N.C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

Circle one:
(G) I, P, GW, C

FILE DOCKET

DATE	ITEM
1 10-29-85	Notification of hazardous waste
2 10-29-85	letter to Doug McCurry from Emil Buchling re: EPA ID #
3 10-29-85	letter to Ted Lewis from E. Buchling re: EPA ID #
4 3-14-88	Application for change in Status
5 6-14-88	letter to facility from J. Edwards
6 3-7-88	1987 Annual Report and waste minimization report
7 3-21-89	1988 " " and waste minimization report
(8) 10-15-90	To R. J. Edwards from Greg Ehrle re: notification form 8700-12
(9) 10-11-90	Subsequent Notification
(10) 9-21-94	To: J Edwards fr: Mario Kuhar Re: Classification
11 3-13-96	Subsequent notification
12 3-25-96	Current Computer record
(13) 3-12-97	Subsequent notification
(14) 3-18-97	Current Computer Record
(15) 4-29-97	Sm. Qty. generator Status
(16) 4-29-97	Subsequent notification
(17) 5-14-97	Current computer record

G- General, I- Inspections
P- Permits, GW- Ground Water
C- Closure

DHS 3348 (6/85)
Solid and Hazardous Waste Management Branch (Review 6/90)

17

May 14, 1997

HAMILTON BEACH/PROCTOR-SILEX INC
234 SPRING RD
P O BOX 1158
WASHINGTON NC 27889-

RE EPA ID NO.: **NCD001839521**

Dear Sir/Madam:

Based on information received by this office for the site identified with the EPA ID number, the state has accepted and processed the change in RCRA classification or information for the above site.

Please verify the computer generated information on the attached report and notify us of any corrections. We are advising EPA of the changes.

Enclosed you will find some information we hope will be helpfull. If you have any questions or if I can be of any further assistance, please call me at (919)733-2178 ext.209.

Sincerely,

R. J. Edwards, Administrative Assistant
Division of Waste Management

cc: DICK DENTON

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Waste Management

May 14, 1997

DEHNR
P. O. Box 29603
Raleigh, North Carolina 27611-9603
Voice 919-733-4996

Notification of Hazardous Waste Report

Current Computer Record
'X' indicates operation status of your facility.

Company name: HAMILTON BEACH/PROCTOR-SILEX INC
Owner: HAMILTON BEACH/PROCTOR-SILEX, INC.
Contact: WHITFORD LOUIS, MFG ENGINEER
Phone number: 919/975-7800
Location address: 234 SPRING RD
City, St & ZIP: WASHINGTON, NC 27889-

Generator

__ LARGE GENERATOR
X SMALL QNTY GENERATOR
__ EXEMPT SMALL QNTY
__ LG QNTY. UNIVERSAL

Transporter

__ For own waste only
__ For commercial purposes

Transportation

__ Air
__ Rail
__ Highway
__ Water
__ Other

TSD

__ STORES
__ TREATER
__ DISPOSER

Hazardous Waste Fuel

__ Gentr marketing to burner
__ Other marketers
__ Burner
__ 1. Smelter deferral
__ 2. Small qunt. exempt

Combustion Devices

__ Utility boiler
__ Industrial boiler
__ Industrial furnace

Used Oil Fuel Marketer

__ Marketer directs shipment of used oil to off-specification burner
X Marketer who first claims the used oil meets specifications

Used Oil Burner-Combustion Devices

__ Utility Boiler
__ Industrial Boiler
__ Industrial Furnace

Used Oil Transporter Activities

__ Transporter
__ Transfer facility

Used Oil Processor/Re-refiner Activities

__ Process
__ Re-refine

Please notify us if there is any further change in your operation which would affect your status specifically Company's Name, Ownership, Address, Contact or Telephone Number.

Your EPA ID number is currently active.

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

Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

Please refer to the *Instructions for Filling Notification* before completing this form. The information requested here is required by law (Section 3010 of the *Resource Conservation and Recovery Act*).

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

(10)

I. Installation's EPA ID Number *(Mark "X" in the appropriate box)*

[ ] A. First Notification [X] B. Subsequent Notification *(Complete item C)*

C. Installation's EPA ID Number: N C D 0 0 1 8 3 9 5 2 1

II. Name of Installation *(Include company and specific site name)*

HAMILTON BEACH/PROCTOR-SILEX, INC.

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street: 234 SPRINGS ROAD

Street *(Continued)*: P.O. BOX 1158

City or Town: WASHINGTON State: NC Zip Code: 27889-

County Code: | County Name: BEAUFORT

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)*: WHITFORD *(First)*: LOUIS

Job Title: MFG. ENGINEER Phone Number *(Area Code and Number)*: 919-975-7800

VI. Installation Contact Address *(See Instructions)*

A. Contract Address: Location [X] Mailing [ ] Other [ ] B. Street or P.O. Box:

City or Town: State: Zip Code: -

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: HAMILTON BEACH/PROCTOR-SILEX INC.

Street, P.O. Box, or Route Number: 4421 WATERFRONT DRIVE

City or Town: GLEN ALLEN State: VA Zip Code: 23060-

Phone Number *(Area Code and Number)*: 804-273-9777

B. Land Type: P C. Owner Type: P

D. Change of Owner Indicator: Yes [ ] No [X] (Date Changed) Month Day Year

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

Continued on Reverse

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

Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

SIC CODE: 3634

ID - For Official Use Only

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

A. Hazardous Waste Activity

1. Generator (See instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [X] b. 100 to 1000 kg/mo (200-2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

Mode of Transportation
- [ ] 1. Air
- [ ] 2. Rail
- [ ] 3. Highway
- [ ] 4. Water
- [ ] 5. Other - specify

3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

   Indicate Type of Combustion Device(s)
   - [ ] 1. Utility Boiler
   - [ ] 2. Industrial Boiler
   - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [X] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refine

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

A. Characteristics of Nonlisted Hazardous Wastes. *(Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
X							

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

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

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

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
Mario Kuhar	MARIO KUHAR/SR. ENV. ENG.	4/29/97

XI. Comments

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

6

HAMILTON BEACH ◆ PROCTOR-SILEX, INC.

SQG
(15)

April 29, 1997

Certified Mail

North Carolina Hazardous Waste Section
Department of Environment, Health
and Natural Resources
Division of Waste Management
P.O. Box 29603
Raleigh, North Carolina 27611-9603

Attn: Jim Edwards

Re: Facility EPA ID NO. NCD001839521
Small Quantity Generator Status

Dear Mr. Edwards:

Attached is a completed Notification of Regulated Waste Activity form 8700-12 for the Hamilton Beach/Proctor-Silex, Inc. facility in Washington, North Carolina. This facility is a Small Quantity Generator (SQG), because the hazardous waste activity at this site is less than 1000 kg/mo (2,000 lbs.).

Please change the RCRA classification for this facility to SQG. If you have any questions, please contact me at 804/527-7222.

MAY 1997
ENTERED
RCRIS

Sincerely,

Mario Kuhar
Sr. Environmental Engineer

Attachment: As noted.

copy: L. Whitford - Washington
J. Lawson - Washington

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Waste Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director

DEHNR

G

(14)

March 18, 1997

HAMILTON BEACH/PROCTOR-SILEX INC
234 SPRING RD
P O BOX 1158
WASHINGTON NC 27889-

RE EPA ID NO.: **NCD001839521**

Dear Sir/Madam:

Based on information received by this office for the site identified with the EPA ID number, the state has accepted and processed the change in RCRA classification or information for the above site.

Please verify the computer generated information on the attached report and notify us of any corrections. We are advising EPA of the changes.

Enclosed you will find some information we hope will be helpfull. If you have any questions
or if I can be of any further assistance, please call me at (919)733-2178 ext.209.

Sincerely,

R. J. Edwards, Administrative Assistant
Division of Waste Management

cc: DICK DENTON

P.O. Box 27687,
Raleigh, North Carolina 27611-7687
Voice 919-733-4996

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State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Waste Management

DEHNR
P. O. Box 29603
Raleigh, North Carolina 27611-9603
Voice 919-733-4996

March 18, 1997

Notification of Hazardous Waste Report

Current Computer Record
'X' indicates operation status of your facility.

