

File Room Document Transmittal Sheet

Your Name: BARBARA RYAN
EPA ID: NCD085994432
Facility Name: TURBOCOATING
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 4/18/2016
Author of Doc: WARREN B. SMATHERS

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NCD085994432

Scanner's Initials:



Waste Management
ENVIRONMENTAL QUALITY

PAT MCCRORY
Governor

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Director

May 20, 2016

WARREN SMATHERS
TURBOCOATING
1928 MAIN AVE SE
HICKORY, NC 28602

RE: EPA ID # NCD085994432 - TURBOCOATING

Dear Facility Contact:

The North Carolina Hazardous Waste Section has received Subsequent Notification from your facility. Our office has accepted and processed the changes. Attached is a RCRA Site Detail Report for your review to ensure that the information is accurate.

If you have any questions or need assistance, please feel free to contact Melodi Deaver at (919)-707-8204.

Sincerely,

Julie Woosley, Chief
Hazardous Waste Section

cc: Central Files (General)

IBEAM - RCRA Site Detail

Report run on: May 20, 2016

NCD085994432 TURBOCOATING

County: CATAWBA **Source Type:** S **Seq. Number:** 11 **Receive Date:** 25-Apr-2016

| | |
|---|--|
| Location 1928 MAIN AVE SE Address: HICKORY, NC 28602 | Mailing 1928 MAIN AVE SE Address: HICKORY, NC 28602 |
|---|--|

| | |
|--|---|
| Contact Person WARREN SMATHERS For Source Information (828) 328-8726 | 1928 MAIN AVE SE HICKORY, NC 28602 US |
|--|---|

| | | |
|--|---------------------------------------|-----------------------|
| Owner (current) CHARIS HICKORY LLC D/B/A CATAWBA | 1928 MAIN AVE SE HICKORY, NC 28602 | Type: P |
| From: 01/01/2011 | To: | Phone: (828) 328-8726 |

| | | |
|---|---------------------------------------|---------|
| Operator (current) TURBOCOATING | 1928 MIAN AVE SE HICKORY, NC 28602 | Type: P |
| From: 04/15/2011 | To: | Phone: |

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

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Small Quantity Generator; State: Small Quantity Generator

Transfer Facility: U

Used Oil Activities

Other Hazardous Waste Generator Activities

| | |
|------------------------|----|
| Importer Activity: | No |
| Mixed Waste Generator: | No |

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

| | |
|-----------------------|----|
| Transporter Activity: | No |
| TSD Activity: | No |
| Recycler Activity: | No |

Exempt Boiler and/or Industrial Furnace

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

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

Certification Information

| | | | |
|--------------|----------|-------------|-----------------|
| First Name : | WARREN | Title | EHS COORDINATOR |
| Last Name : | SMATHERS | Date Signed | 04/18/2016 |

NAICS Codes

332813

Comments

UPDATED 8700-12 DATED 4/18/2016 SITE NAME, SITE CONTACT PERSON INFOR, LEGAL OWNER/OPERATOR INFOR, WASTE CODES.***MD 5/20/2016



Waste Management
ENVIRONMENTAL QUALITY

2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE
TURBOCOATING
1928 MAIN AVE SE
HICKORY, NC 28602

FACILITY LOCATION ADDRESS:

WARREN SMATHERS
TURBOCOATING
1928 MAIN AVE SE
HICKORY, NC 28602

| FACILITY EPA ID # | INVOICE # | INVOICE DATE | AMOUNT DUE | DUE DATE | ENTER AMOUNT PAID |
|-------------------|-----------|--------------|------------|------------|-------------------|
| NCD085994432 | HW71519 | 5/20/2016 | 175.00 | 06/19/2016 | |

- A. Fee Requirements: Pursuant to North Carolina General Statute 130A-294.1, a Facility must pay fee(s) based on its hazardous waste management activities. The fees are used to support government programs that ensure the safe management of hazardous waste. Failure to pay the required fees could result in an enforcement action with a penalty.
- B. Invoice amount is based on the registered status as of the invoice date and includes any past-due balances. A 10% late-payment penalty has been assessed for Fiscal Year 2014 if the annual fee was not paid by June 30, 2015.
- C. If Fiscal Year 2015 annual fees are not paid by June 30, 2016, the facility must pay a late-payment of 10% of the total amount due.
- D. In accordance with N.C.G.S. § 147-86.23, a facility may petition for waiver of any late-payment penalty but the Hazardous Waste Section will only grant a waiver for good cause shown.

