

**HAZARDOUS WASTE SECTION - COMPLIANCE BRANCH
FILE TRANSMITTAL & DATA ENTRY FORM**

Your Name: Heather Sorensen
Facility ID Number: NCR000007591
Facility Name: Reagents Holdings, LLC
Document Group: Inspection/Investigation (I)
Document Type: I - Compliance Evaluation Inspection (CEI)
Description for File: SQG CEI. CO issued. Reference Docket #2014-047
Date of Document: 2/28/2014
Author(s) of Document: Heather Sorensen

Inspector ID #: NC111 **Suborganization:** Western Region

Comments for RCRAInfo: SQG CEI. CO issued. Reference Docket #2014-047

For Violations:

Enforcement Date: [Click here to enter a date.](#) **Docket Number:** 2014-047
Enforcement Type: CO **How many violations were there?** 20
For IANOV or CO: The facility is

Outcome Measures for CSE for IANOV or CO:

Waste Involved	Volume	Exposure Media (a, gw, sw, s)	Distance to Residences	Number of People involved	Distance to On-site wells	Distance to Off-site wells

Violation #1:

Date Determined: 2/28/2014
Scheduled Return to Compliance: [Click here to enter a date.](#) **Actual Return to Compliance:** [Click here to enter a date.](#)

Regulation Description: 40 CFR 261.1(c)(8)
Comment: The facility speculatively accumulated silver waste.
For CSE, Corrections to Violations were:

File Room Use Only

	Month	Day	Year
Date Received by File Room:			
Date Scanned:			
Date Uploaded:			

Scanner's Initials:

Violation #2:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 261.2(f)

Comment: The facility failed to document claims that a material is not a solid waste or conditionally exempt from regulation.

For CSE, Corrections to Violations were:

Violation #3:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 262.11

Comment: The facility failed to conduct a waste determination.

For CSE, Corrections to Violations were:

Violation #4:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 262.20(a)(1) reference Appendix to Part 262 Item 1

Comment: The facility failed to enter generator's US EPA twelve digit identification number on U.S. EPA Form 8700-22.

For CSE, Corrections to Violations were:

Violation #5:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 262.20(a)(1) reference Appendix to Part 262 Item 3

Comment: The facility failed to enter a phone number for which emergency response information can be obtained in the event of an incident during transportation on U.S. EPA Form 8700-22.

For CSE, Corrections to Violations were:

Violation #6:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 262.20(a)(1) reference Appendix to Part 262 Item 15

Comment: The facility failed to enter a generator date for the waste minimization certification statement on U.S. EPA Form 8700-22.

For CSE, Corrections to Violations were:

Violation #7:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 262.34(c)(1)(i) reference 265.173

Comment: The facility failed to keep satellite containers closed when not adding or removing waste.

For CSE, Corrections to Violations were:

Violation #8:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 262.34(d)(4) reference 265.37(a)(4)

Comment: The facility failed to make emergency arrangements with a hospital.

For CSE, Corrections to Violations were:

Violation #9:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 262.34(d)(4) reference 262.34(a)(2)

Comment: The facility failed to clearly mark the accumulation start date on <180-day hazardous waste storage containers.

For CSE, Corrections to Violations were:

Violation #10:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 262.34(d)(4) reference 26.34(a)(3)

Comment: The facility failed to clearly label or mark the hazardous waste storage containers with the words "Hazardous Waste".

For CSE, Corrections to Violations were:

Violation #11:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 262.34(d)(4) reference 265.34(a)

Comment: The facility failed to maintain immediate access to communications or alarm systems in a <180 hazardous waste storage area.

For CSE, Corrections to Violations were:

Violation #12:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 262.34(d)(4) reference 265.35, NCAC 13A .0110(c)

Comment: The facility failed to maintain 24" aisle space.

For CSE, Corrections to Violations were:

Violation #13:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 262.34(d)(4) reference 265.174

Comment: The facility failed to inspect areas where containers are stored at least weekly.

For CSE, Corrections to Violations were:

Violation #14:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 262.34(d)(5)(iii)

Comment: The facility failed to ensure that all employees are thoroughly familiar with proper waste handling and emergency procedures, relevant to their responsibilities during normal facility operations and emergencies.

For CSE, Corrections to Violations were:

Violation #15:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 262.34(d)(4) reference 268.7(a)(8)

Comment: The facility failed to maintain Land Disposal Restrictions for hazardous waste streams sent to Ecoflo Inc.

For CSE, Corrections to Violations were:

Violation #16:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 273.13(d)

Comment: The facility failed to maintain used lamps in a closed container.

For CSE, Corrections to Violations were:

Violation #17:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 273.14(e)

Comment: The facility failed to maintain used lamps in a labeled container.

For CSE, Corrections to Violations were:

Violation #18:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 273.15(c)

Comment: The facility failed to demonstrate storage time of universal waste.

For CSE, Corrections to Violations were:

Violation #19:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: 40 CFR 273.16

Comment: The facility failed to provide universal waste training.

