

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 4-5-95 | First notification |
| ② 5-5-95 | Acceptance letter |
| ③ 10-27-95 | Notice of Violation |
| ④ 10.3.95 | Subsequent Notice |
| ⑤ 3.18.96 | Current Status Report |

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



500

March 18, 1996

5

Dear Sir:

Based on information received from you for your site identification, the State has accepted and processed RCRA classification for this site.

Your EPA ID number is: NCR000000653

(X Indicates Operational Status of Your Facility)

- | | | | |
|-------------------------------------|--|--------------------------|-----------------|
| <input type="checkbox"/> | LARGE GENERATOR | <input type="checkbox"/> | SMALL GENERATOR |
| <input checked="" type="checkbox"/> | SMALL EXEMPT GENERATOR | <input type="checkbox"/> | INACTIVE |
| <input type="checkbox"/> | TRANSPORTER | <input type="checkbox"/> | TREATER |
| <input type="checkbox"/> | DISPOSER | | |
| <input type="checkbox"/> | USED OIL FUEL MARKETER SHIPPING TO OFF-SPECIFICATION BURNER | | |
| <input type="checkbox"/> | USED OIL FUEL MARKETER FIRST CLAIMS OIL MEETS SPECIFICATIONS | | |
| <input type="checkbox"/> | USED OIL BURNER | | |
| <input type="checkbox"/> | USED OIL TRANSPORTER | | |
| <input type="checkbox"/> | USED OIL TRANSFER FACILITY | | |
| <input type="checkbox"/> | USED OIL PROCESSOR | | |
| <input type="checkbox"/> | USED OIL RE-REFINER | | |

Sincerely,

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

cc: SPRING ALLEN

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0089 Expires 9-30-96
GSA No. 024P-SPA-0T

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 |
|---|---|--|
| <input type="checkbox"/> 1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-6 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____ | <input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see Instructions <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Refractory <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control | <input type="checkbox"/> 1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications <input type="checkbox"/> 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace <input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine |

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

A. Characteristics of Non-listed Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of non-listed 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 checked="" 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 | 2 | 3 | 4 | 5 | 6 |
| F001 | | | | | |
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C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

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|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 |
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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 <i>Harry L. Silvers</i> | Name and Official Title (Type or print) HARRY L. SILVERS PRESIDENT | Date Signed 10-3-95 |
|--------------------------------------|---|------------------------|

XI. Comments

Please delete "Transporter" status from invoice. We should be invoiced as a "Small Quantity Generator" only.

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

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

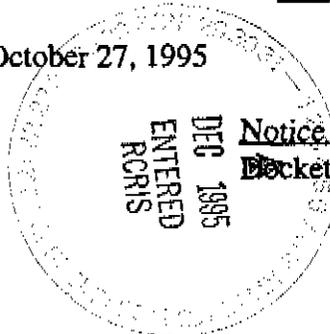
James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director



October 27, 1995

3

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
HARRY SILVERS
UNLIMITED FINISHING INC (WHS)A
PO BOX 2308
MORGANTON, NC 28680
NCR000000653



Notice of Violation
Docket #95-1055

RE: Final Notice for Waste Minimization Report

Dear HARRY SILVERS:

The original and the second notice for your Waste Minimization Report Form (Report) were mailed to you on July 1, 1995, and September 11, 1995, respectively. As of October 27, 1995, you have failed to respond to these requests. You must send the completed Report to the following address:

Ms. Carol Walker
Hazardous Waste Section, DEHNR
Post Office Box 27687
Raleigh, North Carolina 27611-7687

If the requirement above is not met by November 13, 1995, 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 per violation will be assessed for violation of the hazardous waste law or regulations.

If you have already mailed your Report, please disregard this reminder. Please call Ms. Walker or Mr. Emil Breckling at (919) 733-2178 Ext. 240 and 247 respectively, if you should have any questions.

Sincerely,

James A. Carter, Chief
Hazardous Waste Section

cc: Central Files

rc: Jim Edwards, Carol Walker

R.D. 11.959

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

October 27, 1995

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Notice of Violation
Docket #95-1055

HARRY SILVERS
UNLIMITED FINISHING INC (WHSA)
PO BOX 2308
MORGANTON, NC 28680
NCR000000653

RE: Final Notice for Waste Minimization Report

Dear HARRY SILVERS:

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October 27, 1995, you have failed to respond to these requests. You must send the completed Report to the following address:

Stamp: SECTION 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200

Ms. Carol Walker
Hazardous Waste Section, DEHNR
Post Office Box 27687
Raleigh, North Carolina 27611-7687

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Sincerely,

James A. Carter, Chief
Hazardous Waste Section

cc: Central Files

rc: Jim Edwards, Carol Walker

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



May 4, 1995

UNLIMITED FINISHING INC (WHSA)
PO BOX 2308
MORGANTON, NC 28680

RE: EPA ID No. NCR000000653

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

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



May 4, 1995

UNLIMITED FINISHING INC (WHA)
PO BOX 2308
MORGANTON, NC 28680

RE: EPA ID No. NCR000000653

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a Transporter, you should be familiar with North Carolina Management Regulations, 15A NCAC 13A .0002 Definitions; contained in 40 CFR 260.10 (Subpart B); 15A NCAC 10F .0007 Standards for Hazardous Waste Generators, contained in 40 CFR 262; 15A NCAC 13A .0008 Standards for Hazardous Waste Transporter contained in 40 CFR 263; Insurance requirements for Transporters, contained in 49 CFR 387; Regulations relating to Safety of operation and equipment, 49CFR 170-190 and 49 CFR 39-398.

All regulations under 49 CFR are enforced by the Division of Motor Vehicles, Department of Transportation.

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.

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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 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

APR 11 1995
HAZARDOUS WASTE

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

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> A. First Notification | <input type="checkbox"/> B. Subsequent Notification (Complete Item C) | C. Installation's EPA ID Number NCR0000000653 |
|---|---|--|

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

UNLIMITED FINISHING, INC (WHS A)

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

Street

320 BURKE DRIVE

Street (Continued)

City or Town

MORGANTON

State

NC

Zip Code

28655-

County Code

023

County Name

BURKE

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

P.O. BOX 2308

City or Town

MORGANTON

State

NC

Zip Code

28680-2308

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

Name (Last)

SILVER

Name (First)

HARRY

Job Title

PRESIDENT

Phone Number (Area Code and Number)

704-437-

VI. Installation Contact Address (See instructions)

A. Contact Address Location Mailing Other

B. Street or P.O. Box

320 BURKE DRIVE

City or Town

MORGANTON

State

NC

Zip Code

28655-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

HARRY SILVER

Street, P.O. Box, or Route Number

320 BURKE DRIVE

City or Town

MORGANTON

State

NC

Zip Code

28655-

Phone Number (Area Code and Number)

704-437-1480

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes No

(Date Changed) Month Day Year

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

7641 2396

| 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 checked="" 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 checked="" 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 F003 | 2 F005 | 3 | 4 P01 | 5 | 6 |
| 7 | 8 | 9 | 10 APR 1995 | 11 | 12 |

ENTERED RECORD

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

| | | | | | |
|---|---|---|----------|---|---|
| 1 | 2 | 3 | 4 E01 | 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 <i>Harry Silvers</i> | Name and Official Title (Type or print) HARRY SILVERS - PRESIDENT | Date Signed 4-5-95 |
|-----------------------------------|--|-----------------------|

XI. Comments

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