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
(14) 5-20-94	CEI Report
(15) 3-7-96	CEI "
(16) 12-6-96	OTH "
(17) 8.22.00	CEI Report
(18) 11.30.00	CEI Report.
(19) 2.18.00	Form Identification & certification

HAZARDOUS WASTE SECTION (Review 8/93)

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

(G)

SITE NAME

SOUTHERN WOOD PIEDMONT CO
FOOT OF GREENFIELD ST
WILMINGTON NC 28401

EPA ID NO: NCD058517467

FORM
IC

U.S. ENVIRONMENTAL PROTECTION AGENCY
1999 Hazardous Waste Report

(19)

IDENTIFICATION AND CERTIFICATION

Sec. I Site name and location address

A. EPA ID No.	B. County
NCD058517467	NEW HANOVER
C. Site/company name	**D. Has the site name associated with this EPA ID changed ?**
SOUTHERN WOOD PIEDMONT CO	
E. Street name and number.	
FOOT OF GREENFIELD ST	

F. City, town, village, etc.	G. State	H. Zip Code
WILMINGTON	NC	28401-

AUG 2000 ENTERED RCRIS

Sec. II Mailing address of the site.

A. Is the mailing address the same as the location address?

B. Number and street name of mailing address
PO BOX 5447

C. City, town, village, etc.	D. State	E. Zip Code
SPARTANBURG	SC	29304-

Sec. III Name, title and telephone number of the person who should be contacted if questions arise regarding this report.

A. Last Name	First Name	M.I.	B. Title	C. Telephone
ARRANTS	WILLIAM	P	MGR ENV AFFAIRS	(864) 599-1070 Extension 103

Sec. IV

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 signifigant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Last Name	First Name	M.I.	B. Title
ARRANTS	WILLIAM	P	MGR ENV AFFAIRS

C. Signature	D. Date of signature
	02 / 18 / 2000 (MO. DAY YEAR)

EPA ID NO: NCD058517467

Sec. V	Generator Status

A. 1999 Generator Status	B. Reason for not generating	
1 LQG 4	1. Never generated	5. Periodic or occasional generator
2 SQG	2. Out of business	6. Waste minimization activity
3 CESQG	3. Only excluded or delisted waste X	7. Other (Specify in Comments)
4 Non generator (Continue to Box B)	4. Only non-hazardous waste	

Sec. VI	On-Site Waste Management Status.

A. Storage subject to RCRA permitting requirements	B. Treatment, disposal, or recycling subject to RCRA permitting requirements	C. RCRA exempt treatment, disposal, or recycling
1	1	1

Comments

V.A. - THIS IS A SITE ON WHICH A WOOD PRESERVING FACILITY WA
S FORMERLY LOCATED. NO REMEDIAL WASTES WERE GENERATED DURIN
G THE YEAR.

Region 4 Compliance Data Entry Form - Side A (Rev.8/97)

Submittal Information	Initial By-	Initial Date -	Corrected By-	Corrected Date -
RCRA Comp. Section:		__/__/__		__/__/__
Received:		__/__/__		__/__/__
Entered/ Returned:		__/__/__		__/__/__

FACILITY INFORMATION:

EPA ID Number: NC005851746 7

Facility Name: SOUTHERN WOOD PIEDMONT CO. City: WILMINGTON, N.C.

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

Agency: S Date: Mo. 11 / Day 30 / Year 00 Type: CEI

Control Number Data Entry Personnel

Person: 0019 Reason:

Evaluation Comments:
(74) 1 : CONTACT. TM DAVIS SWP / STATE PORTS OWNER
2 : 10 CONTAINERS AND 1 ROLL OFF OF HAZ. WASTE ONSITE GEN. START DATE 11.14.00

SNC DETERMINATION: If this evaluation resulted in a SNC determination, fill in this block. (NOTE: SNC determinations are SNY/SNN evaluations. The SNY/SNN evaluation can also be submitted later on a separate form.)

Facility is (Check one) - a SNC (SNY evaluation) or- - no longer a SNC (SNN eval.) Date of determination: Same as above eval.: __ - or - __/__/__

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 date on Side B if necessary -

Region 4 Compliance Data Entry Form - Side A (Rev.8/97)

Submittal Information	Initial By-	Initial Date -	Corrected By-	Corrected Date -
RCRA Comp. Section:	___	__/__/__	___	__/__/__
Received:	___	__/__/__	___	__/__/__
Entered/ Returned:	___	__/__/__	___	__/__/__

FACILITY INFORMATION:

EPA ID Number: NCD058517467

Facility Name: SOUTHERN WOOD PIEDMONT City: WILMINGTON, N.C

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

Agency: 5 Date: Mo. 08 / Day 22 / Year 00 Type: CEI

Control Number Data Entry Personnel

Person: 0009 Reason:

Evaluation Comments:
(74) 1 :
2 :

SNC DETERMINATION: If this evaluation resulted in a SNC determination, fill in this block. (NOTE: SNC determinations are SNY/SNN evaluations. The SNY/SNN evaluation can also be submitted later on a separate form.)

Facility is (Check one)
- a SNC (SNY evaluation) ___
or-
- no longer a SNC (SNN eval.) ___

Date of determination:
Same as above eval.: ___ - or - __ / __ / __

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 date on Side B if necessary -

State of North Carolina
Department of Environment and Natural Resources
Hazardous Waste Section

SMALL QUANTITY GENERATOR INSPECTION FORM

Facility Name: SOUTHERN WOOD PIEDMONT Inspection Date: 08.22.00

Address: GREENFIELD ST. P.O. BOX 5447 Wilmington NC County: NEW HANOVER

Contact Name/Tele.#: TM DAVIS 864.599.1070 ID#: NCD058 517467

Present at Inspection: LAWNMOWER SERVICE Owner: SWP SPARTENBURG SC

Processes: Closed facility Waste Generated:

old wood treatment

Type of Business: old CRESOTE operation

Transporters: TSD's:

Manifests/Signed Copies: Yes ___ No ___
(Within 60 Days)

Inspection Records: Yes ___ No ___ Example Issued: Yes ___ No ___

Emergency #'s Posted? Yes ___ No ___ Example Issued: Yes ___ No ___

Emergency Coordinator? ___ Personnel trained? Yes ___ No ___

Local Authorities Contacted: Yes ___ No ___

Accumulation Areas: Description:

Closed/labeled/<55 gallons?

Storage Areas: Description:

Closed/labeled/dated<180 days/good condition?

Deficiencies/Comments: No visible Contamination / odors
Site was open and grass was being cut — The county was filling holes in Road at the STATE PORTS side of property.
All monitoring Well looked good.

Signature: [signature] Date: 08.22.00 Facility/Contact: Closed Facility Date: 08.22.00