| FACILITY STATUS | FEE | TONNAGE | AMOUNT DUE |
|--------------------------|----------|-------------------------|-----------------|
| SMALL QUANTITY GENERATOR | \$175.00 | ----- | \$175.00 |
| | | PAST DUE | \$0.00 |
| | | CREDIT | \$0.00 |
| | | TOTAL AMOUNT DUE | \$175.00 |

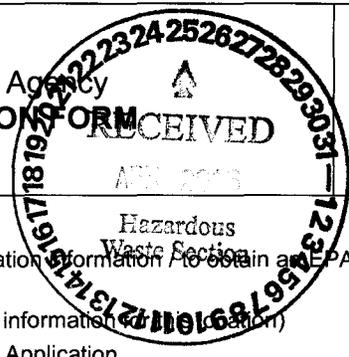
E. Remit Payment:

To pay via electronic bank transfer, go to <http://portal.ncdenr.org/web/wm/hw/epayment>. You will need your EPA facility ID# and invoice number, as well as your bank routing and account numbers. There is no fee for electronic transfers. Partial payments are not allowed with this payment method.

To pay via mail with a paper check or money order, please make payable to N.C. Hazardous Waste Section. Include EPA ID# and Invoice # on check. Please note per NC General Statute (G.S. 25-3-506), a \$25.00 processing fee will be charged on all returned checks. Please return a copy of this invoice with your payment to:

**ATTN: PATRICIA DAVALOS
NC HAZARDOUS WASTE SECTION
1646 MAIL SERVICE CENTER
RALEIGH, NC 27699-1646**

| | | | |
|--|---|--|---|
| <p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p> | <p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p> | |  |
| <p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p> | <p>Reason for Submittal:</p> <p><input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information to obtain an EPA ID number for this location)</p> <p><input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p> | | |
| <p>2. Site EPA ID Number</p> | <p>EPA ID Number <u>W.C.D.085A44.432</u></p> | | |
| <p>3. Site Name</p> | <p>Name: <u>Turbocoating</u></p> | | |
| <p>4. Site Location Information</p> | <p>Street Address: <u>1928 Main Ave SE</u></p> | | <p>County: <u>Catawba</u></p> |
| <p>City, Town, or Village: <u>Hickory</u></p> | | <p>Zip Code: <u>28602</u></p> | |
| <p>State: <u>NC</u></p> | | <p>Country: <u>USA</u></p> | |
| <p>5. Site Land Type</p> | <p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> | | |
| <p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p> | <p>A. <u>3</u> <u>3</u> <u>2</u> <u>8</u> <u>1</u> <u>3</u></p> | | <p>C. _____</p> |
| <p>B. _____</p> | | <p>D. _____</p> | |
| <p>7. Site Mailing Address</p> | <p>Street or P.O. Box: <u>1928 Main Ave SE</u></p> | | <p>Zip Code: <u>28602</u></p> |
| <p>City, Town, or Village: <u>Hickory</u></p> | | <p>Country: <u>USA</u></p> | |
| <p>State: <u>NC</u></p> | | <p>Country: <u>USA</u></p> | |
| <p>8. Site Contact Person</p> | <p>First Name: <u>Warren</u> MI: <u>B</u> Last: <u>Smathers</u></p> | | <p>Title: <u>EHS Coordinator</u></p> <p>Street or P.O. Box: <u>1928 Main Ave SE</u></p> <p>City, Town or Village: <u>Hickory</u></p> <p>State: <u>NC</u> Country: <u>USA</u> Zip Code: <u>28602</u></p> <p>Email: <u>warrensmathers@turbocoating.com</u></p> <p>Phone: <u>828-328-8726</u> Ext.: <u>1161</u> Fax: _____</p> |
| <p>9. Legal Owner and Operator of the Site</p> | <p>A. Name of Site's Legal Owner: <u>Charis Hickory, LLC d/b/a Catawba Industrial Commons</u></p> | | <p>Date Became Owner: <u>2011</u></p> |
| <p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> | | <p>Street or P.O. Box: <u>1928 Main Ave SE</u></p> | |
| <p>City, Town, or Village: <u>Hickory</u></p> | | <p>Phone: <u>828-328-8726</u></p> | |
| <p>State: <u>NC</u></p> | | <p>Country: <u>USA</u></p> | |
| <p>Zip Code: <u>28602</u></p> | | <p>Date Became Operator: <u>4/15/2011</u></p> | |
| <p>B. Name of Site's Operator: <u>Turbocoating</u></p> | | <p>Date Became Operator: <u>4/15/2011</u></p> | |
| <p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> | | | |



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

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

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

- Y N **1. Generator of Hazardous Waste**
 If "Yes," mark only one of the following – a, b, or c.
- a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.
- b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.
- c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.
- If "Yes" above, indicate other generator activities in 2-10.

