

File Room Document Transmittal Sheet

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Your Name: MEL DEAVER  
EPA ID: NCR000150359  
Facility Name: ADVANCED MOTORSPORTS COATINGS INC  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 9/25/2014  
Author of Doc: EDDIE LEONARD

**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
3	17	16

NCR000150359

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SH

# IBEAM - RCRA Site Detail

Report run on: October 3, 2014

**NCR000150359      ADVANCED MOTORSPORTS COATINGS INC**

**County: DAVIDSON      Source Type: S      Seq. Number: 11      Receive Date: 02-Oct-2014**

<b>Location</b> 17 HIGH TECH BLVD <b>Address:</b> THOMASVILLE, NC 27360	<b>Mailing</b> 17 HIGH TECH BLVD <b>Address:</b> THOMASVILLE, NC 27360
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<b>Contact Person</b> EDDIE LEONARD For Source Information (336) 472-5518	17 HIGH TECH BLVD THOMASVILLE, NC 27360 US
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<b>Owner (current)</b> CV PRODUCTS LLC	42 HIGH TECH BLVD THOMASVILLE, NC 27360	Type: P
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From: 01/01/2005	To:	Phone: (336) 472-2242
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<b>Operator (current)</b> CLYDE VICKERS	17 HIGH TECH BLVD THOMASVILLE, NC 27360	Type: P
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From: 01/01/1988	To:	Phone:
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Land Type: P	Non Notifier : E	Commercial Availability:	Tsd Date:
Accessibility:	No. Employees :	State District:	

## Regulated Waste Activities

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

Transfer Facility:	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	Destination Facility for Universal Waste:	No
Exempt Boiler and/or Industrial Furnace	Underground Injection Control: No		
Small Quantity Onsite Burner Exemption: No			
Smelting, melting, Refining Furnace Exemption: No			

## Certification Information

First Name : EDDIE	Title	OPER MGR
Last Name : LEONARD	Date Signed	09/25/2014

## NAICS Codes

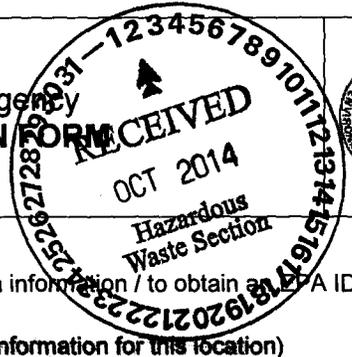
332813

## Comments

UPDATED 8700-12 DATED 9/25/2014 SITE MAILING ADDRESS, SITE CONTACT PERSON INFOR, LEGAL OWNER/OPERATOR INFOR. REVISED WASTE CODES. UPGRADING FROM SQG TO LQG. MD 10/2/2014

Ent 10/2/14

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>	
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an A ID number for this location) <input checked="" type="checkbox"/> <b>To provide a Subsequent Notification (to update site identification information for this location)</b> <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)  <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ 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)	
<b>2. Site EPA ID Number</b>	<b>EPA ID Number</b> N   C   R   0   0   0   1   5   0   3   5   9	
<b>3. Site Name</b>	<b>Name:</b> Advanced Motorsports Coating	
<b>4. Site Location Information</b>	<b>Street Address:</b> 17 High Tech Boulevard <b>City, Town, or Village:</b> Thomasville <b>County:</b> Davidson <b>State:</b> North Carolina <b>Country:</b> United States <b>Zip Code:</b> 27360	
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	<b>A.</b> 3   3   2   8   1   3 <input checked="" type="checkbox"/> <b>B.</b> _____ <b>C.</b> _____ <b>D.</b> _____	
<b>7. Site Mailing Address</b>	<input checked="" type="checkbox"/> <b>Street or P.O. Box:</b> 17 High Tech Boulevard <b>City, Town, or Village:</b> Thomasville <b>State:</b> North Carolina <b>Country:</b> Davidson <b>Zip Code:</b> 27360	
<b>8. Site Contact Person</b>	<b>First Name:</b> Eddie <b>MI:</b> E <b>Last:</b> Leonard <b>Title:</b> Operations Manager <input checked="" type="checkbox"/> <b>Street or P.O. Box:</b> 17 High Tech Boulevard <b>City, Town or Village:</b> Thomasville <b>State:</b> North Carolina <b>Country:</b> Davidson <b>Zip Code:</b> 27360 <b>Email:</b> eleonard@cvproducts.com <b>Phone:</b> 336-472-5518 <b>Ext.:</b> <b>Fax:</b> 336-472-5528	
<b>9. Legal Owner and Operator of the Site</b>	<b>A. Name of Site's Legal Owner:</b> CV Products LLC. <b>Date Became 2005 Owner:</b> <b>Owner Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other <b>Street or P.O. Box:</b> 42 High Tech Boulevard <b>City, Town, or Village:</b> Thomasville <b>Phone:</b> 336-472-2242 <b>State:</b> North Carolina <b>Country:</b> Davidson <b>Zip Code:</b> 27360 <b>B. Name of Site's Operator:</b> Clyde Vickers <b>Date Became 1988 Operator:</b> <b>Operator Type:</b> <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	



**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 1-7.**

- |  |   |
|--|---|
| <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>1. Generator of Hazardous Waste</b><br/>                 If "Yes", mark only one of the following – a, b, or c.</p> <p><input checked="" type="checkbox"/> a. LQG: <sup>LD</sup> 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.</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste. <sup>1700</sup></p> <p>If "Yes" above, indicate other generator activities.</p> <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> d. 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.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> e. United States Importer of Hazardous Waste</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> f. Mixed Waste (hazardous and radioactive) Generator</p> | <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>2. Transporter of Hazardous Waste</b><br/>                 If "Yes", mark all that apply.</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility (at your site)</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>3. Treater, Storer, or Disposer of Hazardous Waste</b> Note: A hazardous waste permit is required for these activities.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>4. Recycler of Hazardous Waste</b></p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>5. Exempt Boiler and/or Industrial Furnace</b><br/>                 If "Yes", mark all that apply.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>6. Underground Injection Control</b></p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>7. Receives Hazardous Waste from Off-site</b></p> |
|--|---|

**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                    | <input type="checkbox"/> |
| b. Pesticides                   | <input type="checkbox"/> |
| c. Mercury containing equipment | <input type="checkbox"/> |
| d. Lamps                        | <input type="checkbox"/> |
| e. Other (specify) _____        | <input type="checkbox"/> |
| f. Other (specify) _____        | <input type="checkbox"/> |
| g. Other (specify) _____        | <input type="checkbox"/> |
- 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

**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 must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

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
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.

D002						
D007						
F019						

**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.


**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**

**On July 18 2014 we had a fire at the facility that caused the accumulation of waste at the site. We intentions or reusing what we could, but the local Fire Marshal required that the material be disposed of. Would not let us treat on site through our waste treatment system. This waste caused our facility to exceed the SQG amounts for September 2014. We were sent the 8700 Form to re-notify as a LQG for September 2014. The waste shipment of 15 totes will be scheduled for pick-up and disposal in the month of September. We will after the clean-up of the waste and disposal, remain a CESQG in the future. So the LQC will only be for the month of September 2014.**

**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	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
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<b>authorized representative</b>		
	Eddie Leonard / Operations Manager	09-25-14