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

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

FILE DOCKET

DATE	ITEM
1 11-13-86	Inspection Report
2 5-27-87	RCRA Inspection report -
3 2-8-88	Compliance eval. inspection
4 6-6-88	Record review
5 3-20-89	Inspection + Evaluation Report
(6) 1-15-95	CEI Report
(7) 3-13-95	Compliance Schedule
(8) 3-13-95	CEI Report

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

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

pl I

SQG (8)

RCRIS

EPA ID#: NCD001839521
Facility name: Hamilton Beach City: Washington, NC

Evaulation data:
New: X Change: Delete:

----------Supervisor's NOV tracking information----------

005

type:CEI
Initial Inspection Date: 10 Jun 1997
Docket number:
Reinsptdate: 13 Mar 1995
COMMENTS:

Agency: s Person:006 Branch:07 Reason:01

JUL 1997 ENTERED RCRIS

GENERATORS
GER: x GRR: x GLB: x GMR: x GOR: x GPT: x GSQ

TRANSPORTERS
TGR: TMR: TOR: TRR: TWD:

USED OIL
TUO: TFO: BUO: MUO: PUO:
RUO:

TSD'S
DBF: DCH: DCL: DCP: DFR: DGS: DGW: DIN: DLB: DLF:
DLT: DMC: DMR: DOR: DOT: DPB: DPP:
DSI: DTR: DTT: DWP:

VIOLATION DATA: New: X Change: Delete:

1. Agency: s Type: date determined: 10 Jun 1997
   class: Priority:_____ Seq.#_____
   Return to compliance:
   Actual date: 13 Mar 1995
   Reg Description:
   Comment:

2. Agency: s Type: date determined: 10 Jun 1997
   class: Priority:_____ Seq.#_____
   Return to compliance:
   Actual date: 13 Mar 1995
   Reg Description:
   Comment:

RCRA INSPECTION REPORT

1. FACILITY INFORMATION — Hamilton Beach
PO Box 1158
Washington, NC 27897
NCD001839521 Small Gen

2. FACILITY CONTACT — Joel Lawson, Manager
975-7800

3. SURVEY PARTICIPANTS — Joe Lawson, Dick Denton

4. DATE OF INSPECTION — 10 Jun 1997

5. PURPOSE OF INSPECTION — To determine compliance with 40 CFR 262, 265, & 268.

6. FACILITY DESCRIPTION

The facility manufactures blenders at their Washington NC plant. Hazardous waste is generated from the production of the electrical motors. A styrene varnish (flash point 86 degrees F.) is poured onto the armature to insulate the wires. The waste varnish is manifested as a D001 hazardous waste. The carbon filter is used as part of the air, exhaust filter system.

The facility uses Petro Chem Processing, Inc., 421 Lycaste Ave, Detroit, Mi. zip 48214: MID 980615298 to manage their waste.

The following records were reviewed during the inspection:

1. Manifest
2. Inspection logs
3. Contingency plan
4. Storage areas
5. Training records

7. AREAS OF INSPECTION
(Yes = compliance, no = violation, na = not applicable)
- **Emergency Preparedness: y**
- **Inspection Records: y**

8. SITE DEFICIENCIES: None:

6-10-97 date: MRD — Joe Lawson
INSPECTOR — FACILITY CONTACT

RCRIS

EPA ID:NCD001839521
Facility Name: Hamilton Beach City:Washington, NC

EVAULATION DATA: New:X Change: Delete:

Agency:s Date:1/13/95 Reinspt date: 3/13/95

Person: 006Branch:07 Type:CEI Reason:01
CSE

GENERATORS
GER: x GRR: x GLB: x GMR: x GOR: x GGF: x GRR: x GSQ:

TRANSPORTERS
TGR: TMR: TOR: TRR: TWD:

USED OIL
TUO: TFO: BUO: MUO: PUO: RUO:

TSD'S
DBF: DCH: DCL: DCP: DFR: DGS:
DGW: DIN: DLB: DLF: DLT: DMC:
DMR: DOR: DOT: DPB: DPP: DSI:
DTR: DTT: DWP:

APR 1995
ENTERED
RCRIS

Re-inspection
aspo
pov of 1-13-95
Parsons. J. Edwards

COMPIANCE SCHEDULE
FEA CAS

Comments:

VIOLATION DATA: New: X Change: Delete:

1 - Agency:s Type:GGR date determined: 1/13/95 Class: 2
Priority: Seq.# 1
Return to compliance: 2/13/95
Actual date: : 3/13/95
Reg Description: 262.34(A)(2)
Comment:

2 - Agency:s Type:GGR date determined: 1/13/95 Class: 2
Priority: Seq.# 1
Return to compliance: 2/13/95
Actual date: : 3/13/95
Reg Description: 262.34(A)(3)
Comment:

3 - Agency:s Type:GGR date determined: 1/13/95 Class: 2
Priority: Seq.# 1
Return to compliance: 2/13/95
Actual date: : 3/13/95
Reg Description: 262.34(A)(4)
Comment: ref @ 265.16 & 265.32

1. FACILITY INFORMATION — Hamilton Beach
PO Box 1158
Washington, NC 27897
NCD001839521

2. FACILITY CONTACT — Joel Lawson, Manager
975-7800

3. SURVEY PARTICIPANTS — Joel Lawson, Mario Kuhar, Dick Denton

4. DATE OF INSPECTION — 1/13/95 / 3-13-95 * Re

5. PURPOSE OF INSPECTION

To determine compliance with 40 CFR 262, 265, & 268.

6. FACILITY DESCRIPTION

The facility manufactures blenders at their Washington NC plant. Hazardous waste is generated from the production of the electrical motors. A styrene varnish (flash point 86 degrees F.) is poured onto the armature to insulate the wires. The waste varnish is manifested as a D001 hazardous waste. The carbon filter is used as part of the air, exhaust filter system.

The facility uses Petro Chem Processing, Inc., 421 Lycaste Ave, Detroit, Mi. zip 48214; MID 980615298 to manage their waste.

The following records were reviewed during the 1-13-95 inspection:

1. Manifest
2. Inspection logs
3. Contingency plan
4. Storage areas
5. Training records

7. SITE DEFICIENCIES

The following violations were noted during the inspection:

1. 262.34(a)(3) - five gallon cans of the varnish were not labeled "Haz Waste", approximately 8-55 gallon containers of D001 hazardous waste (varnish was not labeled with the words Hazardous waste.

2. 262.34(a)(2) - None of the containers in the haz waste storage were dated with the accumulation dates.

3. 262.34(a)(4) - ref at the following:
265.32(a) no alarms are available in the storage area.
265.16(d) - 265.16(e) training records as required were

not available.
~~available.~~
4. 262.34(a)(1) - ref at 265.174 An inspection log of the storage area was not stated prior to 1-3-95.

5. 262.34(c)(1) - ref at 265.173(a) a 5 gallon container of varnish(waste)
as open (no top) at the armature insulating site.

THE REINSPECTION FORND THE FACILITY TO BE COMPLIANT WITH THE NOV dated 1-13-95.

