

367SERBSF10,624

367SERBSF10,624

Site Name (Subject): SPRUANCE SOUTHERN, INC.

Site ID (Document ID): NCD003214574

Document Name (DocType): Correspondence (C)

Report Segment:

Description: General Correspondence, 1980 - 1995

Date of Document: 8/22/1995

Date Received:

Box: *Enter SF and # with no spaces* SF10,624

Access Level: PUBLIC

Division: WASTE MANAGEMENT

Section: SUPERFUND

Program (Document Group): SERB (SERB)

Document Category: FACILITY

Print Report for
Record

Go to New
Blank Record

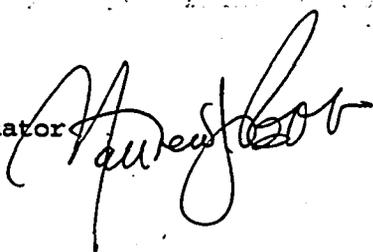
Go to New Record -
(default to last
record values)

Delete Record

1995 DATE: August 22, 1995

SUBJECT: REMOVAL FROM EPA'S CERCLIS INVENTORY

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



TO: SPRUANCE SOUTHERN INC
HWY 52 S
WINSTON SALEM
NC 27102

EPA has identified the Brownfields Initiative as one of the Agency's top priorities. The term "brownfields" refers to previously used properties that may lie vacant because potential contamination makes them unmarketable to the private sector. EPA has recently announced a comprehensive Brownfields strategy, including Pilot grants to municipalities, to stimulate economic revitalization.

One part of the strategy has been for EPA to review its complete inventory of Superfund sites. These sites have been screened and determined to require no remedial action under the Federal Superfund Program based on information available as well as on conditions and policies that currently exist. This is to notify you that EPA has removed your facility from EPA's 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



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION IV

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

FEB 11 1991

4WD-WPB

Mrs. Pat DeRosa, Head
CERCLA Branch
Superfund Section
Waste Management Division
North Carolina Department of Environment,
Health and Natural Resources
P.O. Box 27687
Raleigh, North Carolina 27611-7687

RECEIVED
MAR 16 1991
SUPERFUND SECTION

Dear Ms. DeRosa:

Enclosed for your files is the Phase I, Screening Site Inspection report prepared by the Region IV Field Investigation Team, NUS Corporation for Spruance Southern, Inc (NCD003214574). The EPA recommends that no further remedial action be planned at this site under Superfund at this time. However, if new information becomes available, this decision may be revisited as appropriate.

If you have any question regarding this site, please contact me at (404) 347-5065.

Sincerely yours,

A handwritten signature in cursive script that reads "Deborah A. Vaughn-Wright".

Deborah A. Vaughn-Wright
Project Manager

Enclosure



State of North Carolina
Department of Environment, Health, and Natural Resources
Division of Solid Waste Management
P.O. Box 27687 · Raleigh, North Carolina 27611-7687

James G. Martin, Governor
William W. Cobey, Jr., Secretary

William L. Meyer
Director

13 March 1990

Mr. Donald Stevens
Chief of Environmental Health
Davidson County Health Department
P.O. Box 439
Lexington, NC 27293-0439

RE: Off-site Reconnaissance
Spruance Southern, Inc.
NCD 003 214 574

Dear Mr. Stevens:

David Lilley of the NC Superfund Section spoke with Charles Ingold today to notify you that the EPA Field Investigation Team (FIT) will conduct an off-site reconnaissance of the subject site located in Davidson County, NC. The reconnaissance will be conducted on 27-29 March 1990 by Margaret Graves of NUS Corporation.

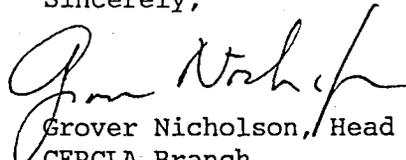
The purpose of the reconnaissance is to determine if the site poses a hazard to public health or the environment because of releases of contaminants to soil, surface water, groundwater, or air. The reconnaissance team will locate all nearby water supplies (surface and groundwater, community and private) and any close sensitive environments, schools, and day care centers.