Company name: HAMILTON BEACH/PROCTOR-SILEX INC
Owner: HAMILTON BEACH/PROCTOR-SILEX, INC.
Contact: WHITFORD LOUIS, MFG ENGINEER
Phone number: 919/975-7800
Location address: 234 SPRING RD
City, St & ZIP: WASHINGTON, NC 27889-

Generator

X LARGE GENERATOR
__ SMALL QNTY GENERATOR
__ EXEMPT SMALL QNTY
__ LG QNTY. UNIVERSAL

Transporter

__ For own waste only
__ For commercial purposes

Transportation

__ Air
__ Rail
__ Highway
__ Water
__ Other

TSD

__ STORES
__ TREATER
__ DISPOSER

Hazardous Waste Fuel

__ Gentr marketing to burner
__ Other marketers
__ Burner
__ 1. Smelter deferral
__ 2. Small qunt. exempt

Combustion Devices

__ Utility boiler
__ Industrial boiler
__ Industrial furnace

Used Oil Fuel Marketer

__ Marketer directs shipment of used oil to off-specification burner
__ Marketer who first claims the used oil meets specifications

Used Oil Burner-Combustion Devices

__ Utility Boiler
__ Industrial Boiler
__ Industrial Furnace

Used Oil Transporter Activities

__ Transporter
__ Transfer facility

Used Oil Processor/Re-refiner Activities

__ Process
__ Re-refine

Please notify us if there is any further change in your operation which would affect your status specifically Company's Name, Ownership, Address, Contact or Telephone Number.

Your EPA ID number is currently active.

G

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

Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the *Resource Conservation and Recovery Act*).

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

13

I. Installation's EPA ID Number *(Mark "X" in the appropriate box)*

☐ A. First Notification ☒ B. Subsequent Notification *(Complete Item C)*

C. Installation's EPA ID Number: N C D 0 0 1 8 3 9 5 2 1

II. Name of Installation *(Include company and specific site name)*

H A M I L T O N B E A C H / P R O C T O R - S I L E X, INC.

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street: 2 3 4 S P R I N G S R O A D

Street *(Continued)*: P. O. B O X 1 1 5 8

City or Town: W A S H I N G T O N State: N C Zip Code: 2 7 8 8 9 –

County Code: 0 1 3 County Name: B E A U F O R T

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: S A M E

City or Town: State: Zip Code: –

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

Name *(Last)*: W H I T F O R D *(First)*: L O U I S

Job Title: M F G. E N G I N E E R Phone Number *(Area Code and Number)*: 9 1 9 – 9 7 5 – 7 8 0 0

VI. Installation Contact Address *(See Instructions)*

A. Contract Address: Location [x] Mailing ☐ Other ☐

B. Street or P.O. Box:

City or Town: State: Zip Code: –

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: H A M I L T O N B E A C H / P R O C T O R - S I L E X, INC.

Street, P.O. Box, or Route Number: 4 4 2 1 W A T E R F R O N T D R I V E

City or Town: G L E N A L L E N State: V A Zip Code: 2 3 0 6 0 –

Phone Number *(Area Code and Number)*: 8 0 4 – 2 7 3 – 9 7 7 7

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes ☐ No [x]

(Date Changed) Month Day Year

EPA Form 8700-12 (Rev. 11-30-93) Previous edition is obsolete.

Continued on Reverse

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

Form Approved, OMB No. 2050-0028 Expires 9-30-96
GSA No. 0246-EPA-OT

SIC CODE: 3634

ID # For Official Use Only

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

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [X] a. Greater than 1000kg/mo (2,200 lbs.)
   - [ ] b. 100 to 1000 kg/mo (200-2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other - specify
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

     Indicate Type of Combustion Device(s)
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
   - [ ] a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
   - [X] b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
   - [ ] a. Utility Boiler
   - [ ] b. Industrial Boiler
   - [ ] c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
   - [ ] a. Transporter
   - [ ] b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
   - [ ] a. Process
   - [ ] b. Re-refiner

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

A. Characteristics of Nonlisted Hazardous Wastes. *(Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
X						

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

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

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

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title *(Type or print)*	Date Signed
Mario Kuhar	MARIO KUHAR/SR. ENV. ENG.	3/12/97

XI. Comments

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

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Solid Waste Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director

DEHNR

(12)

March 25, 1996

Hamilton Beach

Dear Sir:

Based on information received from you for your site identification, the State has accepted and processed RCRA classification for this site.

Your EPA ID number is: NCD001839521
(X Indicates Operational Status of Your Facility)

_	LARGE GENERATOR	X	SMALL GENERATOR
_	SMALL EXEMPT GENERATOR	_	INACTIVE
_	TRANSPORTER	_	TREATER
_	DISPOSER		
_	USED OIL FUEL MARKETER SHIPPING TO OFF-SPECIFICATION BURNER		
_	USED OIL FUEL MARKETER FIRST CLAIMS OIL MEETS SPECIFICATIONS		
_	USED OIL BURNER		
_	USED OIL TRANSPORTER		
_	USED OIL TRANSFER FACILITY		
_	USED OIL PROCESSOR		
_	USED OIL RE-REFINER		

Sincerely,

R.J. Edwards III

R.J. Edwards, Administrative Officer
Division of Solid Waste Management

cc: DICK DENTON

P.O. Box 27687,
Raleigh, North Carolina 27611-7687
Voice 919-733-4996

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FAX 919-715-3605
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Form Approved. OMB No. 2050-0028, Expires 9-30-92
GSA No. 0246-EPA-01

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (*Section 3010 of the Resource Conservation and Recovery Act*).

EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

I. Installation's EPA ID Number (*Mark "X" in the appropriate box*)

[ ] A. First Notification [X] B. Subsequent Notification (*complete item C*)

C. Installation's EPA ID Number: NCD001839521

II. Name of Installation (*Include company and specific site name*)

HAMILTON BEACH/PROCTOR-SILEX, INC.

III. Location of Installation (*Physical address not P.O. Box or Route Number*)

Street: 234 SPRINGS ROAD

Street (continued): P.O. BOX 1158

City or Town: WASHINGTON, State: NC ZIP Code: 27889-

County Code: | County Name: BEAUFORT

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*): WHITFORD (*first*): LOUIS

Job Title: MFG. ENGR Phone Number (*area code and number*): 919-975-7800

VI. Installation Contact Address (*See instructions*)

A. Contact Address Location: [ ] Mailing: [X]

B. Street or P.O. Box:

City or Town: State: ZIP Code: -

VII. Ownership (*See instructions*)

A. Name of Installation's Legal Owner: HAMILTON BEACH/PROCTOR-SILEX, INC.

Street, P.O. Box, or Route Number: 421 WATERFRONT DRIVE

City or Town: GLEN ALLEN State: VA ZIP Code: 23060-

Phone Number (*area code and number*): 804-273-9777

B. Land Type: P C. Owner Type: P D. Change of Owner Indicator: Yes [ ] No [X] (Date Changed) Month Day Year

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

Form Approved. OMB No. 2050-0028. Expires 8-30-92
GSA No. 0246-EPA-GT

ID - For Official Use Only

SIC CODE NUMBER 3 6 3 4

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

A. Hazardous Waste Activity

1. Generator (See instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [X] b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other - specify
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Boiler and/or Industrial Furnace
     - [ ] 1. Smelter Deferral
     - [ ] 2. Small Quantity Exemption

     Indicate Type of Combustion Device(s)
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketer
   - [ ] c. Burner - Indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [X] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

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

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)	(List specific EPA hazardous waste number(s) for the toxicity characteristic contaminant(s))			
X							

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

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

C. Other Wastes. (State or other wastes requiring a handler to have an EPA number. See instructions.)

1	2	3	4	5	6

MAR 1996 ENTERED RCRIS

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	Name and Official Title (type or print)	Date Signed
Mario Kuhar	MARIO KUHAR/SR. ENVIRONMENTAL ENG	3/13/95

XI. Comments

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

HAMILTON BEACH ◆ PROCTOR-SILEX, INC.

(10)

RECEIVED
SEP 23 1994
HAZARDOUS WASTE

September 21, 1994

Via Certified Mail

North Carolina Hazardous Waste Section
Division of Solid Waste Management
Department of Environment, Health
and Natural Resources
P. O. Box 27684
Raleigh, North Carolina 27611-7687

Attn: Mr. Jim Edwards

Re: Classification of Hardened Sterling Polyester 81PR-059 (Varnish)

Dear Mr. Edwards:

As discussed during our September 20, 1994 telephone conversation, with your approval, I am planning to dispose of hardened sterling polyester 81PR-059 as a nonhazardous solid waste. The sterling polyester is used for the armature impregnating application at the Hamilton Beach ◆ Proctor-Silex, Inc. (HB/PS) Washington, North Carolina plant.