9. **SIGNED**

Dick Denton
INSPECTOR

3-13-95
DATE

RJ Lawson
FACILITY CONTACT

Region IV CM&E Form - Side A

DATA ENTRY PERSONNEL
Submitted by: _____ Date: _____
Entered by: _____ Date: _____

EPA ID: MCD 018395 31

Facility Name: Hamilton Beach City: Washington

EVALUATION DATA: New: __ Change: __ Delete: __ (—— : Required)

Agency: Date: Mo 01 / Day 13 / Year 95 Type: 04 Control Number Data Entry Personnel

Person: 016 BRANCH REASON

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applic. D: Del.)

Generators: GBF, GER, GGR, GLB, GMR, GOR, GPT, GRR, GSC, GSO

Transporters: TGR, TMR, TOR, TRR, TWD

USED OIL: TUO, TFO, BUO, MUO, PUO, RUO

TSD's: DAD, DCH, DCL, DCF, DEB, DGS, DGH, DIN, DLB, DLF, DLT, DMC, DMR, DOR, DOT, DPB, DPP, DSI, DTR, DTT, DWP

COMPLIANCE SCHEDULE (TSD, GEN, TRANS.)
FEA CAS

Evaluation Comments: (72) 1: 95-282
2:

RECEIVED JAN 10 1995 HAZARDOUS WASTE

VIOLATION DATA: New: ✓ Change: __ Delete: __

#1 Agency: 5 Type: 66 Date (mdy) Determined: 01 / 13 / 95 Class: 4
Priority: Branch: 01 Person: 016 Seq. Number (Data Entry)
Return to Compliance: Scheduled 02 / 13 / 95 Actual __ / __ / __
Req. Type: Reg. Description (30): 262.34 (a)(2)
Comment (72):

#2 Agency: Type: 66 Date (mdy) Determined: 01 / 13 / 95 Class: 4
Priority: Branch: 01 Person: 016 Seq. Number (Data Entry)
Return to Compliance: Scheduled 02 / 13 / 95 Actual __ / __ / __
Req. Type: Reg. Description (30): 262.34 (a)(3)
Comment (72):

#3 Agency: Type: 66 Date (mdy) Determined: 01 / 13 / 95 Class: 4
Priority: Branch: 01 Person: 016 Seq. Number (Data Entry)
Return to Compliance: Scheduled 02 / 13 / 95 Actual __ / __ / __
Req. Type: Reg. Description (30): 262.34 (a)(4) as at 265.16; 265.32
Comment (72):

Continue violation data if necessary -

DAT ENTRY PERSONNEL

Submitted by: _____ Date: _____

Entered by: _____ Date: _____

Region IV CMEE Form - Side B

EPA ID: [ ]

Facility Name: _____ City: _____

ENFORCEMENT DATA: New: __ Change: __ Delete: __ (——— : Required)

Agency: [ ] Type: [ ] Date: Month / Day / Year [ ] Number (Date Entry) [ ]

Period: [ ] Branch: [ ] Comment (72): _____

Penalty Data

Assessed: $ [ ] Paid: $ [ ] Date Paid: [ ]/[ ]/[ ]

Settled: $ [ ] $ [ ] [ ]/[ ]/[ ]

Enforcement Comments: (74) 1: _____

2: _____

Cite violations for this enforcement action below -

VIOLATION DATA: New: __ Change: __ Delete: __

#4 Agency: [ ] Type: 66A Date (mdy) Determined: 01/13/95 Class: A

Priority: [ ] Branch: 47 Person: 0K19 Seq. Number (Date Entry) [ ]

Return to Compliance: 02/13/95 Scheduled -- -- Actual -- -- [ ]/[ ]/[ ]

Reg. Type: [ ] Reg. Description (30): 262.34(a)(1) & 265.174

Comment (72): _____

#5 Agency: [ ] Type: 66A Date (mdy) Determined: 01/13/95 Class: A

Priority: [ ] Branch: 47 Person: 0K19 Seq. Number (Date Entry) [ ]

Return to Compliance: 02/13/95 Scheduled -- -- Actual -- -- [ ]/[ ]/[ ]

Reg. Type: [ ] Reg. Description (30): 262.34(c)(1) & 265.173(a)

Comment (72): _____

#__ Agency: [ ] Type: [ ] Date (mdy) Determined: [ ]/[ ]/[ ] Class: [ ]

Priority: [ ] Branch: [ ] Person: [ ] Seq. Number (Date Entry) [ ]

Return to Compliance: [ ]/[ ]/[ ] Scheduled -- -- Actual -- -- [ ]/[ ]/[ ]

Reg. Type: [ ] Reg. Description (30): _____

Comment (72): _____

Continue violation data if necessary -

1. FACILITY INFORMATION — Hamilton Beach / Proctor-Silex, INC
PO Box 1158
Washington, NC 27987
NCD001839521

2. FACILITY CONTACT — Joel Lawson, Manager
919 975 7800

3. SURVEY PARTICIPANTS — Joel Lawson, Mariok Kuhar, Sr. Env. Engineer, Dick Denton

4. DATE OF INSPECTION — 1-13-95

5. PURPOSE OF INSPECTION — To determine compliance with 40 CFR 262, 265, & 268.

6. FACILITY DESCRIPTION — The facility manufacturers blenders at their Washington NC plant. Hazardous waste is generated from the production of the motors. A styrenes varnish (flash pt. 86 degrees F.) is poured onto the armature to insulate the wires. The waste varnish is manifested as a D001 hazardous waste. A carbon filter media waste is also generated (D001). The carbon filter is used as part of the air, exhaust filter system.

The facility uses Petro Chem Processing, Inc.,421 Lycaste Ave,Detroit, Mi. 48214; MID 980 615 298 to manage their waste.

The following records were reviewed during the inspection:

1. Manifest
2. inspection logs
3. contingency plan
4. storage areas
5. training records

7. **WASTE MINIMIZATION**

8. **SITE DEFICIENCIES**

40 CFR 262.34(a)(3) Five gallon cans of the varnish (small amounts in each can) were Not labeled "Haz Wask!!" Approximately 8 - 55 gallon containers of Dool Waste (varnish) was Not labeled with the words Haz Waste.

262.34(a)(2) ~~Non~~ ~~No con~~ None of the containers in the haz waste storage were dated with accumulation dates

262.34(a)(4) vy at the following: 265.32(a) No alarm is available at the storage area 265.16(d) training records are required where Not available & 265.16(e).

262.34(a)(1) vy at 265.174. Inspection log of the storage area was Not started prior to 1-3-95.

262.34(c)(1) vy at 265.173(a) a 5 gallon container of varnish (waste) was open (no top) at the armature insulating site

9. **RECOMMENDATIONS**

10. **SIGNED**

INSPECTOR

1-13-95
DATE

FACILITY CONTACT

Solid Waste Management Division
Hazardous Waste Section
NOTICE OF VIOLATION

TO: Mario Kuhar c/o Hamilton Beach
Address: PO Box 1159
Washington NC 27889

Docket # 95-286
Inspection Date 1-13-95
Facility Type generator

EPA ID# NCD001839521

On December 18, 1980, the State of North Carolina, Hazardous Waste Section (State) was authorized to operate the State RCRA hazardous waste program under the Solid Waste Management Act (ACT), N.C.G.S. 130A, Article 9 and rules promulgated thereto at 15A NCAC 13A (Rules) in lieu of the federal RCRA program.