This reconnaissance is not an emergency situation but is a normal step in the evaluation of all uncontrolled and unregulated potential hazardous waste sites in North Carolina. You may want to have your representative meet the reconnaissance team at the site. If so, please contact Margaret Graves at 1-800-888-7710 and she will coordinate a meeting. I am enclosing background data on the site for your information.

Mr. Stevens
3-13-90
Page 2

If the reconnaissance indicates the need for future study of the site, we will contact your office to advise. If you have any questions, please don't hesitate to call David Lilley or me at (919) 733-2801.

Sincerely,


Grover Nicholson, Head
CERCLA Branch
Superfund Section

Enclosures

cc: Gordon Layton
Doug Holyfield
Steve Reid
Lois Walker
Ann Rudd
David Lilley
File

GN/db/wp-sitenote.gn

Federal
Trip Notification & Authorization

Prepared by: David Lilley

Today's Date: March 13, 1990

*Use Black Ink or Typewriter only-Staff to fill out first 2 blocks only.

Site Trip

Date of Trip: March 27-29, 1990

If trip date changed or cancelled note below:

Trip Date Changed To: _____ Cancelled: _____

NCD#: 003 214 574
City: Winston-Salem

Site Name: Spruance Southern, Inc.
County: Davidson

Reason for Trip: off-site reconnaissance

Name of Hotel (Overnight Trip): _____ Hotel Telephone Number: () _____

Authorized by: David B. Lilly

Industrial Hygienist

Project Team Leader: Margaret Graves

Assistants: _____

Attach To Notification Form: 1 copy each: Preliminary Assessment Form (First page only)
Submit to the Site Map
Industrial Hygienist PA Transmittal Letter

(Please list appropriate County Health Department contact person to call to advise of trip)

Environmental Supervisor or Health Director to call: Mr. Donald Stevens Title: Chief of Env. Health
(Note if Dr., M.P., etc.)

Telephone Number: (704) 249-7011

Notes: Health Department Official Contacted: Charles Ingold
Back Up Letter Required: Yes No

Mr. Ingold was notified on 3-13-90 (DBL)

Note: Signed original to Data Manager



1927 LAKESIDE PARKWAY
 SUITE 614
 TUCKER, GEORGIA 30084
 404-938-7710

C-586-3-0-17

RECEIVED
 MAR 05 1990
 SUPERFUND SECTION

March 1, 1990

Mr. Grover Nicholson
 Superfund Branch
 North Carolina Department of Human Resources
 Post Office Box 2091
 Raleigh, North Carolina 27602-2091

Subject: Scheduled FIT Activities in North Carolina

Dear Mr. Nicholson:

The EPA Field Investigation Team (FIT) will be visiting the state of North Carolina during March 1990. FIT will be conducting offsite reconnaissances and gathering information to investigate the following sites:

Date	EPA ID No.	Site Name	County	FIT Project Manater
March 20	NCD986171965	Caro-Knit	New Hanover	Priscilla Fritsch
	NCD986171973	McRae Street Landfill	New Hanover	Priscilla Fritsch
March 27-29	NCD000770487	Johnson Controls Globe Battery	Forsyth	Terry Tanner
	NCD000772376	Westinghouse Electric	Forsyth	Terry Tanner
	NCD044514602	RJR Archer, Inc.	Forsyth	Stephany Fine
	NCD067441394	RJR Archer, Inc.	Forsyth	Stephany Fine
	NCD991278680	Sadolin Paint Products, Inc.	Forsyth	Sam McIver
	NCD000616474	Reynolds, R.J. Tobacco Co.	Forsyth	Margaret Graves
	NCD003214574	Spruance Southern, Inc.	Davidson	Margaret Graves

Please notify the appropriate local agencies. Thank you for your assistance.