Sterling polyester 81PR-059 is an unsaturated polyester resin (MSDS presented in Attachment 1). When not hardened, it exhibits the characteristic of ignitability (hazardous waste number D001), and therefore this waste must be properly disposed. But, when this same material is hardened and considered nonleachable, it may be disposed as a nonhazardous solid waste, because it does not exhibit the characteristic of ignitability.

Note: To form a hardened/solid material, approximately five (5) ounces of methyl ethyl ketone (MEK) peroxide (MSDS presented in Attachment 2) will be added to 20 gallons of used unsaturated polyester resin. The MEK peroxide acts as a catalyst and dissipates during the cross-linking with the unsaturated polyester resin.

Request: I am requesting a response from your organization indicating whether or not the hardened sterling polyester, as outlined above, is classified as a nonhazardous solid waste.

Your assistance in this matter is appreciated. If you have any questions, please contact me at 804/527-7222.

Sincerely,

Mario Kuhar

Mario K. Kuhar
Sr. Environmental Engineer

cc: C. Zachwieja
D. Slack Washington
J. Sorha Washington
L. Whitford Washington

ATTACHMENT 1

1/27/94 as of 01/27/94 MATERIAL SAFETY DATA SHEET PAGE: 1
9:12 J5-781

THE P. D. GEORGE COMPANY, 5200 N. SECOND STREET, ST. LOUIS, MISSOURI 63147
DAY TELEPHONE: (314)621-5700 EMERGENCY TELEPHONE: (314)622-8722
EVENINGS OR WEEKENDS: (314)621-5701

Post-it™ brand fax transmittal memo 7671	# of pages ▸ 5
To Mario Huber	From Tomi Bricker
Co.	Co.
Dept.	Phone #
Fax # 804-527-7345	Fax #

********** SECTION I, IDENTIFICAT

CUSTOMER NAME: HAMILTON BEACH
PRODUCT NAME: STERLING POLYESTER 81PR-059
PRODUCT NUMBER: 19990900001
LAST REV. DATE: 07/06/93

********** SECTION II, HAZARDOUS INGREDIENTS **********

INGREDIENT	CAS #	%WGHT	VP (mmHg)	VD		PPM	MG/M3
STYRENE	100425	35	4.50	3.6	OSHA	50.00	215.00
					ACGIH	50.00	213.00

HMIS *2:H 3:F 2:R

PERSONAL PROTECTION:

********** SECTION III, PHYSICAL DATA **********

BOILING RANGE: LOW: 293 F HIGH: 475 F
EVAPORATION RATE (BUTYL ETHER=1):<1
WEIGHT PER GALLON (25 C): 10.200 LBS/GL
VAPOR DENSITY (AIR=1):>1
VOLATILE BY WEIGHT: 33.5 %
VOLATILE BY VOLUME: 44.6 %
SPECIFIC GRAVITY: 1.23
VOC:
For compliance with VOC regulations, the VOC content must be calculated on an "as applied" basis. The volatile by weight and volatile by volume data on this MSDS should not be used to determine compliance with VOC regulations.

********** SECTION IV, FIRE AND EXPLOSION HAZARD DATA **********

FLAMMABILITY CLASSIFICATION
OSHA:FLAMMABLE LIQUID - CLASS IC
FLASH POINT: 86 F
LOWER EXPLOSIVE LIMIT (LEL): 0 %
UPPER EXPLOSIVE LIMIT (UEL):NO DATA
EXTINGUISHING MEDIA:
Carbon dioxide, dry chemical, foam, and vaporizing liquid type extinguishing agents have all been found suitable for use on flammable liquid fires of moderate size. Water spray (fog) is particularly effective on fires in flammable liquids and volatile solids having flash points above 100 F.; but with liquids having flash points above 212 F., frothing may occur.
UNUSUAL FIRE AND EXPLOSION HAZARDS:
A straight stream of water will spread fire. A vapor accumulation will flash and/or explode if ignited. Containers

may burst explosively if overheated in fire. Cool con tainers with water spray or fog. Empty containers may also present a fire and/or explosion hazard due to residual va pors.

PECIAL FIRE-FIGHTING PROCEDURES:
Remove all ignition sources. Keep personnel not involved with emergency activities away and upwind of fire. Water spray may be ineffective and may cause fire to spread. If water is used, fog nozzles are preferable. Water may be used to cool closed containers in order to prevent pressure build-up which may result in an explosion. Use self contained breathing apparatus and protective clothing.

********** SECTION V, HEALTH HAZARD DATA **********

RIMARY ROUTE(S) OF ENTRY: Inhalation:Y Skin Contact:Y
Ingestion:N

XPOSURE LIMIT:Refer to Section II for complete PEL/TLV data.

CUTE EFFECTS OF OVEREXPOSURE:

INHALATION:
Harmful if inhaled. May affect the brain or nervous system causing dizziness, headache, or nausea.

SKIN CONTACT:
Prolonged or repeated contact can cause moderate irritation, defatting, and dermatitis.

EYE CONTACT:
Vapors may be irritating. Direct contact of product with eye may cause moderate irritation with corneal injury.

SKIN ABSORPTION:May be harmful if absorbed through skin.

INGESTION:
Harmful if swallowed. Can cause mouth, throat, and gastro intestinal tract irritation, nausea, vomiting, and diarrhea. Aspiration of material into the lungs can cause chemical pneumonitis which can be fatal.

HRONIC EFFECTS OF OVEREXPOSURE:
Repeated excessive exposures to this product may cause central nervous system, liver, and kidney effects and res piratory or eye irritation.

ARCINOGENICITY: IARC: Y NTP: N OSHA: N

	IARC	NTP	OSHA
STYRENE	Y	N	N

EDICAL CONDITIONS GENERALLY AGGRAVATED BY OVEREXPOSURE:

DDITIONAL TOXICITY INFORMATION:No additional information available.

MERGENCY AND FIRST AID PROCEDURES

INHALATION:
If affected by inhalation of vapor or spray mist, remove to fresh air.

EYE CONTACT:
In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Consult a physician.

SKIN CONTACT:
In case of contact, immediately flush skin with soap and plenty of water for at least 15 minutes. Remove contamin ated clothing and shoes. Wash and thoroughly clean con taminated clothing and shoes before reuse. Consult a

physician.

INGESTION:
If swallowed, consult a physician. Never give anything by mouth to an unconscious person.

********** SECTION VI, REACTIVITY DATA **********

TABILITY:Stable.
ONDITIONS TO AVOID:Open flame, sparks, or high temperature.
NCOMPATIBILITY (MATERIALS TO AVOID):
Acids, bases, strong oxidizers, & metallic halides (salts).
AZARDOUS DECOMPOSITION PRODUCTS:
Thermal decomposition and burning may produce carbon dioxide and carbon monoxide.
AZARDOUS POLYMERIZATION:May occur.

********** SECTION VII, SPILL OR LEAK PROCEDURES **********

TEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED:
Remove all ignition sources. Provide adequate ventilation. Avoid breathing vapors. Shut off source of spill if it can be done safely. Use non-sparking tools. Absorb with inert, absorbant material and dispose of in accordance with appli cable regulations.
ASTE DISPOSAL METHOD:
Dispose of in accordance with applicable Federal, State, and local regulations. Under the Resource Conservation and Recovery Act (RCRA) regulations, it is the responsibility of the product user to determine, at the time of disposal, whether a material should be classified as a hazardous waste. Consult your attorney or appropriate regulatory affairs officer for information on proper disposal.

********** SECTION VIII, SPECIAL PROTECTION INFORMATION **********

ESPIRATORY PROTECTION:
Wear an appropriate, properly-fitted respirator (NIOSH/MSHA approved) during and after application unless air monitoring demonstrates that vapor/mist levels are below applicable limits. Follow respirator manufacturer's directions for respirator use.
ENTILATION:
Use with adequate ventilation. Provide general dilution or local exhaust ventilation in volume and pattern to keep the air contaminant concentration below the applicable exposure limit (OSHA PEL) of the combined components listed in Sec tion II and below the LEL listed in Section IV. All appli cation areas should be ventilated in accordance with appli cable OSHA regulations. (29 CFR 1910.94)
ROTECTIVE GLOVES:Impervious gloves required.
YE PROTECTION:
Use safety eyewear designed to protect against splash of liquids.
THER SUGGESTED PROTECTIVE EQUIPMENT:
Eyewash, safety shower, impervious clothing and boots.

Selection of specific personal protective equipment will depend on the product user's operation.

/GIENIC PRACTICES:Wash thoroughly after handling.

