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)	12-19-95	CEI Report

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: NCR000001255

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

Facility Name: Rexam Release City: Eden, N.C.

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

Agency: E Date: Mo. 12 / Day 19 / Year 95 Type: CEI

Control Number — Data Entry Personnel

Person: 008 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, DGH, DIN, DLB, DLF, DLT, DHC, DHR, DOH, DOT, DPB, DPP, DSI, DTR, DTT, DWP

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

JAN 1996 ENTERED ROIS

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 JAN 11 1996 HAZARDOUS WASTE

RCRA INSPECTION REPORT

X = violation noted; NA = not applicable

Facility Name: Reynolds Release
Location: 816 Fieldcrest Rd., Eden, N.C. 27288
Mailing Address: Same
ID #: NCR000001255 **Phone number:** (910) 635-0192
Contact/Title: Debbie Hill
Inspection Date: December 19, 1995 **Last Inspection:** ____
Status: Large Generator **Type of Inspection:** C.E.I.
Inspector(s): Steve Tribba
Present at Inspection: Debbie Hill, Frank Flaherty
Type of business: Manufacture release liners
Wastes Generated: F005 - waste solvents

Manifests:
Approved transporters? yes
Signed Copies? yes
LDR notification attached? yes
Approved TSDFs? yes
Filled out correctly? yes
Safety-Kleen - just generated 1st manifest on 12/19/95

Waste Minimization: Pollution Prevention Plan

Inspection Records:
Evidence that inspections are conducted weekly log - OK

Contingency Plan:
On site? yes
Any changes to facility/processes or Emergency coordination since last review? No
Contingency plan implemented? NO (if yes, was it adequate?)
New facility

Training Records:
Certified training documents available? yes
Any new employees since last review? 97 Training
Evidence of improper/inadequate training? No

Facility Name: ~~Re Warm~~ Reform Release

ID #: NCR000001255 Inspection Date: 12/19/95

Employee interviews:

Name(s) None Trained?

Annual Report submitted? New Company, Recently opened

Emergency preparedness:

*Facility maintained and operated to prevent releases? yes

Internal communications or alarm present? yes

Device in area of operation to summon outside aid? yes

Portable fire extinguishers and/or fire control equipment? yes

Spill control equipment? yes

Adequate water volume, foam equipment, or auto sprinklers? yes

All equipment/alarms tested and maintained? yes

All personnel handling HW have access to alarm/device? yes

*Aisle space in areas of facility operation? yes

Agreements with Emergency Responders? yes

Satellite Accumulation Area(s): Location(s): Chemical Mix Room

Containers: closed? yes

labeled? yes

< 55 gallons? yes

Storage Areas: Description: inside storage area

Containers: closed? yes

labeled? yes

dated? yes

good condition? yes

aisle space? yes

evidence of release? no

≤ 90 days? yes

Other HW units: (applicable regulations)

Description of unit None

External facility condition: OK

Facility Name: Rexam Release
ID #: NCR000001255 Inspection Date: 12/19/95

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Site Deficiencies:

None noted

Steve Phibbs 12/19/95

Debbie Hall 12/19/95