Very truly yours,

Approved:

Joan J. Dupont

Heg Schank

Joan J. Dupont
 North Carolina Section Manager

JJD/gwn

cc: Denise Bland
 Kelly Cain
 Robert Morris



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

27 November 1985

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

SUBJECT: Preliminary Assessment Report
Spruance Southern, Inc. NC D003214574
Highway 52-S
Winston Salem, NC 27102

Dear Ms. Bland:

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

Spruance Southern, Inc., is about a 3.5 acre site located off old U.S. 52-S (NC 8) near Midway in Davidson County. It began operation in 1953 as a manufacturer of industrial coatings (paints, furniture sealers, and lacquers). Prior to 1953, Salem Paint Co. operated on the site for about 20 years. Spruance Southern presently produces furniture sealers and lacquers. They ceased all paint production in 1979.

Hazardous wastes are spent non-halogenated solvents. Annual waste production was 28 tons in 1980. The spent solvents are first held in a 300 gallon tank and then transferred to 55 gallon drums. Drums are stacked on asphalt and removed within 90 days to Seaboard Chemical for recycling of solvents. In addition, the company has 9 storage tanks for solvent feedstocks. Two of these are underground.

No major spills or leaks were reported. A RCRA inspection on October 9, 1984 cited severe rusting of containers but the company was in compliance on November 16, 1984.

There are no nearby surface waters, but there is a private well within 100 ft. of the plant. Because of the possibility that solvents may have leaked or spilled on the site in the past, soil and well sampling is recommended. Based on the available information, a low priority is recommended for inspection at this site.

Ms. Denise Bland
Page 2

On 26 November 1985, 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: Doug Dixon, Groundwater Section; Glen Ross, Air Quality Section; and Howard Bryant, Water Quality Section.

If you have any questions, please call me at (919) 733-2178.

Sincerely,



Stan Atwood, Toxicologist
Solid and Hazardous Waste Management Branch
Environmental Health Section

SA/tb/0221b



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION
01 STATE | 02 SITE NUMBER
NC | D003214574

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 A. GROUNDWATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Underground solvent tanks.

01 B. SURFACE WATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 C. CONTAMINATION OF AIR 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 D. FIRE/EXPLOSIVE CONDITIONS 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

Wastes are flammable.

01 E. DIRECT CONTACT 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 F. CONTAMINATION OF SOIL 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 AREA POTENTIALLY AFFECTED: 1-2 04 NARRATIVE DESCRIPTION
(Acres)

01 G. DRINKING WATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

At least one well reported to be within 100 ft. of site.

01 H. WORKER EXPOSURE/INJURY 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 WORKERS POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 I. POPULATION EXPOSURE/INJURY 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION	
01 STATE	02 SITE NUMBER
NC	D003214574

II. HAZARDOUS CONDITIONS AND INCIDENTS *(Continued)*

01 J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

01 K. DAMAGE TO FAUNA
04 NARRATIVE DESCRIPTION *(Include name(s) of species)*

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

01 L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

01 M. UNSTABLE CONTAINMENT OF WASTES
(Spills/runoff/standing liquids/leaking drums)
03 POPULATION POTENTIALLY AFFECTED: _____

