

impressions

Retail Fixtures for the Real World

March 3, 2005

Ms. Helen Cotton
NC Department of Environment and Natural Resources
Division of Waste Management
1646 Mail Service Center
Raleigh, NC 27699-1646



Dear Ms. Cotton;

Enclosed are copies of EPA Form 8700-12 for both Impressions Marketing Group, Inc. and Hamilton Beach/Proctor-Silex, Inc. for the physical address 234 Springs Road in Washington, NC. As we previously discussed by phone on February 18, 2005, we have used Room A and Room B in the two company's applications (respectively) to designate a separate address and, therefore, a separate EPA ID number. Hamilton Beach/Proctor-Silex's application uses the existing site ID NCD001839521. Impressions will require a new site ID number.

I trust that this will resolve any issues with the site ID and each of the companies will be billed for whatever fees are required. If you have any questions, please feel free to contact me at 703-550-2211. The Hamilton Beach/Proctor-Silex contact is Mario Kuhar at 804-527-7222.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen H. Allen".

Karen H. Allen
Chief Financial Officer

Encl.

<p>SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.</p>	<p>United States Environmental Protection Agency</p> <p>RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal (See instructions on page 13.)</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)</p> <p><input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)</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</p>		
<p>2. Site EPA ID Number (page 14)</p>	<p>EPA ID Number</p> <p style="text-align: center;">NC.099.13.026.25</p>		
<p>3. Site Name (page 14)</p>	<p>Name: IMPRESSIONS MARKETING GROUP INC</p>		
<p>4. Site Location Information (page 14)</p>	<p>Street Address: 234 SPRINGS RD, ROOM A</p>		
	<p>City, Town, or Village: WASHINGTON</p>	<p>State: NC</p>	
	<p>County Name: BEAUFORT</p>	<p>Zip Code: 27889</p>	
<p>5. Site Land Type (page 14)</p>	<p>Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)</p>	<p>A.</p> <p style="text-align: center;">337215</p>	<p>B.</p>	
	<p>C.</p>	<p>D.</p>	
<p>7. Site Mailing Address (page 15)</p>	<p>Street or P. O. Box: 234 SPRINGS ROAD</p>		
	<p>City, Town, or Village:</p>		
	<p>State: WASHINGTON</p>		
	<p>Country: BEAUFORT</p>	<p>Zip Code: 27889</p>	
<p>8. Site Contact Person (page 15)</p>	<p>First Name: RANDY</p>	<p>MI:</p>	<p>Last Name: ROARK</p>
	<p>Phone Number: 252-975-0444 Extension:</p>	<p>Email address: R.ROARK@IMPRESSIONSMKT.COM</p>	
<p>9. Operator and Legal Owner of the Site (pages 15 and 16)</p>	<p>A. Name of Site's Operator: CITY OF WASHINGTON</p>		<p>Date Became Operator (mm/dd/yyyy):</p>
	<p>Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
	<p>B. Name of Site's Legal Owner: CITY OF WASHINGTON</p>		<p>Date Became Owner (mm/dd/yyyy):</p>
<p>Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>			

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

Michael F. Easley, Governor
William G. Ross Jr., Secretary
Dexter R. Matthews, Director



June 23, 2005

IMPRESSIONS MARKETING GROUP INC
234 SPRINGS RD
WASHINGTON, NC 27889

Attention: Facility Contact

RE: EPA ID #: NC0991302625
IMPRESSIONS MARKETING GROUP INC

Dear Sir or Madam:

Thank you for notifying the North Carolina Hazardous Waste Section of your activities as a Conditionally Exempt Small Quantity Generator of hazardous waste. The EPA ID Number that we have assigned to your site is shown above. If any information about your site changes, such as the facility name, facility contact, a location change or if your facility plans to close, please notify us at the address shown below:

The NC Hazardous Waste Section
ATTN: Jim Edwards
1646 Mail Service Center
Raleigh, NC 27699-1646

We encourage you to become familiar with the North Carolina Hazardous Waste Management Rules that have been codified in the North Carolina Administrative Code at 15A NCAC 13A. You may obtain a printed copy of the rules for \$32.00 by contacting Lillie Hinnant at 919-733-2178, ext. 248. You may also access and print the rules from our Internet site at <http://www.wastenot.nc.org/HWHOME/WEBRules/NCHWRULE.html>. We specifically draw your attention to Rules .0101, .0102, .0106 and .0107. These provisions address the requirements potentially applicable to generators of hazardous waste. (We have also enclosed a copy of an EPA publication that explains these requirements).