For CSE, Corrections to Violations were:

Violation #20:

Date Determined: 2/28/2014

Scheduled Return to Compliance: [Click here to enter a date.](#)

Actual Return to Compliance: [Click here to enter a date.](#)

Regulation Description: NC G.S. 130A-294.1(e)

Comment: The facility failed to pay required LQG fees.

For CSE, Corrections to Violations were:



North Carolina Department of Environment and Natural Resources

Pat McCrory
Governor

John E. Skvarla, III
Secretary

June 9, 2014

**CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Mr. Michael Watson
Reagents Holdings, LLC
4746 Sweden Road
Charlotte, NC 28273
PO Box 240746
Charlotte, NC 28224-0746

SUBJECT: Compliance Evaluation Inspection
Reagents Holdings, LLC
EPA I.D. # NCR 000 007 591
Mecklenburg County

Dear Mr. Michael Watson:

On February 28, 2014, I inspected the subject facility for compliance with the North Carolina Hazardous Waste Management Rules. Both of your cooperation was appreciated.

Enclosed is a copy of the inspection report. The facility was found to be in violation of several regulations. **Please respond in writing by July 9, 2014** stating how Reagents Holdings, LLC has resolved these deficiencies. Please mail or email your response to: Heather Sorensen, NC Hazardous Waste Section, Home Duty Office, P.O. Box 241001, Charlotte, NC 2824-1001 (Heather.Sorensen@ncdenr.gov)

Due to the nature and number of violations noted in this inspection, and the violations noted in previous inspections, the Compliance Branch will notify the Programs Branch of the Section to pursue an enforcement action against Reagents Holdings, LLC for violations of the Hazardous Waste Regulations.

Please call me at 980.219.8537 if you have any questions concerning this report or if you need any assistance in complying with the Hazardous Waste Regulations.

Sincerely,

Heather Sorensen
Environmental Senior Specialist

**STATE OF NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT
HAZARDOUS WASTE SECTION**

**SMALL QUANTITY GENERATOR (SQG)
COMPLIANCE EVALUATION INSPECTION (CEI) REPORT**

1. FACILITY INFORMATION:

Name: **Reagents Holdings, LLC**
EPA ID Number: **NCR 000 007 591**
Type of Facility: Small Quantity Generator (SQG)
Facility Location: 4746 Sweden Road, Charlotte, NC 28273
Mailing Address: PO Box 240746, Charlotte, NC 28224
Telephone Number: 704-805-4151
County: Mecklenburg

2. AUTHOR OF REPORT: Heather Sorensen, Environmental Senior Specialist, NCDENR
980-219-8537 heather.sorensen@ncdenr.gov

Date of Report: June 9, 2014

3. FACILITY CONTACT: Michael Watson – Plant Manager
Office: 704-805-4151

4. SURVEY PARTICIPANTS:

Michael Watson (Plant Manager), Kristy Bierschbach (Technical Services), Heather Sorensen - ESS NCDENR, Andrew Martin - ESS NCDENR

5. DATE OF INSPECTION: February 28, 2014

6. PURPOSE OF EVALUATION:

An evaluation to determine compliance with regulations described at 40 CFR 261, 262, 265, 268, 273 and 279; and the North Carolina Hazardous Waste Management Rules (Rules).

7. DESCRIPTION OF FACILITY:

Reagents Holdings, LLC is a chemical repackaging facility that sells their products to various industries including labs, paper and textile manufacturers, and petrol industries. The facility blends non-hazardous, flammable, and other hazardous chemicals prior to repackaging. The facility operates one shift, Monday through Friday, and employees 24 people.

During the inspection, the facility was notified as a Small Quantity Generator (SQG). The facility notified as a SQG on 6/22/2009. The facility failed to pay required LQG fees. Based a record review and information provided during the inspection, it was determined that the facility acted as a Large Quantity Generator during the months of January and February 2014. Hazardous waste manifests documented that the facility shipped more than 13,228 pounds of hazardous waste in a calendar month during February 2014. Ms. Bierschbach explained that during January 2014 outside temperatures dropped and caused the main water suppression pipe to break in the flammable materials storage building. The building is equipped with two (2) heaters, a water suppression system, and secondary containment that surround the entire building floor. The water pipe break occurred below sensors and did not alert the facility of the water break allowing for the flooding of the building. The secondary containment structure filled with water and submerged most of the flammable products that were stored in the building. Due to quality assurance procedures, the facility decided to manage the impacted products as waste. The flammable waste was stored onsite through the month of January and transported for disposal throughout February 2014. Reagents Holdings, LLC shipped a total of 56,915 pounds of hazardous waste was for disposal in February 2014.