04 NARRATIVE DESCRIPTION

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

01 N. DAMAGE TO OFFSITE PROPERTY
04 NARRATIVE DESCRIPTION

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

01 O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs
04 NARRATIVE DESCRIPTION

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

01 P. ILLEGAL/UNAUTHORIZED DUMPING
04 NARRATIVE DESCRIPTION

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

05 DESCRIPTION OF ANY OTHER KNOWN, POTENTIAL, OR ALLEGED HAZARDS

III. TOTAL POPULATION POTENTIALLY AFFECTED: _____

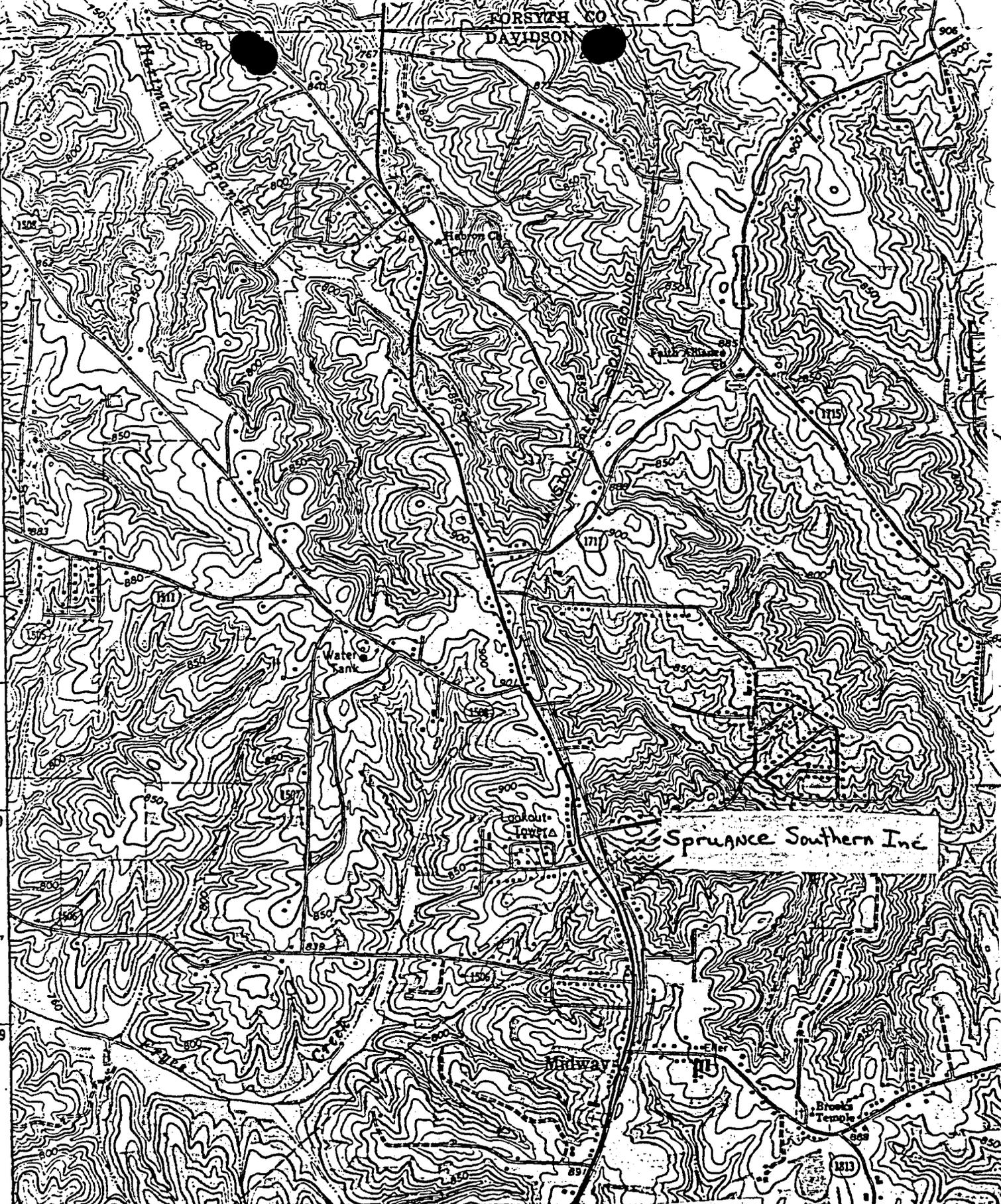
IV. COMMENTS

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

As previously cited.

