

Hazardous Waste Section
File Room Document Transmittal Sheet

##

Your Name: MEL DEEVER
EPA ID: NCD057449712
Facility Name: BATHCRAFT LLC
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description: RECEIVED THE 8700-12 FORM ON 9/30/2016 FROM PAUL WARRINGTON. THE FACILITY CLOSED ON JUNE 1, 2015.
Date of Doc: 6/5/2015
Author of Doc: TONY RICKETTS

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
10	6	16

NCD057449712

Scanner's Initials:

SH



PAT MCCRORY
Governor

DONALD R. VAN DER VAART
Secretary

MICHAEL SCOTT
Director

September 30, 2016

NICK MCCOY
BATHCRAFT LLC
510 JONES ST S
WILSON, NC 27893

RE: EPA ID # NCD057449712 - BATHCRAFT LLC

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: September 30, 2016

NCD057449712 BATHCRAFT LLC

County: WILSON Source Type: S Seq. Number: 60 Receive Date: 30-Sep-2016

Location 510 JONES ST S
Address: WILSON, NC 27893

Mailing 435 INDUSTRIAL RD
Address: SAVANNAH, TN 38372

Contact Person NICK MCCOY 510 JONES ST S
For Source (252) 237-9105 WILSON, NC 27893
Information US

Owner (current) 435 INDUSTRIAL RD
BATHCRAFT LLC SAVANNAH, TN 38372 Type: P
From: 05/06/2014 To: Phone: (731) 926-8820

Operator (current) 435 INDUSTRIAL RD
BATHCRAFT LLC SAVANNAH, TN 38372 Type: P
From: 05/06/2014 To: Phone: (731) 926-8820

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

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Not a Generator; State: Not a Generator

Transfer Facility: U

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

TSD Activity: No

Processor: No

Marketer who first claims the used
oil meets the specifications: No

Recycler Activity: No

Refiner No

Exempt Boiler and/or Industrial Furnace

Underground Injection Control: No

Small Quantity Onsite Burner Exemption: No

Destination Facility for
Universal Waste: No

Smelting, melting, Refining Furnace

Exemption: No

Certification Information

First Name : TONY
Last Name : RICKETTS

Title CFO
Date Signed 06/05/2015

NAICS Codes

326191

Comments

UPDATED 8700-12 FORM DATED 6/5/2015 CHANGED GENERATOR STATUS TO NAG. FACILITY CLOSED
JUNE 1, 2015



Waste Management
ENVIRONMENTAL QUALITY

2016 INVOICE

Waived 2016 INVOICE

FACILITY LOCATION ADDRESS: CLOSED

ATTENTION: ACCOUNTS PAYABLE
BATHCRAFT LLC
510 JONES ST S
WILSON, NC 27893

NICK MCCOY
BATHCRAFT LLC
510 JONES ST S
WILSON, NC 27893

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCD057449712	HW71875	7/1/2016	\$0.00	07/31/2016	_____

- 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 generator status as of the invoice date and includes any past-due balances. A 10% late-payment penalty has been assessed for unpaid annual fee balances by fiscal year.
- C. 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	-\$175.00
		TOTAL AMOUNT DUE	\$0.00

D. Remit Payment:

To pay via e-check or credit card, go to <http://deg.nc.gov/about/divisions/waste-management/hazardous-waste-section/hw-epayments>. You will need your facility's EPA 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 **NC 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: NC DIVISION OF WASTE MANAGEMENT
HAZARDOUS WASTE SECTION
1646 MAIL SERVICE CENTER
RALEIGH, NC 27699-1646**