On 1-13-95, Dick Denton representing the N.C. Hazardous Waste Section, inspected your facility for compliance with North Carolina Hazardous Waste Management Rules. During that inspection, the following violations were noted:

Specifics

40CFR 262.34(a)(1) w/ 265.174 haz waste containers must be closed

40CFR 262.34(a)(2) Containers of haz waste must be marked with accumulation dates

40CFR 262.34(a)(3) Containers of hazardous waste must be labeled with the words "Haz Waste"

40CFR 262.34(a)(4) the facility must comply with subpart C & D PART of 265, 265.16

40CFR 262.34(c)(1)(i) The generator must comply with 265.173(a)

You are hereby required to correct the noted violation(s) by 2-13-95, at which time a reinspection will be performed. If compliance with the violation(s) noted above are not met, pursuant to N.C.G.S. 130A - 22(a) and 15A NCAC 13B .0701 - .0707, an administrative penalty of up to $25,000.00 per day may be assessed for violation of the hazardous waste law or regulations.

1-13-95
(Date)

Dick Denton
N.C. Hazardous Waste Section

I, Dick Denton, hereby certify that I have personally served a copy of this Notice on: Mario Kuhar, at Hamilton Beach on 1-13, 1995.

Mario
(Recipient Signature)

copies to: field files
central files
Regional Office

I (5)

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
SOLID AND HAZARDOUS WASTE MANAGEMENT BRANCH
P.O. BOX 2091 RALEIGH, NORTH CAROLINA 27602-2091
306 N.WILMINGTON STREET

INSPECTION AND EVALUATION REPORT

EPA ID: NCD001839521 FACILITY NAME: Hamilton Beach - Scovill

ADDRESS: P.O. Box 1158 CITY: Washington

NEW: ✓ UPDATE: ____ DATE OF INITIAL EVALUATION: 3 20 89 STAFF ID: 06

RESPONSIBLE AGENCY: S S = STATE E = EPA X = OVERSITE O = OTHER

TYPE OF EVALUATION COVERED BY THIS REPORT: ENTER ONE: 1

1= COMPLIANCE EVAL. INSP.(CEI)
2= SAMPLING INSPECTION
3= RECORD REVIEW
4= COMP.GWM EVAL.(CME)
5= COMPLIANCE SCHED. (FOLLOW UP)
6= CITIZEN COMPLAINT
7= PART B CALL-IN
8= WITHWRAWAL CAND.
9= CLOSED FACILITY
10= GENERAL
11= CASE DEVELOPMENT
12= O & M INSPECTION

DATE OF EVALUATION COVERED BY THIS REPORT: 3 20 89

CLASS OF VIOLATION — VIOLATIONS/RELEASES

CLASS	GWM/RLSE	C/CP	FIN	PT.B	CMPL.SCH	MANIFEST	OT	LAND BAN
I								
II						O	O	O

ACCEPTABLE CODES

	X S	X S	X S	X S	X S	X S	X S	X S
	Z O	Z O	Z O	Z O	Z O	Z O	Z O	Z O
	R* B*		I*B*		C B			

KEY: X = VIOLATIONS O = NO VIOLATION Z = PENDING
B = VIOL. & SPECIALTY; S = SAME VIOL./SPEC.

SPECIALTIES: I = NO insurance only; C = CA SCHED./VIOL.
R = 3008(h)-like release; * = CLASS I only

ENTERED APR 27 1989

ENFORCEMENT ACTIONS: (AREA OF VIOL./RLSE.=GW, CP, FR, PB, CS, MA, OT, LB, CO, AA

CLASS	AREA OF VIOL.	TYPE CODE	DATE ACTION TAKEN	COMPLIANCE DATES SCHED.	ACTUAL	PENALTY ASSESSED	RESP AG.

CODES FOR TYPES OF ENFORCEMENT ACTIONS:

03 =WARNING LETTER/NOV
04 =ADMIN. COMPLAINT
05 =FINAL ADMIN. ORDER
10 =INFORMAL
11 = FILED CIVIL ACTION
12 = FILED CRIMIMAL ACTION
13 = CIVIL REFERRAL TO AG
90 = HEARING

COMMENTS: ____

North Carolina Department of Human Resources
Division of Health Services

COUNTY OF Beaufort EPA I.D.# NCD001839521

SMALL HAZARDOUS WASTE GENERATOR SURVEY

1. GENERAL INFORMATION:

Name of Facility: Hamilton Beach - Scovill

Facility Contact: Louis A. Whitford Phone (919) 957-2121

Facility Location: P.O. Box 1158

Street: U.S. 17

City: Washington, N.C. 27889 Zip Code: 27889

2. NATURE OF BUSINESS: (Provide Brief Description)

Manufacturer small electrical appliances

3. NATURE OF HAZARDOUS WASTES: (Provide Brief Explanation)

111, Trichloroethane

4. DESCRIPTION OF HAZARDOUS WASTE:

A	B	C	D	E	F*	G*	H
Hazardous Waste #	Annual Quantity	Unit Meas.	Storage	Treat-ment	Transpor-tation	Disposal	Manifest Available (Yes or No)
F001	1,042	lbs.	501				Yes

*Provide name, address and I.D. # of transporter and disposal site in comments.

5. COMMENTS:

6. DATE OF SURVEY: 3/20/89

By: Jerry D. Parker Department: Solid Waste Management Hazardous Waste Unit

(Instructions on Reverse)

DHS Form 3061 (3/82)
Solid & Hazardous Waste Management Branch

RDH

4

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
SOLID AND HAZARDOUS WASTE MANAGEMENT BRANCH
P.O. BOX 2091 RALEIGH, NORTH CAROLINA 27602-2091
306 N.WILMINGTON STREET

INSPECTION AND EVALUATION REPORT

EPA ID: #NCD001839521 FACILITY NAME: Hamilton Beach - Scovill

ADDRESS: P.O. Box 1158 CITY: Washington, N.C. 27889

NEW: ____ UPDATE: ____ DATE OF INITIAL EVALUATION: 6/6/88 STAFF ID: ____

RESPONSIBLE AGENCY: S S = STATE E = EPA X = OVERSITE O = OTHER

TYPE OF EVALUATION COVERED BY THIS REPORT: ENTER ONE 10

1= COMPLIANCE EVAL. INSP.(CEI)
2= SAMPLING INSPECTION
3= RECORD REVIEW
4= COMP.GWM EVAL.(CME)
5= COMPLIANCE SCHED. (FOLLOW UP)
6= CITIZEN COMPLAINT
7= PART B CALL-IN
8= WITHWRAWAL CAND.
9= CLOSED FACILITY
10= GENERAL
11= CASE DEVELOPMENT
12= O & M INSPECTION

DATE OF EVALUATION COVERED BY THIS REPORT: 6/6/88

CLASS OF VIOLATION — VIOLATIONS/RELEASES

CLASS	GWM/RLSE	C/CP	FIN	PT.B	CMPL.SCH	MANIFEST	OT	LAND BAN
I								
II								

ACCEPTABLE CODES

GWM/RLSE	C/CP	FIN	PT.B	CMPL.SCH	MANIFEST	OT	LAND BAN
X S Z O R* B*	X S Z O	X S Z O I*B*	X S Z O	X S Z O C B	X S Z O	X S Z O	X S Z O

KEY
X = VIOLATIONS O = NO VIOLATION Z = PENDING
B = VIOL. & SPECIALTY; S = SAME VIOL./SPEC.

