

Hazardous Waste Section
File Room Document Transmittal Sheet

17

Your Name: BARBARA RYAN
EPA ID: NCR000167460
Facility Name: CAR-MEL PRODUCTS
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 4/25/2016
Author of Doc: GREG GLASBY

File Room Use Only

Date Recieved by File Room:

Date Scanned:

| Month | Day | Year |
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| 9 | 4 | 16 |

NCR000167460

Scanner's Initials:

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Waste Management
ENVIRONMENTAL QUALITY

PAT MCCRORY
Governor

DONALD R. VAN DER VAART
Secretary

MICHAEL SCOTT
Director

May 19, 2016

GREG GLASBY
CAR-MEL PRODUCTS
PO BOX 5877
STATESVILLE NC 28687

RE: EPA ID # NCR000167460 - CAR-MEL PRODUCTS

Dear Facility Contact:

Thank you for notifying the North Carolina Hazardous Waste Section of your activities as a Small Quantity Generator of hazardous waste. The EPA ID Number assigned to your site is shown above. Please notify us if any information about your site changes: such as the facility name, site address, regulatory status, facility contact/address/phone number, or if your facility plans to close, by completing an EPA Form 8700-12.

NC Hazardous Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646

If you are considered a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Transporter, or a Treater, Storer or Disposer (TSD) facility, you are required to pay an annual fee to the State of North Carolina. Accordingly, an invoice is attached to this letter. These fees are used to support NC State programs and ensure the safe management of hazardous waste. We encourage you to become familiar with the NC Hazardous Waste Management Rules that have been codified in the NC Administrative Code at 15A NCAC 13A. You may obtain a printed copy of the rules for \$32.00 by contacting Patricia Davalos at 919-707-8233. For more information on the rules, visit <http://portal.ncdenr.org/web/wm/hw/rules>. We specifically draw your attention to Rules .0101, .0102, .0106 and .0107. These provisions address requirements potentially applicable to generators of hazardous waste. For an explanation of EPA requirements, go to <http://www.epa.gov/wastes/hazard/downloads/tool.pdf>.

If you have any questions, please 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 19, 2016

NCR000167460 CAR-MEL PRODUCTS

County: WREDELL Source Type: N Seq. Number: 2 Receive Date: 25-Apr-2016

| | | | |
|---|--|---|------------------------------|
| Location 2205 MOCARO DR Address: STATESVILLE, NC 28677 | | Mailing PO BOX 5877 Address: STATESVILLE, NC 28687 | |
| Contact Person | GREG GLASBY | PO BOX 5877 | |
| For Source Information | (704) 664-6660 | STATESVILLE, NC 28687 US | |
| Owner (current) | D & F CONSOLIDATED INC | PO BOX 5877 STATESVILLE, NC 28687 | |
| From: | 01/01/1601 | To: | |
| Operator (current) | D & F CONSOLIDATED /DBA CAR-MEL PRODUCTS | 2205 MOCARO DR STATESVILLE, NC 28687 | |
| From: | 01/01/1601 | To: | |
| Land Type: | P | Commercial Availability: | |
| Accessibility: | | State District: | |
| | Non Notifier : E | | Tsd Date: |
| | No. Employees : | | |
| | | | Phone: (704) 664-6660 |
| | | | Type: P |
| | | | Type: P |

Regulated Waste Activities

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

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

Certification Information

First Name : MFI Title VP OF R&D
Last Name : SKERPON Date Signed 04/25/2016

NAICS Codes

32311

Comments

CREATED NEW 8700-12 DATED 4/25/2016 AS A CESQG. MD 5/13/2016



Waste Management
ENVIRONMENTAL QUALITY

2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE
CAR-MEL PRODUCTS
PO BOX 5877
STATESVILLE, NC 28687

FACILITY LOCATION ADDRESS:

GREG GLASBY
CAR-MEL PRODUCTS
2205 MOCARO DR
STATESVILLE, NC 28677

| FACILITY EPA ID # | INVOICE # | INVOICE DATE | AMOUNT DUE | DUE DATE | ENTER AMOUNT PAID |
|-------------------|-----------|--------------|------------|------------|-------------------|
| NCR000167460 | HW71517 | 5/19/2016 | 175.00 | 06/18/2016 | |

- 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.