Facility closed

RECEIVED

SEP 2016



United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM

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 MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time sub for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update) <input type="checkbox"/> As a component of a First RCRA Hazardous <input type="checkbox"/> As a component of a Revised RCRA Hazardous <input type="checkbox"/> As a component of the Hazardous Waste Re <input type="checkbox"/> Site was a TSD facility and/or generator >100 kg of acute hazardous waste spill (LQG regulations)	WILSON, N.C. PLANT Will close in JUNE 2016. All Equipment AND RAW MATERIALS Will be Moved. This is FINAL ^{Report} ON EPA - NCD057449712 Paul Wellington	
2. Site EPA ID Number	EPA ID Number <u>NCD057449712</u>		
3. Site Name	Name: <u>BATHERAFT LLC.</u>		
4. Site Location Information	Street Address: <u>510 JONES ST. So</u> City, Town, or Village: <u>WILSON</u> State: <u>NORTH CAROLINA</u> Country: <u>USA</u> Zip Code: <u>27813</u>		
5. Site Land 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		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. <u>326191</u> C. _____ B. _____ D. _____		
7. Site Mailing Address	Street or P.O. Box: <u>BATHERAFT, LLC.</u> City, Town, or Village: <u>435 INDUSTRIAL ROAD</u> State: <u>SAVANNAH, TN</u> Country: <u>USA</u> Zip Code: <u>38372</u>		
8. Site Contact Person	First Name: <u>NICK</u> MI: _____ Last: <u>MCCOY</u> Title: <u>PLANT MANAGER</u> Street or P.O. Box: <u>510 JONES STREET SOUTH</u> City, Town or Village: <u>WILSON</u> State: <u>NORTH CAROLINA</u> Country: <u>USA</u> Zip Code: <u>27813</u> Email: <u>NMCCOY@BATHERAFT.COM</u> Phone: <u>252-237-9105</u> Ext: _____ Fax: _____		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: <u>BATHERAFT, LLC.</u> Date Became Owner: <u>5-6-2014</u> 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 Street or P.O. Box: <u>435 INDUSTRIAL ROAD</u> City, Town, or Village: <u>SAVANNAH</u> Phone: <u>731-926-8820</u> State: <u>TENN</u> Country: <u>USA</u> Zip Code: <u>38372</u> B. Name of Site's Operator: <u>BATHERAFT, LLC.</u> Date Became Operator: <u>5-6-2014</u> 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		

mailed 6-05-15
Reg Mail

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

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

*Plant will be permanently closed
around June 1, 2015*

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)
<i>AK</i>	Tony Ricketts, CFO	6-05-15

<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 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>N C D 0 5 7 4 4 9 7 1 2</u></p>		
<p>3. Site Name</p>	<p>Name: <u>BATHERAFT LLC.</u></p>		
<p>4. Site Location Information</p>	<p>Street Address: <u>510 JONES ST. South</u></p>		<p>County: <u>Wilson</u></p>
<p>City, Town, or Village: <u>Wilson</u></p>		<p>State: <u>North Carolina</u> Country: <u>USA</u></p>	<p>Zip Code: <u>27813</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 2 6 1 9 1</u></p>	<p>C. <u> </u></p>	
<p>B. <u> </u></p>		<p>D. <u> </u></p>	
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: <u>BATHERAFT, LLC.</u></p>		<p>City, Town, or Village: <u>435 INDUSTRIAL ROAD</u></p>
<p>State: <u>SAVANNAH, TN</u> Country: <u>USA</u></p>		<p>Zip Code: <u>38372</u></p>	
<p>8. Site Contact Person</p>	<p>First Name: <u>NICK</u></p>	<p>MI: <u> </u></p>	<p>Last: <u>MCLOY</u></p>
<p>Title: <u>PLANT MANAGER</u></p>			
<p>Street or P.O. Box: <u>510 JONES STREET SOUTH</u></p>			
<p>City, Town or Village: <u>Wilson</u></p>		<p>State: <u>NORTH CAROLINA</u> Country: <u>USA</u></p>	<p>Zip Code: <u>27813</u></p>
<p>Email: <u>NMCCLOY@BATHERAFT.COM</u></p>			
<p>Phone: <u>252-237-9105</u></p>		<p>Ext.: <u> </u></p>	<p>Fax: <u> </u></p>
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: <u>BATHERAFT, LLC.</u></p>		<p>Date Became Owner: <u>5-6-2014</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>435 INDUSTRIAL ROAD</u></p>			
<p>City, Town, or Village: <u>SAVANNAH</u></p>		<p>Phone: <u>731-926-8810</u></p>	
<p>State: <u>TENN</u> Country: <u>USA</u></p>		<p>Zip Code: <u>38372</u></p>	
<p>B. Name of Site's Operator: <u>BATHERAFT, LLC.</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>			

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	D035	F001	F003	F005			

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.