SPECIALTIES
I = NO insurance only; C = CA SCHED. VIOL.
R = 3008(h)-like release; * = CLASS I only

ENTERED
JUN 17 1988
DATA PROCESSING

ENFORCEMENT ACTIONS: (AREA OF VIOL./RLSE.=GW, CP, FR, PB, CS, MA, PT, LB, or AA)

CLASS	AREA OF VIOL.	TYPE CODE	DATE ACTION TAKEN	COMPLIANCE DATES SCHED.	ACTUAL	PENALTY ASSES.	CODE	RESP AG.

CODES FOR TYPES OF ENFORCEMENT ACTIONS:
03 =WARNING LETTER/NOV
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05 =FINAL ADMIN. ORDER
10 =INFORMAL
11 = FILED CIVIL ACTION
12 = FILED CRIMIMAL ACTION
13 = CIVIL REFERRAL TO AG
90 = HEARING

COMMENTS: 111 trichloroethane used as a degreaser. According to Mr. W. Ted Lewis, Project Engineer (919) 975-2121 due to improved management techniques only small amounts of 111 trichloroethane

RCRA INSPECTION REPORT

1) **Facility Information**

Hamilton Beach- Scovill
Spring Road
PO Box 880
Washington, N.C. 27889
Beaufort County

EPA ID # NCD001839521

2) **Facility Contact**

W. Ted Lewis

3) **Survey Participants**

4) **Date of Inspection**

6-6-88

5) **Applicable Regulations**

40 CFR 262 and Containers

6) **Purpose of Survey**

Inspection/visit to Review an application for change in classification under RCRA from a Generator to a small Quanity generator

7) **Facility Description**

See File

approved
form submitted

8) **Site Deficiencies**

NA

9) **Compliance Date**

NA

see Reverse →

RPH

3

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES
SOLID AND HAZARDOUS WASTE MANAGEMENT BRANCH
P.O. BOX 2091 RALEIGH, NORTH CAROLINA 27602-2091
306 N.WILMINGTON STREET

RECEIVED FEB 8 1988 HAZARDOUS WASTE MANAGEMENT

INSPECTION AND EVALUATION REPORT

EPA ID:# NCD 001839521 FACILITY NAME: Hamilton Beach - Scovill Div.

ADDRESS: _____ CITY: _____

NEW: ____ UPDATE: ____ DATE OF INITIAL EVALUATION: 1 14 88 STAFF ID: DC

RESPONSIBLE AGENCY: S S = STATE E = EPA X = OVERSITE O = OTHER

TYPE OF EVALUATION COVERED BY THIS REPORT: ENTER ONE 1 (Unannounced)

1= COMPLIANCE EVAL. INSP.(CEI)
2= SAMPLING INSPECTION
3= RECORD REVIEW
4= COMP.GWM EVAL.(CME)
5= COMPLIANCE SCHED. (FOLLOW UP)
6= CITIZEN COMPLAINT
7= PART B CALL-IN
8= WITHWRAWAL CAND.
9= CLOSED FACILITY
10= GENERAL
11= CASE DEVELOPMENT
12= O & M INSPECTION

DATE OF EVALUATION COVERED BY THIS REPORT: 1 14 88

CLASS OF VIOLATION — VIOLATIONS/RELEASES

CLASS	GWM/RLSE	C/CP	FIN	PT.B	CMPL.SCH	MANIFEST	OT	LAND BAN
I						0	0	0
II						0	0	0

ACCEPTABLE CODES

	GWM/RLSE	C/CP	FIN	PT.B	CMPL.SCH	MANIFEST	OT	LAND BAN
	X S Z O R* B*	X S Z O	X S Z O I*B*	X S Z O	X S Z O C B	X S Z O	X S Z O	X S Z O

KEY
X = VIOLATIONS O = NO VIOLATION Z = PENDING
B = VIOL. & SPECIALTY; S = SAME VIOL./SPEC.

SPECIALTIES
I = NO insurance only; C = CA SCHED. VIOL.
R = 3008(h)-like release; * = CLASS I only

ENTERED FEB 18 1988 DATA PROCESSING

ENFORCEMENT ACTIONS:(AREA OF VIOL./RLSE.=GW, CP, FR, PB, CS, MA, OT, LB, or AG

CLASS	AREA OF VIOL.	TYPE CODE	DATE ACTION TAKEN	COMPLIANCE DATES SCHED.	ACTUAL	PENALTY ASSES.	PENALTY COLL.	ORDER AG.

CODES FOR TYPES OF ENFORCEMENT ACTIONS:
03 =WARNING LETTER/NOV
04 =ADMIN. COMPLAINT
05 =FINAL ADMIN. ORDER
10 =INFORMAL
11 = FILED CIVIL ACTION
12 = FILED CRIMIMAL ACTION
13 = CIVIL REFERRAL TO AG
90 = HEARING

COMMENTS: _____

GENERATOR INSPECTION FORM - PART 262

Name of Site: HAMILTON BEACH - Scovill
EPA I.D.: NCD001839521
County: Beaufort

Location: SPRING Rd, WASHINGTON
Inspection Date: 1-14-88
Signature of Inspector(s): Richard L. Gray

Compliance Date:
Signature of Facility Contact: W. Ted Lowe

An inspection of your facility has been made this date and you are notified of the violations, if any, marked below with a cross (X).

SUBPART A - GENERAL

1. Hazardous Waste Determination (262.11)
   - C Subpart D waste (b)
   - C Subpart C waste (c)(1)(2)

2. EPA Identification Numbers
   - C EPA generator number (a)
   - C EPA transporter/facility (c)

SUBPART B - THE MANIFEST

3. General Requirements (262.20)
   - C proper manifest (a)
   - C permitted facility (b)

4. Required Information (262.21)
   - C document number (a)(1)
   - C generator identification (a)(2)
   - C transporter identification (a)(3)
   - C facility identification (a)(4)
   - C D.O.T. description (a)(5)
   - C total quantity (a)(6)
   - C certification (b)

5. Number of Copies (262.22)
   - C minimum number

6. Use of the Manifest (262.23)
   - C generator handwritten signature (a)(1)
   - C transporter signature/date (a)(2)
   - C retain copy (a)(3)
   - C copies to transporter (b)

SUBPART C - PRE-TRANSPORT REQUIREMENTS

7. Packaging (262.30)
   - C D.O.T. compliance

8. Labeling (262.31)
   - C ~~D.~~O.T. compliance

9. Marking (262.32)
   - C D.O.T. compliance (a)
   - C "HAZARDOUS WASTE" label (b)

10. Placarding (262.33)
    - C D.O.T. compliance

11. Accumulation Time (262.34)
    - C Subpart I; J (a)(1)
    - C accumulation date (a)(2)
    - C "Hazardous Waste" (a)(3)
    - C Subpart C; D (a)(4)*
    - C personnel training (a)(4)*

    *Cite specific violations of 40 CFR 265 under remarks

SUBPART D - RECORDKEEPING AND REPORTING

12. Recordkeeping (262.40)
    - C manifest retention (a)
    - C annual/exception report (b)
    - C test/waste analysis (c)

DHS FORM 3010 (Rev. 9-83)
SOLID & HAZARDOUS WASTE

13. Annual Reporting (262.41)
   C submitted (a)(1-6)
   C submitted (b)

14. Exception Reporting (262.42)
   C transporter contact (a)
   C exception report (b)(1)(2)

REMARKS: 1 shipment of 1,1,1 trichloroethane to Spectron, Inc. by Southchem March 1987.