8. **General Information:**

- Legal owner of Facility: Ricca Chemical Company
- Legal owner of property: Lowenstein Sandler PC, Camden Holdings of NC, LLC
- Number of on-site wells: 3 monitoring wells (Mecklenburg County Well Information System 3.0)
- Water supply (municipal or well): Charlotte-Mecklenburg Utilities
- Municipal sewer/septic/on-site treatment facility: Charlotte-Mecklenburg Utilities
- Distance to closest off-site well: Unknown
- Closest private residence: Approx. 0.4 miles
- Site Acreage: 2.81 acres

9. **HAZARDOUS WASTE (HW) GENERATED:**

Hazardous Waste Streams and Waste Codes generated on site include the following:

Waste Flammable Liquid	Methanol	D001, F003, F005
Waste Cresol	M-Cresol	D002, D024, U052
Waste Corrosive Flammable	Aquastar	D001, D002
Waste Flammable Liquid	Methanol	D001, F003, F005
Waste Flammable Corrosive	Methanol, Acetic Acid	D001
Waste Sodium Nitrate		D001
Waste Toxic Liquid Organic	Dichloromethane, Methanol	U080
Waste Corrosive Liquid Flammable	Acetic Acid, Iodine Monochloride	D002
Waste Flammable Liquid Corrosive	Hexane Thyldislazane	D001
Waste Flammable Liquid	Acetone, Toluene	D001, U002, U003, U031, U108, U122
Waste Flammable Liquid Toxic	Ether, Chloroform	D001, D022, D002, U117, U122
Waste Flammable Liquids	Isopropanol, N-Hexane	D001
Waste Acetone		D001, U002
Waste Flammable Solid Organic	Lycopodium Powder	D001
Waste Corrosive Liquids Acidic Organic	Acetic Acid, Octane	D001, D002
Waste Flammable Liquids Corrosive	Trimethylamine, Methy-2-Pyrronone	D001, D002
Waste Flammable Liquid Corrosive	Hydrochloric Acid, Methanol,	D001
Waste Flammable Corrosive	Methanol, Potassium Hydroxide	D001, D002

10. **AREAS OF REVIEW AND INSPECTION:**

- Manifests / Land Disposal Restriction (LDR) Notifications – The facility failed to maintain Land Disposal Restrictions for hazardous waste streams sent to Ecoflo, Inc. LDRs were not available for review for the following waste: Waste Flammable Liquids (Ether, Chloroform) D001, D022, D002, U117, U122; Waste Sodium Nitrite D001; and Waste Flammable Liquids Corrosive (Methanol, Acetic Acid) D001, Waste Toxic Liquid Organic (Dichloroemethane, Methanol) U080, and Waste Corrosive Liquid Flammable (Acetic Acid, Iodine Monochloride) D002 that was sent to Ecoflo Inc. (NCD980842132) on 12/27/2013, Manifest Tracking Number 008533229.

The facility failed to enter the following on U.S. EPA Form 8700-22: generator's US EPA twelve digit identification number; a phone number for which emergency response information can be obtained in the event of an incident during transportation; and to enter a generator date for the waste minimization certification statement.

- On 12/13/2013 the facility shipped 800 pounds of hazardous waste to Ecoflo, Inc. and failed to enter a Generator ID on the 8700-22 Form, hazardous waste manifest 0005685245JJK. "NCCESQG" was listed in the Generator ID Number field.
- On 12/27/3013 the facility shipped 805 pounds of hazardous waste to Ecoflo, Inc. and failed to enter a Generator ID on the 8700-22 Form, hazardous waste manifest 008533229JJK. "NCCESQG" was listed in the Generator ID Number field.
- On 2/11/2014 the facility shipped 7,200 pounds of hazardous waste to Ecoflo, Inc. and failed to enter a Generator ID on the 8700-22 Form, hazardous waste manifest 000503607WAS. "NCCESQG" was listed in the Generator ID Number field.
- On 2/20/2014 the facility shipped 21,465 pounds of hazardous waste to Ecoflo, Inc. and failed to enter a

Generator ID on the 8700-22 Form, hazardous waste manifest 000503606WAS. "NCCESQG" was listed in the Generator ID Number field. The Emergency Response Phone field was blank.

- On 2/17/2014 the facility shipped 14,600 pounds of hazardous waste to Ecoflo, Inc. and failed to enter a Generator ID on the 8700-22 Form, hazardous waste manifest 000503615WAS. "NCCESQG" was listed in the Generator ID Number field. The Emergency Response Phone field was blank.
- On 2/18/2014 the facility shipped 12,850 pounds of hazardous waste to Ecoflo, Inc. and failed to enter a Generator ID on the 8700-22 Form, hazardous waste manifest 000503614WAS. "NCCESQG" was listed in the Generator ID Number field. The Emergency Response Phone field was blank. There was no generator date provided for the waste minimization certification statement.

