

Hazardous Waste Section
File Room Document Transmittal Sheet

Your Name: MEL DEAVER
EPA ID: N C R 0 0 0 0 1 1 8 2 5
Facility Name: HUTCHINSON-ALLGOOD PRINTING CO.
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 11/9/2012
Author of Doc: HUTCHISON

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
01	22	13
01	24	13

NCR000011825

Scanner's Initials: 



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

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

November 21, 2012

ALLIE HUTCHISON, SR.
HUTCHISON-ALLGOOD PRINTING CO
260 BUSINESS PARK DR
WINSTON-SALEM, NC 27107

RE: EPA ID # NCR000011825
HUTCHISON-ALLGOOD PRINTING CO

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. Attached is a RCRA Site Detail Report for your review to ensure that the information is accurate.

If you have any questions or need additional assistance, please feel free to contact Ray Strawbridge at 919-707-8231.

Sincerely,

Elizabeth W. Cannon, Chief
Hazardous Waste Section

cc: Central Files(General)

IBEAM - RCRA Site Detail

Report run on: November 21, 2012

NCR000011825 HUTCHISON-ALLGOOD PRINTING CO

County: FORSYTH **Source Type:** S **Seq. Number:** 15 **Receive Date:** 13-Nov-2012

Location 260 BUSINESS PARK DR
Address: WINSTON-SALEM, NC 27107

Mailing 260 BUSINESS PARK DR
Address: WINSTON-SALEM, NC 27107

Contact Person ALLIE HUTCHISON, SR. 260 BUSINESS PARK DR
For Source (336) 769-0000 WINSTON-SALEM, NC 27107
Information US

Owner (current) 260 BUSINESS PARK DR
JCF LLC WINSTON-SALEM, NC 27107 Type: P
From: 06/02/1999 To: Phone: (336) 769-0000

Operator (current) 260 BUSINESS PARK DR
GRAPHIC VISUAL SOLUTIONS INC WINSTON SALEM, NC 27107 Type: P
From: 11/01/2012 To: Phone: (336) 769-0000

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

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Not a Generator; State: Not a 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
Mixed Waste Generator: No

Transporter: No
Transfer Facility: No
Used Oil Fuel Marketer Activity
Marketer who direct shipment
off-specification used oil to
off-specification used oil burner: No

Transporter Activity: No
TSD Activity: No
Recycler Activity: No

Used Oil Processor and/or
Re-refiner Activity
Processor: No
Refiner No
Marketer who first claims the used
oil meets the specifications: No

Exempt Boiler and/or Industrial Furnace

Underground No
Injection Control: Destination Facility for
Universal Waste: No

Small Quantity Onsite Burner Exemption: No
Smelting, melting, Refining Furnace
Exemption: No