No shipment of waste since 3-87.
Waste oil shipped by Harold Watson, Inc. of Swansboro, NC.
NCD 981019110 shipped to Stone Cont. Corp.
Hopewell, Va. VAD 003 112448

Facility has qualified as a SQG for the past 12 months

CONTAINER/TANK INSPECTION FORM - PART 265

Hamilton Beach-Scovill	NCD 001839521	1-14-88
Name of Site	EPA I.D.	Inspection Date

SUBPART I - USE AND MANAGEMENT OF CONTAINERS

1. Condition Of Containers (265.171)
   - C leakage
   - C past leakage (evidence)
   - C severe rusting
   - C structural defect

2. Compatibility Of Waste With Containers (265.172)
   - C visual evidence of noncompliance (leakage, corrosion)

3. Management of Containers (265.173)
   - C closed (a)
   - C improper handling or storage (b)

4. Inspections (265.174)
   - C weekly (minimum)

5. Special Requirements For Ignitable or Reactive Waste (265.176)
   - C 15m (50 ft)

6. Special Requirements For Incompatible Waste (265.177)
   - C mixing (a)
   - C unwashed container (b)
   - C separation (c)

SUBPART J - TANKS N/A

1. General Operating Requirements (265.192)
   - ___ compatibility (a)(b)
   - ___ uncovered tank precautions (c)
   - ___ overflow prevention (d)

2. Waste Analysis and Trial Tests (265.193)*
   *Section not applicable to a generator only
   - ___ waste analysis/trial test

3. Inspections (265.194)
   - ___ discharge control equipment (a)(1)
   - ___ monitoring equipment (a)(2)
   - ___ waste level (a)(3)
   - ___ construction material (a)(4)
   - ___ surrounding area (a)(5)
   - ___ assessment schedule/procedures (b)

4. Closure (265.197)
   - ___ plan on-site

5. Special Requirements For Ignitable Or Reactive Waste (265.198)
   - ___ properly stored (a)(1)(2)(3)
   - ___ buffer requirements (b)

6. Special Requirements For Incompatible Wastes (265.199)
   - ___ properly stored (a)
   - ___ tank washed (b)

REMARKS: 1 drum - operating as satellite accumulation area

DHS Form 3010 (Rev. 9-83)
SOLID & HAZARDOUS WASTE

Inspector: R.L. Gay
Address: Greenville, NC
Telephone no: (919) 756-1343

DRAFT

RCRA LAND RESTRICTION
F- SOLVENT
GENERATOR CHECKLIST

RECEIVED 1988

I. HANDLER IDENTIFICATION

A. Handler Name: HAMILTON BEACH - Scovill Div
B. Street (or other identifier): SPRING RD.
C. City: WASHINGTON
D. State: NC
E. Zip Code: 27889
F. County Name: Beaufort
G. Nature of business; Identification of Operations: Mfg. small kitchen appliances
H. EPA ID #: NCD 001839521
I. Handler Contact (Name and Phone Number): W. TED LEWIS (919) 975-2121

II. Generator Compliance

A. F-Solvent Identification

			Comments
1. Does the handler generate the following wastes?			
a. F001	✓ Yes	___ No	1,1,1 Trichloroethane
b. F002	___ Yes	___ No	
c. F003	___ Yes	___ No	
If an F003 wastestream listed solely for ignitability was mixed with a non-restricted solid or hazardous waste, does the resultant mixture exhibit the ignitability characteristic?	___ Yes	___ No	
d. F004	___ Yes	___ No	
e. F005	___ Yes	___ No	

2. Source of the above: Form 8700-12 ✓; Part A ___; Part B ___; Other (specify) _

Appendix A is intended to assist the inspector and enforcement official in determining whether the handler is generating F-solvent wastes, if such wastes were not identified by the handler previously. If you are concerned that F-solvent wastes may be misclassified or mislabeled, turn to Appendix A. Note concerns below:

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

B. National Variances and Extensions/Petitions

Comments

1. Is the waste generated by a Small Quantity Generator? [268.30(a)(1)] ✓ Yes ___ No

2. Is the waste generated from a RCRA corrective action? [268.30(a)(2)] ___ Yes ✓ No ___ Some

3. Is the waste generated from a CERCLA response action? [268.30(a)(2)] ___ Yes ✓ No ___ Some

4. Is the solvent waste a solvent-water mixture, solvent-containing sludge, or solvent-contaminated soil containing less than one percent total F001-F005 constituents by weight? [268.30(a)(3)] ___ Yes ✓ No ___ Some

5. Any extensions/petitions approved? ___ Yes ✓ No

C. BDAT Treatability Group - Treatment Standards Identification

1. Did the generator correctly determine the appropriate treatability group and treatment standards of the waste [§268.41]. Wastewaters containing solvents; spent methylene chloride in pharmaceutical wastewaters; all other spent solvent wastes]? ✓ Yes ___ No

D. Waste analysis

1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):

a. knowledge of the waste ✓ Yes ___ No

b. TCLP ___ Yes ___ No

If knowledge, note how this is adequate: No process changes over last 5 yrs.

If determined by TCLP, provide date of last test, frequency of testing, and attach test results.

Dates/frequency: _____

Note any problems: _____

c. Were wastes tested using TCLP when a process or wastestream changes? ___ Yes ___ No

Handler Name: _____
ID Number: _____
Inspector: _____

Comments

2. Did the F-solvent wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(2)]? ✓ Yes ___ No ___ Some

3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3] ___ Yes ✓ No

E. Management

1. On-site management

a. Were F-solvent wastes managed on-site? ___ Yes ✓ No

If yes, answer 1(b) and (c); if no, answer 2.

b. For wastes that exceed treatment standards, was treatment, storage and/or disposal conducted? ___ Yes ___ No

If yes, TSDF Land Restriction checklist must be completed.

c. Are test results maintained in the operating record? ___ Yes ___ No

2. Off-site management

a. If F-solvent wastes exceed treatment standards, did generator provide treatment facility [268.7(a)(1)]:

(i) EPA waste number? ✓ Yes ___ No

(ii) Applicable treatment standard? ✓ Yes ___ No

(iii) Manifest number? ✓ Yes ___ No

(iv) Waste analysis data, if available? ✓ Yes ___ No

Identify off-site treatment facilities

SPECTRON, INC. MDD 000218008

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

b. If F-solvent wastes does not exceed treatment standards, did generator provide the disposal facility [268.7(a)(2)]:

(i) EPA Hazardous waste number? ___ Yes ___ No

(ii) Applicable treatment standard? ___ Yes ___ No

(iii) Manifest number? ___ Yes ___ No

(iv) Waste analysis data, if available? ___ Yes ___ No

(v) Certification regarding waste and that it meets treatment standards? ___ Yes ___ No

Identify land disposal facilities receiving the BDAT certified wastes. _____

c. If waste is subject to nation-wide variance (e.g., solvent-water mixtures less than 1%), extension (268.5) or petition (268.6) does generator provide notice to disposer that waste is exempt from land disposal restrictions [268.7(a)(3)]? ___ Yes ___ No

F. Storage of F-solvent waste

1. Was F-solvent waste stored for greater than 90 days (after variance 180/270 days for SQG)? ___ Yes ✓ No

If yes, was facility operating under interim status or permit? ___ Yes ___ No

If yes, TSDF Checklist must be completed.

