



North Carolina Department of Environment and Natural Resources
Division of Waste Management

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

11/12/2009

NEIL WRIGHT
MERIDIAN SPECIALITY YARN GRP INC
PO DRAWER 10
VALDESE, NC 28690

RE: SUBSEQUENT NOTIFICATION
EPA ID # NCR000001305
MERIDIAN SPECIALITY YARN GRP INC
312 COLUMBO ST
VALDESE, NC 28690



Dear Facility Contact:

The North Carolina Hazardous Waste Section has received a Subsequent Notification from your facility. Our office has accepted and processed the changes as noted. Attached is a RCRA Site Detail Report for your review to ensure that the information is accurate.

Please notify our office if additional changes need to be made. If you have any questions or need additional assistance, please call Ray Strawbridge at 919-508-8554.

Sincerely,

Elizabeth W. Cannon, Chief
Hazardous Waste Section
Attachment
cc: Central Files

IBEAM - RCRA Site Detail

Report run on: November 12, 2009

Page 1

NCR00001305 MERIDIAN SPECIALITY YARN GRP INC

County: BURKE Source Type: S Seq. Number: 3 Receive Date: 10-Nov-2009

Location 312 COLUMBO ST
Address: VALDESE, NC 28690

Mailing PO DRAWER 10
Address: VALDESE, NC 28690

Contact Person NEIL WRIGHT PO DRAWER 10
For Source (828) 874-2151 VALDESE, NC 28690
Information US

Owner (current) 100 E WISCONSIN AVE Type: P
MERIDIAN INDUSTRIES INC MILWAUKEE, WI 53202
From: 11/12/2006 To: Phone:

Operator (current) PO DRAWER 10 Type: P
MERIDIAN SPECIALITY YARN GRP VALDESE, NC 28690
From: 11/12/2006 To: Phone:

Land Type: P Non Notifier: E Commercial Availability: U Tsd Date:
Accessibility: No. Employees: State District:

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Small Quantity Generator; State: Small Quantity Generator

Transfer Facility:	U	Used Oil Activities			
Other Hazardous Waste Generator Activities		Used Oil Transport Activity	Off-Specification Used Oil Burner:	No	
Importer Activity:	No	Transporter:	No	Used Oil Fuel Marketer Activity	
Mixed Waste Generator:	No	Transfer Facility:	No	Marketer who direct shipment	
Transporter Activity:	No	Used Oil Processor and/or		off-specification used oil to	
TSD Activity:	No	Re-refiner Activity		off-specification used oil burner:	No
Recycler Activity:	No	Processor:	No	Marketer who first claims the used	
		Refiner	No	oil meets the specifications:	No
Exempt Boiler and/or Industrial Furnace					
Small Quantity Onsite Burner Exemption:	No				
Smelting, melting, Refining Furnace		Underground		Destination Facility for	
Exemption:	No	Injection Control:	No	Universal Waste:	No

Comments

UPDATED PER 8700-12 DATED 10/28/2009 CHANGING COMPANY NAME, UPGRADING FROM CESQG TO SQG, NEW CONTACT & WASTE CODES, ARS 11/12/2009.



ATTENTION: ACCOUNTS PAYABLE
 MERIDIAN SPECIALITY YARN GRP INC
 PO DRAWER 10
 VALDESE, NC 28690

FACILITY LOCATION ADDRESS:

NEIL WRIGHT
 MERIDIAN SPECIALITY YARN GRP INC
 312 COLUMBO ST
 VALDESE, NC 28690

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000001305	HW49479	11/12/2009	\$ 125.00	12/12/2009	

A. Fee Requirements: Pursuant to North Carolina General Statute 130A-294.1 you are required to pay fee(s) based on your hazardous waste management activities. The fee(s) are used to support government programs that ensure the safe management of hazardous waste. Failure to pay the required hazardous waste fee could result in an enforcement action with a penalty.

B. Explanation of Invoice Amount is Based on Facility's Current Status as of July 1, 2009:

FACILITY STATUS	FEE	TONNAGE	AMOUNT DUE
SMALL QUANTITY GENERATOR	\$125.00	-----	\$125.00
		PAST DUE	\$0.00
		CREDIT	\$0.00
		TOTAL AMOUNT DUE	\$125.00

C. Remit Payment (include a copy of this invoice):

Make checks payable to **N.C. Hazardous Waste Section**, include **EPA ID#** and **Invoice #** on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. Please note per NC General Statute (G.S. 25-3-506), a \$25.00 processing fee will be charged on all returned checks. Please return a copy of this invoice with your payment to:

ATTN: PATRICIA DAVALOS
NC HAZARDOUS WASTE SECTION
401 OBERLIN RD, SUITE 150
RALEIGH, NC 27605

D. Hazardous Waste Contacts:

1. BILLING:

Phyllystine Spink (919) 508-8561
 Jim Edwards (919) 508-8539
 Patricia Davalos, Supervisor (919) 508-8541

2. Technical Assistance:

Doug Roberts (919) 508-8563
 Ann Preston (919) 508-8559
 Lebeed Kady (919) 508-8546

ENTERED

OMB#: 2050-0024 Expires 11/30/2009

MAIL THE COMPLETED FORM TO:

The appropriate EPA Regional or State Office.

