

N.C. DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES
DIVISION OF SOLID WASTE
HAZARDOUS WASTE SECTION

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

FILE DOCKET

DATE

ITEM

- | DATE | ITEM |
|-----------|------------------------|
| ① 2.1.95 | Notifier |
| ② 2.13.95 | Acceptance Letter |
| ③ 2-10-97 | Discontinued Operation |
| ④ 3-11-97 | EPA ID# is inactive |
| ⑤ 8-8-97 | Hazardous Waste Fees |

WASTE MINIMIZATION QUESTIONNAIRE

1. Has the facility implemented or continued Waste Minimization strategies on hazardous waste produced between January 1, 1996 and December 31, 1996. (Circle one)

YES

NO

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IF YES ANSWER QUESTION 2, IF NO ANSWER QUESTION 3.

2. Circle a Waste Minimization Strategy(s) that best describe your efforts in minimizing your hazardous waste streams.

| | <u>STRATEGY</u> | <u>DESCRIPTION</u> |
|----------------------------------|-----------------------|--|
| a | Chemical Substitution | Replacing hazardous solvents with non or less hazardous items. |
| b | Volume Reduction | Use filter press, reduce amount of sludge/waste. |
| c | On-site Recycling | Use of still to recover solvents. |
| <input checked="" type="radio"/> | Good Housekeeping | Monitoring processes for leaks or spills. |
| e | Off-site Recycling | Contract with a service company to recycle. |
| f | Other | Describe below |

3. Circle only one obstacle that prevented you from minimizing your waste between January 1, 1996 and December 31, 1996.

- A Insufficient capital to install new equipment.
- B Lack of Technical Information on Waste Reduction.
- C Not Economically Feasible.
- D Concern that Product Quality May Decline.
- E Technical Limitations of Production Process.
- F Regulatory Burdens inhibit Recycling.
- G Other (explain below)



NORTH CAROLINA HAZARDOUS WASTE FEE

(Note: Refer to the instruction sheet and the status information included in the cover letter)

EPA ID NCR0000000018

FACILITY NAME CR INDUSTRIES

| | | | | TOTALS |
|---|---------------------------|---|--------------------------|--|
| 1. HAZARDOUS WASTE TRANSPORTER | YES (\$600.00) | <input checked="" type="radio"/> NO (\$0.00) | | 0.00 |
| 2. GENERATION STATUS..... <i>INACTIVATED 3/11/97 SEE ATTACHED LETTER</i> | LQG (\$500.00) | SQG (\$25.00) | CESQG (\$0.00) | 0.00 |
| 3.a IS THE FACILITY A PERMITTED (OR INTERIM STATUS) TREATMENT, STORAGE OR DISPOSAL FACILITY?..... | YES (see below) | <input checked="" type="radio"/> NO (\$0.00) | | |
| b. IF YES CIRCLE ALL THAT APPLY..... (Sum all that apply) | TREATMENT (\$1,200.00) | STORAGE (\$1,200.00) | DISPOSAL (\$1,200.00) | |
| 4. HOW MUCH WASTE WAS PRODUCED AT THIS FACILITY FROM JANUARY 1, 1996 THROUGH DECEMBER 31, 1996 (PLEASE LIST THE AMOUNT IN TONS)?..... | <u>0.74</u> | TONS | x \$0.50/ton | 0.37 (Note: Maximum amount chargeable is \$12,500.00) |
| 4. GRAND TOTAL (sum the total from rows 1,2,3b, and 4) | | | * | \$ 0.37 |

Submit this form and payments payable to:

NC Hazardous Waste Section
P. O. Box 29603
Raleigh, NC 27611-9603
Att.: Jim Edwards

* FEE \$ 0.37 NOT APPLICABLE TO SQG PER B-McCARTY 8/3/97 TELEPHONE CONVERSATION

L. Schuf
July 1997

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Waste Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director



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March 11, 1997

CR INDUSTRIES CO BLDG
55 INDUSTRIAL PARK RD
FRANKLIN, NC 28734

RE EPA ID NO.: NCR000000018

Dear Sir/Madam:

Based on information received by this office for the site identified with the above EPA ID number, the State has accepted and processed the change in RCRA classification or information for the above listed site.

Your EPA ID number has been inactivated.

Please verify the above computer information, and notify us of any corrections.

We are advising EPA of the change. Please notify us if there is any further change in your operation which would affect your Company's name, Ownership, Address, Contact person, or Telephone number. You must activate your EPA ID number if you generate 100 Kg/mo or greater, and if you generate 1 kg/mo of acutely hazardous waste. If you sell your company to some one who generates a hazardous waste the ID number must be activated.

Sincerely,

A handwritten signature in black ink, appearing to read "R.J. Edwards III".

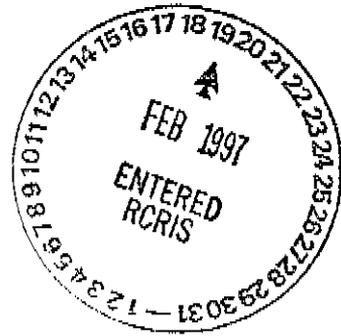
R.J. Edwards, Administrative Assistant
Division of Waste Management

cc: SPRING ALLEN

P.O. Box 27687,
Raleigh, North Carolina 27611-7687
Voice 919-733-4996



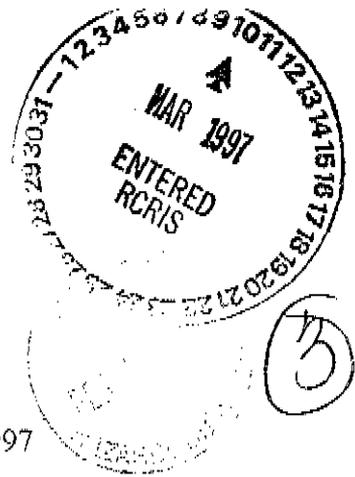
FAX 919-715-3605
An Equal Opportunity Affirmative Action Employer
50% recycled/10% post-consumer paper



owner

CHICAGO RAWHIDE

324 Industrial Park Rd.
Franklin, NC 28734
(704)524-8444



CR INDUSTRIES

February 10, 1997

Mr. R. J. Edwards, Administrative Assistant
Division of Waste Management
PO Box 27687
Raleigh, N.C. 27611-7687