Transporters

Freehold Cartage Inc.	NJD 054 126 164
Midwest Environmental Transport	OH0 000 000 539
Stat Incorporated	NCR 000 158 279
Ecoflo, Inc.	NCD 980 842 132

TSD Facilities

Giant Resource Recovery - Attalla, Inc.	ALD 070 513 767
Environmental Enterprise	OHD 083 377 010
Ecoflo, Inc.	NCD 980 842 132

- Weekly Inspections (HW Storage) – The facility failed to inspect areas where containers are stored at least weekly. During the inspection, Ms. Bierschbach explained that they have not been conducting weekly inspections. Ms. Bierschbach provided a document titled "Hazardous Waste Disposal Log" that is utilized to "record all solutions collected into hazardous waste drums". The document list the "Drum ID", type of waste drum, along with the "Date", "Catalog Number", "Lot Number", "Amount disposed of into waste drum", "Disposed by", and "Disposal Verified by". Ms. Bierschbach explained that this log is not used as a hazardous waste weekly inspection check list. Ms. Sorensen e-mailed an example weekly checklist to Mr. Watson on March 11, 2014.
- Waste Minimization Plan – The facility had developed and maintains a written waste minimization plan.
- Emergency Preparedness – The facility maintains a PA system, pull stations, water sprinklers, and fire extinguishers throughout the facility. FESS Commercial Services, Inc. conducts annual inspections and maintenance on fire extinguishers. The facility conducts monthly internal checks on fire extinguishers. The facility has made emergency arrangements with the local police and fire department through Tier II E-Plan notifications. The facility failed to make emergency arrangements with hospital. Mr. Watson and Ms. Bierschbach explained that they had not requested emergency arrangements with a hospital. Ms. Sorensen e-mail sample emergency arrangement letters to Mr. Watson on March 11, 2014.
- Contingency Plan – The facility has developed a written "Emergency Response and Contingency Plan". The written contingency plan list Frank Rogers, Kristy Bierschbach, and Josh Chertoff as primary and secondary emergency coordinators, respectively. However, Ms. Bierschbach explained that Frank Rogers was not a Hazardous Waste Emergency Coordinator. During the inspection there was one (1) site map of building 4746 and 4710 posted with the locations of fire extinguishers.
- Training – During the inspection, Ms. Bierschbach provided a hazardous waste training binder that she had reviewed in 2008. Ms. Bierschbach identified herself as a secondary emergency coordinator. The facility failed to ensure that all employees are thoroughly familiar with proper waste handling and emergency procedures, relevant to their responsibilities during normal facility operations and emergencies. Mr. Watson explained that he had not received hazardous waste training. Mr. Watson signed hazardous waste manifest in December 2013 and February 2014. Tracy Cannon also signed hazardous waste manifest and Ms. Bierschbach explained that Ms. Cannon had not received hazardous waste training.
- Satellite Accumulation Areas (SAAs) –
 - Laboratory – During the inspection there were four (4) 4-liter satellite containers that were closed and labeled as "Ag Waste" in a storage cabinet located in the laboratory. It was explained by Ms. Bierschbach that silver nitrate waste is generated from routine laboratory processes and stored in this area.



2/28/2014: Satellite accumulation containers which are closed and labeled.

The accumulated silver nitrate liquid waste is then poured through a filter to catch the solids and the remaining liquid drains into a second satellite container located in the same area of the laboratory. The solid waste material collected in the filter is then put into a separate container as silver waste for the purpose of silver recovery. The facility failed to keep satellite containers closed when not adding or removing waste. Two (2) 4-liter satellite containers with open tops, labeled as “Save for Ag Waste Treatment”, were open during the inspection. The containers were open with funnels sticking out of the top. The waste liquid was not actively being filtered during the inspection.



2/28/2014: Two (2) open satellite accumulation containers with funnels.

Ms. Bierschbach explained that the waste liquid in the two (2) “Save for Ag Waste Treatment” containers would be poured into a metals hazardous waste container in the HWSA. There was one (1) 3.5 gallon container that was closed and labeled as “Silver Waste for Recovery” stored in the laboratory closet. It was explained by Mr. Brian Vinciguera - Chemist that approximately 700 grams of silver waste was in the container.



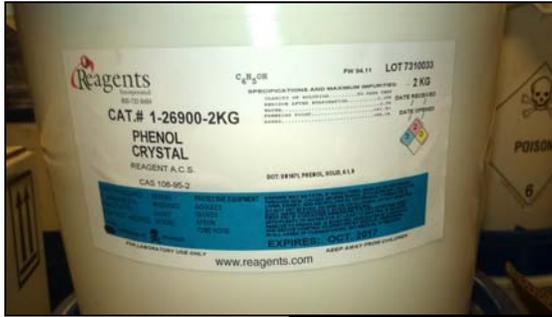
2/28/2014: Silver waste container.

The facility speculatively accumulated waste silver. The facility was unable to provide information to demonstrate that the material is potentially recyclable and did not recycle 75% by weight or volume of the amount of material accumulated from the beginning of each year since January 1, 2009. Although the facility has continued to accumulate the silver waste, the facility has not attempted silver recovery since 2008. The facility also failed to document claims that a material is not a solid waste or conditionally exempt from regulation. Ms. Bierschbach explained that the last shipment of silver waste was sent to a facility for silver recover in 2008 and the receiving facility denied silver recovery of the material. The material was then sent for disposal as a hazardous waste in lieu of recycling. During the inspection, Ms. Bierschbach was unable to identify a silver recovery facility that would accept the silver waste. No other documentation or information was provided for the silver waste.

