

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
JEFFREY KAYLOR
WOOD PRODUCTS OF CONOVER
PO BOX 157
CONOVER, NC 28613
NCR000001081

Notice of Violation
Docket #95-1067

RE: Final Notice for Waste Minimization Report

Dear JEFFREY KAYLOR:

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

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
JEFFREY KAYLOR
WOOD PRODUCTS OF CONOVER
PO BOX 157
CONOVER, NC 28613
NCR000001081

Notice of Violation
Docket #95-1067



RE: Final Notice for Waste Minimization Report

Dear JEFFREY KAYLOR:

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

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



3

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

May 22, 1995

WOOD PRODUCTS OF CONOVER
PO BOX 157
CONOVER NC 28613

RE: EPA ID No.: NCR000001081

Dear Sir:

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 is active.

Current computer record of your facility contains following information:

(X Indicates Operational Status of Your Facility)

- | | |
|-------------------|-------------------------|
| - LARGE GENERATOR | X SMALL QNTY. GENERATOR |
| - TRANSPORTER | - TREATER |
| - STORER | - DISPOSER |

Company Name:	WOOD PRODUCTS OF CONOVER
Owner:	JEFFREY W KAYLOR
Owner Address:	PO BOX 157
City, St.& ZIP:	CONOVER NC 28613
Contact:	KAYLOR JEFFREY
Phone Number:	(704)464-8049
Location Addr.:	1317 EMMANUEL CHURCH RD
City, St.& ZIP:	CONOVER NC 28613

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

We are advising EPA of the change. Please notify us if there is any further change in your operations which would affect your status, namely Company's Name, Ownership, Address, Contact, or Telephone.
Your EPA ID number is currently active.

Sincerely,

R.J. Edwards, Administrative Officer

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Telephone 919-733-4996 FAX 919-771-3605

An Equal Opportunity Affirmative Action Employer 50% recycled/ 10% post-consumer paper

CC: LARRY FOX

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 22, 1995

WOOD PRODUCTS OF CONOVER
PO BOX 157
CONOVER, NC 28613

RE: EPA ID No. NCR000001081

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

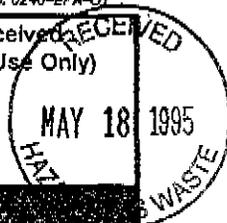
Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)



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

NCR000001081

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

WOOD PRODUCTS OF CONOVER

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

Street

1317 EMMANUEL CHURCH RD

Street (continued)

City or Town

CONOVER

State

ZIP Code

NC 28613-

County Code

County Name

035 CATAWBA

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P.O. BOX 157

City or Town

CONOVER

State

ZIP Code

NC 28613-

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

Name (last)

KAYLOR

(first)

JEFFERY

Job Title

PRESIDENT

Phone Number (area code and number)

704-464-8049

VI. Installation Contact Address (See Instructions)

A. Contact Address Location

Mailing

B. Street or P.O. Box

P.O. BOX 157

City or Town

CONOVER

State

ZIP Code

NC 28613-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

JEFFERY W. KAYLOR

Street, P.O. Box, or Route Number

P.O. BOX 157

City or Town

CONOVER

State

ZIP Code

NC 28613-

Phone Number (area code and number)

704-464-8049

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month Day Year

SIC CODE NUMBER _____

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><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. 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)	Use 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	3 MAY 1995 ENTERED STATE	4	5 MAY 1995 ENTERED RCRA	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>[Signature]</i>	Name and Official Title (type or print) Pres.	Date Signed 5/16/95
---------------------------------	--	------------------------

XI. Comments

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