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

Circle one:
G, I, P, GW, C

FILE DOCKET

DATE	ITEM
1 3-2-87	Inspection report - CEI
2 3-23-87	Record review inspection
3 10-20-88	Inspection report (dated 8-31-88)
4 8.10.92	CEI type inspection report

G- General, I- Inspections
P- Permits, GW- Ground Water
C- Closure

DHS 3348 (6/85)
Solid and Hazardous Waste Management Branch (Review 6/90)

DEAnge

(4)

Region IV CM&E Form - Side A

EPA ID: NCN003215456

Submitted by: ____ Date: ____

Entered by: ____ Date: ____

Facility Name: Stroupe Mirror Company City: ____

EVALUATION DATA: New: ✓ Change: __ Delete: __ (—— : Required)

Agency: S Date: Mo. 08 / Day 10 / Year 92 Type: CEI

Control Number Data Entry Personnel 003

Person: 008 Reason: __

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applic. D: Del.)

Generators		Transporters		TSD's					
GER		TGR		DCH		DLB		DPB	
GGR	E	TMR		DCL		DLF		DPP	
GLB	E	TOR		DCP		DLT		DSI	
GSQ	E	TRR		DFR		DMC		DTR	
GMR	E	TWD		DGR		DMR		DTT	
GOR	E			DGD		DOR		DWP	
GPT	E			DIR		DPT			
GRR	E								
GSC									

Compliance Schedule (TSD, Gen., Trans.)

FEA __ CA __

Evaluation Comments:

(72) 1 : Unannounced Inspection

2 : ____

VIOLATION DATA: New: __ Change: __ Delete: __

#__ Agency: __ Type: ___ Date (mdy) Determined: __/__/__ Class: __

Priority: __ Branch: 01 Person: ___ Seq. Number (Data Entry) ____

Return to Compliance: -- Scheduled -- __/__/__ --- Actual ---- __/__/__

Reg. Type: __ Reg. Description (30): ____

Comment (72): ____

#__ Agency: __ Type: ___ Date (mdy) Determined: __/__/__ Class: __

Priority: __ Branch: __ Person: ___ Seq. Number (Data Entry) ____

Return to Compliance: -- Scheduled -- __/__/__ --- Actual ---- __/__/__

Reg. Type: __ Reg. Description (30): ____

Comment (72): ____

#__ Agency: __ Type: ___ Date (mdy) Determined: __/__/__ Class: __

Priority: __ Branch: __ Person: ___ Seq. Number (Data Entry) ____

Return to Compliance: -- Scheduled -- __/__/__ --- Actual ---- __/__/__

Reg. Type: __ Reg. Description (30): ____

Comment (72): ____

Continue violation data on Side B if necessary -

RCRA INSPECTION REPORT Unannounced Inspection

1) Facility Information
Stronge Mirror Company
103 East Holly Hill Road
Thomasville, N.C. 27360
NCD003215456

2) Facility Contact
Kelly Craver
475-2181

3) Survey Participants
Kelly Craver, Stronge Mirror Company
Steve Hilliard, N.C. D.E.H.N.R.

4) Date of Inspection
August 10, 1992

5) Purpose of Survey
Small Quantity generator inspection in accordance with 40 CFR Part 262.34(d) and applicable sections of Part 265 and Part 268

6) Facility Description
Stronge Mirror Company manufactures mirrors for the furniture industry. The hazardous wastes generated consist of dry paint solids from applicator clean-up and is shipped off-site to Southeastern Chemical (D001) in Sumter, S.C. for fuels blending and waste (SCD036 275626). Waste petroleum naptha (D001) is also generated from maintenance cleaning of parts. This waste is manifested to Safety-Klean in High Point, N.C. for recycling/recovery. There was one drum of

hazardous waste on site during the inspection.

Waste mirror cullet from the cutting, trimming and fabrication is being collected and transported to the Davidson County Landfill.

7) Waste Minimization

1) Reuse of dirty thinner as much as possible
2) Use of waste materials in a fuels blending program.

8) Site Deficiencies

None noted

9) Recommendations

None.