If you are considered a Large Quantity Generator, a Small Quantity Generator, a Transporter, or a Treater, Storer or Disposer (TSD) facility, you are required to pay an annual fee in North Carolina. The invoice appears on the back of this letter. Conditionally Exempt Small Quantity Generators are not required to pay the annual fees that large and small generators, transporters, and TSD facilities are required to pay in North Carolina. These fees are used to support the State's programs to ensure the safe management of hazardous waste. If your regulatory status changes, an EPA Form 8700-12 must be completed and submitted to the North Carolina Hazardous Waste Section at the above address.

If you have any questions, please contact Jim Edwards at 919-733-2178 ext. 209.

Sincerely,

Elizabeth W. Cannon, Chief
Hazardous Waste Section
Enclosure

Cc: Central Files (General)

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

WHO IS REQUIRED TO PAY A HAZARDOUS WASTE FEE?

Large Quantity Generators (\$1,000.00) - 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 and ending June 30.

Small Quantity Generators (\$125.00) - A person who generates 100 kilograms or more of hazardous waste in any calendar month during the year beginning July 1 and ending June 30, 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, Storers or Disposers (\$1,200.00 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.

Contact: **RANDY ROARK**
 Facility Name: **IMPRESSIONS MARKETING GROUP INC**
 EPA ID Number: **NC0991302625**
 Mailing Address: **234 SPRINGS RD**
WASHINGTON, NC 27889

Location Address: **234 SPRINGS RD, ROOM A**
WASHINGTON, NC 27889

Reported Facility Status

Generator Status..... 3
 (1 = Large Quantity Generator, 2 = Small Quantity Generator, 3 = Conditionally Exempt Small Quantity Generator, 4 or blank = Not a generator)
 Transporter..... NO
 Treater NO
 Storer..... NO
 Disposer..... NO

INVOICEINVOICEINVOICEINVOICEINVOICEINVOICE

CATEGORY	FEE	FACILITY STATUS	AMOUNT DUE
Large Quantity Generator	\$ 1,000		
Small Quantity Generator	\$ 125		
Transporter	\$ 600		
Treater	\$ 1,200		
Storer	\$ 1,200		
Disposer	\$ 1,200		
TOTAL AMOUNT DUE			\$ 0.00

Submit payment no later than 60 days after the receipt of this invoice 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.



North Carolina Department of Environment and Natural Resources

Dexter R. Matthews, Director

Division of Waste Management

Michael F. Easley, Governor
William G. Ross Jr., Secretary

May 10, 2005

MARIO K. KUHAR
HAMILTON BEACH/PROCTOR-SILEX, INC
234 SPRING ROAD ROOM B
WASHINGTON, NC 27889

Re: Subsequent Notification
HAMILTON BEACH/PROCTOR-SILEX, INC
NCD001839521

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.

Please verify the attached RCRA Site Detail Report to ensure that it is accurate. Please notify our office if additional changes need to be made.

If you have any questions or need additional assistance, please call Jim Edwards at (919) 508-8539

Sincerely,

Elizabeth W. Cannon, Chief
Hazardous Waste Section

cc: Central Files

KCKA Site Detail

Report run on: May 10, 2005

NCD001839521 HAMILTON BEACH / PROCTOR SILEX INC

County: BEAUFORT **Source Type:** **Seq. Number:** 6.00 **Receive Date:** 07-Mar-2005

Location 234 SPRINGS RD Address: WASHINGTON, NC 27889	Mailing 234 SPRINGS RD Address: WASHINGTON, NC 27889
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Contact Person MARIO KUHAR 234 SPRINGS RD
For Source (804) 527-7222 WASHINGTON, NC 27889
Information US

Owner (current)

CITY OF WASHINGTON **Type:** P
From: 01/01/1965 **To:** **Phone:**

Operator (current)

HAMILTON BEACH / PROCTOR SILEX INC **Type:** P
From: 01/01/1965 **To:** **Phone:**

Land Type: M **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

Other Hazardous Waste Generator Activities
Importer Activity: No
Mixed Waste Generator: No

