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Site Name (Subject): SHERWIN WILLIAMS COMPANY

Site ID (Document ID): NCD071561864

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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 4

345 COURTLAND STREET, N.E.  
ATLANTA, GEORGIA 30365

JUL 31 1995

SUBJECT: REMOVAL FROM EPA'S CERCLIS INVENTORY

FROM: *Matthew J. Robbins*  
Matthew J. Robbins, Brownfields Coordinator  
Waste Management Division, Region IV

TO: *SHERWIN WILLIAMS Co. NCD071561864*

EPA has identified the Brownfields Initiative as one of the Agency's top priorities. Brownfields are abandoned, idled or under-used industrial and commercial facilities where expansion or redevelopment is complicated by real or perceived environmental contamination. EPA firmly believes that environmental cleanup is a building block in this process of economic revitalization, that restoring contaminated urban property can go hand in hand with bringing life and strength to a community through jobs, an enhanced tax base and a sense of optimism about the future. Toward this end EPA has recently announced a comprehensive strategy, including Pilot grants to municipalities, to stimulate such revitalization.

One action taken by EPA is to review the inventory of Superfund sites. These sites have been screened and determined to require no action under the Federal Superfund Program. This memorandum is to notify you that EPA has removed your facility from its computer inventory known as CERCLIS. THIS DOES NOT INDICATE THAT THE STATE HAS MADE A SIMILAR DETERMINATION.

If you have any questions, please call me at 404/347-5059 ext. 6214.

cc: State Agency



North Carolina Department of Human Resources  
Division of Health Services  
P.O. Box 2091 • Raleigh, North Carolina 27602-2091

James G. Martin, Governor  
Phillip J. Kirk, Jr., Secretary

Ronald H. Levine, M.D., M.P.H.  
State Health Director  
919/733-3446

4 June 1986

Ms. Denise Bland  
EPA NC CERCLA Project Officer  
Air and Hazardous Material Division  
345 Courtland Street, N.E.  
Atlanta, GA 30365

Dear Ms. Bland:

SUBJECT: Preliminary Assessment Report  
Sherwin-Williams Co. NC D071561864  
113 Stagecoach Trail  
Greensboro, Guilford County, NC 27410

Enclosed please find the Preliminary Assessment report for the subject site. This priority is based on review of available data.

The Sherwin-Williams facility in Greensboro, NC commenced operation in 1967 as a manufacturer of various coatings including alkyd resin paints, lacquers, thinners, and water-based primers. The facility occupies a ten acre site located just inside the Greensboro city limits; this site was undeveloped prior to acquisition by Sherwin-Williams.

Sherwin-Williams generates non-halogenated solvent waste (F003 and F005) at a rate of 5000 gallons per month. This waste solvent, which contains twenty percent paint solids, is stored in an above ground tank for a period not exceeding ninety days, prior to being transported by tanker truck to a hazardous waste treatment facility for solvent recovery. Since about 1981, solvent waste has been directed to M & J Solvents in Atlanta, GA; prior to this date, waste was directed to other facilities, including Industrial Chemical Co. in Rock Hill, SC.

According to Sam Biffle, plant manager, Sherwin-Williams has never disposed of waste on-site or had "releases to the environment" to occur at their Greensboro facility. Underground storage tanks have also never been used. The facility has no on-site wells, and has used Greensboro city sewer and water since the plant commenced operation.

Ms. Denise Bland  
4 June 1986  
Page 2

A review of file records at the NC Solid and hazardous Waste Mgmt. Branch pertaining to waste disposal practices at this facility indicated that solvent wastes were stored on-site in drums until several years ago. File records also indicated that Sherwin-Williams' hazardous waste storage area is not diked "or otherwise protected from run-off if a drum should leak" (Memorandum, Keith Lawson, 1-11-82).

The Sherwin-Williams facility is located within Greensboro's watershed, which provides water for approximately 170,000 persons. An unnamed tributary, which drains a portion of this watershed, and which would receive run-off from Sherwin-Williams, is found approximately 1000 feet from the facility.

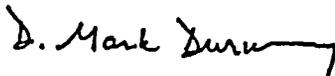
The nearest home to the facility is situated at a distance of about 0.25 miles. According to Herb Williams, manager of the City of Greensboro water billing office, nearly all homes located within a one mile radius of Sherwin-Williams are served by private drinking wells. However, most industrial facilities within this radius have been supplied with city water since the 1950's.