********** SECTION IX, SPECIAL PRECAUTIONS **********

RECAUTIONS TO BE TAKEN IN HANDLING AND STORAGE:

Do not store above 120 F.
Keep closure tight and container upright to prevent leakage.
Store drum out of sunlight and away from heat, sparks, or flame.
Store only in well-ventilated areas.
Drums or pails should be grounded when being emptied.
Never use pressure to empty. Drum is not a pressure vessel.
Do not puncture, drag, or slide container.

ATTENTION: Emptied containers may retain hazardous residue and explosive vapors. Keep away from heat, sparks, and flames. Do not cut, puncture, or weld on or near this con tainer. Follow label warnings until container is thoroughly cleaned or destroyed.

THER PRECAUTIONS:

Do not get in eyes.
Avoid skin contact.
Prevent repeated or prolonged breathing of vapor or spray mist.
Avoid contact with or breathing of vapors during curing process.

********** SECTION X, REGULATORY INFORMATION **********

OXIC SUBSTANCES CONTROL ACT (TSCA) STATUS:

All components of this product are listed on the TSCA Section 8(b) Inventory.

ARA SECTION 312 HAZARD CATEGORIES:

Y-Fire Hazard
Y-Reactivity Hazard
Y-Chronic Health Hazard
N-Pressure Hazard
Y-Acute Health Hazard

ARA SECTION 313 STATUS

omponent/Category Name	CAS Number	Weight %
TYRENE	100425	35

****

ISCLAIMER

The P.D. George Company believes that the information contained herein is accurate and reliable as of the date of this material safety data sheet, but no representation guarantee or warranty, express or implied, is made as to the accuracy, reliability, or completeness of the information. Persons receiving this information are

encouraged to make their own determination as to the information's suitability and completeness for their particular application. NO INFORMATION CONTAINED HEREIN CONSTITUTES A PRODUCT WARRANTY OF ANY KIND, WHETHER EX PRESS OR IMPLIED; AND ALL IMPLIED WARRANTIES OF MERCHANT ABILITY AND OF FITNESS FOR A PARTICULAR PURPOSE ARE HEREBY DISCLAIMED BY THE P.D. GEORGE COMPANY.

ATTACHMENT 2

ORGANIC PEROXIDES

Material Safety Data Sheet

Elf Atochem Code: 129

Revision Date: 05/13/94
Supersedes Form Dated: 05/21/93

TRADENAME.....LUPERSOL DDM-9
CHEMICAL NAME.....Methyl Ethyl Ketone Peroxide
MOLECULAR FORMULA.....Mixture of $C_4H_{10}O_4$ and $C_8H_{18}O_4$

CHEMICAL FAMILY.....Organic Peroxide
SYNONYMS.....2-Butanone Peroxide

HAZARDOUS INGREDIENTS

Materials or Components	Ro. lbs.	% W/W	CAS No.	Hazard Data
Methyl Ethyl Ketone Peroxide structures account for 8.8 ± 0.1% active oxygen	10	35.0	1338-23-4	PEL 1990 = 0.2 ppm (Ceiling)
Dimethyl Phthalate**	5000	32.0	131-11-3	TLV 1981 = 5 mg/m³ (TWA)
2,2,4-trimethyl-1,3-pentanediol diisobutyrate		21.8	6846-50-0	
Hexylene Glycol		6.0	107-41-5	TLV 1977 = 25 ppm (TWA)
Methyl Ethyl Ketone**	5000	5.0	78-93-3	TLV 1976 = 200 ppm (TWA)
Water		1.5	7732-18-5	
Hydrogen Peroxide		0.7	7722-84-1	TLV 1986 = 1 ppm (TWA)

**This product contains toxic chemicals subject to the reporting requirements of section 313 of the Emergency Planning and Community Right-To-Know Act of 1986 and of 40 CFR 372.

SHIPPING INFORMATION

D.O.T. SHIPPING NAME.....Organic Peroxide Type D, Liquid (Methyl Ethyl Ketone(s) Peroxide, <45%)
HAZARD CLASSIFICATION.....5.2
I.D. NUMBER.....UN3105

FREIGHT CLASSIFICATION.....Chemicals NOISN
IMDG CODE PAGE..... 5225

PHYSICAL PROPERTIES

MELTING/FREEZING POINT, °C.....Below -30
MOLECULAR WEIGHT.....N/A
SPECIFIC GRAVITY (H_2O = 1), 25/25°C.....1.0840 Min.
*S.A.D.T.....70°C, 45# Cube

*Self accelerating Decomposition Temperature

VAPOR PRESSURE..... N/E
VAPOR DENSITY (Air = 1).....N/E
% VOLATILES BY VOLUME.....N/E
APPEARANCE & ODOR....Clear oily liquid, ketone odor
SOLUBILITY IN H_2O.....Slight

FIRE AND EXPLOSION DATA

FLASH POINT, °C/°F.....58/137
EXTINGUISHING MEDIA..... Water Fog, Dry Chemical, Foam, Water Spray
SPECIAL FIRE FIGHTING PROCEDURES..... If large amount is involved, evacuate area and fight fire from safe distance. Cool surrounding material with water.
UNUSUAL FIRE & EXPLOSION HAZARDS..... Contamination, Temperature - Can decompose with force if confined during exposure to fire.

REACTIVITY DATA

STABILITY..... Unstable
CONDITIONS CONTRIBUTING TO INSTABILITY..... Thermal decomposition, contamination
INCOMPATIBILITY (avoid contact with)..... Strong acids, strong alkalis, strong oxidizers, acetone, transition metal salts, promoters and reducing agents
HAZARDOUS DECOMPOSITION PRODUCTS..... Decomposition products are flammable and may autoignite
CONDITIONS TO AVOID..... Heat, flames, sparks, ignition sources, contamination

elf atochem
ATO

Elf Atochem North America, Inc. • Fine Chemicals Group • Organic Peroxides • 2000 Market Street • Philadelphia, PA 19103-3222
Phones: (800) 558-5575 • Fax: (215) 419-7413 • 24 Hr. Emergency No: (716) 877-1740

SPILL OR LEAK

STEPS TO BE TAKEN IF MATERIAL IS RELEASED OR SPILLED..... Use absorbent material, sweep or scoop up using non-sparkin tools and dispose of immediately.

WASTE DISPOSAL METHOD..... Consult with an Elf Atochem representative for the telephone number of your state's hazardous waste agency.

TOXICITY

ORAL (acute) (rats).....LD_{50} = 484 mg/kg
INTRAPERITONEAL (acute) (rats).....LD_{50} = 65 mg/kg
INHALATION (acute) (rats).....LC_{50} = 200 ppm (4 hours)

SUBCHRONIC: Thrice weekly dosings (rats) at one-fifth of LD_{50} for 7 weeks caused two out of five deaths IP and five out of five deaths orally. Liver damage was noted.

AMES TEST: Mutagenic in some strains of Salmonella.

HEALTH HAZARD INFORMATION

EFFECTS OF EXPOSURE:

IRRITATION.....SKIN - Severe
EYE - Severe
SENSITIZATION.....N/E
INHALATION EFFECTS..Irritating to airways & lungs

CORROSIVITY.....SKIN - N/E
EYE - May Cause Blindness
LUNG EFFECTS.....Irritant
OTHER.....N/E

EMERGENCY FIRST AID:

INGESTION..... Do NOT induce vomiting. Get emergency medical attention for gavage.
DERMAL..... Flush with soap and water. Get medical attention.
EYE CONTACT..... IMMEDIATELY flush with plenty of water for at least 15 minutes. Get emergency medical attention.
INHALATION..... Remove to fresh air. If not breathing, give artificial respiration. Get medical attention.

SPECIAL PROTECTION INFORMATION

VENTILATION REQUIREMENTS... Use with adequate ventilation. Local exhaust.
EYE..... Safety glasses, goggles, face shield.
HAND (Glove Type)..... Neoprene, nitrile rubber.
*RESPIRATOR TYPE..... Can or cartridge, gas or vapor.
OTHER PROTECTIVE EQUIPMENT. Eyewash station.