2. Hazardous Waste Storage Areas (<180-days) – The facility had two (2) <180-day hazardous waste storage areas.
 - Packaging (Building 4746) – During the inspection Ms. Bierschbach explained that flammable products from the flammable materials building were temporarily being stored in the area where hazardous waste is stored. Ms. Bierschbach explained that off specification or out of date products are brought to a quarantine area to await disposition to determine if the material can be reworked as a product or if it is a waste. The <180-day hazardous waste storage area was mixed in with the quarantine area. It is recommended that the facility provide a dedicated area for the <180-day hazardous waste storage area that is separated from product and quarantine containers. (See Comments below.) After a chemical is determined to be a waste it is left in its original container. During the inspection the following hazardous wastes were stored together on a pallet: three (3) containers of 1,1,2,2-tetrachloroethane (U209), 15 1-gallon containers of phenol crystals (U188), one (1) 10-liter container of potassium hydroxide 0.250 N in Methanol (U154), one (1) 5-gallon container of “Characteristic Metal Waste”, and one (1) 5-gallon container of “As Waste”. Ms. Bierschbach explained that the metal waste container may contain each of the eight (8) RCRA metals. The facility failed to clearly mark the accumulation start date on <180-day hazardous waste storage containers. None of the 21 hazardous waste containers were marked with an accumulation start date. There was one (1) red piece of paper lying on the containers that had a date of 10/17/2013 with the comments to dispose of the phenol material. Ms. Bierschbach used this paper to establish how long all of the hazardous waste containers had been stored in the area. The facility failed to clearly label or mark the hazardous waste storage containers with the words “Hazardous Waste”. None of the 21 hazardous waste containers were marked or labeled with the words “Hazardous Waste”. The facility failed to maintain 24” aisle space. 16 of the hazardous waste storage containers were not accessible for inspection due to the lack of maintained aisle space.



2/28/2014: Three (3) 1,1,2,2-Tetrachloroethane hazardous waste containers that are not labeled as “Hazardous Waste” or dated with a start accumulation date.



2/28/2014: Phenol Crystal hazardous waste containers that are not labeled as "Hazardous Waste" or dated with a start accumulation date.



2/28/2014: Potassium hydroxide 0.250 N in Methanol hazardous waste container that is not labeled as "Hazardous Waste" or dated with a start accumulation date.



2/28/2014: "As Waste" and "Characteristic Metal Waste" hazardous waste containers that are not labeled as "Hazardous Waste" or dated with a start accumulation date.



2/28/2014: Overview pictures of <180-day hazardous waste storage area containers and quarantine containers. Less than 24 inches of aisle space is provided for 16 hazardous waste storage containers.

There is no telephone in this area. There is a pull station in this area. Ms. Bierschbach explained that workers can yell for assistance in this area. There are fire extinguishers located throughout the building and spill kits in the area.

- Flammable Storage Room – This room is located in the Flammable Building. No pictures could be taken in this area. During the inspection there was one (1) 55-gallon hazardous waste storage container stored in this area. Expired flammable organic finished goods that are generated from other parts of the facility are added to this container as hazardous waste. The facility is managing this area as a <180-day hazardous waste storage area. The container was closed. However, there was no start accumulation date or “Hazardous Waste” labeling clearly marked on the container. On March 13, 2014, Mr. Watson explained that waste was initially added to the storage container in December 2013. There were fire extinguishers and spill kits located in this room. Mr. Watson explained that due to the requirement for intrinsically safe equipment, there were no telephones or pull alarms located in this room for immediate access to an alarm or communication device. Mr. Watson and Ms. Bierschbach were unable to explain how emergency assistance is summoned from this area.

3. Other Areas –

- Packaging (4746) – During the inspection there was one (1) 275-gallon container in the packaging area that was open. This container collects waste from the laboratory sinks via a sump pump. Ms. Bierschbach explained that laboratory sink waste is pumped into the tote where it is stored until the waste is neutralized to a pH between 6 and 8. After the waste is neutralized in the container it is poured into the municipal sanitary sewer system. The facility failed to conduct a waste determination. During the inspection, Ms. Bierschbach indicated that the waste was non-hazardous. When asked about the basis for this statement, Ms. Bierschbach (1) failed to provide an analytical waste profile, and (2) failed to articulate a claim of generator knowledge of the characteristics of the waste in light of the processes used to produce the waste. Ms. Bierschbach was unable to explain what the pH of the waste is before it is neutralized. On March 13, 2014, Mr. Watson explained by e-mail that logs are not kept of what is poured down the laboratory sink and into the container. No waste profile or other information regarding a waste determination was provided.
- Non-Hazardous Blending Area - The facility has a chemical blending area in the packaging building where chemicals are blended in one (1) of four (4) containers before repackaging. Mr. Watson explained that when the containers are rinsed, the waste water exits through holes in the wall and goes into a concrete secondary containment area that is located outside of the building. The waste water then evaporates into the air. Ms. Bierschbach explained that only non-hazardous chemicals are mixed in the chemical blending area.
- Flammable Materials Blending Area - Upon inspection of the outside secondary containment it was explained that flammable materials are blended outside in the area adjacent to the secondary containment structure. This area is a raised concrete pad with a roof covering that connects the Packaging building to the Flammable building. Chemicals spilled in the flammable material blending area could reach the secondary containment area. There was also one (1) approximate 3-gallon container of a corrosive and toxic creosol sitting on its side in a container around the edge of the secondary containment area. It was unclear if this container was a product or a waste.



