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
1 3.2.95	CEI Report
2 3.2.95	NOV # 95-446
3 4.5.95	CES Report
4 5.11.95	OTH "
5 7.28.95	CEI Report
6 6-22-95	CEI "
7 12-14-95	CEI "

HAZARDOUS WASTE SECTION (Review 8/93)

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

Region IV CM&E Form - Side A

EPA ID: NCR000000554

DATA ENTRY PERSONNEL
Submitted by: _____ Date: _____
Entered by: _____ Date: _____

Facility Name: JBM Manufacturing City: Morehead City

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

Agency: S Date: Mo. 12 / Day 14 / Year 95 Type: CEI

Control Number — Data Entry Personnel

Person: 036 BRANCH ___ REASON ___

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

Generators: GBF, GER, GGR ✓, GLB, GMR, GOR, GPT, GRR, GSC, GSQ

Transporters: TGR, TMR, TOR, TRR, TWD

USED OIL: TUO, TFO, BUO, MUO, PUO, RUO

TSD's: DØF, DCH, DCL, DCP, DFR, DGS, DGH, DIN, DLB, DLF, DLT, DMC, DMR, DOR, DOT, DPB, DPP, DSI, DTR, DTT, DWP

COMPLIANCE SCHEDULE (TSD, GEN, TRANS.)
FEA ___ CAS ___

Evaluation Comments: (72) 1 :
2 :

RECEIVED DEC 21 1995 HAZARDOUS WASTE

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

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): _____

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 if necessary -

ACTIVITY REPORT

Subject: Inspection

Location: JBM Manufacturing Date: 12/14/95

Address: 127 Hestron Drive Time spent:

City: Morehead City State: NC Zip: 28557

By whom: Bobby Nelms

Persons contacted: Robert Jones
(Owner, agent, tenant, manager, other)

Reason for visit: CEI

Copies to:

REPORT: This facility is a SQG boat builder. At the time of inspection there were three 55 gallon drums on site in the storage area and one unsealed drum in the accumulation area. There also was no weekly inspection log. These two violations were pointed out to Mr. Jones and will be followed up on during my next visit to Morehead City.

Activity Type: Check Most Appropriate

1. Complaint ____
2. Emergency Response ____
3. Technical Assistance ____
4. Remedial Action (other than WPCA) ____
5. Presentation ____
6. Training ____
7. Meeting ____
8. Other ____

State of North Carolina
Department of Environment, Health, and Natural Resources

SMALL QUANTITY GENERATOR INSPECTION FORM

Facility Name: JBM Manufacturing Inspection Date: 12/14/95

Address: 127 Hestron Drive Morehead City, NC 28557

Contact: Robert Jones ID#: NCR000000554

Present at Inspection: Bobby Nelus, Robert Jones

Processes: Boat Building Type of Business: Boat Builder

Wastes Generated: Acetone Waste

Transporters: N.E. Chemical Corp
St. Joseph Motor Lines

TSD's N.E. Chemical Corp.
3301 Monroe Ave.
Cleveland OH 44113

Manifests/Signed Copies: Yes ✓ No___ Comments: OK No waste shipped since 6/27/95

Inspection Records: Yes___ No ✓ Example Issued: Yes___ No ✓
Emergency #'s Posted? Yes ✓ No___ Example Issued: Yes ✓ No___
Emergency Coordinator? Robert Jones Personnel trained? Yes ✓ No___
Local Authorities Contacted: Yes ✓ No___

Accumulation Areas: Description: One 55 gallon drum needs to be ~~labeled~~ sealed.

Closed/labled/dated/ <55 gallons?

Storage Areas: Description: Three 55 gallon drums all sealed and labeled. Recommend drums be moved against the building or behind the building.

Closed/labled/dated/ < 180 days/good condition?