10) Signed

Steve Hobbs
Inspector\Reviewer

Kelly Craver
Facility Contact

August 10, 1992
Date

RDH

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
SOLID AND HAZARDOUS WASTE MANAGEMENT BRANCH
P.O. BOX 2091 RALEIGH, NORTH CAROLINA 27602-2091
306 N.WILMINGTON STREET

DOCKET #

(3)

INSPECTION AND EVALUATION REPORT

EPA ID:# NCD003215456 FACILITY NAME: Stroupe Mirror Co.

ADDRESS: 102 East Holly Hill Rd CITY: Thomasville

NEW: ✓ UPDATE: ____ DATE OF INITIAL EVALUATION: 8 31 88 STAFF ID: 21

RESPONSIBLE AGENCY: S S = STATE E = EPA X = OVERSITE O = OTHER

TYPE OF EVALUATION COVERED BY THIS REPORT: ENTER ONE 1

1= COMPLIANCE EVAL. INSP.(CEI)
2= SAMPLING INSPECTION
3= RECORD REVIEW
4= COMP.GWM EVAL.(CME)
5= COMPLIANCE SCHED. (FOLLOW UP)
6= CITIZEN COMPLAINT
7= PART B CALL-IN
8= WITHWRAWAL CAND.
9= CLOSED FACILITY
10= GENERAL
11= CASE DEVELOPMENT
12= O & M INSPECTION
80= INFORMAL MEETING

DATE OF EVALUATION COVERED BY THIS REPORT: ____

ENTERED SEP 28 1988 DATA PROCESSING

CLASS OF VIOLATION VIOLATIONS/RELEASES

CLASS	GWM/RLSE	C/CP	FIN	PT.B	CMPL.SCH	MANIFEST	OT	LAND BAN
I						0	0	
II							0	

ACCEPTABLE CODES

X S Z O R* B*	X S Z O	X S Z O I*B*	X S Z O	X S Z O C B	X S Z O	X S Z O	X S Z O

KEY X = VIOLATIONS O = NO VIOLATION Z = PENDING
B = VIOL. & SPECIALTY; S = SAME VIOL./SPEC.

SPECIALTIES I = NO insurance only; C = CA SCHED. VIOL.
R = 3008(h)-like release; * = CLASS I only

ENFORCEMENT ACTIONS:(AREA OF VIOL./RLSE.=GW, CP, FR, PB, CS, MA, OT, LB, or AA

CLASS	AREA OF VIOL.	TYPE CODE	DATE ACTION TAKEN	COMPLIANCE DATES SCHED.	ACTUAL	PENALTY ASSES.	COLL.	RESP AG.

CODES FOR TYPES OF ENFORCEMENT ACTIONS:

03 =WARNING LETTER/NOV
04 =ADMIN. COMPLAINT
05 =FINAL ADMIN. ORDER
10 =INFORMAL
11 = FILED CIVIL ACTION
12 = FILED CRIMIMAL ACTION
13 = CIVIL REFERRAL TO AG
90 = HEARING

COMMENTS; ____

North Carolina Department of Human Resources
Division of Health Services

COUNTY OF DAVIDSON EPA I.D.# NCD003215456

SMALL HAZARDOUS WASTE GENERATOR SURVEY

1. GENERAL INFORMATION:

Name of Facility: STROUPE MIRROR COMPANY

Facility Contact: ROBERT STROUPE Phone: (919) 475-2181

Facility Location: HOLLY HILL ROAD

Street: 102 EAST HOLLY HILL ROAD

City: THOMASVILLE NC Zip Code: 27360

2. NATURE OF BUSINESS: (Provide Brief Description)

MANUFACTURE GLASS MIRRORS FOR FURNITURE INDUSTRIES

3. NATURE OF HAZARDOUS WASTES: (Provide Brief Explanation)

WASTE N-BUTYL ACETATE (F003, D001) FROM THE RECOVERY OF SOLVENTS FROM PAINTS STILL BOTTOMS

4. DESCRIPTION OF HAZARDOUS WASTE:

A	B	C	D	E	F*	G*	H
Hazardous Waste #	Annual Quantity	Unit Meas.	Storage	Treat-ment	Transpor-tation	Disposal	Manifest Available (Yes or No)
D001, F003	55	G	S01	—	*		

*Provide name, address and I.D. # of transporter and disposal site in comments.