The potential exists for incidental spills or drum leakage to have occurred in areas at this facility where hazardous substances have been handled in the past. However, no such incidents are specifically known to have occurred, and there is no evidence that the site poses a present threat to public health or the environment. Priority assigned for inspection is Low.

On 2 June 1986, this Preliminary Assessment was reviewed by CERCLA Unit personnel and by the following representatives from the North Carolina Department of Natural Resources and Community Development, Division of Environmental Management: Glenn Ross, Air Quality Section; Vince Schneider and Howard Bryant, Water Quality Section.

If you have any questions, please call me at (919) 733-2801.

Sincerely,



D. Mark Durway, Geologist  
Solid and Hazardous Waste Management Branch  
Environmental Health Section

DMD/tb/0175b

POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART I - INFORMATION AND ASSESSMENT

II. IDENTIFICATION

01 STATE NC	02 SITE NUMBER 0071561864
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III. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) Sherwin-Williams Co.	02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 113 Stagecoach Trail, (P.O. Box 8885)
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03 CITY Greensboro	04 STATE NC	05 ZIP CODE 27410	06 COUNTY Gulford	07 COUNTY CODE 41	08 CONG DIST 06
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09 COORDINATES:                      LATITUDE    79° 54' 50"                      LONGITUDE    36° 04' 41"

10 DIRECTIONS TO SITE (Starting from nearest public road) Take I-40 West through Greensboro. At western edge of Greensboro, take the Gulford Coll. Rd. exit & go north about 1 mile to W. Market St.; turn left and go about 0.8 miles west; turn right onto Stagecoach Tr. & go about 0.05 miles north. Find facility on left corner of Stagecoach Trail and Sherwin Rd. Facility located approx. 1 mile WSW of Gulford College.

III RESPONSIBLE PARTIES

01 OWNER (If known) The Sherwin-Williams Company	02 STREET (Business, mailing, residential) P.O. Box 8885
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03 CITY Greensboro	04 STATE NC	05 ZIP CODE 27410	06 TELEPHONE NUMBER (919) 292-3000
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07 OPERATOR (If known and different from owner)	08 STREET (Business, mailing, residential)
---	--

09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
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13 TYPE OF OWNERSHIP (Check one)

A. PRIVATE     B. FEDERAL: \_\_\_\_\_ (Agency)     C. STATE     D. COUNTY     E. MUNICIPAL  
 F. OTHER: \_\_\_\_\_ (Specify)                       G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) (CERCLA 103c)

A. RCRA Part A    DATE RECEIVED: 04/24/81     B. UNCONTROLLED WASTE SITE DATE RECEIVED                       C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION                      BY (Check all that apply)  
 YES    DATE                       A. EPA     B. EPA CONTRACTOR     C. STATE     D. OTHER CONTRACTOR  
 NO    CONTRACTOR NAME(S):                       E. LOCAL HEALTH OFFICIAL     F. OTHER: \_\_\_\_\_

02 SITE STATUS (Check one) <input type="checkbox"/> A. ACTIVE <input checked="" type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN	03 YEARS OF OPERATION 1967                        Presently operat. <input type="checkbox"/> UNKNOWN BEGINNING YEAR                      ENDING YEAR
--	--

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT. KNOWN, OR ALLEGED Sherwin-Williams makes various kinds of coatings including alkyd resin paints, lacquers, thinners, and water-based primers. Waste generated at this facility consists of non-halogenated solvents (F003, F005) which they generate at a rate of 5000 gal/mth. This waste is

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION stored for less than 90 days in an above ground tank, prior to being transported off-site for reclamation and/or disposal. No known on-site disposal/releases. No underground storage tanks. Facility uses city water & sewer, though some nearby residents possibly use private wells (there are no on-site wells). Nearest resident is located approx. 0.25 mi. from site. Facility is located within Greensboro Watershed at a distance of approx. 1000 ft. from an unnamed tributary to Horsepen Creek. Potential exists for incidental spills to have occurred at drum storage area, etc.