Handler name _____
ID Number _____
Inspector _____
Date _____

G. Treatment Using RCRA 264/265 Exempt Units or Processes

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes?

___Yes ✓No

If yes, list type of treatment unit and processes _____

Residuals from RCRA-exempt treatment units are subject to Land Disposal Restrictions Program. Ascertain whether residuals have been subjected to restriction program requirements.

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

APPENDIX A

SOLVENT IDENTIFICATION CHECKLIST

Comments

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	___ Yes	___ No
trichloroethylene	___ Yes	___ No
methylene chloride	___ Yes	___ No
1,1,1-trichloroethane	___ Yes	___ No
carbon tetrachloride	✓ Yes	___ No
chlorinated fluorocarbons	___ Yes	___ No
	___ Yes	___ No

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	___ Yes	___ No
trichloroethylene	___ Yes	___ No
methylene chloride	___ Yes	___ No
1,1,1-trichloroethane	___ Yes	___ No
chlorobenzene	___ Yes	___ No
trichlorofluoromethane	___ Yes	___ No
1,1,2 trichloro 1,2,2-trifluoroethane	___ Yes	___ No
ortho-dichlorobenzene	___ Yes	___ No
1,1,2-trichloroethane	___ Yes	___ No
	___ Yes	___ No

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

xylene	___ Yes	___ No
acetone	___ Yes	___ No
ethyl acetate	___ Yes	___ No
ethyl benzene	___ Yes	___ No
ethyl ether	___ Yes	___ No
methyl isobutyl ketone	___ Yes	___ No
n-butyl alcohol	___ Yes	___ No
cyclohexane	___ Yes	___ No
methanol	___ Yes	___ No
	___ Yes	___ No

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

Comments

If the F003 wastestream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic? ___ Yes ___ No

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

cresols and cresylic acid ___ Yes ___ No
nitrobenzene ___ Yes ___ No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene ___ Yes ___ No
methyl ethyl ketone ___ Yes ___ No
carbon disulfide ___ Yes ___ No
isobutanol ___ Yes ___ No
pyridine ___ Yes ___ No
benzene ___ Yes ___ No
2-ethoxyethanol ___ Yes ___ No
2-nitropropane ___ Yes ___ No

6. Are any of the constituents listed in the questions 1-5 used for their "solvent" properties — that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination. ___ Yes ___ No

(a) Chemical carriers? ___ Yes ___ No

If the answer is yes, list the constituents.

_____

(b) Degreasing/cleaning? ___ Yes ___ No

If the answer is yes, list the constituents.

_____

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

(c) Diluents?

___ Yes ___ No

Comments

If the answer is yes, list the constituents.

(d) Extractants?

___ Yes ___ No

If the answer is yes, list the constituents.

(e) Fabric scouring?

___ Yes ___ No

If the answer is yes, list the constituents.

(f) Reaction and synthesis media?

___ Yes ___ No

If the answer is yes, list the constituents.

If questions 1-6 led the inspector to believe the waste may be an F-solvent answer question 7.

7. Are any of the above constituents spent solvents? A solvent is considered "spent" when it has been used and is no longer used without being regenerated, reclaimed, or otherwise reprocessed.

___ Yes ___ No

Handler Name: _____
ID Number: _____
Inspector: _____
Date: _____

8. If the waste is a mixture of constituents as determined in questions 1-6, answer this to determine whether it is a "solvent mixture" covered by the listings.

If the wastestream is mixed and contains more than one of the F001-F005 constituents listed in questions 1-5 (by volume), give the concentration before use of all the constituents in the solvent mixture/blend. For example:

Comments

5%	methylene chloride
2%	trichloroethylene
25%	1,1,1-trichloroethane
68%	mineral spirits
100%	

If the wastestream is a mixture containing a total of 10% or more (by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

With respect to the F003 solvent wastes, if, before use, the wastestream is mixed and contains only F003 constituents, ii is a listed waste. For example:

33%	acetone
16%	methanol
51%	ethyl ether
100%	

If the wastestream is a mixture containing F003 constituents and a total of 10% or more of one or more of the F001, F002, F004, and F005 listed constituents before use, it is a listed waste. For example:

50%	xylene	F003
12%	TCE	F001
38%	mineral spirits	
100%		

If in light of the above, the handler appears to be generating F001-F005 hazardous wastes, refer this facility to the enforcement official for follow-up actions veryifying the use of solvents at the facility.

I

(2)

RCRA INSPECTION REPORT

RECEIVED
MAY 27 1987
HAZARDOUS WASTE MANAGEMENT BRANCH

1. Facility Information

Hamilton Beach - Scovill
Spring Road
P.O. Box 880
Washington, NC 27889
Beaufort County
EPA ID# NCD001839521

2. Responsible Official

W. Ted Lewis, Project Engineer, Safety Director
919/975-2121

3. Survey Participants

Ted Lewis, Project Engineer
Richard Gay, Division of Health Services

4. Date of Inspection

November 13, 1986
9:30 a.m. - 11:00 a.m.

5. Applicable Regulations

40 CFR 262 and containers.

6. Purpose of Survey

A RCRA inspection was conducted at this facility to determine compliance with applicable regulations.

7. Facility Description

Hamilton Beach is located off N.C. 17 N. Washington behind Lowe's. This facility manufactures small kitchen appliances such as mixers, electric knives, food processors and can openers. Hazardous waste from this facility comes from the degreasing operation using 1,1,1 trichlorethane in a vapor degreasor. Three basic parts are degreased prior to production: armature laminations, field lamination and beater blades.

Hazardous waste is shipped to Seaboard Chemical Corporation NCD071574164 in Jamestown, N.C. by ENCEE Chemical Company NCD003201837 in Bridgeton, N.C. Waste is generated at a rate of 2-3 drums/month but to date has not exceeded 6 drums/quarter with one exception when 34 drums of material was shipped.

Training is conducted by Ted Lewis who completed the N.C. State Hazardous Waste course in November 1985.

8. Documentation of Site Deficiencies

None.

9. Compliance Schedule

Facility is in compliance with applicable regulations.