*Use only NIOSH/MSHA approved equipment

LABEL PRECAUTIONS

PRECAUTIONARY LABELING..... Wash thoroughly after handling
Do not get in eyes, on skin or clothing
Do not store near combustibles
Empty container may contain hazardous residues
Keep container closed
Keep away from heat, sparks, and flames
Do not reuse container

OTHER STORAGE AND HANDLING CONDITIONS..... Store below 100°F (38°C) to maintain active oxygen content

PREPARED BY:	ADDRESS:	PHONE:
Marketing Services Department	2000 Market Street, Phila., PA 19103	1-800-558-5575

NOTES: N/E = Not Established
N/A = Not Applicable

Elf Atochem North America, Inc. believes that the information and recommendations contained herein (including data and statements) are accurate as of the date hereof. NO WARRANTY OF FITNESS FOR ANY PARTICULAR PURPOSE, WARRANTY OF MERCHANTABILITY, OR ANY OTHER WARRANTY, EXPRESS OR IMPLIED, IS MADE CONCERNING THE INFORMATION PROVIDED HEREIN. The information provided herein relates only to the specific product designated and may not be valid where such product is used in combination with any other materials or in any process. Further, since the conditions and methods of use of the product and of the information referred to herein are beyond the control of Elf Atochem, Elf Atochem expressly disclaims any and all liability as to any results obtained or arising from any use of the product or reliance on such information.

5/13/94

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

Form Approved. OMB No. 2050-0028. Expires 10-31-91
GSA No. 0245-EPA-QT

(9)

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law *(Section 3010 of the Resource Conservation and Recovery Act)*.

EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received (For Official Use Only)

NOV 22 1990

I. Installation's EPA ID Number *(Mark 'X' in the appropriate box)*

[ ] A. First Notification [X] B. Subsequent Notification *(complete item C)*

C. Installation's EPA ID Number: N C D 0 0 1 8 3 9 5 2 1

II. Name of Installation *(Include company and specific site name)*

HAMILTON BEACH/PROCTOR-SILEX, INC.

III. Location of Installation *(Physical address not P.O. Box or Route Number)*

Street: SPRING RD, ROUTE 17N

Street (continued): PO BOX 1158

City or Town: WASHINGTON | State: NC | ZIP Code: 27889-

County Code: 013 | County Name: BEAUFORT

IV. Installation Mailing Address *(See Instructions)*

Street or P.O. Box: ~~SPRING~~ PO BOX 1158

City or Town: WASHINGTON | State: NC | ZIP Code: 27889-

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

Name *(last)*: WHITFORD | *(first)*: LOUIS

Job Title: MGR. MFG. ENGR. | Phone Number *(area code and number)*: 919-975-1121

VI. Installation Contact Address *(See Instructions)*

A. Contact Address: Location [X] Mailing [ ]

B. Street or P.O. Box:

City or Town: | State: | ZIP Code:

Date 12-11-90

VII. Ownership *(See Instructions)*

A. Name of Installation's Legal Owner: HAMILTON BEACH/PROCTOR-SILEX, INC.

Street, P.O. Box, or Route Number: 4421 WATERFRONT DRIVE

City or Town: GLEN ALLEN | State: VA | ZIP Code: 23060-

Phone Number *(area code and number)*: 804-273-9777

B. Land Type: P

C. Owner Type: P

D. Change of Owner Indicator: Yes [X] No [ ]

(Date Changed) Month 10 Day 11 Year 90

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

Form Approved. OMB No. 2050-0028. Expires 10-31-
GSA No. 0246-EPA-

ID – For Official Use Only

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

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [X] b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other - specify
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketer
   - [ ] c. Burner - indicate device(s) - Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

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

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.20 - 261.24)*

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. EP Toxic (D000)
X			

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

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

1	2	3	4	5	6
F001					
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
Joseph F. Moore	J.F. Moore/Vice President-Engineering	10/15/90

XI. Comments

JAN 0 5 1991

NORA FILE NO. 3

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

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

Form Approved. OMB No. 2050-0028. Expires 10-31-9
GSA No. 0246-EPA-G

ID – For Official Use Only

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

A. Hazardous Waste Activity

1. Generator (See Instructions)
   - [ ] a. Greater than 1000kg/mo (2,200 lbs.)
   - [X] b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
   - [ ] c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
   - [ ] a. For own waste only
   - [ ] b. For commercial purposes

   Mode of Transportation
   - [ ] 1. Air
   - [ ] 2. Rail
   - [ ] 3. Highway
   - [ ] 4. Water
   - [ ] 5. Other – specify
3. [ ] Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Marketers
   - [ ] c. Burner – Indicate device(s) – Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
5. [ ] Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
   - [ ] a. Generator Marketing to Burner
   - [ ] b. Other Markerer
   - [ ] c. Burner – indicate device(s) – Type of Combustion Device
     - [ ] 1. Utility Boiler
     - [ ] 2. Industrial Boiler
     - [ ] 3. Industrial Furnace
2. [ ] Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

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

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. *(See 40 CFR Parts 261.20 - 261.24)*

1. Ignitable *(D001)*	2. Corrosive *(D002)*	3. Reactive *(D003)*	4. EP Toxic *(D000)*
X			

(List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

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

1	2	3	4	5	6
F001					
7	**8**	**9**	**10**	**11**	**12**

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature	Name and Official Title *(type or print)*	Date Signed
Joseph F. Moore	J.F. Moore/Vice President-Engineering	10/15/90

XI. Comments

JAN 03 1991

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

State Of North Carolina

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF SOLID WASTE MANAGEMENT
P.O. BOX 27687 RALEIGH, NC 27611-7687

RECEIVED
JAN 03 1991
RCRA FILE ROOM

December 13, 1990

Hamilton Beach/Proctor-Silex, Inc
PO Box 1158
Washington NC 27889

RE: EPA ID No.: NCD001839521

Dear Sir:

Based on information supplied by you for the site identified with the above EPA ID number, the state has accepted and processed the change in RCRA listing or information that you requested

Your EPA ID number is active.

Current computer record of your facility contains following information:

(X INDICATES OPERATIONAL STATUS OF YOUR FACILITY.)

- LARGE GENERATOR
- TRANSPORTER
- STORER
- X SMALL QNTY. GENERATOR
- TREATER
- DISPOSER

COMPANY NAME Hamilton Beach/Proctor-Silex, Inc
OWNERSHIP Hamilton Beach/Proctor-Silex, In
CONTACT Whitford, Louis
PHONE NUMBER (919)975-2121
LOCATION ADDRESS Spring Road Route 17N
CITY, STATE & ZIP Washington NC 27889

Please verify the above computer information. Please notify us of any corrections.

We are advising EPA of the change. Please notify us if there is any further change in your operations which would affect your status. Your EPA ID number is currently active.

Sincerely,

R.J. Edwards

R.J. Edwards, Administrative Officer
Hazardous Waste Section

CC: WILLIAM DENTON
EPA Region IV
Beaufort County Health Department

G 8

Proctor-Silex, Inc.

RECEIVED
JAN 03 1991
RCRA FILE ROOM

CERTIFIED

October 15, 1990

N. C. Department of Environment, Health
and Natural Resources
Hazardous Waste Section
P. O. Box 27687
Raleigh, North Carolina 27611-7687

Attention: Mr. R. J. Edwards, Administrative Officer

Subject: Facility ID #NCD001839521

Dear Mr. Edwards:

On October 11, 1990, Hamilton-Beach, Inc. merged with Proctor-Silex, Inc. The surviving corporation is Hamilton Beach/Proctor-Silex, Inc.

I have attached an amended Hazardous Waste Activity Notification, Form 8700-12, for the Hamilton Beach/Proctor-Silex, Inc. facility (formerly Hamilton-Beach, Inc.) in Washington, North Carolina, reflecting the name change.

Your cooperation in this matter is appreciated.

If you have any questions, please contact me at (804) 273-9777, Ext. 222.