United States Environmental Protection Agency

NOV 12 2009

RCRA SUBTITLE C SITE IDENTIFICATION FORM - 2008 I-BEAM

1. Reason for Submittal (see instructions on page 9)

Reason for Submittal:

- To provide initial notification of Regulated Waste Activity... To provide subsequent notification of Regulated Waste Activity... As a component of a First RCRA Hazardous Waste Part A Permit Application... As a component of a Revised RCRA Hazardous Waste Part A Permit Application... As a component of Hazardous Waste Report.

MARK ALL BOX(ES) THAT APPLY

2. Site EPA ID Number (page 10)

EPA ID Number: NCR000001305

3. Site Name (page 10)

Site Name: Meridian Specialty Yarn Group, Inc.

4. Site Location Information (page 10)

Street Address: 312 Colombo Street City, Town or Village: Valdese State: NC County Name: BURKE Zip Code: 28690

5. Site Land Type (page 10)

Site Land Type: [X] Private [] County [] District [] Federal [] Indian [] Municipal [] State [] Other

6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)

A. 313111 B. C. D.

7. Site Mailing Address (page 11)

Street or P.O. Box: P.O. Drawer 10 City, Town or Village: Valdese State: NC Country: UNITED STATES Zip Code: 28690

8. Site Contact Person (page 11)

First Name: Neil MI: Last Name: Wright Phone Number: 8288742151 Extension: Email Address: nwirght@msyg.com

9. Operator and Legal Owner of the Site (pages 11 and 12)

Name of Site's Operator: Meridian Specialty Yarn Group, Date Became Operator (mm/dd/yyyy): 11/12/2006 Operator Type: [X] Private [] County [] District [] Federal [] Indian [] Municipal [] State [] Other Name of Site's Legal Owner: Meridian Industries, Inc. Date Became Owner (mm/dd/yyyy): 11/12/2006 Owner Type: [X] Private [] County [] District [] Federal [] Indian [] Municipal [] State [] Other

ENTERED NOV 12 2009 RCRA INFO

9. Legal Owner (Continued) Address

Street or P.O. Box: 100 East Wisconsin Avenue

City, Town or Village: Milwaukee

State: WI

Country: UNITED STATES

Zip Code: 53202

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y [X] N [] 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b or c.

- a. LQG: Greater than 1000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
b. SQG: 100 to 1000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities.

- d. United States Importer of Hazardous Waste
e. Mixed Waste (hazardous and radioactive) Generator

Y [] N [X] 2. Transporter of Hazardous Waste

Y [] N [X] 3. Treater, Storer or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.

Y [] N [X] 4. Recycler of Hazardous Waste (at your site)

Y [] N [X] 5. Exempt Boiler and/or Industrial Furnace

- a. Small Quantity On-Site Burner Exemption
b. Smelting, Melting, and Refining

Y [] N [X] 6. Underground Injection Control

B. Universal Waste Activities

Y [] N [X] 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. Mark all boxes that apply:

- a. Batteries
b. Pesticides
c. Thermostats
d. Lamps
e. Other (specify)
f. Other (specify)
g. Other (specify)

Managed

- []
[]
[]
[]
[]
[]
[]

Y [] N [X] 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y [] N [X] 1. Used Oil Transporter If "Yes", mark each that applies. a. Transporter b. Transfer Facility

Y [] N [X] 2. Used Oil Processor and/or Re-refiner If "Yes", mark each that applies. a. Processor b. Re-refiner

Y [] N [X] 3. Off-Specification Used Oil Burner

Y [] N [X] 4. Used Oil Fuel Marketer If "Yes", mark each that applies. a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on page 17)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if needed for more waste codes.

12. Comments (see instructions on page 17)

13. 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.

(See instructions on page 17)

Signature of owner, operator,
or an authorized representative



Name and Official Title (type or print)

Neil Wright, Plant Engineer

Date Signed
(mm/dd/yyyy)

10/28/2009