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

Exempt Boiler and/or Industrial Furnace
Small Quantity Onsite Burner Exemption: No
Smelting, melting, Refining Furnace Exemption: No

Used Oil Activities

Used Oil Transport Activity **Off-Specification Used Oil Burner:** No
Transporter: No **Used Oil Fuel Marketer Activity**
Transfer Facility: No **Marketer who direct shipment**
Used Oil Processor and/or **off-specification used oil to**
Re-refiner Activity **off-specification used oil burner:** No
Processor: No **Marketer who first claims the used**
Refiner **oil meets the specifications:** No

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



North Carolina Department of Environment and Natural Resources

Dexter R. Matthews, Director

Division of Waste Management

Michael F. Easley, Governor

William G. Ross Jr., Secretary

February 10, 2005

RANDY ROARK
IMPRESSIONS MARKETING GROUP INC
234 SPRINGS RD
WASHINGTON, NC 27889

Re: Subsequent Notification
IMPRESSIONS MARKETING GROUP INC
NCD001839521

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.

Please verify the attached RCRA Site Detail Report to ensure that it is accurate. Please notify our office if additional changes need to be made.

If you have any questions or need additional assistance, please call Jim Edwards at (919) 733-2178 ext. 209.

Sincerely,

Elizabeth W. Cannon, Chief
Hazardous Waste Section

cc: Central Files

RCRA Site Detail

Report run on: January 27, 2005

Page 1

NCD001839521 IMPRESSIONS MARKETING GROUP INC

County: BEAUFORT Source Type: Seq. Number: 4.00 Receive Date: 10-May-2004

Location 234 SPRINGS RD Address: WASHINGTON, NC 27889	Mailing 234 SPRINGS RD Address: WASHINGTON, NC 27889
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Contact Person For Source Information	RANDY ROARK (252) 975-0444	234 SPRINGS RD WASHINGTON, NC 27889 US
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Owner (current)
CITY OF WASHINGTON CITY OF WASHINGTON WASHINGTON, NC 27889 Type: Private
From: 01/01/1 To: Phone: (252) 975-0444

Operator (current)
IMPRESSIONS MARKETING GROUP INC Type: Private
From: 01/01/2000 To: Phone: (252) 975-0444

Land Type: Municipality Non Notifier:E Commercial Availability: U Tsd Date: 01/01/1
Accessibility: No. Employees: State District:

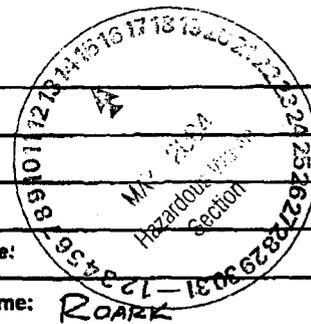
Regulated Waste Activities

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

<p>SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.</p>	<p align="center">United States Environmental Protection Agency</p> <p align="center">RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal (See instructions on page 13.)</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)</p> <p><input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)</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</p>		
<p>2. Site EPA ID Number (page 14)</p>	<p>EPA ID Number</p> <p align="center">N C D 0 0 1 8 3 9 5 2 1</p>		
<p>3. Site Name (page 14)</p>	<p>Name: IMPRESSIONS MARKETING GROUP, INC.</p>		
<p>4. Site Location Information (page 14)</p>	<p>Street Address: 234 SPRINGS ROAD</p> <p>City, Town, or Village: WASHINGTON State: NC</p> <p>County Name: BEAUFORT Zip Code: 27809</p>		
<p>5. Site Land Type (page 14)</p>	<p>Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)</p>	<p>A. 337215</p>	<p>B.</p>	<p>C.</p> <p>D.</p>
<p>7. Site Mailing Address (page 15)</p>	<p>Street or P. O. Box: SAME AS ITEM 4</p> <p>City, Town, or Village:</p> <p>State:</p> <p>Country: Zip Code:</p>		
<p>8. Site Contact Person (page 15)</p>	<p>First Name: RANDY</p>	<p>MI:</p>	<p>Last Name: ROARK</p>
	<p>Phone Number: 252-975-0444 Extension:</p>		<p>Email address: rroark@impressionsmkt.com</p>
<p>9. Operator and Legal Owner of the Site (pages 15 and 16)</p>	<p>A. Name of Site's Operator: IMPRESSIONS MARKETING GROUP, INC.</p> <p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		<p>Date Became Operator (mm/dd/yyyy):</p>
	<p>B. Name of Site's Legal Owner: CITY OF WASHINGTON, NC</p>		<p>Date Became Owner (mm/dd/yyyy):</p>
	<p>Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