Signature [signature] Facility/Contact Robert A. Jones

Date 12/14/95

hws\shells\inspect.frm

Region IV CM&E Form - Side A

EPA ID: W C R 0 0 0 0 0 0 5 5 4

DATA ENTRY PERSONNEL
Submitted by: _____ Date: _____
Entered by: _____ Date: _____

Facility Name: JBM Manufacturing City: Morehead City

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

Agency: 5 Date: Mo. 06 / Day 22 / Year 95 Type: 07 / 14 CEI

Control Number - Data Entry Personnel

Person: 036 BRANCH REASON

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

Generators: GBF, GER, GGR, GLB, GMR, GOR, GPT, GRR, GSC, GSQ

Transporters: TGR, TMR, TOR, TRR, TWD

USED OIL: TUO, TFO, BUO, MUO, PUO, RUO

TSD's: DBF, DCH, DCL, DCP, DFR, DGS, DGW, DIN, DLB, DLF, DLT, DMC, DMR, DOR, DOT, DPB, DPP, DSI, DTR, DTT, DWP

COMPLIANCE SCHEDULE (TSD, GEN, TRANS.)
FEA CAS

Evaluation Comments: (72) 1 :
2 :

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

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):

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 if necessary -

JUL 1995

DEPARTMENT OF ENVIRONMENT, HEALTH and NATURAL RESOURCES
DIVISION OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE SECTION
ACTIVITY REPORT

Subject: Followup

Location: JBM Manufacturing Date: 6/22/95

Address: 127 Hestron Drive Time spent:

City: Morehead City State: NC Zip:

By whom: Bobby Nelms, Flint Worrell

Persons contacted: Robert Jones
(Owner, agent, tenant, manager, other)

Reason for visit: Followup

Copies to:

REPORT: This inspection was made to see if 13 drums of Hestone related waste had been picked up by Mr. Jones' transporter. At this time the waste had not but he was expecting a waste shipment any day. The attached manifest shows that the waste was actually shipped off site on 6/27/95. The facility is presently in compliance.

Activity Type: Check Most Appropriate

1. Complaint ____
2. Emergency Response ____
3. Technical Assistance ____
4. Remedial Action (other than WPCA) ____
5. Presentation ____
6. Training ____
7. Meeting ____
8. Other ____

Emergency Contact Telephone Num

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EPA ID No. N.C.R.0.0.0.0.0.5.5.4	Manifest Document No. 0.6.0.8.1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
J B M MANUFACTURING
127 HESTON DRIVE
MOREHEAD CITY, NC 28557

4. Generator's Phone (919) 240-1448

5. Transporter 1 Company Name: ST JOSEPH MOTOR LINES
6. US EPA ID Number: PA0787358587

7. Transporter 2 Company Name
8. US EPA ID Number

9. Designated Facility Name and Site Address
NORTH EAST CHEMICAL CORPORATION
3301 MORRIS AVENUE
CLEVELAND, OH 44113
10. US EPA ID Number: O.H.D.9.8.0.6.8.1.5.7.1

A. State Manifest Document Number
B. State Generator's ID
C. State Transporter's ID
D. Transporter's Phone: 800-321-254
E. State Transporter's ID
F. Transporter's Phone
G. State Facility's ID
H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	HM	12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. RQ WASTE FLAMMABLE LIQUIDS, NOS, CONTAINS ACETONE 3, UN1993, PGIII, ERG#27		008	DM	440	G
b. RQ WASTE FLAMMABLE LIQUIDS, NOS, CONTAINS ACETONE 3, UN1993, PGIII, ERG#27		002	DM	110	G
c. RQ WASTE FLAMMABLE SOLID, NOS, CONTAINS ACETONE 4.1, UN1325, PGIII, ERG#32		003	DM	1350	P
d.					

