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) 1-3-96	CEI Report
(2) 2-19-96	TAV Report

HAZARDOUS WASTE SECTION (Review 8/93)

G- General, I- Inspections
P- Permits, GW- Ground Water
C- Closure E-Enforcement

Region IV CH&E Form - Side A

EPA ID: N C R 0 0 0 0 0 1 6 5 1

DATA ENTRY PERSONNEL
Submitted by: [redacted] Date: _____
Entered by: _____ Date: _____

Facility Name: AMERICAN DISTILLATION City: LELAND

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

Agency: E Date: Mo 02 / Day 19 / Year 96 Type: OFFH TAV

Control Number — Data Entry Personnel: V

Person: 009 BRANCH HW 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, DGN, DIN, DLB, DLF, DLT, DHC, DHR, DOR, DOT, DPB, DPP, DSI, DTR, DTT, DWP

2

COMPLIANCE SCHEDULE (TSD, GEN, TRANS)
FEA CAS

Evaluation Comments: (72) 1 :
2 :

RECEIVED MAR 12 1996 HAZARDOUS WASTE

VIOLATION DATA: New: __ Change: __ Delete: __

#__ Agency: Type: Date (mdy) Determined: / / Class:
Priority: Branch: Person: Seq. Number (Date Entry)
Return to Compliance: Scheduled / / Actual / /
Reg. Type: Reg. Description (30):
Comment (72):

#__ Agency: Type: Date (mdy) Determined: / / Class:
Priority: Branch: Person: Seq. Number (Date Entry)
Return to Compliance: Scheduled / / Actual / /
Reg. Type: Reg. Description (30):
Comment (72):

#__ Agency: Type: Date (mdy) Determined: / / Class:
Priority: Branch: Person: Seq. Number (Date Entry)
Return to Compliance: Scheduled / / Actual / /
Reg. Type: Reg. Description (30):
Comment (72):

Continue violation data if necessary -

DEPARTMENT OF ENVIRONMENT, HEALTH and NATURAL RESOURCES
DIVISION OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE SECTION
ACTIVITY REPORT

BRUNSWICK Co.

Subject AMERICAN DISTILLATION INC. NCR000 001 651

Location 1690 NE ROYSTER RD. Date 2-19-96

Address P.O. BOX 400 1690 N.E. ROYSTER RD. Time spent 3

City LELAND State N.C. Zip 28451

By whom L.F. WERRELL WASTE MGMT SPECIALIST

Persons contacted WAYNE GANOUS / HUGH CRLOM / ANDY SIMMONS / MARK WALTON / WILL OLIVER
(Owner, agent, tenant, manager, other)

Reason for visit A CALLED MEETING BY AD TO DISCUSS WASTE DETERMINATION / RECYCLING

Copies to L.D. PERRY EASTERN AREA SUPERVISOR

REPORT:

This MEETING WAS CALLED BY AD to discuss their Role in Recycling solvents / still bottoms / and such. AD wanted a blanket Approval on NUMERUS Recycled waste / materials they intend to Receive from off-site facilities. Other information WAS Requested As mentioned before each WASTE STREAM has to BE looked at on an individual basis. To be follow up with larger meeting with Raleigh TA STAFF.

Activity Type: Check Most Appropriate

1.	Complaint	___	5.	Presentation	___
2.	Emergency Response	___	6.	Training	___
3.	Technical Assistance	___	7.	Meeting	✓
4.	Remedial Action (other than WPCA)	___	8.	Other	___

Region IV CH&E Form - Side A

EPA ID: NCR000001651

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

Facility Name: American Distillation Inc. City: Leland

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

Agency: S Date: Mo 01 / Day 03 / Year 96 Type: CEI

Control Number Data Entry Personnel

Person: 009 BRANCH HW REASON

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applic. D: Del.)

Generators: GBF, GER, GGR, GLB, GMR E, GOR, GPT E, GRR E, GSC, GSQ E

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, DMC, DMR, DOR, DOT, DPB, DPP, DSI, DTR, DTT, DWP

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

Evaluation Comments: (72) 1 :
2 :

RECEIVED MAY 1996

VIOLATION DATA: New: __ Change: __ Delete: __

#__ Agency: ___ Type: ___ Date (mdy) Determined: __/__/__ Class: ___
Priority: ___ Branch: ___ Person: ___ Seq. Number (Date Entry) ____
Return to Compliance: -- Scheduled -- __/__/__ -- Actual -- __/__/__
Reg. Type: ___ Reg. Description (30): ____
Comment (72): ____

#__ Agency: ___ Type: ___ Date (mdy) Determined: __/__/__ Class: ___
Priority: ___ Branch: ___ Person: ___ Seq. Number (Date Entry) ____
Return to Compliance: -- Scheduled -- __/__/__ -- Actual -- __/__/__
Reg. Type: ___ Reg. Description (30): ____
Comment (72): ____

#__ Agency: ___ Type: ___ Date (mdy) Determined: __/__/__ Class: ___
Priority: ___ Branch: ___ Person: ___ Seq. Number (Date Entry) ____
Return to Compliance: -- Scheduled -- __/__/__ -- Actual -- __/__/__
Reg. Type: ___ Reg. Description (30): ____
Comment (72): ____

Continue violation data if necessary -

RCRA INSPECTION REPORT

FACILITY NAME: American Distillation Inc.

ID Number: NCR 000 001 651

Type of facility: LQG

Ownership: Andy Simmons – Leland

Contact: Hugh Croom – plant manager

Phone number: 910/371-1924

Facility location (address): 1690 N.E. Royster Road

City, State, Zip: Leland N.C., 28451

SURVEY PARTICIPANTS: Hugh Croom, – plant mgr
Wayne Gamous environmental/safety
F. Worrell – NCDSWM

DATE OF INSPECTION: 1-3-96

PURPOSE OF INSPECTION:

CEI

FACILITY DESCRIPTION: facility reclaims isopropyl alcohol/water mixture and sends product back to generator for reuse. AD Inc. is operating under a one year variance and will be reevaluated July 96.

Processes:

Distillation columns

Type Waste:

None at this time

Transporters:

NA

TSD's: NA

American Distillation INS (S)
1651

Facility Name: American Distillation Inc
ID#: NCR 000 001 651

Accumulation Areas:
will be at filters if any generated

Storage Areas:
None

WASTE MINIMIZATION:

NA

SITE DEFICIENCIES:

None observed

RECOMMENDATIONS:

Will Reduce Status to CESQG

Inspector/Reviewer

Facility Contact

1-3-96
Date