

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
19. 4-1-97	Letter regarding fuel holding tanks a treatment system,
20. 4-2-97	TO: Wayne Gainous Fr: Daniel Birus Re: Solid Waste Variance
21. 8-7-97	Letterman requesting a solid waste variance
22. 7-8-97	Solid Waste Variance
23. 6-30-97	Solid Waste Variance
24. 12-17-97	Meeting attendance Record
25. 12-31-97	Letter requesting the variance issue
26. 12-3-97	Solid waste Variance
27. 6-17-99	Affidavit of Publication
28. 9-10-99	Subsequent Notification
29. 11-2-99	Solid waste variance
30. 5-8-00	Letter to Linda Culpepper from Will Oliver
31. 4-25-00	Letter to Am. Distillation, Inc. from Jack L. Nickels
32. 9-22-00	H.W. Fee Letter
33. 2-8-01	Letter acknowledge check # 6994
34. 9-10-99	Subsequent Notification
35. 9-17-99	EPA ID # assigned
36. 3-23-00	Letter acknowledge check # 6199



NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT

JAMES B. HUNT JR. GOVERNOR

March 23, 2000

BILL HOLMAN SECRETARY

WILLIAM L. MEYER DIRECTOR

36

Mr. Wilmer Oliver
American Distillation, Inc.
P.O. Box 400
Leland, N.C. 28451

RE: American Distillation, Inc. v NCDENR Docker # 99-056
NCR000001615
51

Dear Mr. Oliver

On behalf of the Division of Waste Management, I acknowledge receipt of American Distillation, Inc. check number 6199 in the amount of \$ 5000.00 representing the first (1st) instalment, of five (5). This is in accordance with the consent and settlement agreement. These instalments are due and payable on or before the First (1st) of February each year for the next four (4) years. The next payment will be due February 1st, 2001 and the last due February 1st, in the year 2004.

If I can be of any assistance please call me at (919) 733-2178 ext. 209.

Sincerely

R. J. Edwards III
Administrative officer

cc: Attorney General
Central files





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

September 17, 1999

JAMES B. HUNT JR.
GOVERNOR

AMERICAN DISTILLATION INC
1690 NE ROYSTER RD
LELAND NC 28451-

35

WAYNE MCDEVITT
SECRETARY

RE: EPA ID NO.: NCR000001651

Dear Sir/Madam:

WILLIAM L. MEYER
DIRECTOR

Listed above is your EPA ID number which has been assigned by the EPA. As a Generator, you should be familiar with North Carolina Hazardous Waste Management, Regulation 15A NCAC 13A .0102 Definitions, contained in 40 CFR 260; 15A NCAC 13A .0106 Identification and Listing of Hazardous Waste, contained in 40 CFR 261; 15A NCAC 13A .0107 Standards for Hazardous Waste Generators, contained in 40 CFR 262; 15A NCAC 13A .0110 Personnel Training, contained in 40 CFR 265.16 (Subpart B); Preparedness and Prevention, Contained in 40 CFR 265.35-265.37 (Subpart C); Contingency Plan and Emergency Procedures, contained in 40 CFR 265.51-265.56 (Subpart D); Use and Management of Containers, contained in 40 CFR 265.170-265.177 (Subpart I); Tanks, contained in 40 CFR 265.191-265.177 (Subpart J).

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. The State of North Carolina provides a training program for generators which you may want to attend.

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 Waste Management, P. O. Box 29603, Raleigh, NC 27611-9603. There is a \$25.00 printing charge for complete copy of the rules. Attached is a report of your information.

Sincerely,

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

cc: FLINT WORRELL

FAX

American Distillation, Inc.
1690 N.E. ROYSTER ROAD
P.O. BOX 400
LELAND, NC 28451

Date 9/10/99

Number of pages including cover sheet 3

34

To: JIM EDWARDS

From: WILL OLIVER

Phone _____

Phone (910) 371-0993

Fax Phone 919-715-3605

Fax Phone (910) 371-2971

CC: _____

REMARKS

Urgent For your review Reply ASAP Please comment

ENCLOSED IS A COPY OF ADI'S "NOTIFICATION OF REGULATED WASTE ACTIVATION" FORM: A HARD COPY TO FOLLOW IN THE MAIL. PLEASE NOTIFY ME IF ADDITIONAL INFORMATION IS NEEDED TO COMPLETE OUR CHANGE TO A "LARGE GENERATOR".

THANKS
WILL OLIVER
SECRETARY/TECHNICAL DIRECTOR
AMERICAN DISTILLATION, INC.