J. Additional Descriptions for Materials Listed Above
a. c.
E.

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information
24 HR EMERGENCY CONTACT: ROBERT JONES 919-240-1448

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimized the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name: ROBERT A. JONES | Signature: Robert A. Jones | Month 06 Day 29 Year 95

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name: HOWARD P. WRIGHTSWORTH | Signature: Howard P. Wrightsworth | Month 06 Day 29 Year 95

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name | Signature | Month Day Year

FACILITY

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name | Signature | Month Day Year

GENERATOR'S COPY

Region IV CM&E Form - Side A

EPA ID: MCR000000554

DATA ENTRY PERSONNEL
Submitted by: [redacted] Date: _____
Entered by: _____ Date: _____

Facility Name: JBM Manufacturing City: Marshall City

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

Agency: S Date: Mo. 07 / Day 28 / Year 95 Type: CEI

Control Number Data Entry Personnel: 5

Person: 036 BRANCH ___ REASON ___

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

Generators		Transporters		TSD's			
GEF		TGR		DBF		DLB	
GER		TMR		DCH		DLF	
GGR	✓	TOR		DCL		DLT	
GLB		TRR		DCF		DMC	
GMR		TWD		DFR		DMR	
GOR		USED OIL		DGS		DOR	
GPT		TUO		DGW		DOT	
GRR		TFO		DIH		DFB	
GSC		BUO				DPF	
GSO	✓	MUO				DSI	
		PUO				DTR	
		RUO				DTT	
						DWP	

COMPLIANCE SCHEDULE (TSD, GEN, TRANSP)
FFA ___ CAS ___

Evaluation Comments:
(72) 1 :
2 :

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

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): _____

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 if necessary -

AUG 1995 ENTERED RCRIS

DEPARTMENT OF ENVIRONMENT, HEALTH and NATURAL RESOURCES
DIVISION OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE SECTION
ACTIVITY REPORT

Subject: Followup

Location: JBM Manufacturing Date: 7/28/95

Address: Hwy 70 West Time spent:

City: Morehead City State: NC Zip:

By whom: Bobby Nelms

Persons contacted: Robert Jones
(Owner, agent, tenant, manager, other)

Reason for visit: Followup

Copies to:

REPORT:
This visit was made to check the status of JBM's hazwaste program. The facility is now accumulating and storing containers according to regulations. I will return in about one ~~month~~ year to reinspect.

Activity Type: Check Most Appropriate

1. Complaint ____
2. Emergency Response ____
3. Technical Assistance ____
4. Remedial Action (other than WPCA) ____
5. Presentation ____
6. Training ____
7. Meeting ____
8. Other ____

Region IV CM&E Form - Code A

EPA ID: NCR000000554

DATA ENTRY PERSONNEL
Submitted by: _____ Date: _____
Entered by: _____ Date: _____

Facility Name: IBM Manufacturing City: Morehead City

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

Agency: S Date: Mo. 05 / Day 12 / Year 95 Type: 07A

Control Number — Data Entry Personnel

Person: 036 BRANCH ___ REASON ___

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

Generators: GBF, GER, GGR (E), GLB, GMR, GOR, GPT, GRR, GSC, GSO (E)

Transporters: TGR, TMR, TOR, TRR, TWD

USED OIL: TUO, TFO, BUO, MUO, PUO, RUO

TSD's: DBF, DCH, DCL, DCP, DFR, DGS, DGW, DIN, DLB, DLF, DLT, DMC, DMR, DOR, DOT, DPB, DPF, BS4, DTR, DXT, DWP

COMPLIANCE SCHEDULE (TSD, GEN, TRANS)
FEA ___ CAS ___

Evaluation Comments: (72) 1 :

2 :

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

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): ___

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 if necessary -

RECEIVED Solid Waste MAY 16 1995 MANAGEMENT DIV.

DEPARTMENT OF ENVIRONMENT, HEALTH and NATURAL RESOURCES
DIVISION OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE SECTION
ACTIVITY REPORT

Subject: Followup

Location: JBM Manufacturing Date: 5/11/95

Address: Hwy 70 Time spent: ____

City: Morehead City State: NC Zip: ____

By whom: Bobby Weeks

Persons contacted: —
(Owner, agent, tenant, manager, other)

Reason for visit: Followup

Copies to: ____

REPORT: This followup was made to check the status of 12 drums of waste acetone which needs to be disposed of. The waste was still on site but Mr. Jones was not present for me to check the status. I will attempt to contact Mr. Jones by phone to see when the waste will be removed.

