

Hazardous Waste Section
File Room Document Transmittal Sheet

17

Your Name: SHERRON HINTON
EPA ID: N C P 0 5 2 1 1 3 1 0 1
Facility Name: SYNTHETICS FINISHING 321 PLANT
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Date of Doc: 3/4/2014
Author of Doc: AYERS LONNIE

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Date Recieved by File Room:

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Month	Day	Year
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NCP052113101

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SH

**SEND COMPLETED
FORM TO:**

The Appropriate State or EPA
Regional Office

United States Environmental Protection Agency

RCRA SUBTITLE C SITE IDENTIFICATION FORM (2013)



<p>SEND COMPLETED FORM TO:</p> <p>The Appropriate State or EPA Regional Office</p>	<p>United States Environmental Protection Agency</p> <p>RCRA SUBTITLE C SITE IDENTIFICATION FORM (2013)</p> 		
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input 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 type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information).</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application.</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____).</p> <p><input checked="" type="checkbox"/> As a component of the Hazardous Waste Report. (If marked, see sub-bullet below)</p> <p><input checked="" 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: NCP052113101</p>		
<p>3. Site Name</p>	<p>Name: SYNTHETICS FINISHING 321 PLANT</p>		
<p>4. Site Location Information</p>	<p>Street Address: 569 HIGHWAY 321 NW City, Town, or Village: HICKORY County: NC035 State: NC Country: US Zip Code: 28601</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"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. NAICS Code(s) for the Site</p>	<p>A. 31331 B. 31332 C. D.</p>		
<p>7. Site Mailing Address</p>	<p>Street or P. O. Box: 1400 WELSH ROAD City, Town, or Village: NORTH WALES State: PA Country: US Zip Code: 19454</p>		
<p>8. Site Contact Person</p>	<p>First Name: LONNIE MI: E Last Name: AYERS Title: CHEMIST / PROCESS ENGINEER Street or P. O. Box: 515 23RD STREET SW City, Town, or Village: HICKORY State: NC Country: US Zip Code: 28602 Email: eayers@tsgfinishing.com Phone: 8283285522 Ext: 3009 Fax: 8283282179</p>		
<p>9. Operator and Legal Owner of the Site</p>	<p>A. Name of Site's Owner: JACK ROSENSTEIN AND JEFF GOLDMAN Date Became Owner: 02/15/1964 Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P. O. Box: 1400 WELSH ROAD City, Town, or Village: NORTH WALES Phone: 2156282000 State: PA Country: US Zip Code: 19454</p> <p>B. Name of Site's Operator: JACK ROSENSTEIN AND JEFF GOLDMAN Date Became Operator: 02/15/1964 Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

10. Type of Regulated Waste Activity

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 1-7.

1. Generator of Hazardous Waste

If Yes, choose 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
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

If "Yes" above, indicate other generator activities.

2 Short-Term Generator (generate from a short-term or onetime event and not from on-going processes). If "Yes", provide an explanation in the Comments

3. United States Importer of Hazardous Waste

4. Mixed Waste (hazardous and radioactive) Generator

5. Transporter of Hazardous Waste

If Yes, mark all that apply.

- a. Transporter
- b. Transfer Facility (at your site)

6. Treater, Storer, or Disposer of Hazardous Waste (at your site)

Note: A hazardous waste permit is required for this activity.

7. Recycler of Hazardous Waste (at your site)

8. Exempt Boiler and/or Industrial Furnace

- If Yes, mark each that applies.
- a. Small Quantity On-site Burner Exemption
 - b. Smelting, Melting, and Refining Furnace Exemption

9. Underground Injection Control

10. Receives Hazardous Waste from Off-site

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

1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all boxes that apply:

- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other (specify) _____
- f. Other (specify) _____
- g. Other (specify) _____

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this

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

1. Used Oil Transporter

- If Yes, mark each that applies.
- a. Transporter
 - b. Transfer Facility

2. Used Oil Processor and/or Re-refiner

- If Yes, mark each that applies.
- a. Processor
 - b. Re-refiner

3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer

- If Yes, mark each that applies.
- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
 - b. Marketer Who First Claims the Used Oil Meets the Specifications

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 must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

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

11. Description of Hazardous Wastes

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.

D040

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.

Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. 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

THE 569 HIGHWAY 321 N, HICKORY, NC SITE HAS CEASED OPERATION AND IS OFFICIALLY CLOSED. THE HAZARDOUS WASTE DISPOSAL THAT OCCURRED IN 2013 WAS A ONE-TIME DISPOSAL, AND PART OF THE REMEDIAL CLEANUP ACTIVITY IN CONJUNCTION WITH THE SITE CLOSURE.

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 fine and imprisonment for knowing violations.

Signature of Operator, Owner, or an Authorized Representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	LONNIE E. AYERS, CHEMIST / PROCESS ENGINEER	02/28/2014

**DECLARATION OF ELECTRONIC FILING OF
THE 2013 ANNUAL HAZARDOUS WASTE REPORT**

For the calendar year January 1, 2013, through December 31, 2013

EPA ID NCP052113101

Site/Company Name SYNTHETICS FINISHING 321 PLANT

Site Address 569 HIGHWAY 321 NW

City HICKORY State NC Zip 28601

Mailing Address 1400 WELSH ROAD

City NORTH WALES State PA Zip 19454

Contact Name LONNIE E. AYERS Phone No 8283285522 Ext 3009

Contact Title CHEMIST / PROCESS ENGINEER

Part I - Declaration of Filer

I certify under penalty of law that the information shown on my 2013 Hazardous Waste Report, which I filed electronically, and 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, is correct and current. Based on my inquiry of the person or persons who manage the system or those 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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for known violations.

Part II- Signature of Certification

Last Name AYERS First Name LONNIE Title CHEMIST / PROCESS ENGINEER

Signature  Date 02/28/2014

Part III - Method of File Transmittal

CD ARM Web Site

** Note: This is not the 2013 Annual Hazardous Waste Report. Only file this form if you submitted your 2013 Annual Hazardous Waste Report electronically. This form alone does not constitute submittal of the 2013 Hazardous Waste Report but is required for all methods of electronic submission of the report.

Submit Date: 02/28/2014

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER SITE NAME: SYNTHETICS FINISHING 321 PLANT

EPA ID NO: NCP052113101

**FORM
GM**

US ENVIRONMENTAL PROTECTION AGENCY

2013 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form

SEC. 1	A. Waste description ACTIVATED CARBON PELLETS USED AS ADSORBENT MATERIAL IN A TRICHLOROETHYLENE (EPA LISTED HAZARDOUS MATERIAL) SOLVENT CAPTURE/RECOVER/REUSE SYSTEM WITHIN A TEXTILE FINISHING PROCESS. THIS WAS A ONE-TIME COLLECTION AND DISPOSAL.		
	B. EPA hazardous waste code D040		C. State hazardous waste code
D. Source code G19 Management method code for source code G25		E. Form code W202	F. Quantity generated in 2013 14,030.00 UOM POUNDS Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minimization code X			
SEC. 2	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Quantity treated, disposed, or recycled on site in 2013	
ON-SITE PROCESS 1			
ON-SITE PROCESS 2			
SEC. 3	A. Was any of this waste shipped off site in 2013 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2013
SITE 1	PAD987270725	H039	14030.00
SITE 2			
SITE 3			
Comments: GM4: WASTE SHIPPED OFF SITE FOR DISPOSAL			