INACTIVATE
[Signature]

Subject: Chicago Rawhide (CR Industries); Macon County
Discontinued Operations - January 31, 1997
517 Industrial Park Road ID NCDO83680025
277 Industrial Park Road ID NCR000000018
Franklin, NC 28734

Dear Mr. Edwards:

In reference to the subject facilities and our recent telephone conversation, this letter is to notify your Department that Chicago Rawhide (CR Industries) has ceased operations at these facilities and is requesting your deactivation of our Hazardous Waste activity status.

Chicago Rawhide will continue to operate at our new facility in Franklin, NC located at 324 Industrial Park Road, ID NCR000001164.

If you have any questions please contact me.

Respectfully,

[Signature]

Layton Schuh
Environmental Manager

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Solid Waste Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director



February 13, 1995

CR INDUSTRIES COUNTY BUILDING
55 INDUSTRIAL PARK RD
FRANKLIN, NC 28734

RE: EPA ID No. NCR000000018

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a Small Generator, you should be familiar with N.C. Hazardous Waste Management Regulations 15A NCAC 13A .0002 Definitions; contained in 40 CFR 260.10 (Subpart B), 15A NCAC 13A .0006 Identification and Listings of Hazardous Waste; contained in 40 CFR 261.1 (Subpart A-D) and 15A NCAC 13A .0007 Standards for Hazardous Waste Generations; contained in 40 CFR 262.10 - 262.40 (Subpart A-D).

Effective January 1, 1986, all handlers of hazardous waste were required by G.S. 130A-294.1 to pay an annual fee. The above rules were adopted November 13, 1985 as authorized by G.S. 130A-294(a)(7) which was ratified July 3, 1985. Revised by House Bill 2623, ratified on the 29th day of June, 1988 by the General Assembly of the State of North Carolina. You will be billed for the Annual Fee at the beginning of the State fiscal year in July.

You can contact the Hazardous Waste Management Section at (919) 733-2178 for information.

NCSU provides a training program for generators which you may want to attend. Call Mac McKenzie or Kathryn Murray at 919-515-2261 or write to the Office of Continuing Education and Professional Development, P.O. Box 7401, Mckimmon Center, N. C. State University, Raleigh, NC 27695-7401.

You will be inspected at a future date to insure compliance with the above rules. To obtain a complete copy of rules contact the Hazardous Waste Management Section, Division of Solid Waste Management, Box 27687, Raleigh, 27611-7687. There is a 16.00 printing charge for complete copy of the rules.

Sincerely,

R.J. Edwards, Administrative Officer
Division of Solid Waste Management

cc: SPRING ALLEN

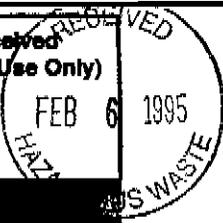
Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3016 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)



I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification

B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

NCR000000000018

II. Name of Installation (Include company and specific site name)

CR INDUSTRIES COUNTY BUILDING

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

277 INDUSTRIAL PARK ROAD

Street (Continued)

City or Town

FRANKLIN

State

NC

Zip Code

28734-

County Code

61 113

County Name

MACON

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

55 INDUSTRIAL PARK ROAD

City or Town

FRANKLIN

State

NC

Zip Code

28734-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

MC FALLS

(First)

MARVIN

Job Title

FAC ENG

Phone Number (Area Code and Number)

704-524-8444

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

CR INDUSTRIES

Street, P.O. Box, or Route Number

55 INDUSTRIAL PARK ROAD

City or Town

FRANKLIN

State

NC

Zip Code

28734-

Phone Number (Area Code and Number)

704-524-8444

B. Land Type

C

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month Day Year

| | | | | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|
| ID - For Official Use Only | | | | | | | | | | | |
| | | | | | | | | | | | |

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to instructions)

| A. Hazardous Waste Activity | | B. Used Oil Recycling Activities |
|--|--|---|
| <p>1. Generator (See instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p> | <p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p> <input type="checkbox"/> 1. Smelter/Deferral</p> <p> <input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p> | <p>1. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p> |

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

| | | | |
|--------------------------|--------------------------|--------------------------|---|
| 1. Ignitable (D001) | 2. Corrosive (D002) | 3. Reactive (D003) | 4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

| | | | | | |
|-----------|-----------|-------|--------|--------|--------|
| 1 D035 | 2 F005 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 |

C. Other Wastes. (State or other wastes requiring a handler to have an LD number; See instructions.)

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| 1 | 2 | 3 | 4 | 5 | 6 |
|-------|-------|-------|-------|-------|-------|

X. 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 fine and imprisonment for knowing violations.

| | | |
|-----------------------------|---|-----------------------|
| Signature Marvin McFalls | Name and Official Title (Type or print) MARVIN MCFALLS FAC ENG | Date Signed 2-1-95 |
|-----------------------------|---|-----------------------|

XI. Comments

INSTALLATION BUILDING LEASED FROM MACON COUNTY

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)