Certification Information

First Name : ALLIE
Last Name : HUTCHISON SR

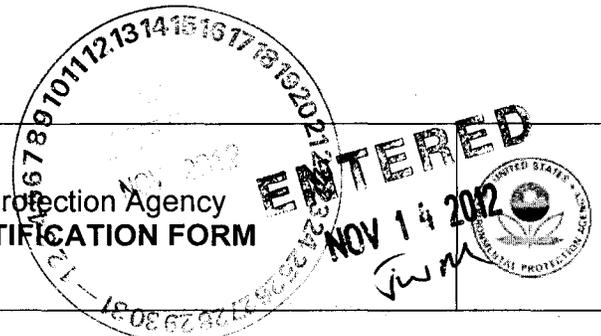
Title COMP MAN
Date Signed 11/09/2012

NAICS Codes

323111

Comments

PER 8700-12 DATED 11/09/2012 UPDATED SITE OPP INFO. JWM 11/14/2012



<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>		
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <u>NCR0000011825</u></p>		
<p>3. Site Name</p>	<p>Name: <u>Hutchison Allgood Company</u></p>		
<p>4. Site Location Information</p>	<p>Street Address: <u>260 Business Park Drive</u></p> <p>City, Town, or Village: <u>Winston-Salem</u> County: <u>Forsyth</u></p> <p>State: <u>NC</u> Country: <u>US</u> Zip Code: <u>27107</u></p>		
<p>5. Site Land Type</p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <u>323111</u> C. _____</p> <p>B. _____ D. _____</p>		
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: <u>260 Business Park Drive</u></p> <p>City, Town, or Village: <u>Winston-Salem</u></p> <p>State: <u>NC</u> Country: <u>US</u> Zip Code: <u>27107</u></p>		
<p>8. Site Contact Person</p>	<p>First Name: <u>Allie</u> MI: <u>A</u> Last: <u>Hutchison, Sr.</u></p> <p>Title: <u>Compliance Manager</u></p> <p>Street or P.O. Box: <u>260 Business Park Drive</u></p> <p>City, Town or Village: <u>Winston-Salem</u></p> <p>State: <u>NC</u> Country: <u>US</u> Zip Code: <u>27107</u></p> <p>Email: <u>allie.hutchison@hutchisonallgood.com</u></p> <p>Phone: <u>336-769-0000</u> Ext.: _____ Fax: <u>336-769-0100</u></p>		
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: <u>JCF, LLC</u> Date Became Owner: _____</p> <p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Street or P.O. Box: <u>260 Business Park Drive</u></p> <p>City, Town, or Village: <u>Winston-Salem</u> Phone: <u>336-769-0000</u></p> <p>State: <u>NC</u> Country: <u>US</u> Zip Code: <u>27107</u></p> <p>B. Name of Site's Operator: <u>Graphic Visual Solutions, Inc</u> Date Became Operator: <u>11-1-2012</u> <u>SBA Hutchison Allgood Company</u></p> <p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

- Y N 1. Generator of Hazardous Waste
If "Yes", mark only one of the following - a, b, or c.
- a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo) of non-acute hazardous waste.
- c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

- Y N 2. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.
- Y N 3. United States Importer of Hazardous Waste
- Y N 4. Mixed Waste (hazardous and radioactive) Generator

- Y N 5. Transporter of Hazardous Waste
If "Yes", mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y N 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste Part B permit is required for these activities.
- Y N 7. Recycler of Hazardous Waste
- Y N 8. Exempt Boiler and/or Industrial Furnace
If "Yes", mark all that apply.
- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption
- Y N 9. Underground Injection Control
- Y N 10. Receives Hazardous Waste from Off-site

B. Universal Waste Activities; Complete all parts 1-2.

- Y N 1. Large Quantity Handler of Universal Waste (you 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. If "Yes", mark all that apply.
- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other (specify) Spent solvents
- f. Other (specify) _____
- g. Other (specify) _____
- Y N 2. Destination Facility for Universal Waste
Hydrocarbons, flash point above 170 F
Note: A hazardous waste permit may be required for this activity.

- C. Used Oil Activities; Complete all parts 1-4.
- Y N 1. Used Oil Transporter
If "Yes", mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y N 2. Used Oil Processor and/or Re-refiner
If "Yes", mark all that apply.
- a. Processor
- b. Re-refiner
- Y N 3. Off-Specification Used Oil Burner
- Y N 4. Used Oil Fuel Marketer
If "Yes", mark all that apply.
- 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

Correction per phone call by Allie Hutchinson 11/19/12 after he conferred w/ E. Lawrence (inspector). RS

EPA ID Number

MCR|000|011|825



OMB#: 2050-0024; Expires 12/31/2014

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

NA

Y N

1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- a. College or University
- b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y N

2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

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.

None						

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 more spaces are needed.

None						

12. Notification of Hazardous Secondary Material (HSM) Activity

Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

This notification is to inform the NC Div. of Waste Management that the site operator became a wholly owned subsidiary of Graphic Visual Solutions, Inc. 4301 Waterleaf Court, Greensboro, NC 27410

14. 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 fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
<i>AA Hutchison, Jr.</i>	Compliance Manager	11/09/2012