FORSYTH CO
DAVIDSON

3983 000 N
3982
3981
3980
57'30"
3979



SCALE 1:24 000

OLD 52

1 MILE

1000 0 1000 2000 3000 4000 5000 6000 7000 FEET

1 5 0 1 KILOMETER

CONTOUR INTERVAL 10 FEET
DATUM IS MEAN SEA LEVEL

MIDWAY, N. C.
N3552.5—W8007.5/7.5

1969

DATE: 15 November 1985
TO: File
FROM: Stan Atwood *JA*
SUBJECT: Spruance So., NC D003214574

I called Spruance today to clarify a few points from yesterday's conversation with Rick Forrest. Mr. Forrest was not in, so I talked with Ms. Vicki Carter, VP of Administration. She said she would get more information on the company's waste management practices prior to 1980 and have Mr. Forrest call me back.

She did tell me that the solvents are used in the final products. Waste solvents are generated in washing operations and from off-spec⁴ products. All storage tanks are used for specific solvents.

SA/tb/0221b

DATE: 14 November 1985

TO: File

FROM: Stan Atwood *SA*

SUBJECT: Spruance Southern, Inc. NC D003214574

I spoke by telephone with Stephen Phibbs [(919) 761-2390] about his knowledge of the operations of Spruance Southern. He has inspected this facility on several occasions.

Stephen said that Spruance Southern is a formulator of lacquers and enamels. Dirty solvents are first placed in a large vat behind the building. The spent solvents are then delivered to 55 gallon drums and are transported to Seaboard Chemical in Jamestown, NC for recycling. He also said that spills from overflow from the storage vat occurred before a check valve was installed 3 to 4 months ago.

SA/tb/0221b

DATE: 14 November 1985
TO: File
FROM: Stan Atwood *sa*
SUBJECT: Spruance Southern, Inc. NC D003214574

I spoke with Rick Forrest [(919) 764-0940], Production Supervisor for Spruance Southern today. We talked about the waste management practices of his company and the types of wastes produced at his plant.

Presently they produce lacquers and sealers for the furniture industry; although, they also made paints prior to 1980. The site has been used for similar purposes for at least 50 years.

Raw materials include various pigments, oils, resins, and solvents, including xylene, toluene, and methanol. Waste solvents are stored in a 300 gallon tank before being transferred to 55 gallon drums. Mr. Forrest said he generally did not accumulate over 20 drums at a time. They transport the dirty solvents to Seaboard Chemical in Jamestown, NC for recycling. No major spills or leaks were reported.

They also have a 80,000 gallon storage capacity for clean solvents. Seven 10,000 gallon tanks are above ground and two tanks are underground.

There are no wells on the property that he knew of, although there is a well within 100 ft. of the property.

SA/tb/0221b



SPRUANCE SOUTHERN, INC.

P. O. BOX 3054, WINSTON-SALEM, N. C. 27102

PHONE: 919-764-0940

December 8, 1983



Mr. Keith Lawson
Solid and Hazardous Waste Management Branch
Environmental Health Section
Department of Human Resources
P. O. Box 2091
Raleigh, NC 27602

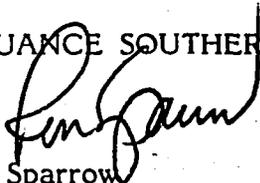
Dear Mr. Lawson:

This is in reply to Mr. O. W. Strickland's letter of November 3 concerning whether or not we choose to file a Part B Application for a waste treatment storage facility.

In talking with Mr. Steve Phibbs of your Winston-Salem branch, we have decided we do not want to file for this facility for we do not need it at this time.

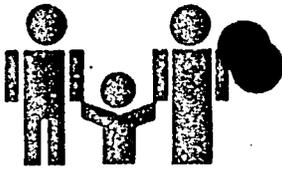
Very truly yours,

SPRUANCE SOUTHERN, INC.


