

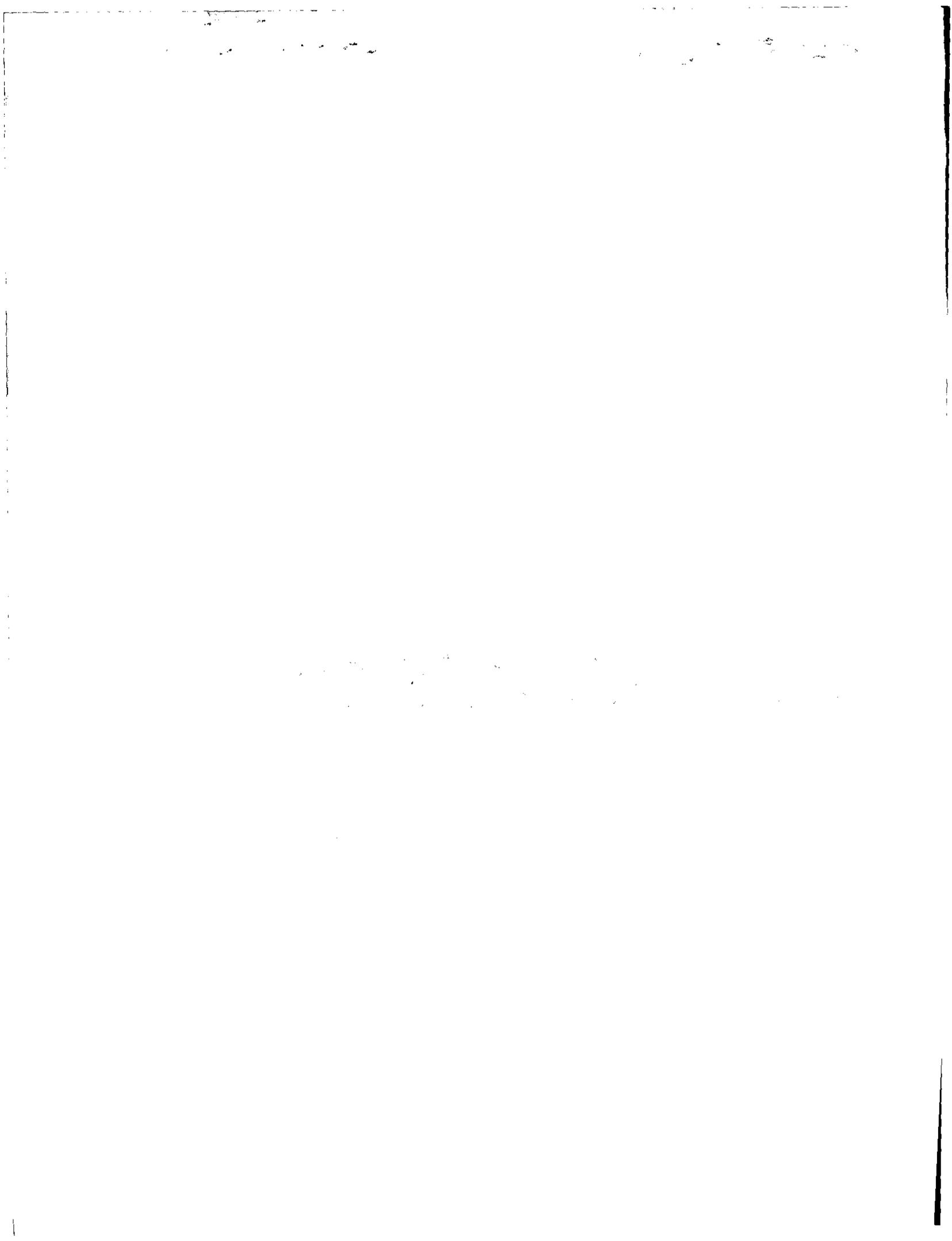
N.C. DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES  
DIVISION OF SOLID WASTE  
HAZARDOUS WASTE SECTION

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 Bitts Re: Solid Waste Variance
21. 8-7-97	Letterman requesting a solid waste variance
22. 7-8-97	Solid waste Variance
23. 6-20-97	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



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

November 2, 1999

29



JAMES B. HUNT JR.  
GOVERNOR

WAYNE McDEVITT  
SECRETARY

WILLIAM L. MEYER  
DIRECTOR

Will Oliver  
American Distillation, Inc.  
1690 Royster Road  
P.O. Box 400  
Leland, North Carolina 28451

RE: Solid Waste Variance  
Distillation of isopropyl alcohol-methanol  
American Distillation, Inc.  
EPA ID # NCR 000 001 651

Dear Mr. Oliver:

This is in response to your letter dated May 3, 1999 requesting a solid waste variance pursuant to the provisions of 40 CFR 260.30(b) codified at 15A NCAC 13A.0103. The variance requested is for an isopropyl alcohol--methanol waste stream known as "DPP Alcohols" generated by the Colors division of Ciba Specialty Chemicals in Newport, Delaware.