Sincerely,

Greg M. Ehrle
Corporate Environmental Engineer

GME:rlp

Attachment

cc: J. F. Moore
J. Mason
L. Gibb/L. Whitford
C. Zachwieja

4421 WATERFRONT DRIVE • GLEN ALLEN, VIRGINIA 23060 • (804) 273-9777

7

N. C. DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES

N. C. 1988 HAZARDOUS WASTE GENERATOR ONLY ANNUAL (PART A) REPORT *

Four Digit Standard Industrial Classification (SIC) No. For Operations In Your Company That Generated The Waste 3 6 3 4

I. Installation EPA ID Number: N C D 0 0 1 8 3 9 5 2 1

II. Name of Installation: Hamilton Beach, Inc.

III. Location of Installation: Spring Road
(Street or Route Number)

Washington (City or Town) Beaufort (County) NC (State) 27889 (Zip Code)

IV. Installation Contact: Louis Whitford (Name) 919 (Area Code) 975-2121 (Phone Number)

V. Waste Identification:

	A. EPA Waste No.	B. Description of Waste/ Chemical Name	1. Remedial Action Waste	C. Quantity Generated (LBS)	D. Handling Method/Quantity/Location Waste Shipped to: 1. Handling Method Code	2. Quantity Shipped to TSD or Recovery Facility (LBS)	3. TSD Facility EPA ID No./ Recovery Facility Name	E. In Storage December 31, 1988: 1. Storage Method Code	2. Quantity (LBS)
1	F001	111 Trichloroethane		0		0		0	0
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

If more space is needed check ____ and complete attachment 1

VI. List EPA ID Numbers for each Transporter used during reporting year: ____

VII. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Louis A. Whitford (Signature) Louis Whitford (Print or Type Name) 3-20-89 (Date Signed)

*Read instructions before completing form

DHS 3036 (Revised 1-89) Do. No. 0351A
Hazardous Waste Branch

NORTH CAROLINA
HAZARDOUS WASTE BRANCH

1988 WASTE MINIMIZATION REPORT

RECEIVED MAR 21 1989 HAZARDOUS WASTE

Facility Name: Hamilton Beach, Inc. EPA ID Number: NCD001839521

REASON FOR COMPLETING THIS FORM: Generators shipping hazardous waste off site are required to certify on item 16 of the Uniform Hazardous Waste Manifest that they have a program in place to reduce, to the degree determined to be economically practicable, the volume and toxicity of hazardous waste generated. A similar certification must be made by generators who have obtained a RCRA treatment, storage, or disposal permit.
Consistent with these requirements all generators must report, on a yearly basis, efforts undertaken to implement waste minimization programs. A **response is required by law.**

INSTRUCTIONS: Accurate information is very important. **Please read the detailed INSTRUCTIONS SHEET before completing this form.**

	WASTE NO.	PROD. RATIO	CURRENT WASTE MIN. EFFORTS	FACTORS PREVENTING WASTE MIN. EFFORTS	ADDITIONAL COMMENTS
1	F001	.80	4	5	
2					
3					
4					
5					
6					
7					

(If More Space Is Needed, Complete the Continuation Sheet)

Have you received technical assistance from any of the following groups?

Governor's Waste Management Board ___
NC Technical Assistance/Support Unit (TASU) ___
NC Pollution Prevention Pays Program ___
Southeast Waste Exchange ___
Other (Please Specify) ___ _____

CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Louis A. Whitford
(Signature)

Louis Whitford
(Print or Type Name)

3-20-89
(Date Signed)

N. C. DEPARTMENT OF HUMAN RESOURCES

DIVISION OF HEALTH SERVICES

RECEIVED MAR 7 1988 SOLID & HAZARDOUS WASTE MANAGEMENT BRANCH

6

N. C. 1987 HAZARDOUS WASTE GENERATOR ONLY ANNUAL (PART A) REPORT *

Four Digit Standard Industrial Classification (SIC) No. For Operations In Your Company That Generated The Waste 3634

I. Installation EPA ID Number: NCD009183952

II. Name of Installation: Hamilton Beach, Inc.

III. Location of Installation: Spring Road
(Street or Route Number)

Washington (City or Town) Beaufort (County) NC (State) 27889 (Zip Code)

IV. Installation Contact: W. Ted Lewis (Name) 919 (Area Code) 975 2121 (Phone Number)

V. Waste Identification:

	A. EPA Waste No.	B. Description of Waste/ Chemical Name	1. Remedial Action Waste	C. Quantity Generated (LBS)	D. Handling Method/Quantity/Location Waste Shipped to: 1. Handling Method Code	2. Quantity Shipped to TSD or Recovery Facility (LBS)	3. TSD Facility EPA ID No./ Recovery Facility Name	E. In Storage December 31, 1987: 1. Storage Method Code	2. Quantity (LBS)
1	F001	111 Trichloro-		1042	001	1042	MDD000218-	0	0
2		ethane					008		
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

If more space is needed check ____ and complete attachment 1

VI. List EPA ID Numbers for each Transporter used during reporting year: NCD047372503

VII. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

W. Ted Lewis (Signature) W. Ted Lewis (Print or Type Name) 3/1/88 (Date Signed)

*Read instructions before completing form

DHS 3036 (Revised 1-88) Do. No. 0351A
Hazardous Waste Management Branch

BW

OMB#: 2050-0024 Expires 12-31-88

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Hamilton Beach, Inc Proctor Silex Sh

PO Box 1158, Washington, N.C. 27889

EPA ID NO. NCD 0 0 1 8 3 9 5 2 1

FORM **IC**

NORTH CAROLINA HAZARDOUS WASTE MANAGEMENT BRANCH

1987 Hazardous Waste Report

MAR 7 1988

IDENTIFICATION AND CERTIFICATION

WHO MUST COMPLETE THIS FORM? Form IC must be completed by every site that received this package.

INSTRUCTIONS: Please read the detailed instructions beginning on page 4 of the 1987 Hazardous Waste Report Instruction booklet before completing this form.

Complete Sections I through IV and Sections VI through IX immediately. Complete Section V, certification, after you have finished the full report package.

SEC. I. Site name and physical location which may differ from the mailing address. Complete items A through G. Mark [X] for items A, B, C, D, F, and G if same as label; if different, enter corrections. If label is absent, enter information.

A. Site/company name — Same as label [X] or —

B. EPA ID No. — Same as label [X] or —

C. Address number and street name of physical location - If not known, enter industrial park, building name or other physical location description — Same as label [ ] or — Spring Road

D. City, town, village, etc. — Same as label [X] or —

E. County — Beaufort

F. State — Same as label [X] or —

G. Zip Code — Same as label [X] or —

SEC. II. Mailing address of site. Mark [X] for A, B, C, and D if same as label; if different, enter corrections.

A. Number and street name of mailing address — Same as label [X] or —

B. City, town, village, etc. — Same as label [X] or —

C. State — Same as label [X] or —

D. Zip Code — Same as label [X] or —

SEC. III. Name, title, and telephone number of the person who should be contacted if questions arise regarding this report.

A. Please print: Last name	First name	M.I.	B. Title	C. Telephone
Lewis	William	T.	Safety Dir	919 975-2121 Extension

SEC. IV. Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. SIC codes are listed beginning on page 1 of the 1987 Hazardous Waste Report Codebook.

A.	B.	C.	D.	E.	F.
3634					

SEC V. I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. Please print: Last name	First name	M.I.	Title
Lewis	William	T.	Safety Director

B. Signature: William T. Lewis

Date of signature: Mo. 03 Day 01 Yr. 88

EPA Form 8700 - 13H (5-80) (Rev. 11-85) Revised (12-87)

OVER —>

SEC. VI. Does this site's EPA ID authorize hazardous waste generation?

- [ ] NO → SKIP TO SECTION VII.
- [x] YES — Did this site generate any hazardous waste during 1987?
  - [x] YES → READ DETAILED INSTRUCTION ON PAGE 5 OF THE 1987 HAZARDOUS WASTE REPORT INSTRUCTIONS BOOKLET FOR ACUTE AND ACCUMULATION LIMITS. MARK [X] NEXT TO THE HAZARDOUS WASTE GENERATION QUANTITY CATEGORY THAT APPLIED TO THIS SITE DURING 1987.
    - [ ] Category 1: More than 1000 kg (2,200 lb) in one or more months
    - [x] Category 2: More than 100 kg (220 lb) but no more than 1000 kg (2,200 lb) in any single month
    - [ ] Category 3: No more than 100 kg (220 lb) in any single month
      - [x] Mark [X] if this site changed from Category 1 to Category 2 or 3 due to waste minimization activity conducted during 1986 or 1987.
  - [ ] NO → CONTINUE BELOW, MARK [X] NEXT TO ALL THAT APPLY.
    - [ ] Generated, excluded or delisted wastes
    - [ ] Generated hazardous waste prior to 1987 but do not expect to generate in the future - MARK [X] FOR REASON IN ONE BOX BELOW
      - [ ] Waste was from one-time event(s) (e.g. spills, remedial actions, etc.)
      - [ ] Waste minimization activity undertaken during 1986 or 1987
      - [ ] Out of business
    - [ ] Generated hazardous waste prior to 1987 and expect to generate in the future
    - [ ] Never generated before but expect to generate in the future
    - [ ] Never generated and do not expect to generate in the future - MARK [X] FOR REASON IN ONE BOX BELOW
      - [ ] Protective notifier only
      - [ ] Misunderstood the requirements
      - [ ] Notified to secure transportation services
      - [ ] Other EXPLAIN REASON FOR GENERATOR NOTIFICATION IN COMMENTS

SEC. VII. Does this site have RCRA Interim Status or a RCRA permit to treat, store, or dispose hazardous waste?