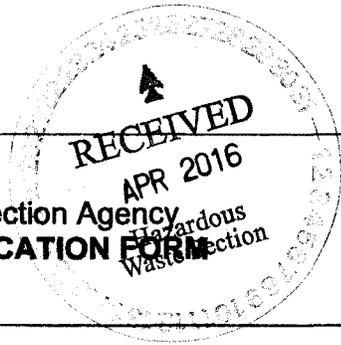
| FACILITY STATUS | FEE | TONNAGE | AMOUNT DUE |
|--------------------------|----------|-------------------------|-----------------|
| SMALL QUANTITY GENERATOR | \$175.00 | ----- | \$175.00 |
| | | PAST DUE | \$0.00 |
| | | CREDIT | \$0.00 |
| | | TOTAL AMOUNT DUE | \$175.00 |

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**



SEND COMPLETED FORM TO:
The Appropriate State or Regional Office.

**United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM**

1. Reason for Submittal

Reason for Submittal:

To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)

To provide a Subsequent Notification (to update site identification information for this location)

As a component of a First RCRA Hazardous Waste Part A Permit Application

As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)

As a component of the Hazardous Waste Report (If marked, see sub-bullet below)

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)

2. Site EPA ID Number

EPA ID Number NCR000167460

3. Site Name

Name: Car-Mel Products

4. Site Location Information

Street Address: 2205 Mocaro Drive

City, Town, or Village: Statesville County: Iredell

State: NC Country: USA Zip Code: 28677

5. Site Land Type

Private County District Federal Tribal Municipal State Other

6. NAICS Code(s) for the Site (at least 5-digit codes)

A. 3 2 3 1 1 2 C. _____

B. _____ D. _____

7. Site Mailing Address

Street or P.O. Box: P.O. Box 5877

City, Town, or Village: Statesville

State: NC Country: USA Zip Code: 28687

8. Site Contact Person

First Name: Greg MI: _____ Last: Glasby

Title: President

Street or P.O. Box: P.O. Box 5877

City, Town or Village: Statesville

State: NC Country: USA Zip Code: 28687

Email: greg@car-melproducts.com

Phone: 704-664-6660 Ext.: _____ Fax: 704-664-6668

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: D & F Consolidated INC Date Became Owner: 01/01/16

Owner Type: Private County District Federal Tribal Municipal State Other

Street or P.O. Box: P.O. Box 5877

City, Town, or Village: Statesville Phone: 704-664-6660

State: NC Country: USA Zip Code: 28687

B. Name of Site's Operator: D & F Consolidated / dba CAR-mel products Date Became Operator: 01/01/16

Operator Type: Private County District Federal Tribal Municipal State Other

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)?

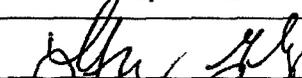
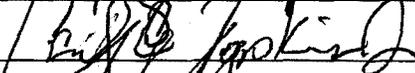
If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

We closed our main plant at our previous Mooresville location, but are still operating a small portion of the old facility, so effectively we are operating two separate SQG facilities in two locations, but under the same company name. This is only temporary, and we will send notification when all of the processes are moved to our new Statesville location.

Also, we are a corporation, so there is not one specific owner or operator to list.

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) |
|---|---|--------------------------|
|  | Greg Glasby-President | 4/25/16 |
|  | Carl Tompkins Jr.-V.P. of Sales | 4/25/16 |
|  | Mel Skerpon-V.P. of R&D | 4/25/16 |

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

NCR 000 167 460

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.

| D001 | F003 | F005 | | | | |
|------|------|------|--|--|--|--|
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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.

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