RCRA INFO



EPA ID NO: NCID 001 839 5211

OMB#: 2050-0028 Expires 1/31/2006

9. Legal Owner (Continued) Address	Street or P. O. Box: <u>102 E. SECOND ST</u>
	City, Town, or Village: <u>WASHINGTON,</u>
	State: <u>NC</u>
	Country: _____ Zip Code: <u>27889</u>

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

- | | |
|--|--|
| <p><input checked="" type="checkbox"/> <input type="checkbox"/> 1. Generator of Hazardous Waste
If "Yes", choose only one of the following - a, b, or c.</p> <p><input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input checked="" type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p><input type="checkbox"/> <input type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> <input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p> | <p><input type="checkbox"/> <input type="checkbox"/> 2. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> <input type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> <input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p> <p><input type="checkbox"/> <input type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p><input type="checkbox"/> <input type="checkbox"/> 6. Underground Injection Control</p> |
|--|--|

B. Universal Waste Activities

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 generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

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.

1. Used Oil Transporter
If "Yes", mark each that applies.
- a. Transporter
- b. Transfer Facility
2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.
- a. Processor
- b. Re-refiner
3. Off-Specification Used Oil Burner
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

EPA ID NO: NCD 001 039 S21

OMB#: 2050-0028 Expires 1/31/2006

11. Description of Hazardous Wastes (See instructions on page 20.)

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						
D002						
D040						

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 for waste codes.

12. Comments (See instructions on page 20.)

⇒ MAILING ADDRESS FOR THE SITE CONTACT PERSON FOR SITE REMEDIATION PROCESS:
 MARIO KUJAR
 HAMILTON BEACH / PROCTOR-SILEX, INC.
 4421 WATERFRONT DRIVE
 GLEN ALLEN, VA 23060-3375

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 20.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	KAREN H. ALLEN, CHIEF FINANCIAL OFFICER	5/10/04

<p>SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.</p>	<p>United States Environmental Protection Agency</p> <p>RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal (See instructions on page 13.)</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)</p> <p><input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)</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</p>		
<p>2. Site EPA ID Number (page 14)</p>	<p>EPA ID Number</p> <p style="text-align: center;">NC.D100110395211</p>		
<p>3. Site Name (page 14)</p>	<p>Name: HAMILTON BEACH/PROCTOR-SILEX, INC.</p>		
<p>4. Site Location Information (page 14)</p>	<p>Street Address: 234 SPRINGS ROAD, ROOM B</p>		
	<p>City, Town, or Village: WASHINGTON</p>	<p>State: NC</p>	
	<p>County Name: BEAUFORT</p>	<p>Zip Code: 27889</p>	
<p>5. Site Land Type (page 14)</p>	<p>Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)</p>	<p>A. 56142 (TELEPHONE CALL CENTER)</p>	<p>B.</p>	
	<p>C.</p>	<p>D.</p>	
<p>7. Site Mailing Address (page 15)</p>	<p>Street or P. O. Box: 234 SPRINGS ROAD</p>		
	<p>City, Town, or Village: WASHINGTON</p>		
	<p>State: NC</p>		
	<p>Country:</p>	<p>Zip Code: 27889</p>	
<p>8. Site Contact Person (page 15)</p>	<p>First Name: MARIO</p>	<p>Mi: K</p>	<p>Last Name: KUJAR</p>
	<p>Phone Number: 804-527-7222</p>	<p>Extension: Email address: mario.kujar@hamiltonbeach.com</p>	
<p>9. Operator and Legal Owner of the Site (pages 15 and 16)</p>	<p>A. Name of Site's Operator: HAMILTON BEACH/PROCTOR-SILEX, INC</p>		<p>Date Became Operator (mm/dd/yyyy): 1965</p>
	<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
	<p>B. Name of Site's Legal Owner: CITY OF WASHINGTON</p>		<p>Date Became Owner (mm/dd/yyyy): 1965</p>
	<p>Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

