



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

January 19, 1996

*Pembroke chair*

Dear sir: *Hardwood Furniture Inc*

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: *NCR000000794*  
(X Indicates Operational Status of Your Facility)

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

Sincerely,

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

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



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

<input type="checkbox"/> A. First Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (Complete Item C)	C. Installation's EPA ID Number NCR0000000794
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**II. Name of Installation (Include company and specific site name)**

HARWOOD FURNITURE INC

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

Street  
2702 HEART DRIVE

Street (Continued)

City or Town: CLAREMONT State: NC Zip Code: 28610-

County Code: County Name: CATAWBA

**IV. Installation Mailing Address (See Instructions)**

Street or P.O. Box  
P.O. BOX 520

City or Town: CONOVER State: NC Zip Code: 28613-

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

Name (Last): KAYLOR (First): JOE

Job Title: PRESIDENT Phone Number (Area Code and Number): 704-459-2163

**VI. Installation Contact Address (See Instructions)**

A. Contract Address Location Mailing Other:  B. Street or P.O. Box: P.O. BOX 157

City or Town: CONOVER State: NC Zip Code: 28613-

**VII. Ownership (See Instructions)**

A. Name of installation's Legal Owner: JOE W. KAYLOR

Street, P.O. Box, of Route Number: P.O. BOX 157

City or Town: CONOVER State: NC Zip Code: 28613-

Phone Number (Area Code and Number): 704-464-2481

B. Land Type: P C. Owner Type: P D. Change of Owner Indicator: Yes No (Date Changed) Month Day Year

1D - 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D035

**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 DEC 1995 ENTERED BOOK	5	6
7	8	9	10	11	12

**C. Other Wastes. (State or other wastes requiring a handler to have an I.D. 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 <i>Joe W. Kaylor</i>	Name and Official Title (Type or print) JOE W. KAYLOR - PRES	Date Signed 10-13-95
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**XI. Comments**

Company has changed the name from PEMBROOK CHAIR CO. to HARDWOOD FURNITURE, INC. (SEE attached letter.)

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

# Hardwood Furniture, Inc.

Office: P.O. Box 157  
Conover, NC 28613  
704-464-2481  
704-465-6134 fax

RECEIVED

SEP 14 1995

BY:

Plant: 2678 Heart Drive  
Claremont, NC 28610  
704-459-7726

2163

August 31, 1995

*Return to* →  
State of North Carolina DEHNR  
Division of Solid Waste Management  
P. O. Box 27687  
Raleigh, NC 27611-7687

Reference: Facility ID #NCR000000794  
To: Pembroke Chair Corp.

Gentlemen:

A check for \$25.00 is enclosed from Hardwood Furniture, Inc. for the above referenced Facility ID; however, this application was inadvertently entered for Pembroke Chair Corp. and should have been Hardwood Furniture, Inc.

Pembroke Chair Corp. is an upholstering company and has no hazardous waste while Hardwood Furniture, Inc. manufactures the frames for Pembroke Chair Corp. and generates some waste.

Please change this application from Pembroke Chair Corp. to Hardwood Furniture, Inc.; P. O. Box 157; Conover, NC 28613.

Please accept my apology for this error and I appreciate your help in correcting it.

Very truly yours,

HARDWOOD FURNITURE, INC.  
PEMBROOK CHAIR CORP.

*Joe W. Kaylor*  
Joe W. Kaylor, President

NOTE



JWK/dk

Enclosures

*Please complete the enclosed form.*

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 12, 1995

PEMBROOK CHAIR CORP  
PO BOX 520  
CONOVER, NC 28613

RE: EPA ID No. NCR000000794

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: LARRY FOX

RECEIVED  
MAY 1 1995  
HAZARDOUS WASTE

Please refer to the instructions for filling 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)

**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

NC R0000060794

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

PEMBROOK CHAIR CORP.

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

Street

2702 HEART DRIVE

Street (continued)

City or Town

CLAREMONT

State

NC

ZIP Code

28610-

County Code

County Name

49 L35 CATAWBA

**IV. Installation Mailing Address (See instructions)**

Street or P.O. Box

PO BOX 520

City or Town

CONOVER

State

NC

ZIP Code

28613-

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

Name (last)

KAYLOR

(first)

JOE W.

Job Title

PRESIDENT

Phone Number (area code and number)

704-459-2163

**VI. Installation Contact Address (See instructions)**

A. Contact Address Location Mailing

B. Street or P.O. Box

PO BOX 520

City or Town

CONOVER

State

NC

ZIP Code

28613-

**VII. Ownership (See instructions)**

A. Name of Installation's Legal Owner

JOE W. KAYLOR

Street, P.O. Box, or Route Number

PO BOX 520

City or Town

CONOVER

State

NC

ZIP Code

28613-

Phone Number (area code and number)

704-459-2163

B. Land Type

C. Owner Type

D. Change of Owner Indicator

Yes

No

(Date Changed) Month Day Year

SIC CODE NUMBER 2512

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/Fuel 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 (220 - 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>_____</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 Marketer</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter/Daferral</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. Off-Specification Used Oil/Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device</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"/> 2. Specification Used Oil/Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>

IX. Description of Regulated 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 (D000)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Use specific EPA hazardous waste numbers for the Toxicity characteristics (contaminant))

D035 \_\_\_\_\_

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	5	6
7	8	9	10	11	12

C. Other Wastes. (State other wastes requiring a handler to have an I.D. 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 <u>Joe W. Kaylor</u>	Name and Official Title (type or print) <u>JOE W. KAYLOR</u>	Date Signed <u>4-26-95</u>
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XI. Comments

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