- [x] NO — SKIP TO SECTION VIII
- [ ] YES — Did the site treat, store, or dispose (T/S/D) hazardous waste in RCRA-regulated units during 1987?
  - [ ] YES → SKIP TO SECTION VIII
  - [ ] NO → CONTINUE BELOW, MARK [X] NEXT TO ALL THAT APPLY
    - [ ] T/S/D excluded waste during 1987
    - [ ] T/S/D hazardous waste in exempt units during 1987
    - [ ] T/S/D hazardous waste prior to 1987 but did not T/S/D waste during 1987. MARK [X] IN ONE BOX BELOW
      - [ ] T/S/D will resume in the future
      - [ ] Have notified of planned closure
      - [ ] Site is in closure or post closure
    - [ ] Never T/S/D hazardous waste prior to 1987 but: MARK [X] IN ONE BOX BELOW
      - [ ] Expect to T/S/D hazardous waste in the future
      - [ ] Do not expect to T/S/D hazardous waste in the future - EXPLAIN REASON FOR INTERIM STATUS OR PERMIT IN COMMENTS

SEC. VIII. Do you wish to withdraw this site's generator notification or EPA Part A permit application?

Withdraw generator notification	[ ] Yes	[x] No
Withdraw Part A permit application	[ ] Yes	[x] No

SEC. IX. Does this site have an area not requiring a RCRA Part A or Part B permit that is used exclusively for the short term accumulation of hazardous waste?

- [x] NO
- [ ] YES — DOES THE AREA HAVE:

Containers	[ ] No	[ ] Yes	ENTER THE NUMBER OF TANKS AND THEIR TOTAL CAPACITY IN GALLONS.
Tanks	[ ] No	[ ] Yes →	[ ] Number [ ] Gallon capacity

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Hamilton Beach, Inc.

PO Box 1158, Washington, N.C. 27889

EPA ID NO.: NC D 0 0 1 8 3 9 5 2 1

FORM **WM**

NORTH CAROLINA HAZARDOUS WASTE MANAGEMENT BRANCH

1987 Hazardous Waste Report

WASTE MINIMIZATION

PART I

WHO MUST COMPLETE THIS FORM? Form WM Part I, describing efforts undertaken to implement waste minimization programs, must be completed by all generators required to file an Annual/Biennial Report. This requirement was established in response to statutory provisions included in the Hazardous and Solid Waste Amendments of 1984 (HSWA).

NOTE: Generators shipping hazardous waste off site are required to certify, on item 16 of the Uniform Hazardous Waste Manifest, that they have a program in place to reduce, to the degree determined economically practicable, the volume and toxicity of hazardous waste generated. A similar certification must also be made by generators who have obtained a RCRA treatment, storage, or disposal permit. Consistent with these certification requirements, generators must report, on Form WM Part I, the efforts undertaken to implement waste minimization programs.

INSTRUCTIONS: Please read the detailed instructions on page 8 of the 1987 Hazardous Waste Report Instruction booklet before completing this form.

Answer questions 1 through 10. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

1. Did this site create or expand a source reduction and recycling program?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Create	☒	☐	☐	☒	☐	☒
Expand	☐	☐	☐	☒	☐	☒

2. Did this site have a written policy or statement that outlined goals, objectives and methods for source reduction and recycling of hazardous waste?

	1987	1986	Prior Years
Yes	☐	☐	☐
No	☒	☒	☒

3. What was the dollar amount of capital expenditures (plant and equipment) and operating costs devoted to source reduction and recycling of hazardous waste? ENTER ZERO (0) IF NONE.

	1987	1986	Prior Years
Capital expenditures	$ _____	$ _____	$ _____
Operating costs	$ 0	$ 0	$ 0

4. Did this site have an employee training program or provide incentives (bonuses, awards, personal recognition, etc.) to identify and implement source reduction and recycling opportunities and activities?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Training	☐	☒	☐	☒	☐	☒
Incentives	☐	☒	☐	☒	☐	☒

OVER —>

5. Did this site conduct a source reduction and/or recycling opportunity assessment or audit? Note: an opportunity assessment or audit is a procedure that identifies practices that can be implemented to reduce the generation of hazardous waste or the quantity which must subsequently be treated, stored or disposed.

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Site-Wide	☐	☒	☐	☒	☐	☒
Process-Specific	☐	☒	☐	☒	☐	☒

6. Did this site identify or implement new SOURCE REDUCTION opportunities to reduce the volume and/or toxicity of hazardous waste generated at this site?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Identify	☐	☒	☐	☒	☐	☒
Implement	☐	☒	☐	☒	☐	☒

7. What factors have delayed or prevented implementation of SOURCE REDUCTION opportunities. MARK ☒ NEXT TO ALL THAT APPLY.

- ☐ a. Insufficient capital to install new source reduction equipment or implement new source reduction practices.
- ☐ b. Lack of technical information on source reduction techniques, applicable to my specific production processes.
- ☒ c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- ☐ d. Concern that product quality may decline as a result of source reduction.
- ☐ e. Technical limitations of the production processes.
- ☐ f. Permitting burdens.
- ☐ g. Other (SPECIFY) _____

8. Did this site identify or implement new RECYCLING opportunities to reduce the volume and/or toxicity of hazardous waste generated at this site or subsequently treated, stored, or disposed of on site or off site?

	1987		1986		Prior Years	
	Yes	No	Yes	No	Yes	No
Identify	☐	☒	☐	☒	☐	☒
Implement	☐	☒	☐	☒	☐	☒

9. What factors have delayed or prevented implementation of on-site or off-site RECYCLING opportunities. MARK ☒ NEXT TO ALL THAT APPLY.

- ☐ a. Insufficient capital to install new recycling equipment or implement new recycling practices.
- ☐ b. Lack of technical information on recycling techniques applicable to this site's specific production processes.
- ☒ c. Recycling is not economically feasible: cost savings in waste management or production will not recover the capital investment.
- ☐ d. Concern that product quality may decline as a result of recycling.
- ☐ e. Requirements to manifest wastes inhibit shipments off site for recycling.
- ☐ f. Financial liability provisions inhibit shipments off site for recycling.
- ☐ g. Technical limitations of product processes inhibit shipments off site for recycling.
- ☐ h. Technical limitations of production processes inhibit on-site recycling.
- ☐ i. Permitting burdens inhibit recycling.
- ☐ j. Lack of permitted off-site recycling facilities.
- ☐ k. Unable to identify a market for recyclable materials.
- ☐ l. Other (SPECIFY) _____

10. Has this site requested or received technical information or financial assistance on source reduction and/or recycling practices from any of the following sources? MARK ☒ NEXT TO ALL THAT APPLY.

	1987		1986		Prior Years	
	Technical	Financial	Technical	Financial	Technical	Financial
a. Local government	☐	☐	☐	☐	☐	☐
b. State government	☐	☐	☐	☐	☐	☐
c. Federal government	☐	☐	☐	☐	☐	☐
d. Trade associations	☐	☐	☐	☐	☐	☐
e. Educational institutions	☐	☐	☐	☐	☐	☐
f. Suppliers	☐	☐	☐	☐	☐	☐
g. Other parts of your firm	☐	☐	☐	☐	☐	☐
h. Other firms/consultants	☐	☐	☐	☐	☐	☐
i. No request made	☒	☒	☒	☒	☒	☐
j. Other (conferences, literature, etc.)_____	☐	☐	☐	☐	☐	☐

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: Hamilton Beach, Inc.

P.O. Box 1158, Washington, NC 27889

EPA ID NO. N C D 0 0 1 8 3 9 5 2 1

RECEIVED APR 1 1988 HAZARDOUS WASTE MANAGEMENT BRANCH

FORM WM

NORTH CAROLINA HAZARDOUS WASTE MANAGEMENT BRANCH

1987 Hazardous Waste Report

WASTE MINIMIZATION

PART II

WHO MUST COMPLETE THIS FORM? Form WM Part II must be completed only by generators that engaged in an activity during 1987 that resulted in waste minimization.

Waste minimization means:
(1) reduction in the volume and/or toxicity of hazardous waste generated as a result of source reduction; and/or,
(2) reduction in the volume and/or toxicity of hazardous waste subsequently treated, stored, or disposed as a result of on-site or off-site recycling.

☐ Mark ☒ and do not complete this form if no waste minimization results were achieved during 1987.

INSTRUCTIONS: Please read the detailed instructions on page 10 of the 1987 Hazardous Waste Report instruction booklet before completing this form.

Make and complete a photocopy of this form for each hazardous waste minimized in 1987.