Ron Sparrow
Plant Manager

RS/sb

Enclosure



Ronald H. Levine, M.D., M.P.H.
STATE HEALTH DIRECTOR

Keith

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

Date: July 7, 1982

Mr. Ermon Rush
Spruance Southern, Inc.
P.O. Box 3054
Winston-Salem, NC 27102

Re: Facility ID No. NCD003214574

Dear Mr. Rush:

Based on information supplied by you we have processed and accepted at the State level your request for the facility identified with the above ID number to receive the indicated change in classification under RCRA:

<u>Add As</u>	<u>Delete As</u>	
<input type="checkbox"/>	<input type="checkbox"/>	generator
<input type="checkbox"/>	<input type="checkbox"/>	transporter
<input type="checkbox"/>	<input type="checkbox"/>	treater
<input type="checkbox"/>	<input checked="" type="checkbox"/>	storer
<input type="checkbox"/>	<input type="checkbox"/>	disposer
<input type="checkbox"/>	<input type="checkbox"/>	small generator

We are advising EPA of the change in your status. Please notify us if there is any further change in your operations which would again affect your status. Your EPA ID NO. is is not being cancelled.

Cordially,

O. W. Strickland

O. W. Strickland, Head
Solid & Hazardous Waste Management Branch
Environmental Health Section

OWS

cc: John Herrmann
EPA Region IV
Emil Breckling

DHS Form 3048 3/82
Solid & Haz. Waste Mgt. Branch





APPLICATION FOR CHANGE IN CLASSIFICATION UNDER RCRA

Date: 6-30-82
Company Name: SPRUANCE SOUTHERN, INC.
Company Address: P.O. Box 3054
Winston-Salem, NC 27102
EPA ID No: NCDO03214574

Mr. O. W. Strickland, Head
Solid & Hazardous Waste Management Branch
Division of Health Services
P. O. Box 2091
Raleigh, N. C. 27602

Dear Mr. Strickland:

Our company requests the following change in its classification under RCRA (check all that apply):

- | <u>Add As</u> | <u>Delete As</u> | |
|--------------------------|-------------------------------------|-----------------|
| <input type="checkbox"/> | <input type="checkbox"/> | generator |
| <input type="checkbox"/> | <input type="checkbox"/> | transporter |
| <input type="checkbox"/> | <input type="checkbox"/> | treater |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | storer |
| <input type="checkbox"/> | <input type="checkbox"/> | disposer |
| <input type="checkbox"/> | <input type="checkbox"/> | small generator |

Our reason for this request is:

WILL BE TAKING TO SEABOARD CHEMICAL WITHIN 90
DAY LIMIT.

NOTE: Give any pertinent information. This may be a change in your process, a new calculation of the volume of your waste, new analyses of your waste, etc. Be specific. Please note that this is not a petition for delisting a listed waste, which requires totally different handling.

If your request takes you out of the regulated system, but you wish to retain your EPA ID No., please state why.

FORM 1		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read Use "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER: ENC D 003 214 574
RECEIVED ENVIRONMENTAL PROTECTION AGENCY 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, go through it and enter the correct data (of appropriate fill-in areas) below. Also, if any of the preprinted data is absent (the area or a left off the label space), please provide it in a proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VII (except V-BF which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed name, location, and for the legal authorization and which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through F to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any question, 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 II of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK "X" FOR ANSWER			SPECIFIC QUESTIONS	MARK "X" FOR ANSWER		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge of wastes off 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 a discharge 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		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowest stratum containing within one quarter mile of the well bore, underground source 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 fuels, or recovery of geothermal energy? (FORM 4)			X
I. Is this facility a proposed stationary source which is one of the 28 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 28 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:
 SKIP **SPRUANCE SOUTHERN INC.**

IV. FACILITY CONTACT:

A. NAME & TITLE (last, first & title)	B. PHONE (area code & no.)
2 BROOME EARNEST VICE - PRESIDENT	919 764 0940

V. FACILITY MAILING ADDRESS:

A. STREET OR P.O. BOX	C. CITY OR TOWN	D. STATE	E. ZIP CODE
3 P O BOX 3054	WINSTON - SALEM	NC	27102

VI. FACILITY LOCATION:

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
5 ROUTE 52 SOUTH	NC	27102	
B. COUNTY NAME		C. CITY OR TOWN	
DAVIDSON		WINSTON - SALEM	