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

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

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

- Y N **1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.
- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other (specify) _____
- f. Other (specify) _____
- g. Other (specify) _____

- Y N **2. Destination Facility for Universal Waste**
 Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

- Y N **1. Used Oil Transporter**
 If "Yes," mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y N **2. Used Oil Processor and/or Re-refiner**
 If "Yes," mark all that apply.
- a. Processor
- b. Re-refiner
- Y N **3. Off-Specification Used Oil Burner**
- Y N **4. Used Oil Fuel Marketer**
 If "Yes," mark all that apply.
- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- b. Marketer Who First Claims the Used Oil Meets the Specifications

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

❖ You can ONLY Opt into Subpart K if:

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

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

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

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

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

| D002 | D008 | | | | | |
|----------------|------|--|--|--|--|--|
| 221 | | | | | | |
| 223 | | | | | | |
| 791 | | | | | | |
| 792 | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

12. Notification of Hazardous Secondary Material (HSM) Activity

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

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

13. Comments

Turbocoating periodically generates hazardous waste in excess of the limits established for a Conditionally Exempt Small Quantity Generator (CESQG). These hazardous wastes include Hydrochloric Acid, Acid Waste Water from metal stripping processes, Glycol, Waste Oil, and Waste Kerosene.

We are seeking classification as a Small Quantity Generator in order to properly dispose of the hazardous wastes that are produced during the normal course of our coating process.

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

| Signature of legal owner, operator, or an authorized representative | Name and Official Title (type or print) | Date Signed (mm/dd/yyyy) |
|--|---|--------------------------|
|  | Warren B. Smathers | 07/18/2016 |
| | EHS Coordinator | |
| | | |
| | | |

SMALL QUANTITY GENERATOR
2015 HAZARDOUS WASTE COMPLIANCE SELF-CERTIFICATION CHECKLIST

Facility Name: Turbocoating EPA ID#: N/A

Physical location (street address) of the facility:

1928 Main Ave SE, Hickory, NC 28602

Facility Contact Mailing Address:

1928 Main Ave SE, Hickory, NC 28602

City: Hickory County: Catawba

State: NC Zip: 28602

Facility Contact: Warren Smathers Telephone: 828-455-5280

Facility Contact's E-mail: warrensmathers@turbocoating.com

Business Owner: Turbocoating Owner Telephone: 828-328-8726

Primary Products or Services: Application of sprayed ceramic coatings to turbine blades.

Number of Employees: 85 Number of Years at This Location: 5

Hours of Operation: 24 hours

The self-certification checklist is designed to help you understand the hazardous waste regulations as they apply to your facility and to help you maintain compliance from this point forward.

INSTRUCTIONS

The checklist questions below refer to your last 12 months of activity.

- Mark **YES** if you are in compliance.
- Mark **NO** if you are out of compliance. If you answered **NO to any question**, explain in the comment box at the end of each **section** how and when you will return to compliance by correcting the violation.

If more information is needed, consult the Guidance Document for a line-by-line explanation of each question. Contact your local Environmental Senior Specialist, Ann Preston at 919-707-8226, or Ray Strawbridge at 919-707-8231 for additional assistance.

If a question does not apply to your facility, check "N/A."