Complete Sections I through IV. Throughout this form enter "DK" if the information requested is not known or is not available; enter "NA" if the information requested is not applicable.

Sec. I

A. EPA hazardous waste code Instruction Page 11	B. State hazardous waste code Page 11	C. Product or service description Page 11	D. Product or service SIC code Page 11
F 0 0 1	N/A	Small appliance motor laminations and beaters	3 6 3 4

E. Waste form code Page 11	F. UOM Page 12	G. Density Page 12	H. Source description: Page 12	I. Source code Page 12
H 6 1	G	1 . 3 2 ☐ lbs/gal ☐ kg	Solvent vapor degreasing	1 0

Sec. II

A. 1986 quantity generated Instruction Page 13	B. 1987 quantity generated Page 13	C. Production ratio Page 13	D. Toxicity change code Page 15
1 2 3 0	1 1 0	. 8 1	0

E. Waste minimization: recycling Page 15		F. Waste minimization: source reduction Page 16	
Code	Quantity recycled	Code	Quantity prevented
1. 0 2.	N/A	1. 2 2. 5 3.	8 8 6

Sec. III

A. Narrative description of waste minimization project or activity and results achieved Instruction Page 20

Waste reduction was possible due to keeping unnecessary contaminants out of the degreasor. Resultant was material used up instead of having to be drained and disposed of.

OVER -->

Sec. IV.	**Instructions:** Answer questions 1 through 4. Mark ☒ next to the effects produced by the source reduction and/or recycling activity reported on this form in Sections I through III.

1. What effect did this site's source reduction and/or recycling activity have on the **quantity of water effluent** produced by hazardous waste generation processes during 1987?

   ☐ a. Increase in the quantity of water effluent
   ☐ b. Decrease in the quantity of water effluent
   ☒ c. No effect on the quantity of water effluent
   ☐ d. Don't know

2. What effect did this site's source reduction and/or recycling activity have on the **toxicity of water effluent** produced by hazardous waste generation processes during 1987?

   ☐ a. Increase in the concentration of hazardous constituents
   ☐ b. Decrease in the concentration of hazardous constituents
   ☒ c. No effect on the concentration of hazardous constituents
   ☐ d. Don't know

3. What effect did this site's source reduction and/or recycling activity have on the **quantity of air emissions** produced by hazardous waste generation processes during 1987?

   ☐ a. Increase in the quantity of air emissions
   ☒ b. Decrease in the quantity of air emissions
   ☐ c. No effect on the quantity of air emissions
   ☐ d. Don't know

4. What effect did this site's source reduction and/or recycling activity have on the **toxicity of the air emissions** produced by hazardous waste generation processes during 1987?

   ☐ a. Increase in the concentration of hazardous constituents
   ☐ b. Decrease in the concentration of hazardous constituents
   ☐ c. No effect on the concentration of hazardous constituents
   ☒ d. Don't know

Comments:

North Carolina Department of Human Resources
Division of Health Services
P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor
David T. Flaherty, Secretary

Ronald H. Levine, M.D., M.P.H.
State Health Director

5

June 14, 1988

Hamilton Beach-Scovill
PO Box 1158
Washington NC 27889

RE: EPA ID No.: NCD001839521

Dear Sir:

Based on information supplied by you for the site identified with the above EPA ID number, the state has accepted and processed the change RCRA listing or information that you requested.

Added As:	Deleted As:
Small Generator	Generator

Listed below is site information contained on our computer files:

COMPANY NAME	Hamilton Beach-Scovill
OWNERSHIP	Hamilton Beach-Scovill
CONTACT	Lewis, Ted W.
PHONE NUMBER	(919)975-2121
LOCATION ADDRESS	Spring Road
CITY, STATE & ZIP	Washington NC 27889

Please verify that the above computer listing/information is correct by notifying us of any corrections.

We are advising EPA of the change. Please notify us if there is any further change in your operations which would affect your status. Your EPA ID number has not been inactivated.

Sincerely,

R. J. Edwards

R. J. Edwards, Compliance Officer
Hazardous Waste Management Branch

CC: JERRY PARKS
EPA Region IV
Beaufort County Health Department

Hamilton Beach

RECEIVED JUN 14 1988 SOLID WASTE MANAGEMENT

4

Department of Human Resources
Division of Health Services
Solid and Hazardous Waste Management Branch

APPLICATION FOR CHANGE IN CLASSIFICATION UNDER RCRA

Date: 3-10-88

Company Name: Hamilton Beach, Inc.

Company Address: P.O. Box 1158

Washington, NC 27889

EPA ID No: NCD001839521

Mr. William L. Meyer, Head
Solid & Hazardous Waste Management Branch
Division of Health Servic
Post Office Box 2091
Raleigh, N.C. 27602

APPROVED
BY: [illegible]
DATE: 6-10-88

Dear Mr. Meyer:

Our Company requests the following change in its classification under RCRA (check all that apply):

Add As	Delete As	
☐	☒	Generator
☐	☐	Transporter
☐	☐	Treater
☐	☐	Storer
☐	☐	Disposer
☒	☐	Small Generator

ENTERED JUN 14 1988 DATA PROCESSING

The reason for this request is:

Improved management techniques have reduced the quantity of hazardous waste generation so that Hamilton Beach Washington should qualify as a small generator.

NOTES: 1) Be specific. Give all pertinent information. This may be a change in your process; a change in your handling procedures; new analyses, or the like.

2) This is not a delisting petition with respect to a listed waste.

③

Ronald H. Levine, M.D., M.P.H.
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES
P.O. Box 2091
Raleigh, N.C. 27602-2091

October 29, 1985

Ted Lewis
Hamilton Beach Scovill
PO Box 1158
Washington, NC 27889

Dear Mr. Lewis:

EPA ID NUMBER: NCD 001 839 521

Attached is notification form with ID number which was assigned by phone.

Cordially yours,

Emil Breckling

Emil Breckling
Environmetal Planner

EB/ tca

Attachment
8700-12

(2)

Ronald H. Levine, M.D., M.P.H.
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES
P.O. Box 2091
Raleigh, N.C. 27602-2091

October 29, 1985

Re: Hamilton Beach Scovill
PO Box 1158
Washington, NC 27889

NCD 001 839 521

Doug McCurry, Chief
Waste Engineering Section
Residuals Management Branch
EPA - Regional IV
345 Courtland Street, NE
Atlanta, GA 30365

Dear Doug:

Attached is notification application with number assigned by phone. Please process.

Cordially yours,

William L. Meyer

William L. Meyer, Head
Solid and Hazardous Waste Management Branch
Environmental Health Section

WLM/EB/tca

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

Form Approved OMB No. 2000-0098
GSA No. 0246-EPA-OT Expiration Date 12/31/86

①

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

ENTERED — PLEASE PLACE LABEL IN THIS SPACE — OCT 29 — DATA PROCESSING

ENTERED — OCT 29 — DATA PROCESSING

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION EPA I.D. NUMBER: NCD001813952 — CHECK: 1 — APPROVED — DATE RECEIVED (Yr., Mo., & Day): 851022

I. NAME OF INSTALLATION: HAMILTON BEACH SCOVILL

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: PO BOX 1158

CITY OR TOWN: WASHINGTON — ST.: NC — ZIP CODE: 27889

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: SPRING ROAD

CITY OR TOWN: WASHINGTON — ST.: NC — ZIP CODE: 27889

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): LEWIS W. TED — PHONE NO. (area code & no.): 919 975 2121

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: HAMILTON BEACH-SCOVILL

B. TYPE OF OWNERSHIP (enter the appropriate letter below): F — FEDERAL; N — NON-FEDERAL: N

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es)): [X] A. GENERATION; [ ] B. TRANSPORTER (CONSIGNEE FOR YOU); [ ] C. TREATER/STORER/DISPOSER; [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only — enter "X" in the appropriate box(es)): [ ] A. AIR; [ ] B. RAIL; [ ] C. HIGHWAY; [ ] D. WATER; [ ] E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

[X] A. FIRST NOTIFICATION; [ ] B. SUBSEQUENT NOTIFICATION (complete item C) — C. INSTALLATION'S EPA I.D. NO.:

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

DETACH A

DETACH A

EPA Form 8700-12 (6-85)

CONTINUE ON REVERSE

I.D. FOR OFFICIAL USE ONLY

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

F001	D001				

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous waste your installation handles. (See 40 CFR Parts 261.21 – 261.24.)

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE (type or print)	DATE SIGNED
W Ted Lewis	W. Ted Lewis SAFETY Director	10/25/85