5. COMMENTS:

NO HAZARDOUS WASTE MANIFESTED SINCE 1986

* NO DISPOSAL COMPANY HAS BEEN SELECTED FOR DISPOSAL OF HAZARDOUS WASTE

6. DATE OF SURVEY: 8/31/88

By: Scott Readling Department: HAZARDOUS WASTE BRANCH

RECEIVED SEP 8 1988 HAZARDOUS WASTE BRANCH

(Instructions on Reverse)

DHS Form 3061 (3/82)
Solid & Hazardous Waste Management Branch

2

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES

SOLID AND HAZARDOUS WASTE MANAGEMENT BRANCH

P.O. BOX 2091 RALEIGH, NORTH CAROLINA 27602-2091

306 N. WILMINGTON ST.

INSPECTION REPORT

EPA ID.# : NCD003215456 FACILITY NAME : Stroupe Mirror Co.

ADDRESS: P.O. Box 728 CITY: Thomasville, NC 27361

DATE OF INITIAL INSPECTION: 3 23 87 STAFF ID #: Carol DOCKET #: 87-420

RESPONSIBLE AGENCY: S = STATE: E = EPA: X = OVERSIGHT:
B = STATE CONTRACTOR: E = EPA CONTRACTOR:

TYPE OF EVALUATION: 3

1=CEI
2=SAMPLING
3=RECORD REVIEW
4=CME
5=FOLLOW UP
6=CITIZEN COMPLAINT
7=PART B.
8=WITHDRAWAL CANDIDATE
9=CLOSED FACILITY
10=GENERAL (LOIS FOR EPA)
11=CASE DEVELOPMENT
12=CORRECTIVE ACTION
80=INFORMAL MEETIMG

ENTERED MAY 7 1987 DATA PROCESSING

DATE OF INSPECTION: 3 23 87

CLASS	AREA OF EVALUATION							
	GW:	C/CP	FIN:	PART B:	CMPL.SCH:	MA:	OT:	CA:
I							X	
II							O	

ENTER O, X, or Z IN THE CLASS I ROW.
MAKE ENTRY IN CLASS II ROW ONLY IF CLASS II VIOLATIONS EXIST.

ENFORCEMENT ACTIONS:

CLASS	VIOLATION	CODE	DATE ACTION TAKEN	COMPLIANCES DATE SCHED.	COMPLIANCES DATE ACTUAL	PENALTY ASSESSED	PENALTY COLLECTED	RESPONSIBLE AGENCY	RESPONSIBLE ID
I	OT	05	3-23-87	4-7-87		100 =	NO		

02=3007 INFO REQUEST
03=NOV WARNING LETTER
04=ADMIN. COMPLAINT
05=FINAL ADMIN. ORDER
10=INFORMAL

STATUS OF HANDLER: IN COMPLIANCE WITH SCHEDULE IN ORDER: ____ YES: X NO:

DATE STATUS EVALUATED: ____ ____ ____

COMMENTS: ____

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES

SOLID AND HAZARDOUS WASTE MANAGEMENT BRANCH

P.O. BOX 2091 RALEIGH, NORTH CAROLINA 27602-2091

306 N. WILMINGTON ST.

INSPECTION REPORT

EPA ID.# : NCD 003 215 456 FACILITY NAME : Stroupe Mirror Co.