2/28/2014: Outside secondary containment area. Three (3) wall ports are visible that allow for the discharge of waste water from the chemical blending area.



2/28/2014: One (1) container of creosol staged in a plastic container near the edge of the concrete secondary containment area.

- Hazardous Materials Blending Area – Non-flammable hazardous chemicals are blended in the flammable building - hazardous materials blending area. After a batch is finished blending, the blending containers are rinsed and the waste water drains across the concrete floor and into the municipal sanitary sewer. During the inspection there were eight (8) mixing containers that may be rinsed once or twice a day, as explained by a facility technician. Mr. Watson and Ms. Bierschbach were unsure if Charlotte-Mecklenburg Utilities (CMU) had been contacted regarding the chemicals that are discharged into the sanitary sewer system. Ms. Sorensen contacted CMU on 3/6/2014 regarding the facility.



2/28/2014: Hazardous Materials Blending Area with blending containers and floor drain to municipal sanitary sewer.

There was one (1) 100-gallon container in this area labeled as “Waste Disposal Acid/Caustic”. The container had a loose lid covering the top of the container. Ms. Bierschbach explained that off specification chemicals are poured into this container. The waste is then neutralized before discharging to the sanitary sewer. During the inspection, Ms. Bierschbach indicated that the waste was non-hazardous. When asked about the basis for this statement, Ms. Bierschbach (1) failed to provide an analytical waste profile, and (2) failed to articulate a claim of generator knowledge of the characteristics of the waste in light of the processes used to produce the waste. Upon inquiry of the pH of the waste it was explained that the pH would be between 2 and 12.5. No waste profile or other information regarding a waste determination was provided.



2/28/2014: 100-gallon container labeled "Waste Disposal Acid/Caustic" that accumulates waste in the hazardous materials blending area. The lid is not attached to the container.

4. Used Oil – The facility does not generator or manage used oil.
5. Universal Waste – During the inspection used lamps were stored in the Finished Product Warehouse. There were two (2) 4-foot boxes with one (1) 8' used lamp sticking out of one (1) of the boxes. Broken lamps were observed in one (1) of the containers. The facility failed to maintain used lamps in a closed and labeled containers. There were a total of approximately 30 used lamps stored in the open and unlabeled boxes. The facility failed to demonstrate storage time of universal waste. Mr. Watson explained that Hill Electric picks up the used lamps for recycling, but was unsure of the last time Hill Electric picked up the used lamps. Mr. Watson was also unsure of how long the lamps had been stored onsite. The facility failed to provide universal waste training. Mr. Watson explained that the facility had not provided universal waste training.



2/28/2014: Universal waste used lamps containers, which consist of two (2) open and unlabeled boxes and approximately 30 used lamps.