Activity Type: Check Most Appropriate

1. Complaint ____
2. Emergency Response ____
3. Technical Assistance ____
4. Remedial Action (other than WPCA) ____
5. Presentation ____
6. Training ____
7. Meeting ____
8. Other ____

Response to NOV by SBM Manufacturing

N. C. Department of Environment, Health, and Natural Resources
March 21, 1995

Citation 262.34 (a)(2) - Date painted on current drum
Citation 262.34 (a)(3) - All waste now painted with "Hazardous Waste Acetone"
Citation 262.34 (d) - Contacted Chemical Conservation Corporation 1-800-345-6393 Rep. Joe Hartford has been in touch-Plans to come mid-April to inspect-Will have picked up as soon as possible after we get EPA ID number.
Citation 265.173(a) - All containers covered.
Citation 262.34(d)(4) 265.37(a)

1. Wildwood Fire and Rescue Squad has conducted an on-site walk-thru inspection, have diagrammed the facility, and have a list of chemicals used. The Sheriff's Department is very familiar with the area and conduct drive thru's regularly.
2. -------
3. -------
4. See attached letter to Mr. Fred Odell, Administrator Carteret General Hospital

Citation 262.34(d)(4) 265.174 - In Compliance
Citation 262.34(d)(4) 265.31 - In Compliance
Citation 262.34(d)(5)(ii) - In Compliance

Region IV CM&E Form - Side A

EPA ID: KYD000655594

DATA ENTRY PERSONNEL
Submitted by: [redacted] Date: _____
Entered by: _____ Date: _____

Facility Name: JBM Manufacturing City: Morehead City

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

Agency: S Date: Mo. 04 / Day 05 / Year 95 Type: CES

Control Number — Data Entry Personnel

Person: 036 BRANCH 07 REASON 01

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

Generators: GBF, GER, GGR ✓, GLB, GMR, GOR, GPT, GRR, GSC, GSO ✓

Transporters: TGR, TMR, TOR, TRR, TWD

USED OIL: TUO, TFO, BUO, MUO, PUO, RUO

TSD's: DBF, DCH, DCL, DCP, DFR, DGS, DGW, DIN, DLB, DLF, DLT, DHC, DMR, DOR, DOT, DFB, DPP, DSI, DTR, DTT, DWP

COMPLIANCE SCHEDULE (TSD, GEN, TRANS.) FEA ___ CAS ___

Evaluation Comments: (72) 1 : 95-446

2 :

MAY 1995 ENTERED RCRIS

RECEIVED APR 21 1995 HAZARDOUS WASTE

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

Agency: S Type: 66R Date (mdy) Determined: 03/02/95 Class: ___

Priority: ___ Branch: ___ Person: 036 Seq. Number (Data Entry) ___

Return to Compliance: -- Scheduled -- 04/02/95 --- Actual --- 04/05/95

Reg. Type: ___ Reg. Description (30): 262.34 (a)(2)

Comment (72): Accumulation Dates

Agency: S Type: 66R Date (mdy) Determined: 03/02/95 Class: ___

Priority: ___ Branch: ___ Person: 036 Seq. Number (Data Entry) ___

Return to Compliance: -- Scheduled -- 04/02/95 --- Actual --- 04/05/95

Reg. Type: ___ Reg. Description (30): 262.34 (a)(3)

Comment (72): Must Be Labeled Hazardous Waste

Agency: S Type: 66R Date (mdy) Determined: 03/02/95 Class: ___

Priority: ___ Branch: ___ Person: 036 Seq. Number (Data Entry) ___

Return to Compliance: -- Scheduled -- 04/02/95 --- Actual --- 04/05/95

Reg. Type: ___ Reg. Description (30): 262.34 (c)(1)