V. PRIORITY ASSESSMENT

01 PRIORITY FOR INSPECTION (Check one. If high or medium is checked, complete Part 2 - Waste information and Part 3 - Description of Hazardous Conditions and Incidents)

A. HIGH                       B. MEDIUM                       C. LOW                       D. NONE  
(Inspection on required promptly)    (Inspection required)    (Inspection on time available basis)    (No further action needed, complete current disposition form)

VI. INFORMATION AVAILABLE FROM

01 CONTACT Sam F. Biffle, plant manager	02 OF (Agency/Organization) Sherwin Williams Co. - Greensboro, NC	03 TELEPHONE NUMBER (919) 292-3000
--	--	---------------------------------------

02 PERSON RESPONSIBLE FOR ASSESSMENT D. Mark Durway/Pat DeRosa	05 AGENCY ORGANIZATION NC DHR/DHS SHW Mgmt. Br.	03 TELEPHONE NUMBER (919) 733-2801	08 DATE 04/19/86
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POTENTIAL HAZARDOUS WASTE SITE  
PRELIMINARY ASSESSMENT  
PART 2 - WASTE INFORMATION

II. IDENTIFICATION

01 STATE NC 02 SITE NUMBER 0071561864

III. WASTE STATES, QUANTITIES, AND CHARACTERS

01 PHYSICAL STATES (Check all that apply)	02 WASTE QUANTITY AT SITE (Measures of Waste quantities must be independent)	03 WASTE CHARACTERISTICS (Check all that apply)
<input type="checkbox"/> A SOLID <input type="checkbox"/> E. SLURRY <input type="checkbox"/> B. POWDER, FINES <input checked="" type="checkbox"/> F. LIQUID <input type="checkbox"/> C. SLUDGE <input type="checkbox"/> G. GAS <input type="checkbox"/> D. Other _____	TONS _____ CUBIC YARDS _____ NO. OF DRUMS _____	<input checked="" type="checkbox"/> A. TOXIC <input type="checkbox"/> H. IGNITABLE <input type="checkbox"/> B. CORROSIVE <input type="checkbox"/> I. HIGHLY VOLATILE <input type="checkbox"/> C. RADIOACTIVE <input type="checkbox"/> J. EXPLOSIVE <input type="checkbox"/> D. PERSISTENT <input type="checkbox"/> K. REACTIVE <input type="checkbox"/> E. SOLUBLE <input type="checkbox"/> L. INCOMPATIBLE <input type="checkbox"/> F. INFECTIOUS <input type="checkbox"/> M. NOT APPLICABLE <input checked="" type="checkbox"/> G. FLAMMABLE

III. WASTE TYPES

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS	5,000	generated at a rate	Information based on telephone
PSD	PESTICIDES		of 5,000 gal/mo.	conversation with Sam Biffle
OCC	OTHER ORGANIC CHEMICALS			(see VI, #2).
IOC	INORGANIC CHEMICALS			
ACD	ADICS			
BAS	BASES			
MES	HEAVY METALS			

IV. HAZARDOUS SUBSTANCES (See Appendix for most frequently cited CAS Numbers)

CATEGORY	SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
SOL	Acetone	67641	Waste solvents are stored	80% pure	
SOL	Isobutyl Alcohol	78831	In above ground storage tank	"	
SOL	Methanol	67561	for less than 90 days;		
SOL	Methyl ethyl ketone	78933	solvents in above ground		
SOL	Methyl Isobutyl Ketone	108101	tank are then transported		
SOL	2-Nitropropane	79469	off-site to the following		
SOL	Toluene	108883	reclamation facility:		
SOL	Xylene	1330207	M & J Solvents		
			P.O. Box 19703		
			Station N		
			Atlanta, GA 30325		