ADDRESS: _____ CITY: Thomasville

DATE OF INITIAL INSPECTION: 3 2 87 STAFF ID #: 08 DOCKET #: _____

RESPONSIBLE AGENCY: S = STATE: E = EPA: X = OVERSIGHT:
B = STATE CONTRACTOR: E = EPA CONTRACTOR:

TYPE OF EVALUATION: 1

1=CEI
2=SAMPLING
3=RECORD REVIEW
4=CME
5=FOLLOW UP
6=CITIZEN COMPLAINT
7=PART B.
8=WITHDRAWAL CANDIDATE
9=CLOSED FACILITY
10=GENERAL (LOIS FOR EPA)
11=CASE DEVELOPMENT
12=CORRECTIVE ACTION
80=INFORMAL MEETING

RECEIVED MAR 23 1987 DATA PROCESSING

DATE OF INSPECTION: _____ _____ _____

CLASS	AREA OF EVALUATION							
	GW:	C/CP	FIN:	PART B:	CMPL.SCH:	MA:	OT:	CA:
I						0	0	
II						0	0	

ENTER O, X, or Z IN THE CLASS I ROW.
MAKE ENTRY IN CLASS II ROW ONLY IF CLASS II VIOLATIONS EXIST.

ENFORCEMENT ACTIONS:

CLASS	VIOLATION	CODE	DATE ACTION TAKEN	COMPLIANCES DATE SCHED.	COMPLIANCES DATE ACTUAL	PENALTY ASSESSED	PENALTY COLLECTED	RESPONSIBLE AGENCY	RESPONSIBLE ID

02=3007 INFO REQUEST
03=NOV WARNING LETTER
04=ADMIN. COMPLAINT
05=FINAL ADMIN. ORDER
10=INFORMAL

STATUS OF HANDLER: IN COMPLIANCE WITH SCHEDULE IN ORDER: _____ YES: _____ NO:

DATE STATUS EVALUATED: _____ _____ _____

COMMENTS: _____

North Carolina Department of Human Resources
Division of Health Services

COUNTY OF Davidson EPA I.D.# NCD003215456

SMALL HAZARDOUS WASTE GENERATOR SURVEY

1. GENERAL INFORMATION:

Name of Facility: Stronge Mirror Company

Facility Contact: James Richardson Phone: 475-2181

Facility Location: Box 728

Street: Holly Hill Rd.

City: Thomasville, N.C. Zip Code: 27361

2. NATURE OF BUSINESS: (Provide Brief Description)

Manufacture glass mirrors for furniture industry

3. NATURE OF HAZARDOUS WASTES: (Provide Brief Explanation)

F003, D001 - waste n-butyl acetate generated from the recovery of solvents from waste paints.

4. DESCRIPTION OF HAZARDOUS WASTE:

A	B	C	D	E	F*	G*	H
Hazardous Waste #	Annual Quantity	Unit Meas.	Storage	Treat-ment	Transpor-tation	Disposal	Manifest Available (Yes or No)
D001, F003	2-3(55 gallon drums)		S01	—	→	See Comments	

*Provide name, address and I.D. # of transporter and disposal site in comments.

5. COMMENTS:

Stronge Mirror has not generated a manifest to date. No disposal company had been selected for date of this inspection.

6. DATE OF SURVEY:

By: Steve Phillips Department: Solid and Hazardous Waste Management Branch

3-2-87

RECEIVED MAR 5 1987 SOLID & HAZARDOUS WASTE MANAGEMENT BRANCH

(Instructions on Reverse)

DHS Form 3061 (3/82)
Solid & Hazardous Waste Management Branch

RCRA INSPECTION REPORT

1) **Facility Information**

Stroupe Mirror
Box 728
Holly Hill Road
Thomasville, N.C. 27361
NCD00321546

2) **Facility Contact**

James Richardson, Personnel Manager

3) **Survey Participants**

James Richardson, Stroupe Mirror Co.
Steve Phibbs, Waste Management Specialist, D.H.S.

4) **Date of Inspection**

March 2, 1987

5) **Applicable Regulations**

40 CFR 261.5

6) **Scope of Survey**

The scope of the survey covered a record review and a site survey. The record review covered all previous correspondence and a walk through the plant and inspection of all generating and storage area.

7) **Facility Description**

Stroupe Mirror Company manufactures glass mirrors for the furniture industry. This facility generates about 8-10 gallons per week of propyl acetate used to clean the glass. This waste is reclaimed through a distillation recovery unit. The resulting sludges will be disposed of as a hazardous waste.

8) **Site Deficiencies**

None

9) **Compliance Schedule/Recommendations**

Recommend reclassifying this facility as a small quantity generator.