11. SITE DEFICIENCIES:

1. **40 CFR 261.1(c)(8)** – The facility speculatively accumulated silver waste. During the inspection, the facility was unable to provide information to demonstrate that silver waste material that is generated in the laboratory is potentially recyclable. The facility also did not recycle 75% by weight or volume of the amount that of silver waste material accumulated from the beginning of each year since January 1, 2009. Although the facility has continued to accumulate the silver waste, the facility has not attempted silver recovery since 2008. It was explained by Mr. Brian Vinciguera - Chemist that approximately 700 grams of silver waste was in the container.
2. **40 CFR 261.2(f)** – The facility failed to document claims that a material is not a solid waste or conditionally exempt from regulation. Ms. Bierschbach explained that the last shipment of silver waste was sent to a facility for silver recover in 2008 and the receiving facility denied silver recovery of the material. The material was then sent for disposal as a hazardous waste in lieu of recycling. During the inspection, Ms. Bierschbach was unable to identify a silver recovery facility that would accept the silver waste. No other documentation or information was provided for the silver waste.
3. **40 CFR 262.11** – The facility failed to conduct a waste determination.
 - During the inspection, Ms. Bierschbach indicated that laboratory sink waste that is collected in a 275-gallon container in the Packaging building was non-hazardous. When asked about the basis for this statement, Ms. Bierschbach (1) failed to provide an analytical waste profile, and (2) failed to articulate a claim of generator knowledge of the characteristics of the waste in light of the processes used to produce the waste. Ms. Bierschbach was unable to explain what the pH of the waste is before it is neutralized. On March 13, 2014, Mr. Watson explained by e-mail that logs are not kept of what is poured down the laboratory sink and into the container. No waste profile or other information regarding a waste determination was provided.
 - During the inspection, Ms. Bierschbach indicated that the off specification chemicals that are poured into a 100-gallon container in the Hazardous Materials Blending area was non-hazardous. When asked about the basis for this statement, Ms. Bierschbach (1) failed to provide an analytical waste profile, and (2) failed to articulate a claim of generator knowledge of the characteristics of the waste in light of the processes used to produce the waste. Upon inquiry of the pH of the waste it was explained that the pH would be between 2 and 12.5. No waste profile or other information regarding a waste determination was provided.
4. **40 CFR 262.20(a)(1) reference Appendix to Part 262 Item 1** – The facility failed to enter generator's US EPA twelve digit identification number on U.S. EPA Form 8700-22.
 - On 12/13/2013 the facility shipped 800 pounds of hazardous waste to Ecoflo, Inc. and failed to enter a Generator ID on the 8700-22 Form, hazardous waste manifest 0005685245JJK. "NCCESQG" was listed in the Generator ID Number field.
 - On 12/27/3013 the facility shipped 805 pounds of hazardous waste to Ecoflo, Inc. and failed to enter a Generator ID on the 8700-22 Form, hazardous waste manifest 008533229JJK. "NCCESQG" was listed in the Generator ID Number field.
 - On 2/11/2014 the facility shipped 7,200 pounds of hazardous waste to Ecoflo, Inc. and failed to enter a Generator ID on the 8700-22 Form, hazardous waste manifest 000503607WAS. "NCCESQG" was listed in the Generator ID Number field.
 - On 2/20/2014 the facility shipped 21,465 pounds of hazardous waste to Ecoflo, Inc. and failed to enter a Generator ID on the 8700-22 Form, hazardous waste manifest 000503606WAS. "NCCESQG" was listed in the Generator ID Number field.
 - On 2/17/2014 the facility shipped 14,600 pounds of hazardous waste to Ecoflo, Inc. and failed to enter a Generator ID on the 8700-22 Form, hazardous waste manifest 000503615WAS. "NCCESQG" was listed in the Generator ID Number field.
 - On 2/18/2014 the facility shipped 12,850 pounds of hazardous waste to Ecoflo, Inc. and failed to enter a Generator ID on the 8700-22 Form, hazardous waste manifest 000503614WAS. "NCCESQG" was listed in the Generator ID Number field.
5. **40 CFR 262.20(a)(1) reference Appendix to Part 262 Item 3** – The facility failed to enter a phone number for which emergency response information can be obtained in the event of an incident during transportation

on U.S. EPA Form 8700-22.