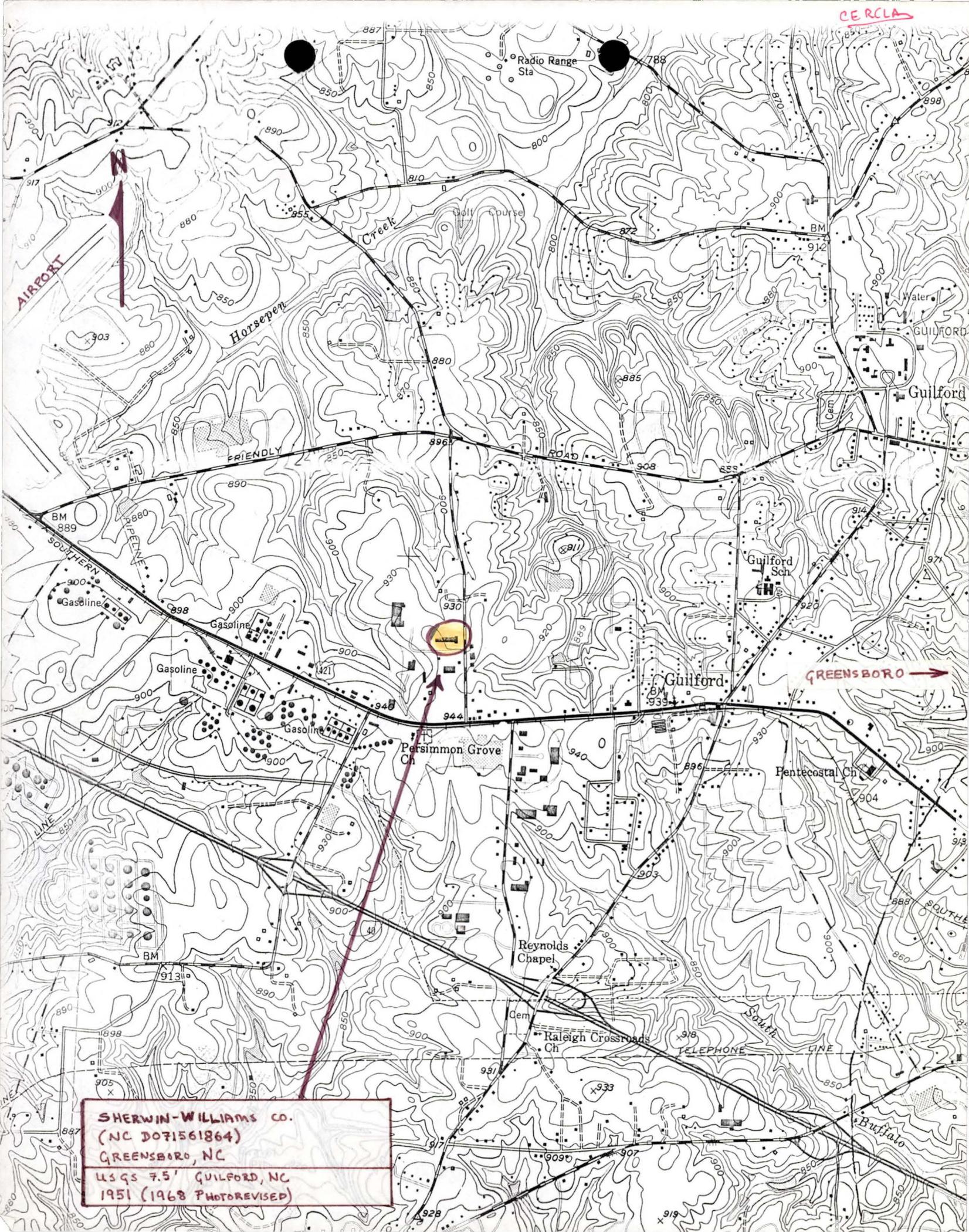
V. FEEDSTOCKS (See Appendix for CAS numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS	N/A		FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

VI. SOURCES OF INFORMATION (Cite specific references, e. g. state files, sample analysis, reports)

- RCRA files at NC Solid and Haz. Waste Mgmt. Branch, Raleigh, NC.
- Sam Biffle, plant manager at Sherwin-Williams Co., Greensboro, personal communication, 3-18-86.
- RCRA Part A Interim status permit application, filed 4-24-81.

CE RCLA



SHERWIN-WILLIAMS CO.  
 (NC D071561864)  
 GREENSBORO, NC  
 USGS 7.5' GUILFORD, NC  
 1951 (1968 PHOTOREVISED)

Guilford  
51  
(6/8)



20 March 1986

TO: File

FROM: D. Mark Durway *DMD*

RE: Telephone conversation with Herb Williams, manager of the City of Greensboro water billing office, tel. (919) 373-2055.

Mr. Williams provided the following information pertaining to the area within a one mile radius of the Sherwin-Williams Co. (NC D071561864), which is located midway between the airport and Guilford College in Greensboro, NC.