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0271 Expires 10/31/95
GS: No. 0240-EPA-01

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

 **EPA** United States Environmental Protection Agency

Date Received
(For Official Use Only)

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

<input type="checkbox"/> A. Initial Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (Complete Item C)	C. Installation's EPA ID Number											
		N	C	R	0	0	0	0	0	1	6	5	1

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

A	M	E	R	I	C	A	N	D	I	S	T	I	L	L	A	T	I	O	N	I	N	C
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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

Street

1	6	9	0	N	E	R	O	Y	S	T	E	R	R	O	A	D
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

Street (Continued)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City or Town

L	E	L	A	N	D	State	Zip Code
						N	C
						2	8
						4	5
						1	-

County Code

County Name								
B	R	U	N	S	W	I	C	K

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

S	A	M	E
---	---	---	---

City or Town

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

Name (Last)

S	I	M	M	O	N	S	(First)			
							A	N	D	Y

Job Title

P	R	E	S	I	D	E	N	T	Phone Number (Area Code and Number)											
									9	1	0	-	3	7	1	-	0	9	9	3

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City or Town

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

A	N	D	Y	S	I	M	M	O	N	S
---	---	---	---	---	---	---	---	---	---	---

Street, P.O. Box, or Route Number

1	6	9	0	N	E	R	O	Y	S	T	E	R	R	O	A	D
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

City or Town

L	E	L	A	N	D	State	Zip Code
						N	C
						2	8
						4	5
						1	-

Phone Number (Area Code and Number)	B. Land Type	C. Owner Type	D. Change of Owner Indicator
9	P	P	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
1			Month
0			Day
-			Year
3			
7			
1			
-			
0			
9			
9			
3			

34

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2030-006 Expires 10/31/99
U.S. No. 0248-EPA-107

30 - 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 checked="" type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.)</p> <p><input 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. Trailer, Storage, 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. Smaller 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 Direct 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 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	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 <i>Will Oliver</i>	Name and Official Title (Type or print) Will Oliver / SECRETARY	Date Signed 9-10-99
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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.)

North Carolina
Department of Environment and Natural Resources

Division of Waste Management

Michael F. Easley, Governor
William G. Ross Jr., Secretary
William L. Meyer, Director



February 8, 2001

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Mr. Wilmer Oliver
American Distillation, Inc.
P.O. Box 400
Leland, N.C. 28451

RE: American Distillation, Inc. v NCDENR Docker # 99-056
NCR000001645
1651

Dear Mr. Oliver

On behalf of the Division of Waste Management, I acknowledge receipt of American Distillation, Inc. check number 6994 in the amount of \$ 5000.00 representing the second (2nd) instalment, of five (5). This is in accordance with the consent and settlement agreement. These instalments are due and payable on or before the First (1st) of February each year for the next three (3) years. The next payment will be due February 1st, 2002 and the last due February 1st, in the year 2004.

If I can be of any assistance please call me at (919) 733-2178 ext. 209.

Sincerely

R. J. Edwards III
Administrative officer

cc: Attorney General
✓ Central files

1646 Mail Service Center, Raleigh, North Carolina 27699-1646
Phone: 919-733-4996 \ FAX: 919-715-3605 \ Internet: www.enr.state.nc.us



NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT

September 22, 2000



JAMES B. HUNT JR.
GOVERNOR

BILL HOLMAN
SECRETARY

WILLIAM L. MEYER
DIRECTOR

ANDY SIMMONS
Or Current Hazardous Waste Facility Contact
AMERICAN DISTILLATION INC (NCR000001651)
1690 NE ROYSTER RD
LELAND, NC 28451

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Dear Mr./Ms. SIMMONS:

Pursuant to North Carolina General Statutes 130A-294 and 130A-294.1 the above listed facility is required to both pay a fee and submit a written description of any program(s) to minimize or reduce the volume and quantity or toxicity of hazardous waste produced. You can access the referenced General Statutes at the NC Hazardous Waste Rules web page at: <http://wastenot.enr.state.nc.us/HWHOME/WEBRules/NCHWRule.html>.

Please review the attached form concerning your hazardous waste status and fee requirements, and describe your waste minimization efforts. **Return the completed Waste Minimization Form and submit payment no later than November 30, 2000** to:

North Carolina Division of Waste Management
Hazardous Waste Section
ATT: Jim Edwards
1646 Mail Service Center
Raleigh, NC 27699-1646

Checks should be made out to N.C. Hazardous Waste Section. Please include your EPA ID number and facility name on your check..

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

Sincerely,

Jill Burton, Acting Chief
North Carolina Hazardous Waste Section
(over)



1646 MAIL SERVICE CENTER, RALEIGH, NORTH CAROLINA 27699-1646
401 OBERLIN ROAD, SUITE 150, RALEIGH, NC 27605
PHONE 919-733-4996 FAX 919-718-3605

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER - 50% RECYCLED/10% POST-CONSUMER PAPER

WHO IS REQUIRED TO PAY A HAZARDOUS WASTE FEE ?