RDH

NORTH CAROLINA DEPARTMENT OF HUMAN RESOURCES

SOLID AND HAZARDOUS WASTE MANAGEMENT BRANCH

P.O. BOX 2091 RALEIGH, NORTH CAROLINA 27602-2091

306 N. WILMINGTON ST.

INSPECTION REPORT

RECEIVED NOV 14 1986 SOLID & HAZARDOUS WASTE MANAGEMENT BRANCH

ENTERED NOV 18 1986 DATA PROCESSING

EPA ID.# : NCD 001839521 FACILITY NAME : HAMILTON BEACH - SCOVILL

(1)

ADDRESS: CITY: Rocky Mount

DATE OF INITIAL INSPECTION: 11 13 86 STAFF ID #: OC DOCKET #:

RESPONSIBLE AGENCY: S = STATE: E = EPA: X = OVERSIGHT:
B = STATE CONTRACTOR: E = EPA CONTRACTOR: S

TYPE OF EVALUATION: 1

1=CEI
2=SAMPLING
3=RECORD REVIEW
4=CME
5=FOLLOW UP
6=CITIZEN COMPLAINT
7=PART B.
8=WITHDRAWAL CANDIDATE
9=CLOSED FACILITY
10=GENERAL (LOIS FOR EPA)
11=CASE DEVELOPMENT
12=CORRECTIVE ACTION
80=INFORMAL MEETING

DATE OF INSPECTION: 11 13 86

CLASS	AREA OF EVALUATION							
	GW:	C/CP	FIN:	PART B:	CMPL.SCH:	MA:	OT:	CA:
I						O	O	
II								

ENTER O, X, or Z IN THE CLASS I ROW.
MAKE ENTRY IN CLASS II ROW ONLY IF CLASS II VIOLATIONS EXIST.

ENFORCEMENT ACTIONS:

CLASS	VIOLATION	CODE	DATE ACTION TAKEN	COMPLIANCES DATE SCHED.	COMPLIANCES DATE ACTUAL	PENALTY ASSESSED	PENALTY COLLECTED	RESPONSIBLE AGENCY	RESPONSIBLE ID

02=3007 INFO REQUEST
03=NOV WARNING LETTER
04=ADMIN. COMPLAINT
05=FINAL ADMIN. ORDER
10=INFORMAL

STATUS OF HANDLER: IN COMPLIANCE WITH SCHEDULE IN ORDER:_____ YES:_____ NO:

DATE STATUS EVALUATED:_____ _____ _____

COMMENTS:

GENERATOR INSPECTION FORM - PART 262

Name of Site	EPA I.D.	County
HAMILTON BEACH - Scovill	NCD 001839521	Beaufort
Location	**Inspection Date**	**Signature of Inspector(s)**
SPRING Rd. WASHINGTON	11-13-86	Richard L. Day
Compliance Date		**Signature of Facility Contact**
		W Ted Lewis

An inspection of your facility has been made this date and you are notified of the violations, if any, marked below with a cross (X).

SUBPART A - GENERAL

1. Hazardous Waste Determination (262.11)
   - C Subpart D waste (b)
   - C Subpart C waste (c)(1)(2)

2. EPA Identification Numbers
   - C EPA generator number (a)
   - C EPA transporter/facility (c)

SUBPART B - THE MANIFEST

3. General Requirements (262.20)
   - C proper manifest (a)
   - C permitted facility (b)

4. Required Information (262.21)
   - C document number (a)(1)
   - C generator identification (a)(2)
   - C transporter identification (a)(3)
   - C facility identification (a)(4)
   - C D.O.T. description (a)(5)
   - C total quantity (a)(6)
   - C certification (b)

5. Number of Copies (262.22)
   - C minimum number

6. Use of the Manifest (262.23)
   - C generator handwritten signature (a)(1)
   - C transporter signature/date (a)(2)
   - C retain copy (a)(3)
   - C copies to transporter (b)

SUBPART C - PRE-TRANSPORT REQUIREMENTS

7. Packaging (262.30)
   - C D.O.T. compliance

8. Labeling (262.31)
   - C D.O.T. compliance

9. Marking (262.32)
   - C D.O.T. compliance (a)
   - C "HAZARDOUS WASTE" label (b)

10. Placarding (262.33)
    - C D.O.T. compliance

11. Accumulation Time (262.34)
    - C Subpart I; J (a)(1)
    - C accumulation date (a)(2)
    - C "Hazardous Waste" (a)(3)
    - C Subpart C; D (a)(4)*
    - C personnel training (a)(4)*

    *Cite specific violations of 40 CFR 265 under remarks

SUBPART D - RECORDKEEPING AND REPORTING

12. Recordkeeping (262.40)
    - C manifest retention (a)
    - C annual/exception report (b)
    - C test/waste analysis (c)

DHS FORM 3010 (Rev. 9-83)
SOLID & HAZARDOUS WASTE

13. Annual Reporting (262.41)
✓ submitted (a)(1-6)
✓ submitted (b)

14. Exception Reporting (262.42)
N/A None transporter contact (a)
N/A None exception report (b)(1)(2)

REMARKS: 1,1,1, trichloroethane used to degrease heater blades and spatulas/laminations and field laminations.
WASTE F001 generated at rate of 3-4 drums / qtr.
Volume would increase at such times the vapor degreaser would require clean out. approx. 2X each 3 yrs.

CONTAINER/TANK INSPECTION FORM - PART 265

Name of Site	EPA I.D.	Inspection Date
HAMILTON BEACH - SCOVILL	NCD001839521	11-13-86

SUBPART I - USE AND MANAGEMENT OF CONTAINERS

1. Condition Of Containers (265.171)
   - C leakage
   - C past leakage (evidence)
   - C severe rusting
   - C structural defect

2. Compatibility Of Waste With Containers (265.172)
   - C visual evidence of noncompliance (leakage, corrosion)

3. Management of Containers (265.173)
   - C closed (a)
   - C improper handling or storage (b)

4. Inspections (265.174)
   - C weekly (minimum)

5. Special Requirements For Ignitable or Reactive Waste (265.176)
   - N/A 15m (50 ft)

6. Special Requirements For Incompatible Waste (265.177)
   - C mixing (a)
   - C unwashed container (b)
   - C separation (c)

SUBPART J - TANKS N/A

1. General Operating Requirements (265.192)
   - ___ compatibility (a)(b)
   - ___ uncovered tank precautions (c)
   - ___ overflow prevention (d)

2. Waste Analysis and Trial Tests (265.193)*
   *Section not applicable to a generator only
   - ___ waste analysis/trial test

3. Inspections (265.194)
   - ___ discharge control equipment (a)(1)
   - ___ monitoring equipment (a)(2)
   - ___ waste level (a)(3)
   - ___ construction material (a)(4)
   - ___ surrounding area (a)(5)
   - ___ assessment schedule/procedures (b)

4. Closure (265.197)
   - ___ plan on-site

5. Special Requirements For Ignitable Or Reactive Waste (265.198)
   - ___ properly stored (a)(1)(2)(3)
   - ___ buffer requirements (b)

6. Special Requirements For Incompatible Wastes (265.199)
   - ___ properly stored (a)
   - ___ tank washed (b)

REMARKS: 1 drum of 1,1,1 trichloroethane in accumulation area curbed, concrete storage area enclosed with roof & well ventilated