1. The area was annexed by city in May/June 1985.
2. Most industries in the area use city water, which has been supplied to the area since the 1950s. However, homes in the area are believed to be supplied almost entirely by private drinking water wells.

Mr. Williams said that Tom Martin, assistant director of planning, tel. 373-2144, could provide additional information pertaining to population and water use in the area, or elsewhere in Greensboro.

DMD/tb/0181b

18 March 1986

TO: File

FROM: D. Mark Durway *DMD*

RE: Telephone conversation with Sam F. Biffle, plant manager at Sherwin-Williams Co. (NC D071561864) in Greensboro, NC, tel. (919) 292-3000.

Mr. Biffle indicated the following:

1. To the best of his knowledge, no waste has been disposed or spilled on-site.
2. Wastes consisting of alkyd resin paints, lacquers, thinners, and water-based primers are presently generated on-site at a rate of 5,000 gallons per month. These liquid wastes are stored in a tank prior to being shipped by tanker trucks to the following disposal facility:

M & J Solvents  
P.O. Box 19703  
Station N  
Atlanta, GA 30325

Prior to 1980, these wastes were disposed of at a waste handling facility in Rock Hill, SC.

3. Facility does not use/has never used underground storage tanks.
4. Facility uses/has always used city water and sewer. There are no on-site wells, and Mr. Biffle knows of no existing residential wells in the plant vicinity.
5. The city of Greensboro has recently annexed property in the vicinity of the facility. Therefore, it is likely that some residents living within this vicinity are dependent on private wells for their drinking supply for the reason that city water might not have been available prior to annexation. Mr. Biffle indicated that the nearest resident lives at a distance of 0.25 miles from the facility.

DMD/tb/0181b



DIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

*William*

January 11, 1982

MEMORANDUM

TO: O. W. Strickland, Head  
Solid & Hazardous Waste Management Branch

FROM: Keith Lawson *KL*  
Environmental Chemist

SUBJECT: Interim Status Inspection  
Sherwin-Williams Company  
Stagecoach Trail and Sherwin  
Greensboro, NC 27410  
EPA I.D. #NCD0715618694  
Contact: Mr. Sam F. Biffle, Plant Manager

*PO Box 8885*

The following violations were found during an inspection on December 4, 1981.

1. 264.31 Hazardous waste storage area should be diked or otherwise protected from run-off if a drum should leak.

A compliance date of January 21 was agreed on.

KL:lc

- cc: ✓ Mr. William Paige  
Mr. Steve Phibbs  
Mr. Julian Foscue  
Mr. Robert Shiflet

*Not under ISS (265)*

*Letter written Jan. 18, 1982  
cited violation 265.31 (May 19, 1980)*



## RCRA INSPECTION

### 1. Facility Information

Sherwin-Williams Company  
Stagecoach Trail and Sherwin  
Greensboro, NC 27410  
Guilford County  
EPA ID #NCD071561864

### 2. Responsible Official

Mr. Sam F. Biffle, Plant Manager

### 3. Survey Participants

Mr. Sam F. Biffle, Plant Manager  
Mr. Robert Shiflet, Guilford County Sanitarian  
Mr. Keith Lawson, Environmental Chemist, DHR  
Several other Sherwin-Williams employees (part-time)

### 4. Date of Inspection

December 4, 1981

### 5. Applicable Regulations

40 CFR, Part 262 and 265

### 6. Purpose of Survey

RCRA inspection for compliance with applicable standards.

### 7. Facility Description

Sherwin-Williams makes coatings of various kinds: alkyd resin paints, lacquers, thinners, and water-based primers. Their site occupies about 10 acres, near the various oil company tank farms.

Their waste is stored in drums, and is shipped off to Industrial Chemical Company, Rock Hill, South Carolina for beneficial recovery. Storage time is normally less than 90 days.

Their compliance with RCRA was almost a model, presumable under corporate instruction. We made only two suggestions: the hazardous waste area should be diked; and the emergency equipment list and evacuation route should be bound with the rest of the contingency plan.

### 8. Deficiencies Noted

Only the two noted just above.

