - MASTERBRAND CABINETS-LEXINGTON OPERATION**

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: February 01, 2016

**NCR000163568 MASTERBRAND CABINETS-LEXINGTON OPERATION**

<b>Location</b> 632 DIXON ST <b>Address:</b> LEXINGTON, NC 27292		<b>Mailing</b> 632 DIXON ST <b>Address:</b> LEXINGTON, NC 27292	
<b>Contact Person</b>	ED WILLIAMS	632 DIXON ST	
<b>For Source Information</b>	(336) 300-7407	LEXINGTON, NC 27292 US	
<b>Owner (current)</b>	VALENDRAWERS	555 DIXON ST LEXINGTON, NC 27293	
			Type: P
<b>From:</b>	01/01/1601	<b>To:</b>	Phone: (336) 956-2118
<b>Operator (current)</b>	MASTERBRAND CABINETS LEXINGTON OPER	632 DIXON ST LEXINGTON, NC 27292	
			Type: P
<b>From:</b>	03/06/2015	<b>To:</b>	Phone:
<b>Land Type:</b>	P	<b>Non Notifier :</b>	E
<b>Commercial Availability:</b>		<b>Tsd Date:</b>	
<b>Accessibility:</b>		<b>No. Employees :</b>	
		<b>State District:</b>	

Hazardous Waste Generator Status - Federal: Conditionally Exempt SQG; State: Conditionally Exempt SQG

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

<b>First Name :</b>	MICHAEL	<b>Title</b>	GEN MGR
<b>Last Name :</b>	GOEPFRICH	<b>Date Signed</b>	09/30/2015

337110

UPDATED 8700-12 DATED 9/30/2015 SITE NAME SITE MAILING ADDRESS, SITE CONTACT PERSON INFOR. MD 11/13/2015

RECEIVED  
OCT 2015  
Hazardous  
Waste Section



**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, >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

**3. Site Name**

Name: MasterBrand Cabinets - Lexington Operations

**4. Site Location Information**

Street Address: 632 Dixon Street

City, Town, or Village: Lexington County: Davidson

State: NC Country: USA Zip Code: 27293

**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.  C.

B.  D.

**7. Site Mailing Address**

Street or P.O. Box: 632 Dixon Street

City, Town, or Village: Lexington

State: NC Country: USA Zip Code: 27293

**8. Site Contact Person**

First Name: Ed MI: Last: Williams

Title: Environmental, Health & Safety Specialist

Street or P.O. Box: 632 Dixon Street

City, Town or Village: Lexington

State: NC Country: USA Zip Code: 27293

Email: jewilliams@masterbrand.com

Phone: 3363007407 Ext.: 961017 Fax:

**9. Legal Owner and Operator of the Site**

A. Name of Site's Legal Owner: Valendrawers Date Became Owner:

Owner Type:  Private  County  District  Federal  Tribal  Municipal  State  Other

Street or P.O. Box: 555 Dixon Street

City, Town, or Village: Lexington Phone: 336956

State: NC Country: USA Zip Code: 27293

B. Name of Site's Operator: MasterBrand Cabinets - Lexington Operations Date Became Operator: 3/6/

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	D035	F001	F005			

**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.


**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**

MasterBrand Cabinets, Inc. acquired PMB Industries from Valendrawers on 3/6/15. Valendrawers continues to own to the property and buildings and MasterBrand will relocate their business activites to another local site by early 2016.

**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)
<i>Michael Goepfrich</i>	Michael T Goepfrich, General Manager	04/30/2015