The material to be treated and the process by which it will be treated is described in your letter of May 3, 1999 which is incorporated herein by reference.

A public notice concerning your request was published and comments accepted by the Hazardous Waste Section for 30 days following its publication in the local newspapers. No comments were received.

You indicated in your letter that methanol, cyclohexane, and tertiary amyl alcohol will be recycled from the material and sent back to the Ciba plant for reuse. You indicated the isopropyl alcohol that is recovered would be either used by ADI as a denaturant in your ethanol blending business or sold as standard industry quality isopropyl alcohol. A waste consisting of water and an aqueous non-hazardous ammonium salt solution would be generated from the process and sent to a permitted off-site disposal facility.

Mr. Will Oliver  
November 2, 1999  
Page Two

The Hazardous Waste Section hereby grants to ADI a variance pursuant to 40 CFR 260.30(a) for a six month period with an opportunity to request an extension of the variance for an additional 18 months if ADI pursues, to the Section's satisfaction, its application for a hazardous waste treatment facility permit. The period of this variance commences with the date of this letter and continues for six months thereafter with the opportunity to request an 18 month extension. The request for an extension must be received prior to the end of the initial six month period.

This variance is conditioned on:

1. ADI operating in accordance with its letter of May 3, 1999, unless modified through agreement in writing with the Section;
2. ADI obtaining and operating in accordance with a variance for the material from the State of Delaware; and
3. ADI ensuring, at all times, the following:
  - a. The incoming mixture is tested for quality control prior to unloading and the original generator directly reuses the distilled products;
  - b. The volume of used material on site awaiting distillation does not exceed 50,000 gallons at any time;
  - c. All materials are shipped to and from ADI in accordance with the Department of Transportation requirements;
  - d. All materials are managed on site in accordance with all local, state, and federal fire codes; and
  - e. All applicable local, state, and federal health and environmental program regulations are followed, including those implemented by the Division of Air Quality, Division of Water Quality, Division of

Mr. Will Oliver  
November 2, 1999  
Page Two

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

November 2, 1999

29

Will Oliver  
American Distillation, Inc.  
1690 Royster Road  
P.O. Box 400  
Leland, North Carolina 28451

RE: Solid Waste Variance  
Distillation of isopropyl alcohol-methanol  
American Distillation, Inc.  
EPA ID # NCR 000 001 651

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NCDENR

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GOVERNOR

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SECRETARY

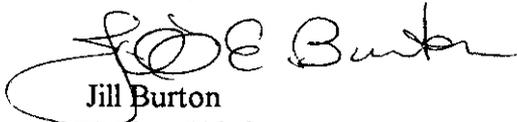
WILLIAM L. MEYER  
DIRECTOR

Mr. Will Oliver  
November 2, 1999  
Page Three

Waste Management, Division of Coastal  
Management and the Occupational Safety and  
Health Division.