# MATERIAL SAFETY DATA SHEET

NFPA 1-7

#18

FOR COATINGS, RESINS AND RELATED MATERIALS

(Approved by U.S. Department of Labor, Essentially Similar to Form OSHA-201)

DATE PREP **8-26-81**

## Section I

MANUFACTURER'S NAME **THE SHERWIN-WILLIAMS COMPANY**

STREET ADDRESS **101 Prospect Avenue** CITY, STATE, AND ZIP CODE **Cleveland, Ohio 44101**

EMERGENCY TELEPHONE NO. **(216) 566-2917**

INFORMATION TELEPHONE NO. **(216) 566-2630**

PRODUCT CLASS **Solvent Blend** MANUFACTURERS CODE IDENTIFICATION **R7 K 120**

TRADE NAME **OPEX<sup>®</sup> Lacquer Thinner**

## Section II - HAZARDOUS INGREDIENTS

INGREDIENT	PERCENT By Weight	TLV		LEL	VAPOR PRESSURE mm Hg
		PPM	mg/M <sup>3</sup>		
Aliphatic Hydrocarbon	15	100	364	1.0	53.0
Toluene	10	100	375	1.0	22.0
V M & P Naphtha	15	300	1350	0.9	12.0
Xylene	5	100	435	1.0	5.9
Isopropyl Alcohol	5	400	980	2.0	33.0
Isobutyl Alcohol	<5	50	150	1.2	8.7
Methanol	<5	200	260	6.0	92.0
Acetone	20	1000	2400	2.2	180.0
Methyl n-Amyl Ketone	<5	100	465	1.1	10.0
1-Nitropropane	10	25	90	2.6	7.5
2-Butoxyethanol	<5	50	240	1.1	0.6

## Section III - PHYSICAL DATA

BOILING RANGE **133-340°F** VAPOR DENSITY  HEAVIER,  LIGHTER THAN AIR

EVAPORATION RATE  FASTER  SLOWER THAN ETHER PERCENT VOLATILE BY VOLUME **100%** WEIGHT PER GALLON **6.69 lb.**

## Section IV - FIRE AND EXPLOSION HAZARD DATA

FLAMMABILITY CLASSIFICATION **Red Label, Extremely Flammable, Flash Below 21°F** FLASH POINT **3°F TCC** LEL **0.9**

EXTINGUISHING MEDIA **Carbon Dioxide, Dry Chemical, Foam.**

### UNUSUAL FIRE AND EXPLOSION HAZARDS

Keep containers tightly closed. Isolate from heat, electrical equipment, sparks, and open flame. Closed containers may explode when exposed to extreme heat. Application to hot surfaces requires special precautions. During emergency conditions overexposure to decomposition products may cause a health hazard. Symptoms may not be immediately apparent. Obtain medical attention.

### SPECIAL FIRE FIGHTING PROCEDURES

Full protective equipment including self-contained breathing apparatus should be used. Water spray may be ineffective. If water is used, fog nozzles are preferable. Water may be used to cool closed containers to prevent pressure build-up and possible autoignition or explosion when exposed to extreme heat.

## Section V - HEALTH HAZARD DATA

LIMIT VALUE SEE HAZARDOUS INGREDIENTS SECTION II  
OVEREXPOSURE

ACUTE In a confined area vapors in high concentration are anesthetic. Irrit skin and upper respiratory system. Overexposure may result in lightheadedness and staggering gait.

CHRONIC

### EMERGENCY AND FIRST AID PROCEDURES

Remove from exposure. Restore breathing. Keep warm and quiet. If contact with eyes is made, flush with copious quantities of water for 15 minutes. For skin contact, wash affected area with water. Remove contaminated clothing and wash before reuse.

## Section VI - REACTIVITY DATA

STABILITY  UNSTABLE  STABLE CONDITIONS TO AVOID

INCOMPATIBILITY (Materials to avoid)

HAZARDOUS DECOMPOSITION PRODUCTS

By fire: Carbon Dioxide, Carbon Monoxide, Oxides of Nitrogen

HAZARDOUS POLYMERIZATION  MAY OCCUR  WILL NOT OCCUR  
CONDITIONS TO AVOID

## Section VII - SPILL OR LEAK PROCEDURES

STEPS TO BE TAKEN IN CASE MATERIAL IS RELEASED OR SPILLED  
Remove all sources of ignition. Ventilate and remove with inert absorbent.