- On 2/20/2014 the facility shipped 21,465 pounds of hazardous waste to Ecoflo, Inc. and The Emergency Response Phone field was blank on the 8700-22 Form, hazardous waste manifest 000503606WAS.
 - On 2/17/2014 the facility shipped 14,600 pounds of hazardous waste to Ecoflo, Inc. and the Emergency Response Phone field was blank on the 8700-22 Form, hazardous waste manifest 000503615WAS.
 - On 2/18/2014 the facility shipped 12,850 pounds of hazardous waste to Ecoflo, Inc. and The Emergency Response Phone field was blank on the 8700-22 Form, hazardous waste manifest 000503614WAS.
6. **40 CFR 262.20(a)(1) reference Appendix to Part 262 Item 15** – The facility failed to enter a generator date for the waste minimization certification statement on U.S. EPA Form 8700-22. On 2/18/2014 the facility shipped 12,850 pounds of hazardous waste to Ecoflo, Inc. and failed to enter a generator date for the waste minimization certification statement on the 8700-22 Form, hazardous waste manifest 000503614WAS.
 7. **40 CFR 262.34(c)(1)(i) reference 265.173** – The facility failed to keep satellite containers closed when not adding or removing waste. During the inspection, there were two (2) 4-liter satellite containers accumulating silver waste in the laboratory that were open.
 8. **40 CFR 262.34(d)(4) reference 265.37(a)(4)** – The facility failed to make emergency arrangements with a hospital. Mr. Watson and Ms. Bierschbach explained that they had not requested emergency arrangements with a hospital.
 9. **40 CFR 262.34(d)(4) reference 262.34(a)(2)** – The facility failed to clearly mark the accumulation start date on <180-day hazardous waste storage containers.
 - During the inspection, 21 hazardous waste containers, stored in the Packaging building <180-day hazardous waste storage area, were not marked with an accumulation start date. There was one (1) red piece of paper lying on the containers that had a date of 10/17/2013 with the comments to dispose of the phenol material. Ms. Bierschbach used this paper to establish how long all of the hazardous waste containers had been stored in the area.
 - During the inspection there was one (1) 55-gallon hazardous waste storage container, stored in the Flammable Storage Room <180-day hazardous waste storage area, with no start accumulation date marked on the container.
 10. **40 CFR 262.34(d)(4) reference 26.34(a)(3)** – The facility failed to clearly label or mark the hazardous waste storage containers with the words “Hazardous Waste”.
 - During the inspection, 21 hazardous waste containers, stored in the Packaging building <180-day hazardous waste storage area, were not marked or labeled with the words “Hazardous Waste”.
 - During the inspection, one (1) 55-gallon hazardous waste storage container, stored in the Flammable Storage Room, which was not marked or labeled with the words “Hazardous Waste”.
 11. **40 CFR 262.34(d)(4) reference 265.34(a)** – The facility failed to maintain immediate access to communications or alarm systems in a <180 hazardous waste storage area. During the inspection there were no pull alarms or telephones posted or allowed in the Flammable Storage Room <180-day hazardous waste storage area. Mr. Watson explained that due to the requirement for intrinsically safe equipment there are no telephones or pull alarms in this room. Mr. Watson and Ms. Bierschbach were unable to explain how emergency assistance is summoned from the Flammable Storage Room <180-day hazardous waste storage area.
 12. **40 CFR 262.34(d)(4) reference 265.35, NCAC 13A .0110(c)** – The facility failed to maintain 24” aisle space. 16 of the hazardous waste storage containers were not accessible for inspection due to the lack of maintained aisle space.
 13. **40 CFR 262.34(d)(4) reference 265.174** – The facility failed to inspect areas where containers are stored at least weekly. During the inspection, Ms. Bierschbach explained that they have not been conducting weekly inspections.
 14. **40 CFR 262.34(d)(5)(iii)** – The facility failed to ensure that all employees are thoroughly familiar with proper waste handling and emergency procedures, relevant to their responsibilities during normal facility operations and emergencies. Mr. Watson explained that he had not received hazardous waste training. Mr. Watson signed hazardous waste manifest in December 2013 and February 2014. Tracy Cannon also signed hazardous waste manifest and Ms. Bierschbach explained that Ms. Cannon had not received hazardous waste training.
 15. **40 CFR 262.34(d)(4) reference 268.7(a)(8)** – The facility failed to maintain Land Disposal Restrictions for hazardous waste streams sent to Ecoflo Inc. During the inspection, LDRs were not available for review for the following waste: Waste Flammable Liquids (Ether, Chloroform) D001, D022, D002, U117, U122; Waste Sodium Nitrite D001; and Waste Flammable Liquids Corrosive (Methanol, Acetic Acid) D001, Waste Toxic

Liquid Organic (Dichloroemethane, Methanol) U080, and Waste Corrosive Liquid Flammable (Acetic Acid, Iodine Monochloride) D002 that was sent to Ecoflo Inc. (NCD980842132) on 12/27/2013, Manifest Tracking Number 008533229.

16. **40 CFR 273.13(d)** – The facility failed to maintain used lamps in a closed container. During the inspection there were approximately 30 used lamps stored in open boxes in the Finished Product Warehouse. Broken lamps were observed in one (1) of the containers.
17. **40 CFR 273.14(e)** – The facility failed to maintain used lamps in a labeled container. During the inspection there were approximately 30 used lamps stored in unlabeled boxes in the Finished Product Warehouse.
18. **40 CFR 273.15(c)** – The facility failed to demonstrate storage time of universal waste. During the inspection there were used lamps stored in the Finished Product Warehouse. Mr. Watson explained that Hill Electric picks up the used lamps for recycling, but was unsure of the last time Hill Electric picked up the used lamps. Mr. Watson was also unsure of how long the lamps had been stored onsite.
19. **40 CFR 273.16** – The facility failed to provide universal waste training. During the inspection used lamps were stored in the Finished Product Warehouse. Mr. Watson explained that the facility had no provided universal waste training.
20. **NC G.S. 130A-294.1(e)** – The facility failed to pay required LQG fees. Based a record review and information provided during the inspection, it was determined that the facility acted as a Large Quantity Generator during the months of January and February 2014. Hazardous waste manifests documented that the facility shipped more than 13,228 pounds of hazardous waste in a calendar month during February 2014.

12. COMMENTS AND RECOMMENDATIONS:

- It is recommended that the facility provide a dedicated area for the <180-day hazardous waste storage area that is separated from product and quarantine containers.
- The facility should refer to the NCDENR Hazardous Waste Section Technical Assistance Guidance page located at <http://portal.ncdenr.org/web/wm/hw/Technical> for more guidance documents, specifically, the Generator Compliance Manual. This document provides examples that will assist as a reference for compliance.


INSPECTOR (DATE)

By Certified Mail _____
FACILITY CONTACT

cc: Michael Watson – Regents Holdings, LLC
Brent Burch, Western Area Compliance Supervisor
MRO Files
Central Office Files