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

A. FIRST				B. SECOND			
2	8	5	1	(specify)	PAINT MANUFACTURER	7	
C. THIRD				D. FOURTH			
7				(specify)		7	

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner's?	
SPRUANCE SOUTHERN INC.												<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	M - PUBLIC (other than federal or state)	P (specify)								9	1	9	7	6	4	0	9	4	0
S - STATE	O - OTHER (specify)																		
P - PRIVATE																			

E. STREET OR R.D. BOX											
P.O. BOX 3054											

F. CITY OR TOWN						G. STATE		H. ZIP CODE		I. INDIAN LAND	
WINSTON-SALEM						N.C.		27102		Is the facility located on Indian lands?	
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. PERMITS (Discharge to Surface Water)				B. PERMITS (Air Emissions from Proposed Sources)			
9	N			9	R		
C. PERMITS (Underground Injection of Fluids)				D. OTHER (specify)			
9	U			(specify)			
E. PERMITS (Hazardous Wastes)				F. OTHER (specify)			
9	R			(specify)			

XI. 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.

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURER OF INDUSTRIAL COATINGS INCLUDING PAINT, LACQUER, ENAMELS AND STAINS.

XIII. 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	
Earnest L. Broome, Vice President		<i>Earnest Lindley Broome</i>		November 13, 1980	

COMMENTS FOR OFFICIAL USE ONLY

C1	
----	--



U.S. 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	0	3	2	1	4	5	7	4
---	---	---	---	---	---	---	---	---	---	---	---	---

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr, mo, & day)	COMMENTS

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 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.)

C	YR.	MO.	DAY	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	FOR NEW FACILITY PROVIDE THE DATE (yr, mo, & day) OPERATION BEGAN OR IS EXPECTED TO BEG
	8	5	3			0	1	

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 CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		Treatment:	
CONTAINER (barrel, drum, etc.)	501 GALLONS OR LITERS	TANK	T01 GALLONS PER DAY OR LITERS PER DAY
TANK	502 GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02 GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	503 CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03 TONS PER HOUR OR METRIC TONS PER HOUR
SURFACE IMPOUNDMENT	504 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	D79 GALLONS OR LITERS		
LANDFILL	D80 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 CODE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V
LITERS	L	TONS PER HOUR	D
CUBIC YARDS	Y	METRIC TONS PER HOUR	W
CUBIC METERS	C	GALLONS PER HOUR	E
GALLONS PER DAY	U	LITERS PER HOUR	H
ACRE-FEET	A	ACRE-FEET	A
HECTARE-METER	F	HECTARE-METER	F
ACRES	B	ACRES	B
HECTARES	G	HECTARES	G

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.

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	7000	G		7				
2					8				
3					9				
4					10				

Continued from the front.

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. 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.

B. 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.

C. 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.

D. PROCESSES

1. 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).

2. 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))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-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				

EPA I.D. NUMBER (enter from page J)													FOR OFFICIAL USE ONLY							
W	N	C	D	0	0	3	2	1	4	5	7	4	W	DUP		T/A/C	2	DUP		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

M 20 JZ	A. EPA HAZARD WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																
	1	2	3	4			1. PROCESS CODES (enter)						2. PROCESS DESCRIPTION (if a code is not entered by Df(1))										
1	K	0	7	8	28	T	S	0	1														
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							
13																							
14																							
15																							
16																							
17																							
18																							
19																							
20																							
21																							
22																							
23																							
24																							
25																							
26																							

IV. 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)													
F	N	C	D	0	0	3	2	1	4	5	7	4	T/A C

V. 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).

VI. 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).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)				LONGITUDE (degrees, minutes, & seconds)									
3	5	5	7	1	0	N	8	0	1	2	3	2	W