WASTE DISPOSAL METHOD Incinerate in approved facility. Do not incinerate closed container. Dispose of in accordance with Federal, State, and Local regulations regarding pollution.

## Section VIII - SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION

If engineering and administrative controls of air contaminants are not feasible, use respiratory devices approved by NIOSH/MESA for protection against spray mist and vapors.

VENTILATION

Local exhaust preferable. Mechanical (general) exhaust acceptable. Special ventilation required to keep below TLV and LEL.

PROTECTIVE GLOVES

Required for prolonged or repeated contact. Safety spectacles with unperforated sideshields.

EYE PROTECTION

OTHER PROTECTIVE EQUIPMENT

## Section IX - SPECIAL PRECAUTIONS

PRECAUTIONS TO BE TAKEN IN HANDLING AND STORING

DOL STORAGE CATEGORY 1B Contents are extremely flammable. Keep away from heat, sparks, and open flame. Vapors will accumulate readily and may ignite explosively.

OTHER PRECAUTIONS During use and until all vapors are gone: Keep area ventilated - Do not smother extinguish all flames, pilot lights, and heaters - Turn off stoves, electric tools, and appliances, and any other sources of ignition. Harmful or fatal if swallowed. If swallowed, do not induce vomiting. Call physician at once. Avoid breathing vapor and spray mist. Use only with adequate ventilation. Avoid contact with skin and eyes. Wash hands after using. If spilled on clothes, remove clothing and launder before reusing. Keep container closed when in use. Do not transfer to other containers for storage. Do not take internally. Keep out of the reach of children. Consult NFPA Code. Use approved Bonding and Grounding procedure.

FOR: **1**  
**GENERAL**

**EPA**

U.S. ENVIRONMENTAL PROTECTION AGENCY  
**GENERAL INFORMATION**  
 Consolidated Permits Program  
 (Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER  
**F N C D 0 7 1 5 6 1 8 6 4 2**

RECEIVED  
 MAY 5 7 02 PM '81  
 ENVIRONMENTAL ENFORCEMENT DIVISION

RECEIVED  
 APR 31 2 24 PM '81  
 ENVIRONMENTAL ENFORCEMENT DIVISION

PLEASE PLACE LABEL IN THIS SPACE

**GENERAL INSTRUCTIONS**

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed, regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

**II. POLLUTANT CHARACTERISTICS**

**INSTRUCTIONS:** Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACH
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 26 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 26 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**III. NAME OF FACILITY**

1 **SKIP** THE SHERWIN WILLIAMS COMPANY

**IV. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title)  
 2 **BIFFLE SAM F PLANT MANAGER**

B. PHONE (area code & no.)  
 9 1 9 2 9 2 3 0 0 0

**V. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX  
 3 **PO BOX 8885**

B. CITY OR TOWN  
 4 **GREENSBORO**

C. STATE  
**NC**

D. ZIP CODE  
**27410**

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER  
 5 **STAGECOACH TRAIL AND SHERWIN**

B. COUNTY NAME  
**GUILFORD**

C. CITY OR TOWN  
**GREENSBORO**

D. STATE  
**NC**

E. ZIP CODE  
**27410**

F. COUNTY CODE (if known)

II. SIC CODES (4-digit, in order of priority)

A. FIRST		B. SECOND	
2,8,5,1 (specify) LACQUER, CLEAR AND PIGMENTED	7 (specify)	2,8,5,1 (specify)	LACQUER THINNER
C. THIRD		D. FOURTH	
2,8,5,1 (specify) COATING, AIR CURING	7 (specify)		

III. OPERATOR INFORMATION

A. NAME			B. Is the name listed in Item VIII-A also the owner?		
THE SHERWIN WILLIAMS COMPANY			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)			D. PHONE (area code & no.)		
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	P (specify) PRIVATE COMPANY	9 1 9	2 9 2	3 0 0 0
E. STREET OR P.O. BOX					
0 BOX 8885					
F. CITY OR TOWN		G. STATE	H. ZIP CODE	IX. INDIAN LAND	
GREENSBORO		NC	27410	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)		D. PSD (Air Emissions from Proposed Sources)	
N	9 P		
B. UIC (Underground Injection of Fluids)		E. OTHER (specify)	
U	9		
C. RCRA (Hazardous Wastes)		E. OTHER (specify)	
R	9		

I. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility; the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

II. NATURE OF BUSINESS (provide a brief description)

The nature of our business is the manufacture of Coatings for the Forest Products Industry. Our Coatings products are mainly Alkyds, Lacquers, Thinners and Water Based Primers. We store on site (normally less than 90 days) our solvent, sludge and water cleaning waste from our manufacturing operations.