Comment (72): Accumulation was not at or near point of generation

Continue violation data if necessary -

DAT ENTRY PERSONNEL

Submitted by: ____ Date: ____
Entered by: ____ Date: ____

Region IV CMEE Form - Side B

A ID: | | | | | | | | | | | |

Facility Name: IBM manufacturing City: Morehead City

ENFORCEMENT DATA: New: __ Change: __ Delete: __ (— : Required)

Agency: | | Type: | | | | Date: Month | | / Day | | / Year | | Number (Data Entry) | | | | | | | |

Person: | | | | Branch: | | | | Comment (72):

Penalty Data
Assessed: $ | | | | | | | | | | |

Region IV CM&E Form - Side A

EPA ID: [ ]

DATA ENTRY PERSONNEL
Submitted by: ____ Date: ____
Entered by: ____ Date: ____

Facility Name: JBM Manufacturing City: Morehead City

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

Agency: 5 Date: Mo. 03 / Day 02 / Year 95 Type: CEI

Control Number — Data Entry Personnel

Person: 036 BRANCH ___ REASON ___

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

#__ Agency: 5 Type: 622 Date (mdy) Determined: 03/02/95 Class: ___

Priority: ___ Branch: ___ Person: 036 Seq. Number (Data Entry)

Return to Compliance: -- Scheduled -- 04/02/95 --- Actual --- 04/05/95

Reg. Type: ___ Reg. Description (30): 262.34(d)(4) 265.174

Comment (72): No weekly inspection log

#__ Agency: 5 Type: 66A Date (mdy) Determined: 03/02/95 Class: ___

Priority: ___ Branch: ___ Person: 036 Seq. Number (Data Entry)

Return to Compliance: -- Scheduled -- 04/02/95 --- Actual --- 04/05/95

Reg. Type: ___ Reg. Description (30): 262.34(d)(4) 265.31

Comment (72): Must be operated to reduce spills (Waste on top of drum)

#__ Agency: 5 Type: 66A Date (mdy) Determined: 03/02/95 Class: ___

Priority: ___ Branch: ___ Person: 036 Seq. Number (Data Entry)

Return to Compliance: -- Scheduled -- 04/02/95 --- Actual --- 04/05/95

Reg. Type: ___ Reg. Description (30): 262.34(d)(5)(ii)

Comment (72): No Posted contingency plan.

#__ 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 if necessary -

DEPARTMENT OF ENVIRONMENT, HEALTH and NATURAL RESOURCES
DIVISION OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE SECTION
ACTIVITY REPORT

Subject: Follow up

Location: SBM Manufacturing Date: 4/5/95

Address: Hwy 70 W Time spent:

City: Morehead City State: NC Zip:

By whom: Bobby Nobs

Persons contacted: Robert Jones
(Owner, agent, tenant, manager, other)

Reason for visit: Followup

Copies to:

REPORT: This visit was made as a followup to Ticket NOV #95-44C. All of the violations stated in the NOV have been corrected but the waste is still on site pending receiving an EPA ID# from Raleigh. I will check the status of the number then follow up on the site in a few weeks.

Activity Type: Check Most Appropriate

1. Complaint ___
2. Emergency Response ___
3. Technical Assistance ___
4. Remedial Action (other than WPCA) ___
5. Presentation ___
6. Training ___
7. Meeting ___
8. Other ___

RECEIVED
MAR 15 1995
HAZARDOUS WASTE

(2)

State of North Carolina
Department of Environment, Health, and Natural Resources

Wilmington Regional Office
Division of Solid Waste Management
Hazardous Waste Section

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary

Bob Jamieson
Regional Manager

NOTICE OF VIOLATION

To: Mr. Robert Jones
JBM Manufacturing
Address: 127 Hestron Drive
Morehead City, NC 28557

Docket # 95-446
Inspection Date March 2, 1995
Facility Type Non-Notifier

EPA ID# No EPA ID#

On December 18, 1980, the State of North Carolina, Hazardous Waste Section (State) was authorized to operate the State RCRA hazardous waste program under the Solid Waste Management Act (ACT), N.C.G.S. 130A, Article 9 and rules promulgated thereto at 15A NCAC 13A (Rules) in lieu of the federal RCRA program.