DHS Form 3010 (Rev. 9-83)
SOLID & HAZARDOUS WASTE

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

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

FILE DOCKET

DATE	ITEM
(10) 9-21-94	TO: J. Edwards Fr: Mario Kumar 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
(18) 9.22.00	Fee Letter

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

DHS 1348 (6/85)
Solid and Hazardous Waste Management Branch (Review 6/90)

(18)

NCDENR

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT

September 22, 2000

JAMES B. HUNT JR.
GOVERNOR

BILL HOLMAN
SECRETARY

WILLIAM L. MEYER
DIRECTOR

LOUIS WHITFORD
Or Current Hazardous Waste Facility Contact
HAMILTON BEACH/PROCTOR-SILEX INC (NCD001839521)
PO BOX 1158
WASHINGTON, NC 27889

Dear Mr./Ms. WHITFORD:

Pursuant to North Carolina General Statutes 130A-294 and 130A-294.1 the above listed facility is required to both pay a fee and submit a written description of any program(s) to minimize or reduce the volume and quantity or toxicity of hazardous waste produced. You can access the referenced General Statutes at the NC Hazardous Waste Rules web page at: http://wastenot.enr.state.nc.us/HWHOME/WEBRules/NCHWRule.html .

Please review the attached form concerning your hazardous waste status and fee requirements, and describe your waste minimization efforts. **Return the completed Waste Minimization Form and submit payment no later than November 30, 2000** 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..

If you have any questions concerning this information please call Jim Edwards (x-209) or Bud McCarty (x-247) at 919-733-2178.

Sincerely,

Jill E. Burton

Jill Burton, Acting Chief
North Carolina Hazardous Waste Section
(over)

1646 MAIL SERVICE CENTER, RALEIGH, NORTH CAROLINA 27699-1646
401 OBERLIN ROAD, SUITE 150, RALEIGH, NC 27605
PHONE 919-733-4996 FAX 919-715-3605
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER - 50% RECYCLED/10% POST-CONSUMER PAPER

WHO IS REQUIRED TO PAY A HAZARDOUS WASTE FEE?

Large Quantity Generators ($500.00) - 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, 2000, and ending June 30, 2001. (*Note:* Large Quantity Generators are also required to pay an additional fee of $.50 per ton, or any part thereof, of hazardous waste generated during the period January 1, 1999 to December 31, 1999, up to a maximum of 25,000 tons.)

Small Quantity Generators ($25.00) - A person who generates 100 kilograms or more of hazardous waste in any calendar month during the year beginning July 1, 2000, and ending June 30, 2001, 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 ($1200.00 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. If you need to make changes please do so on the attached Notification of Regulated Waste Activity form and return it with your payment and waste minimization information.

Contact:	**LOUIS WHITFORD**
Facility Name:	**HAMILTON BEACH/PROCTOR-SILEX INC**
EPA ID Number:	**NCD001839521**
Mailing Address:	**PO BOX 1158**
	WASHINGTON, NC 27889
Location Address:	**234 SPRING RD**
	WASHINGTON, NC 27889

Reported Facility Status

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

INVOICE INVOICE INVOICE INVOICE INVOICE INVOICE

CATEGORY	FEE	FACILITY STATUS	AMOUNT DUE
Large Quantity Generator	$ 500		
Small Quantity Generator	$ 25	YES	25
Transporter	$ 600		
Treater	$ 1200		
Storer	$ 1200		
Disposer	$ 1200		
Amount Past Due			
Generator Fee (Based on the 1999 HW Report)	$ 0.50/Ton	Tons	$ 0.00
TOTAL AMOUNT DUE			**$ 25.00**

Return the completed Waste Minimization Form and submit payment no later than November 30, 2000 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.

WHO IS REQUIRED TO PAY A HAZARDOUS WASTE FEE?

Large Quantity Generators ($500.00) - 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, 2000, and ending June 30, 2001. (*Note:* Large Quantity Generators are also required to pay an additional fee of $.50 per ton, or any part thereof, of hazardous waste generated during the period January 1, 1999 to December 31, 1999, up to a maximum of 25,000 tons.)

Small Quantity Generators ($25.00) - A person who generates 100 kilograms or more of hazardous waste in any calendar month during the year beginning July 1, 2000, and ending June 30, 2001, 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 ($1200.00 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. If you need to make changes please do so on the attached Notification of Regulated Waste Activity form and return it with your payment and waste minimization information.

Contact:	**LOUIS WHITFORD**
Facility Name:	**HAMILTON BEACH/PROCTOR-SILEX INC**
EPA ID Number:	**NCD001839521**
Mailing Address:	**PO BOX 1158**
	WASHINGTON, NC 27889
Location Address:	**234 SPRING RD**
	WASHINGTON, NC 27889

Reported Facility Status

Generator Status..... **2**

(1 = Large Quantity Generator, 2 = Small Quantity Generator, 3 = Conditionally Exempt Small Quantity Generator, N or blank = Not a generator)

Transporter..... **NO**

Treater ..... **NO**

Storer..... **NO**

Disposer..... **NO**

INVOICE INVOICE INVOICE INVOICE INVOICE INVOICE

CATEGORY	FEE	FACILITY STATUS	AMOUNT DUE
Large Quantity Generator	$ 500		
Small Quantity Generator	$ 25	YES	25
Transporter	$ 600		
Treater	$ 1200		
Storer	$ 1200		
Disposer	$ 1200		
Amount Past Due			
Generator Fee (Based on the 1999 HW Report)	$ 0.50/Ton	Tons	$ 0.00
TOTAL AMOUNT DUE			**$ 25.00**

Return the completed Waste Minimization Form and submit payment no later than November 30, 2000 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.

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NCDENR

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT

September 22, 2000

JAMES B. HUNT JR.
GOVERNOR

BILL HOLMAN
SECRETARY

WILLIAM L. MEYER
DIRECTOR

LOUIS WHITFORD
Or Current Hazardous Waste Facility Contact
HAMILTON BEACH/PROCTOR-SILEX INC (NCD001839521)
PO BOX 1158
WASHINGTON, NC 27889

Dear Mr./Ms. WHITFORD:

Pursuant to North Carolina General Statutes 130A-294 and 130A-294.1 the above listed facility is required to both pay a fee and submit a written description of any program(s) to minimize or reduce the volume and quantity or toxicity of hazardous waste produced. You can access the referenced General Statutes at the NC Hazardous Waste Rules web page at: http://wastenot.enr.state.nc.us/HWHOME/WEBRules/NCHWRule.html .

Please review the attached form concerning your hazardous waste status and fee requirements, and describe your waste minimization efforts. **Return the completed Waste Minimization Form and submit payment no later than November 30, 2000** 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..

If you have any questions concerning this information please call Jim Edwards (x-209) or Bud McCarty (x-247) at 919-733-2178.

Sincerely,

Jill E. Burton

Jill Burton, Acting Chief
North Carolina Hazardous Waste Section
(over)

1646 MAIL SERVICE CENTER, RALEIGH, NORTH CAROLINA 27699-1646
401 OBERLIN ROAD, SUITE 150, RALEIGH, NC 27605
PHONE 919-733-4996 FAX 919-715-3605
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