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
A.D. Childs, Vice President and General Counsel and Corporate Secretary		4/24/81

COMMENTS FOR OFFICIAL USE ONLY

E.
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FORM 3 RCRA ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.) I. EPA I.D. NUMBER F N C D 0 7 1 5 6 1 8 6 4 2 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24	25

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
8	6	7
73	74	75

YR.	MO.	DAY
73	74	75

B. REVISED APPLICATION (place an "X" below and complete item I above)

1. FACILITY HAS INTERIM STATUS

2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D73	GALLONS OR LITERS			
LANDFILL	D83	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	ACRE-FEET	A	
LITERS	L	TONS PER HOUR	HECTARE-METER	F	
CUBIC YARDS	Y	METRIC TONS PER HOUR	ACRES	B	
CUBIC METERS	C	GALLONS PER HOUR	HECTARES	Q	
GALLONS PER DAY	U	LITERS PER HOUR			

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

DUP T/A C I

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	300 3,000	G		7				
2	S 0 2		G		8				
3					9				
4					10				

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES FOR DESCRIBING OTHER PROCESSES (code "4"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**EPA HAZARDOUS WASTE NUMBER** - Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE		CODE	METRIC UNIT OF MEASURE		CODE
POUNDS	.....	P	KILOGRAMS	.....	K
TONS	.....	T	METRIC TONS	.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**PROCESSES**

- PROCESS CODES:**  
 For listed hazardous wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.  
 For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.  
 Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).
- PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
-1	K 0 5 4	900	P	T 0 3 D 8 0	
-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



**DESCRIPTION OF HAZARDOUS WASTES (continued)**  
**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)													
N	C	D	0	7	1	5	6	1	8	6	4	3	6
											T/A	C	
											13	14	15

**I. FACILITY DRAWING**

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

**I. PHOTOGRAPHS**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

**II. FACILITY GEOGRAPHIC LOCATION**

LATITUDE (degrees, minutes, & seconds)					LONGITUDE (degrees, minutes, & seconds)													
P/K	7	9	5	4	5	0				3	6	0	4	4	1			

**III. FACILITY OWNER**

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER				2. PHONE NO. (area code & no.)			
3. STREET OR P.O. BOX		4. CITY OR TOWN		5. ST.		6. ZIP CODE	

**IX. OWNER CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
A.D. Childs, Vice President and General Counsel & Corp. Secretary		4/24/81

**X. OPERATOR CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
SAM BIFFLE PLANT M ANAGER		4/27/81

**RESPONDENT CONTACT RECORD (RCR)**

<b>FACILITY ID NUMBER</b> <div style="border: 1px solid black; display: flex; justify-content: space-between; width: 100%; height: 20px;"> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> </div>	<b>COMPANY NAME</b> ...		
<b>COMPANY ADDRESS</b> ...	<b>CITY</b> ...	<b>STATE ABBREV.</b> <div style="border: 1px solid black; display: flex; justify-content: space-around; width: 40px; height: 20px;"> <span style="border: 1px solid black; width: 10px; height: 10px;"></span> <span style="border: 1px solid black; width: 10px; height: 10px;"></span> </div>	<b>ZIP CODE</b> <div style="border: 1px solid black; display: flex; justify-content: space-around; width: 60px; height: 20px;"> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> </div>
<b>CONTACT PERSON'S NAME/TITLE</b> ...		<b>TELEPHONE NUMBER (INCLUDE AREA CODE)</b> <div style="border: 1px solid black; display: flex; justify-content: space-around; width: 100%; height: 20px;"> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> <span style="border: 1px solid black; width: 15px; height: 15px;"></span> </div>	

**CONTACT RECORD**

DATE	CONTRACTOR'S INITIALS	ITEMS DISCUSSED/RESOLUTION
		<b>CHANGE:</b>
		300 = 3,000      U = G
		<b>ADD:</b>
		700, 3350, 1500, 4300, 1500, 400,
		7,000 & 4,000      ADD: P & SOI