On March 2, 1995, Bobby Nelms representing the N.C. Hazardous Waste Section, inspected your facility for compliance with North Carolina Hazardous Waste Management Rules. During that inspection, the following violations were noted:

Citation	Specifics
262.34(a)(2)	The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.
262.34(a)(3)	While being accumulated on-site, each container and tank is labeled or marked clearly with the words, "Hazardous Waste".
262.34(c)(1)	A generator may accumulate as much as 55 gallons of hazardous waste or one quart of acutely hazardous waste listed in 261.33(e) in containers at or near any point of generation where wastes initially accumulate, which is under the control of the operator of the process generating the waste.
262.34(d)	A generator who generates greater than 100 kilograms but less than 1000 kilograms of hazardous waste in a calendar month may accumulate hazardous waste on-site for 180 days or less without a permit or without having interim status.

262.34(d)(2) 265.173(a) A container holding hazardous waste must always be closed during storage, except when it is necessary to add or remove waste.

262.34(D)(4) 265.37(a) The owner or operator must attempt to make the following arrangements, as appropriate for the type of waste handled at his facility and the potential need for the services of these organizations:

(1) Arrangements to familiarize police, fire departments, and emergency response teams with the layout of the facility, properties of hazardous waste handled at the facility and associated hazards, places where facility personnel would normally be working, entrances to roads inside the facility, and possible evacuation routes;

(2) Where more than one police and fire department might respond to an emergency, agreements designating primary emergency authority to a specific police and a specific fire department, and agreements with any others to provide support to the primary emergency authority;

(3) Agreements with State emergency response teams, emergency response contractors, and equipment suppliers; and

(4) Arrangements to familiarize local hospitals with the properties of hazardous waste handled at the facility and the types of injuries or illnesses which could result from fires, explosions, or releases at the facility.

262.34(d)(4) 265.174 The owner or operator must inspect areas where containers are stored, at least weekly, looking for leaks and for deterioration caused by corrosion or other factors. Additionally, the owner or operator shall keep records and results of required inspections for at least three years from the date of inspection.

262.34(d)(4) 265.31 Facilities must be maintained and operated to minimize the possibility of a fire, explosion, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents to air, soil, or surface water which could threaten human health or the environment.

262.34(d)(5)(ii) The names and telephone number of the emergency coordinator, location of fire extinguishers and spill control material, and if present, fire alarm, and the telephone number of the fire department unless the facility has a direct alarm must be posted next to the telephone.

You are hereby required to comply with the noted violation(s) by April 3, 1995, at which time a reinspection will be performed. If compliance with the violation(s) noted above are not met, pursuant to N.C.G.S. 130A-22(a) and 15A NCAC 13B .0701-.0707, an administrative penalty of up to $25,000.00 per day may be assessed for violation of the hazardous waste law or regulations.

3/7/95 _____
(Date) N.C. Hazardous Waste Section

I, Bobby Nelms, hereby certify that I have personally mailed a copy of this Notice on:

Mr. Robert Jones at JBM Manufacturing, 127 Hestron Drive, Morehead City, NC 28557.
(Name) (Location)

cc: Field Files
Central Files
Larry Perry
Flint Worrell
Bob Jamieson, Regional Manager

s:\sws\nov\jones.mar

Region IV CM&E Form - Side A

EPA ID: NCR000065554

DATA ENTRY PERSONNEL
Submitted by: _____ Date: _____
Entered by: _____ Date: _____