Large Quantity Generators (\$500.00) - A person who generates one kilogram or more of acute hazardous waste or 1000 kilograms or more of hazardous waste in any calendar month during the year beginning July 1, 2000, and ending June 30, 2001. (Note: Large Quantity Generators are also required to pay an additional fee of \$.50 per ton, or any part thereof, of hazardous waste generated during the period January 1, 1999 to December 31, 1999, up to a maximum of 25,000 tons.)

Small Quantity Generators (\$25.00) - A person who generates 100 kilograms or more of hazardous waste in any calendar month during the year beginning July 1, 2000, and ending June 30, 2001, but less than 1000 kilograms of hazardous waste in each calendar month during that year.

Transporters (\$600) - A person who transports hazardous waste shall pay an annual fee.

Treaters, Storer or Disposers (\$1200.00 for each activity) - A storage, treatment, or disposal facility shall pay an annual activity fee for each activity.

The North Carolina Hazardous Waste Section database indicates the following information for your facility. If you need to make changes please do so on the attached Notification of Regulated Waste Activity form and return it with your payment and waste minimization information.

Contact: **ANDY SIMMONS**
 Facility Name: **AMERICAN DISTILLATION INC**
 EPA ID Number: **NCR000001651**
 Mailing Address: **1690 NE ROYSTER RD**
 LELAND, NC 28451
 Location Address: **1690 NE ROYSTER RD**
 LELAND, NC 28451

Reported Facility Status

Generator Status..... 1
 (1 = Large Quantity Generator, 2 = Small Quantity Generator, 3 = Conditionally Exempt Small Quantity Generator, N or blank = Not a generator)
 Transporter..... NO
 Treater NO
 Storer..... NO
 Disposer..... NO

INVOICE INVOICE INVOICE INVOICE INVOICE INVOICE

CATEGORY	FEE	FACILITY STATUS	AMOUNT DUE
Large Quantity Generator	\$ 500	YES	500
Small Quantity Generator	\$ 25		
Transporter	\$ 600		
Treater	\$ 1200		
Storer	\$ 1200		
Disposer	\$ 1200		
Amount Past Due			
Generator Fee (Based on the 1999 HW Report)	\$ 0.50/Ton	450 Tons	\$ 225.00
TOTAL AMOUNT DUE			\$ 725.00

Return the completed Waste Minimization Form and submit payment no later than November 30, 2000 to:

North Carolina Division of Waste Management
 Hazardous Waste Section
 ATT: Jim Edwards
 1646 Mail Service Center
 Raleigh, NC 27699-1646

Checks should be made out to N.C. Hazardous Waste Section. Please include your EPA ID number and facility name on your check.

RECORDED COPY - 1 2300

goldschmidt

Goldschmidt Chemical

April 25, 2000

American Distillation, Inc.
P.O. Box 400
Leland, NC 28451
Attn: Mr. Will Oliver



31

Dear Will:

On behalf of Witco Corporation and Goldschmidt Chemical, my current employer, I would like to thank you and your company for helping us with the disposal for processing waste from our Mapleton Witco Corporation operations. The history of this project goes back a few years. You have processed many railcars of recovered Isopropyl Alcohol and returned the cleaned solvent to us for reuse in our processing of Quaternary Amines for the fabric care industry.

However, when I inherited this project, the only thing left was the IPA / Quats in storage waiting final disposition no one knew what to do with. We had to work together to come up with methods of dealing with this material. I want to thank you for all your help and assistance throughout this project. We certainly had plenty of obstacles get in our way but you just have to go forward and figure out how to get around them. That is the part I enjoyed the most in working with you on this project. Thank you.

With the last invoice from Giant Cement, the project is completely finished. You told me some time ago that all of our materials stored at your facility in North Carolina were taken to Giant Cement for disposal in their kilns.

Best Regards,

Jack L. Nickels
Jack L. Nickels
Environmental Engineer

JLN:ksw
Y:env/kim/kim/nickels/2000/l-amdistill

File - G
American Distillation Inc
NC

AMERICAN DISTILLATION, INC.
1690 NE ROYSTER ROAD
P.O. BOX 400
LELAND, NORTH CAROLINA 28451
(910) 371-0993 FAX (910) 371-2971



5/8/00

Linda Culpepper
State of North Carolina DENR
Hazardous Waste Section
Division of Waste Management

30

Dear Linda,

I promised to send you the completion letter from Witco's Jack Nickels concerning this project. Mr. Nickels was in a major car wreck at the time I originally promised the letter; fortunately, he survived the ordeal and has returned to work. I have now received his letter and have included it as an attachment. Sorry for the delay.

Sincerely,

A handwritten signature in cursive script, appearing to read "Will Oliver".

Will Oliver
Technical Director / ADI

c.c. Andy Simmons, Jr.
Larry Rosetti