**SMALL QUANTITY GENERATOR
2015 HAZARDOUS WASTE COMPLIANCE SELF-CERTIFICATION CHECKLIST**

| A | General <i>For more information, go to the Guidance Document Link to Section A</i> | YES | NO | N/A |
|----|---|-------------------------------------|--------------------------|-------------------------------------|
| 1 | Has your facility determined which wastes generated at your facility are hazardous wastes and which wastes are not hazardous wastes? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Does the physical address of your facility match the address associated with your EPA Identification Number? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3 | Does your facility use a transporter that is authorized to transport hazardous waste? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Does your facility dispose of all hazardous waste through a permitted treatment, storage and/or disposal facility? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Does your facility ensure that no hazardous waste is disposed of on the ground, or to a sanitary sewer, storm drain, bodies of water, or in the trash? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6a | Do you send contaminated wipes/shop rags to a commercial laundry service if the wipes have been in contact with hazardous F- listed solvent waste? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6b | Do you manage solvent contaminated wipes as hazardous waste? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6c | Do you manage solvent contaminated wipes under the new conditional exclusion rule? | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 | Do you manage your universal waste (lamps, batteries, pesticides and mercury containing devices) as hazardous waste or as universal waste instead of throwing them into the trash? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | If you answered "NO" to any of the questions listed in Section A, please indicate the item (for example A 2) and explain how and by what date you plan to return to compliance. | | | |
| 9 | <p>Select from the waste minimization strategies provided below that best describes your effort(s) in minimizing your hazardous waste streams (check all that apply):</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Chemical substitution by replacing hazardous materials with non-hazardous or less hazardous items <input type="checkbox"/> Volume reduction by using a filter press to reduce the amount of sludge/waste <input type="checkbox"/> On-site recycling by using a still to recover solvents <input checked="" type="checkbox"/> Good housekeeping by monitoring processes for leaks and/or spills <input type="checkbox"/> Off-site recycling by contracting with a service company to recycle <input type="checkbox"/> Other activities, describe below: <p>Continually reviewing the manufacturing process with an eye toward reducing the amount of hazardous waste generated.</p> | | | |

INSTRUCTIONS FOR SECTION B

List your hazardous waste streams in the space provided below. Be sure to write in the quantity of waste and **specify whether the quantity is in gallons or pounds**. If you have more than ten (10) waste streams, list only the ten that you generate in the highest volume. Do not list used oil or hazardous waste that you manage as universal waste (such as lamps or batteries). Electronic equipment that is recycled should not be listed.

| B | Waste Stream Description <i>For more information, go to the Guidance Document Link to Section B and Appendix A</i> | Approximate Amount Generated During Busiest Month | | |
|----|--|---|-------------------------------------|-------------------------------------|
| | | Quantity | Gallons | Pounds |
| 1 | Hydrochloric Acid, 20 Baume | 110 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2 | Acid Waste Water | 550 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 | Glycol | 55 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4 | Glycol waste water | 240 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5 | Used filters, D001, D003, D007 | 600 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | | | <input type="checkbox"/> | <input type="checkbox"/> |

**SMALL QUANTITY GENERATOR
2015 HAZARDOUS WASTE COMPLIANCE SELF-CERTIFICATION CHECKLIST**

| C | Used Oil Management <i>For more information, go to the Guidance Document Link to Section C</i> | YES | NO | N/A |
|----------|--|-------------------------------------|-------------------------------------|--------------------------|
| 1 | Are containers of used oil marked with the words "Used Oil"? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Are all used oil spills and releases cleaned up immediately and properly managed? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Has your facility taken the measures specified in the guidance document to prevent the release of used oil to the environment? (Note: examples of ways to prevent releases of used oil are discussed on page 14 of the guidance document.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Are all containers used to store used oil outside kept closed except when adding or removing used oil? (This is a recommendation not a requirement.) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | If you answered "NO" to any of the questions listed in Section C, please indicate the item (for example C 2) and explain how and by what date you plan to return to compliance. | | | |
| D | Hazardous Waste Container Management <i>For more information, go to the Guidance Document Link to Section D</i> | YES | NO | N/A |
| 1 | Do you always have less than 13,200 lbs. of hazardous waste onsite at any one time? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Have you generated greater than 2,200 pounds of hazardous waste in a month in the last three years? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3 | Is each container used to store hazardous waste labeled with the words "Hazardous Waste"? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Is each hazardous waste container that has been placed in a storage area marked with the date it entered storage or when hazardous waste is first placed in an empty container that is located in the storage area? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Is each container used to store hazardous waste in good condition (not rusted, dented, bulging or leaking)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 | Is each container used to store hazardous waste kept closed (vapor tight and leak proof) except when adding or removing waste? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Do you inspect containers and the container storage area weekly (at least every seven (7) days), by documenting and maintaining the inspection log? (Any issues should be explained) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Do you document in your inspection record that you have checked for leaking containers and that all containers are in good condition (no rust, dents, corrosion or deterioration)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | Are incompatible wastes segregated from each other? For example, are acids and bases stored separately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**SMALL QUANTITY GENERATOR
2015 HAZARDOUS WASTE COMPLIANCE SELF-CERTIFICATION CHECKLIST**