Facility Name: JBM Manufacturing City: Morehead City

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

Agency: S Date: Mo. 02 / Day 02 / Year 95 Type: CE2

Control Number — Data Entry Personnel

Person: 036 BRANCH ___ REASON ___

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

Generators: GBF, GER, GGR ✓, GLB, GMR, GOR, GPT, GRR, GSC, GSQ ✓

Transporters: TGR, TMR, TOR, TRR, TWD

USED OIL: TUO, TFO, BUO, MUO, PUO, RUO

TSD's: DBF, DCH, DCL, DCP, DFR, DGS, DGW, DIN, DLB, DLF, DLT, DMC, DMR, DOR, DOT, DPB, DPP, DSI, DTR, DTT, DWP

COMPLIANCE SCHEDULE (TSD, GEN, TRANS.) EFA ___ CAS ___

Evaluation Comments: (72) 1 : 95-446

2 :

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

Agency: S Type: 66A Date (mdy) Determined: 03/02/95 Class: ___

Priority: ___ Branch: ___ Person: 036 Seq. Number (Data Entry)

Return to Compliance: -- Scheduled -- 04/02/95 --- Actual --- / /

Reg. Type: ___ Reg. Description (30): 262.34 (a)(2)

Comment (72): Accumulation Dates

Agency: S Type: 66R Date (mdy) Determined: 03/02/95 Class: ___

Priority: ___ Branch: ___ Person: 036 Seq. Number (Data Entry)

Return to Compliance: -- Scheduled -- 04/02/95 --- Actual --- / /

Reg. Type: ___ Reg. Description (30): 262.34 (a)(3)

Comment (72): Must Be Labeled Hazardous Waste

Agency: S Type: 66A Date (mdy) Determined: 03/02/95 Class: ___

Priority: ___ Branch: ___ Person: 036 Seq. Number (Data Entry)

Return to Compliance: -- Scheduled -- 04/02/95 --- Actual --- / /

Reg. Type: ___ Reg. Description (30): 262.34 (c)(1)

Comment (72): Accumulation was not at or near point of generation

Continue violation data if necessary -

DAT ENTRY PERSONNEL

Region IV CM&E Form - Side B

Submitted by: _____ Date: _____

Entered by: _____ Date: _____

EPA ID: | | | | | | | | | | | |

Facility Name: JBM manufacturing City: Morehead City

ENFORCEMENT DATA: New: __ Change: __ Delete: __ (—— : Required)

Agency: | | Type: 120 Date: Month 03 / Day 02 / Year 95 Number (Data Entry) | | | | | | | |

Person: | | | Branch: | | Comment (72): 95-446

Penalty Data

Assessed: $ | | | | | | | | | | Paid: $ | | | | | | | | | | Date Paid: | | / | | / | |

Settled: $ | | | | | | | | | | $ | | | | | | | | | | | | / | | / | |

Enforcement Comments: (74) 1: _____

2: _____

Cite violations for this enforcement action below -

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

Agency: S Type: 66R Date (mdy) Determined: 03/02/95 Class: |

Priority: | Branch: | | Person: 036 Seq. Number (Data Entry) | | | |

Return to Compliance: -- Scheduled -- 04/02/95 --- Actual ---- | | / | | / | |

Reg. Type: | | Reg. Description (30): 262.34(d)

Comment (72): Waste was on site longer than 180 days.

Agency: S Type: 6PR Date (mdy) Determined: 03/02/95 Class: |

Priority: | Branch: | | Person: 036 Seq. Number (Data Entry) | | | |

Return to Compliance: -- Scheduled -- 04/02/95 --- Actual ---- | | / | | / | |

Reg. Type: | | Reg. Description (30): 262.34(d)(2) 265.173(a)

Comment (72): Open Containers

Agency: S Type: 66R Date (mdy) Determined: 03/02/95 Class: |

Priority: | Branch: | | Person: 036 Seq. Number (Data Entry) | | | |

Return to Compliance: -- Scheduled -- 04/02/95 --- Actual ---- | | / | | / | |

Reg. Type: | | Reg. Description (30): 262.34(d)(4) 265.37(a)

Comment (72): Must make arrangements with local authorities

Continue violation data if necessary -

Region IV CM&E Form — Side A

EPA ID: [ ]