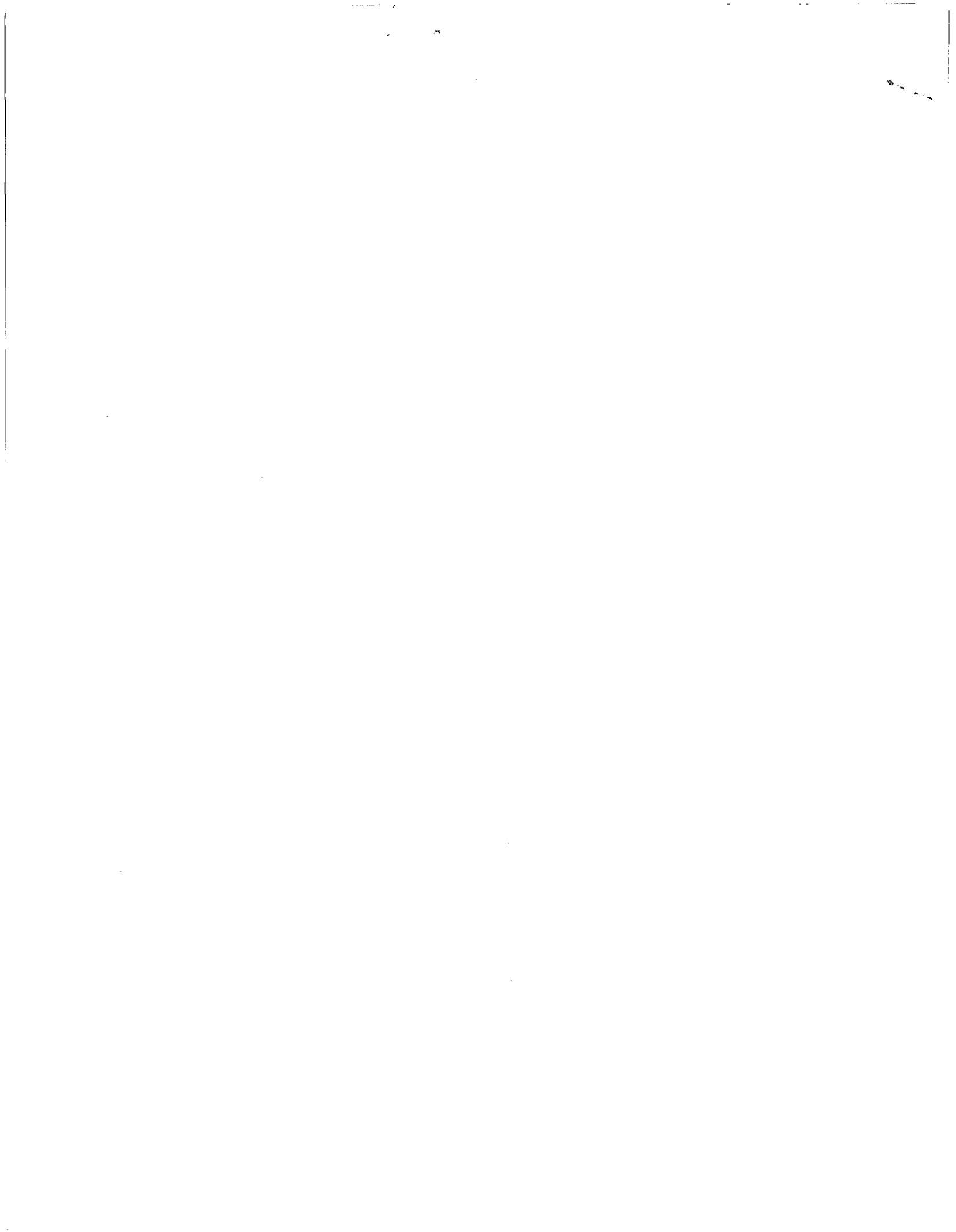
Please contact Linda Culpepper at (919) 733-2178 ext 220  
if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Jill Burton". The signature is written in a cursive style with a large, looping initial "J".

Jill Burton  
Acting Chief  
Hazardous Waste Section

cc: Larry Perry  
Flint Worrell  
Doug Holyfield  
Kathy Lawson  
Linda Culpepper  
Patricia Arms  
John Johnston, EPA Region 4  
Central Files



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

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

28

**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	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	State	Zip Code
L E L A N D	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	State	Zip Code
		-

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

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

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

**VI. Installation Contact Address (See Instructions)**

A. Contact Address Location	B. Street or P.O. Box
<input checked="" type="checkbox"/> Location	

City or Town	State	Zip Code
		-

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

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

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 Recycling Activities
<p>1. Generator (See instructions)</p> <p><input checked="" type="checkbox"/> a. Greater than 1000kg/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. 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. 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 Directs 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) <i>WILL OLIVER / SECRETARY</i>	Date Signed <i>9-10-99</i>
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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.)

ID - For Official Use Only									

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Signature <i>Will Oliver</i>	Name and Official Title (Type or print) <i>WILL OLIVER / SECRETARY</i>	Date Signed <i>9-10-99</i>
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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).	<h1 style="margin: 0;">Notification of Regulated Waste Activity</h1> United States Environmental Protection Agency	Date Received (For Official Use Only)
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**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 0 1 6 5 1

28

**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 .
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**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	State	Zip Code
L E L A N D	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	State	Zip Code
		-

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

Name (Last)	(First)
S I M M O N S	A N D Y
Job Title	Phone Number (Area Code and Number)
P R E S I D E N T	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
<input checked="" type="checkbox"/>	<input type="checkbox"/>	

City or Town	State	Zip Code
		-

**VII. Ownership (See instructions)**

**A. Name of Installation's Legal Owner**

A N D Y S I M M O N S
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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	State	Zip Code
L E L A N D	N C	2 8 4 5 1 -

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