VIII. 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.

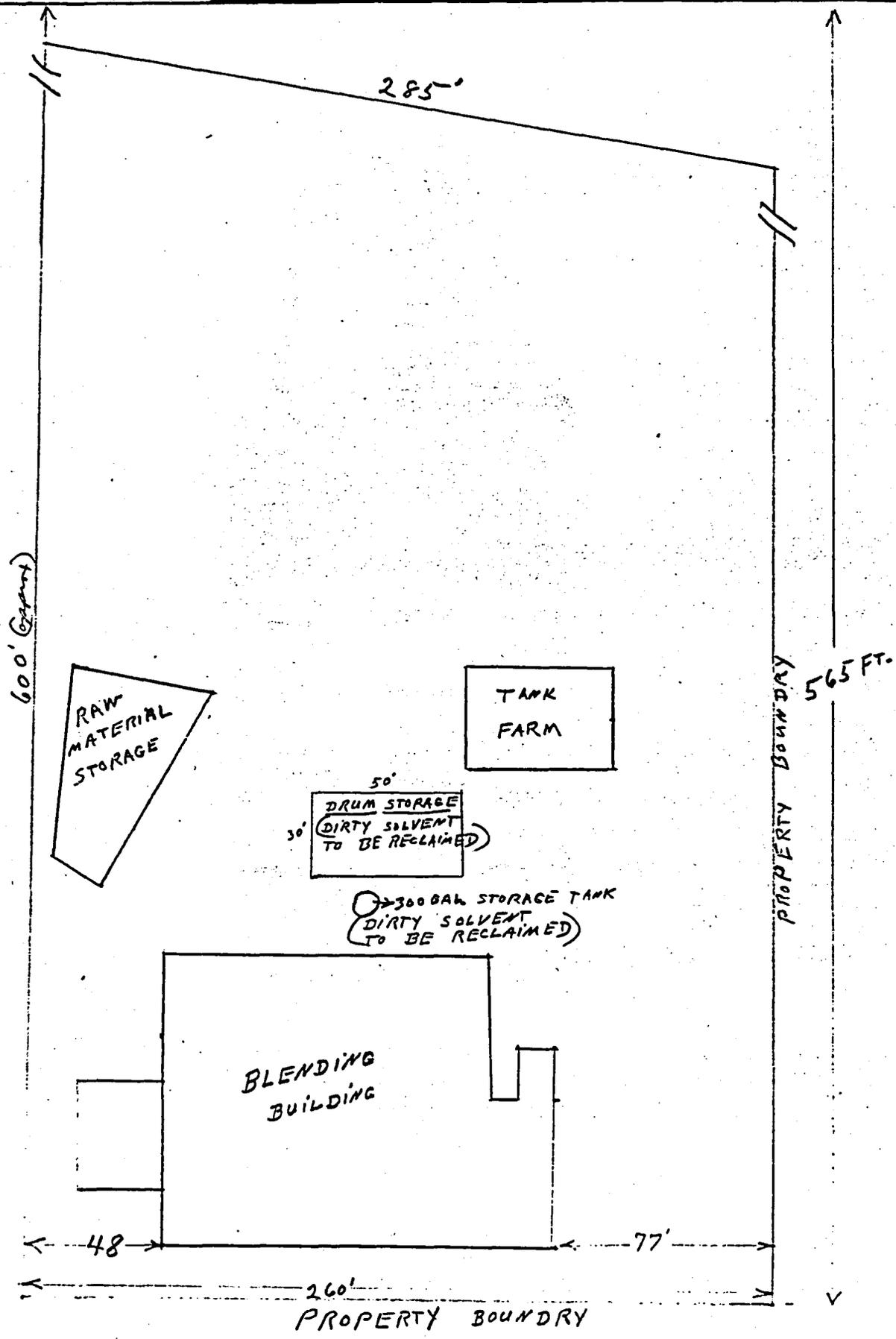
A. NAME (print or type) Earnest L. Broome	B. SIGNATURE <i>Earnest L. Broome</i>	C. DATE SIGNED November 13, 1980
--	--	-------------------------------------

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

FACILITY DRAWING (see page 4)



1 MM = 20 FT.