DATA ENTRY PERSONNEL
Submitted by: [ ] Date: ____
Entered by: ____ Date: ____

Facility Name: JBM Manufacturing City: Morehead City

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

Agency: S Date: Mo. 03 / Day 02 / Year 95 Type: CEI

Control Number — Data Entry Personnel

Person: 036 BRANCH ___ REASON ___

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

#__ Agency: S Type: 622 Date (mdy) Determined: 03/02/95 Class: ___

Priority: ___ Branch: ___ Person: 036 Seq. Number (Data Entry) 3

Return to Compliance: -- Scheduled -- 04/02/95 --- Actual --- / /

Reg. Type: ___ Reg. Description (30): 262.34(d)(4) 265.174

Comment (72): No weekly inspection log

#__ Agency: S Type: 622 Date (mdy) Determined: 03/02/95 Class: ___

Priority: ___ Branch: ___ Person: 036 Seq. Number (Data Entry) 2

Return to Compliance: -- Scheduled -- 04/02/95 --- Actual --- / /

Reg. Type: ___ Reg. Description (30): 262.34(d)(4) 265.31

Comment (72): Must be operated to reduce spills (Waste on top of drum)

#__ Agency: S Type: 622 Date (mdy) Determined: 03/02/95 Class: ___

Priority: ___ Branch: ___ Person: 036 Seq. Number (Data Entry) 3

Return to Compliance: -- Scheduled -- 04/02/95 --- Actual --- / /

Reg. Type: ___ Reg. Description (30): 262.34(d)(5)(ii)

Comment (72): No Posted contingency plan.

#__ 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 if necessary -

DEPARTMENT OF ENVIRONMENT, HEALTH and NATURAL RESOURCES
DIVISION OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE SECTION
ACTIVITY REPORT

Subject: Non Notifier Inspection

Location: Jones Brothers Marine Date: 3/2/95

Address: 127 Hestron Drive Time spent:

City: Morehead City State: NC Zip:

By whom: Bobby Nelms

Persons contacted: Robert Jones
(Owner, agent, tenant, manager, other)

Reason for visit: CEI

Copies to:

REPORT: This facility is a SQG boat builder. At the time of inspection there were 14/55 gallon drums of waste stored at the facility. All of the containers were unlabeled but sealed. One accumulation drum was located just behind the building. The drum was sealed and unlabeled and it had 6-12 inches of solidified waste on the top. Ticket NOV # 95-446 was issued. I will return in 30 days to check for full compliance of all SQG rules.

Activity Type: Check Most Appropriate

1. Complaint ____
2. Emergency Response ____
3. Technical Assistance ____
4. Remedial Action (other than WPCA) ____
5. Presentation ____
6. Training ____
7. Meeting ____
8. Other ____

State of North Carolina
Department of Environment, Health, and Natural Resources

SMALL QUANTITY GENERATOR INSPECTION FORM

Facility Name: Jones Brothers Boats Inspection Date: 3/2/95

Address: 127 Hestron Dr. Morehead City, NC

Contact: Robert Jones ID#:

Present at Inspection: Bobby Wehus, Robert Jones

Processes: Boat Building Type of Business: Boat Builder

Wastes Generated: Waste Acetone

Transporters: None TSD's None

Manifests/Signed Copies: Yes___ No___ Comments: No waste has been shipped off site

Inspection Records: Yes___ No ✗ Example Issued: Yes___ No ✗ This information will be mailed in a packet.
Emergency #'s Posted? Yes___ No ✗ Example Issued: Yes___ No ✗
Emergency Coordinator?_____ Personnel trained? Yes___ No ✗
Local Authorities Contacted: Yes___ No ✗

Accumulation Areas: Description: One 55 gallon drum of waste acetone - unlabeled

Closed/labled/dated/ <55 gallons?

Storage Areas: Description: 14 / 55 gallon drums of waste. Accumulated and stored over a three year period. All containers need to be labeled

Closed/labled/dated/ <180 days/good condition?

Signature [signature] Facility/Contact Robert A. Jones

Date 3/2/95

hws\shells\inspect.frm