| D | Hazardous Waste Container Management (continued) <i>For more information, go to the Guidance Document Link to Section D</i> | YES | NO | N/A |
|----|---|-------------------------------------|--------------------------|--------------------------|
| 10 | Are containers shipped to an appropriate treatment, storage, and disposal facility (TSD) within 180 days (or 270 days if the TSD is more than 200 miles away)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | If you answered "NO" to any of the questions listed in Section D, please indicate the item (for example D 2) and explain how and by what date you plan to return to compliance. | | | |
| E | Off-Site Shipment of Hazardous Waste <i>For more information, go to the Guidance Document Link to Section E</i> | YES | NO | N/A |
| 1 | Are off-site shipments of hazardous wastes that are not covered by a reclamation agreement accompanied by a hazardous waste manifest? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Are all hazardous waste manifests completed accurately? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Have land disposal restriction (LDR) documentation notices been completed for each waste stream and for each treatment and storage facility you send waste to? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Are all land disposal restriction notices/forms and hazardous waste manifests signed by the destination facility (TSDF) and retained on-site for 3 years? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | If you answered "NO" to any of the questions listed in Section E, please indicate the item (for example E 2) and explain how and by what date you plan to return to compliance. | | | |
| F | Hazardous Waste Training and Emergency Response <i>For more information, go to the Guidance Document Link to Section F</i> | YES | NO | N/A |
| 1 | Do you ensure that all personnel handling hazardous waste are thoroughly familiar with proper handling, emergency response and other job-specific hazardous waste management responsibilities of their jobs? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Has an emergency coordinator been established for the facility and is he/she thoroughly familiar with his/her responsibilities for the position? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | Has emergency response information been posted by a phone at the facility that includes the locations of emergency equipment, the name and phone number of the emergency response coordinator, and the phone number of the fire department? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Do you have emergency equipment on-site that is appropriate for your facility's emergency response and operational? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Are two feet of aisle space provided around all containers of hazardous waste to allow for unobstructed movement of personnel, fire protection equipment, spill control equipment, and decontamination equipment? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| F | Hazardous Waste Training and Emergency Response (continued) <i>For more information, go to the Guidance Document Link to Section F</i> | YES | NO | N/A |
|---|---|-------------------------------------|-------------------------------------|--------------------------|
| 6 | Have emergency response arrangements, as appropriate for the type of waste handled and the potential need for services, been made with the local response organizations? (At a minimum, arrangements should be made with your local fire department, police department and hospital). | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 | Are emergency response arrangements sent to local authorities documented in some manner (certified mail receipt, email, etc.)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | Is the facility operated in a manner that minimizes the potential for releases of hazardous waste? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 | If you answered "NO" to any of the questions listed in Section F, please indicate the item (for example F 2) and explain how and by what date you plan to return to compliance. | | | |
| G | Air Pollution Control <i>For more information, go to the Guidance Document Link to Section G</i> | YES | NO | N/A |
| 1 | If you are required to, has your facility been issued an air permit? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

**SMALL QUANTITY GENERATOR
2015 HAZARDOUS WASTE COMPLIANCE SELF-CERTIFICATION CHECKLIST**

This is the end of the Small Quantity Generator Self-Certification Checklist. Complete the certification below, print a copy for your files, and then select the "Submit" button to electronically send your data to the Department. **Your certification is not complete until you SUBMIT your data.**

For the purposes of this form, the North Carolina Hazardous Waste Section accepts your typed name, title, and date as an electronic signature equivalent to your valid signature on a paper copy of the form. As such, this electronically completed form bears the same rights and responsibilities as a hand-signed form.

I certify that:

1. I have personally examined and am familiar with the information contained in this submittal.
2. The information contained in this submittal is, to the best of my knowledge, true, accurate and complete in all respects.
3. I am fully authorized to make this certification on behalf of this facility.
4. I would like to schedule a compliance assistance visit. Yes No

I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for willfully submitting false, inaccurate or incomplete information.

Facility Representative: Warren Smathers

Title: EHS Coordinator

Date: 04/15/2016

If you would like an email confirming that your completed form was received, please enter your email address on the line below:

warrensmathers@turbocoating.com

If you have questions about the proper response to certain items on this checklist, have questions about the underlying regulatory requirements, or have questions about a unique situation at your facility, please refer to the Guidance Document for the Small Quantity Generator Self-Certification Checklist or contact the Environmental Senior Specialist for your county.

