

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 4-18-95	First notification
② 5-19-95	EPA ID number
③ 5-19-95	Current Computer record
④ 5-30-95	TO DEHNR fr. J. clay Re: verification EPA#
⑤ 10-4-95	Current Computer record
⑥ 8-10-98	Invoice
⑦ 10-20-98	Subsequent notification
⑧ 11-13-98	RCRA classification

G

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT

8



November 13, 1998

JAMES B. HUNT JR.
GOVERNOR

DML IND PRODUCTS LINEBERRY DIV
P O BOX 788
HICKORY, NC 28601-

WAYNE MCDEVITT
SECRETARY

RE EPA ID NO.: NCR000000950

Dear Sir/Madam:

WILLIAM L. MEYER
DIRECTOR

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

Please verify the computer generated information on the attached report and notify us of any corrections. We are advising EPA of the changes.

Enclosed you will find some information we hope will be helpful. If you have any questions or if I can be of any further assistance, please call me at (919)733-2178 ext.209.

Sincerely,

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

cc: JESSE WELLS

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 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)

7

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

A. Initial Notification B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number
N C R 0 0 0 0 0 0 9 5 0

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

D M L I N D P R O D U C T S L I N E B E R R Y D I V

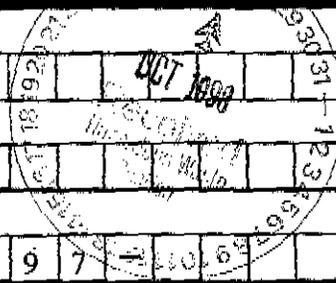
III. Location of Installation (Physical address not P.O. Box or Route Number)

Street
I S I L I N E B E R R Y D R I V E

Street (Continued)
H W Y 1 6 - 1 8 S

City or Town State Zip Code
W I L K E S B O R O N C 2 8 6 9 7

County Code County Name
W L W I L K E S



IV. Installation Mailing Address (See instructions)

Street or P.O. Box
P O B O X 6 0 0

City or Town State Zip Code
W I L K E S B O R O N C 2 8 6 9 7 -

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

Name (Last) (First)
W H I T T G L E N D A

Job Title Phone Number (Area Code and Number)
E N V I R O N C O O R D 8 2 8 - 3 2 2 - 4 2 6 6

VI. Installation Contact Address (See instructions)

A. Contact Address Location B. Street or P.O. Box
Mailing P O B O X 7 8 8

City or Town State Zip Code
H I C K O R Y N C 2 8 6 0 1 -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner
V E R M O N T A M E R I C A N C O R P O R A T I O N

Street, P.O. Box, or Route Number
N A T I O N A L C I T Y T O W E R , S U I T E 2 3 0 0

City or Town State Zip Code
L O U I S V I L L E K Y 4 0 2 0 2 -

Phone Number (Area Code and Number) B. Land Type C. Owner Type D. Change of Owner Indicator (Date Changed)
5 0 2 - 6 2 5 - 2 0 0 0 P P Yes No 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 (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><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 Recycling 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</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 Combustion Device(s)</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 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	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	D 0 1 0

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

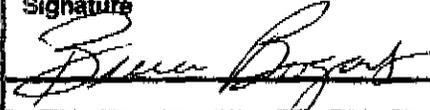
1	2	3	4	5	6
7	8	9	10	11	12

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 	Name and Official Title (Type or print) BRUCE BOGART / PLANT MANAGER	Date Signed 10/20/98
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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.)

G

(6)

August 10, 1998

DML LINEBERRY

Facility ID number: NCR000000950

Attn: ~~JAMES CLAY~~ or Glenda Whitt

Current Facility Hazardous Waste Contact

PO BOX 600

WILKESBORO, NC 28697

INVOICE

TO NORTH CAROLINA HAZARDOUS WASTE GENERATORS, TRANSPORTERS, AND
TREATERS, STORERS, AND DISPOSERS

Description of Charges	Rate	Quantity	Amount Due
SMALL QUANTITY GENERATOR	25.00	1	25.00
TOTAL			25.00

Payment is due by September 25, 1998. Make checks payable to: N.C. Division of Waste Management.

This invoice is based on your status as of July 1, 1996. The invoice is for the period of July 1, 1996, to June 30, 1997.

Mail checks to: North Carolina Division of Waste Management
Hazardous Waste Section
Attn: Jim Edwards
401 Oberlin Rd., Suite 150
Raleigh, NC 27605

PLEASE INCLUDE YOUR EPA FACILITY ID NUMBER ON YOUR CHECK.

If you have any questions, please call Jim Edwards (x-209) or Bud McCarty (x-247) at (919) 733-2178.

WASTE MINIMIZATION QUESTIONNAIRE

1. Has the facility implemented or continued Waste Minimization strategies on hazardous waste produced between January 1, 1997 and December 31, 1997. (Circle one) YES NO

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.
<input checked="" type="radio"/>	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"/>	d Good Housekeeping	Monitoring processes for leaks or spills.
<input checked="" type="radio"/>	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, 1997 and December 31, 1997.

- 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)

PLEASE SUBMIT THIS FORM WITH YOUR PAYMENT TO:

N.C. Hazardous Waste Section
Att: R. James Edwards
P.O. Box 29603
Raleigh, NC 27611-9603