9. Legal Owner (Continued) Address	Street or P. O. Box: <u>P.O. Box 1988</u>
	City, Town, or Village: <u>WASHINGTON</u>
	State: <u>NC</u>
	Country: _____ Zip Code: <u>27889</u>

10. Type of Regulated Waste Activity
Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20.)

A. Hazardous Waste Activities
Complete all parts for 1 through 6.

<p><input checked="" type="checkbox"/> <input type="checkbox"/> 1. Generator of Hazardous Waste If "Yes", choose only one of the following - a, b, or c.</p> <p><input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input checked="" type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p>In addition, indicate other generator activities.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p>	<p><input type="checkbox"/> <input checked="" type="checkbox"/> 2. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 6. Underground Injection Control</p>
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B. Universal Waste Activities

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 generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

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.

1. Used Oil Transporter
If "Yes", mark each that applies.

a. Transporter

b. Transfer Facility

2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.

a. Processor

b. Re-refiner

3. Off-Specification Used Oil Burner

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

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

Form Approved, OMB No. 2050-0028 Expires 12/31/02
GSA No. 0248-EPA-07

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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).		<h2 style="margin: 0;">Notification of Regulated Waste Activity</h2> 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 NC D001839521	
II. Name of Installation (Include company and specific site name) IMPRESSIONS MARKETING GROUP INC					
III. Location of Installation (Physical address not P.O. Box or Route Number)					
Street 234 SPRINGS ROAD					
Street (Continued)					
City or Town WASHINGTON				State NC	Zip Code 27889-
County Code		County Name			
IV. Installation Mailing Address (See instructions)					
Street or P.O. Box SAME					
City or Town				State	Zip Code
V. Installation Contact (Person to be contacted regarding waste activities at site)					
Name (Last) SLIGAR			(First) MIKE		
Job Title PLANT MANAGER			Phone Number (Area Code and Number) 252-975-0444		
VI. Installation Contact Address (See instructions)					
<input checked="" type="checkbox"/> A. Contact Address Location Mailing		<input type="checkbox"/> B. Street or P.O. Box			
City or Town				State	Zip Code
VII. Ownership (See instructions)					
A. Name of Installation's Legal Owner CITY OF WASHINGTON					
Street, P.O. Box, or Route Number					
City or Town WASHINGTON				State NC	Zip Code 27889-
Phone Number (Area Code and Number)		B. Land Type M	C. Owner Type M	D. Change of Owner Indicator Yes <input type="checkbox"/> No <input type="checkbox"/>	
				Date Changed Month Day Year	

ID - For Official Use Only			

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

<p style="text-align: center;">A. Hazardous Waste Activities</p> <p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.)</p> <p><input checked="" 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. Exempt Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> a. Smelting, Melting, and Refining Furnace Exemption</p> <p><input type="checkbox"/> b. Small Quantity On-Site Burner Exemption</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p style="text-align: center;">C. Used Oil Management Activities</p> <p>1. Used Oil Transporter/Transfer Facility - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p>2. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</p> <p><input type="checkbox"/> a. Processor</p> <p><input type="checkbox"/> b. Re-refiner</p> <p><input type="checkbox"/> 3. Off-Specification Used Oil Burner</p> <p>4. Used Oil Fuel Marketer</p> <p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Used Oil Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p>
<p>B. Universal Waste Activity</p> <p><input type="checkbox"/> Large Quantity Handler of Universal Waste</p>	

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1 F005	2 F003	3	4	5	6
7	8	9	10	11	12

B. 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; See Instructions if you need to list more than 4 toxicity characteristic waste codes.)

(List specific EPA hazardous waste number(s) for the Toxicity Characteristic contaminant(s))

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic				
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">1 D018</td> <td style="width: 25%;">2 D035</td> <td style="width: 25%;">3 D039</td> <td style="width: 25%;">4 D040</td> </tr> </table>				1 D018	2 D035	3 D039	4 D040
1 D018	2 D035	3 D039	4 D040				

C. Other Wastes. (State-regulated or other wastes requiring a handler to have an I.D. number; See Instructions.)

1	2	3	4	5	6
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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>Karen H. Allen</i>	Name and Official Title (Type or print) KAREN H. ALLEN, CFO	Date Signed 2/28/02
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XI. Comments

703-550-2211

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section IV of the booklet for addresses.)