381SERBSF10,624

381SERBSF10,624

Site Name (Subject): STANADYNE, INC.

Site ID (Document ID): NCD067427922

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: STANADYNE INC
COX MILL RD
SANFORD
NC 27330

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

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

C-586-12-9-155

December 19, 1989

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

Subject: Scheduled FIT Reconnaissance in North Carolina

Dear Mr. Nicholson:

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

Date	EPA ID No.	Site Name	County	FIT Project Manager
Jan. 3-5	NCD067428821	Siemans-Allis Inc. Switchgear	Lee	Gerald Milligan
	NCD980503015	Lee County Landfill	Lee	Mike Profit
	NCD057037178	Pfizer Inc.	Lee	Mike Profit
	NCD053490462	Singer Co. Furniture Div. Sanf.	Lee	Kenneth Sanders
	NCD067427922	Stanadyne Inc.	Lee	Kenneth Sanders
Jan. 9-11	NCD003220969	White Furniture Co.	Alamance	Terry Ryland
	NCD003185816	White Furniture Co.	Orange	Terry Ryland
	NCD991277757	N.C. Memorial Hosp.	Orange	Jonathan Hughes
	NCD084172188	Rogers - Triem Inc.	Orange	Jonathan Hughes
	NCD980557615	Univ. of N.C./Arpt. Rd. Old	Orange	Gerald Milligan

Please notify the appropriate local agencies. I appreciate your help in this matter.

Very truly yours,

Joan J. Dupont

Joan J. Dupont
North Carolina Coordinator

Approved:

JJD/dwf

cc: Robert Morris

TO: File

FROM: D. Mark Durway

DATE: 12-11-85

RE: Stanadyne, Inc./NC D067427922

I spoke to George McRae, plating manager at Stanadyne, on 12-3-85. Mr. McRae told me that Stanadyne is a new facility which commenced operation in 1974. He said that there has been no on-site disposal at Stanadyne, and knew of no spills or releases that had occurred in the past.

Mr. McRae said that the facility maintained five underground fuel oil tanks. He also said that Stanadyne generates approximately 75,000 to 100,000 GPD of wastewater, which the company pretreats and discharges to the city POTW. Mr. McRae indicated that about 0.08% of the wastewater is solids, which are separated out. These solids, or sludge, are generated at a rate of about 110,000 lbs/yr, and are manifested off-site as a hazardous waste.

Stanadyne uses city water supplied by the City of Sanford. However, there are three known drinking wells which serve a trailer park located within 0.25 miles of the facility.

DMD/tb/0175b

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

December 19, 1985

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

Re: Stanadyne, Inc./NC D067427922
Cox Mill Road
Sanford, NC

Dear Ms. Bland:

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

Stanadyne is a new facility which commenced operation in 1974. The company manufactures various plumbing fixtures used in the building industry, and specializes in such operations as zinc die casting, chrome plating, and plastic molding. As a by-product of manufacturing, Stanadyne generates metal hydroxide sludges, spent degreasing solvents, and wastewater.

Wastewater, generated at a rate of 75,000 to 100,000 GPD, is pretreated and discharged to Sanford's NPDES permitted WWTP. In a telephone conversation on December 3, 1985, George McRae, plating manager at Stanadyne, claimed that 0.08% of this wastewater is sludges. These sludges are generated at a rate of 110,000 lbs/yr. Sludges, and the degreasing solvents 1,1,1-trichloroethane and methylene chloride, are presently drummed and shipped to GSX in Pinewood, SC, for disposal. Environmental Recycling, formerly located in Durham, NC, is known to have handled some of Stanadyne's wastes in the past.

Mr. McRae noted that Stanadyne uses city water supplied by Sanford. He indicated, however, that a trailer park located within 0.25 miles of the plant depends on groundwater from three drinking wells. There are no wells on the Stanadyne property.

Mr. McRae claimed that no on-site disposal has occurred at Stanadyne, and knew of no spills or releases that had occurred in the past. Based on the available data, it appears that the site poses no threat to human health or environment. Priority assigned is Low.

References are:

1. Files at NC Solid and Hazardous Waste Management Branch, Raleigh, NC.

2. George F. McRae, plating manager at Stanadyne, Sanford, NC, personal communication, 12-3-85.

On 19 December 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: Fay Sweat, Groundwater Section and Glen Ross, Air Quality Section.

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

Sincerely,

D. Mark Durway

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

DMD/lw/0234b

FILE

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 1 - SITE INFORMATION AND ASSESSMENT

EPA

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
NC	D067427922

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site)	02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER				
Stanadyne Inc.	Cox Mill Road				
03 CITY	**04 STATE**	**05 ZIP CODE**	**06 COUNTY**	**07 COUNTY CODE**	**08 CONG DIST**
Sanford	NC	27330	Lee	53	3
09 COORDINATES LATITUDE: 35° 27' 20". LONGITUDE: -79° 06' 20".					

10 DIRECTIONS TO SITE (Starting from nearest public road)

From Sanford, travel east on US 421 to the intersection of US 421 and NC 42 (K-Mart is at this intersection). Take NC 42 east for two miles, pass the Coty Perfume Plant and turn left onto Cox Mill Road. Stanadyne is located about 0.25 miles from Coty and about five miles east of Sanford.

III. RESPONSIBLE PARTIES

01 OWNER (If known)	02 STREET (Business, mailing, residential)			
Stanadyne Inc.	Route 7, Box 180			
03 CITY	**04 STATE**	**05 ZIP CODE**	**06 TELEPHONE NUMBER**	
Sanford	NC	27330	(919) 258-3341	
07 OPERATOR (If known and different from owner)	**08 STREET** (Business, mailing, residential)			
09 CITY	**10 STATE**	**11 ZIP CODE**	**12 TELEPHONE NUMBER**	
			( )	

13 TYPE OF OWNERSHIP (Check one)

☒ A. PRIVATE ☐ B. FEDERAL: _____ (Agency name) ☐ C. STATE ☐ D. COUNTY ☐ E. MUNICIPAL

☐ F. OTHER: _____ (Specify) ☐ G. UNKNOWN

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

☒ A. RCRA Part A DATE RECEIVED: 11/10/80 (MONTH DAY YEAR) ☐ B. UNCONTROLLED WASTE SITE (CERCLA 103 c) DATE RECEIVED: / / (MONTH DAY YEAR) ☐ C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION

☐ YES DATE / / (MONTH DAY YEAR)
☒ NO

BY (Check all that apply)

☐ A. EPA ☐ B. EPA CONTRACTOR ☐ C. STATE ☐ D. OTHER CONTRACTOR
☐ E. LOCAL HEALTH OFFICIAL ☐ F. OTHER: _____ (Specify)

CONTRACTOR NAME(S): _____

02 SITE STATUS (Check one)

☒ A. ACTIVE ☐ B. INACTIVE ☐ C. UNKNOWN

03 YEARS OF OPERATION

1974 (BEGINNING YEAR) _____ (ENDING YEAR) ☐ UNKNOWN

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED

Facility is a manufacturer of faucets and is located on a 25 acre property. Manufacturing processes at Stanadyne include zinc die casting, chrome plating, plastic molding, etc. Facility generates metal hydroxide sludges, degreasing solvent waste, and wastewaster which is pretreated and directed to Sanford's NPDES permitted WWTP. Hazardous wastes

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION

are stored in drums and manifested off-site within 90 days, as required for large generators. Investigation into past waste handling activities at this facility indicates that waste has never been disposed on-site or released in such a manner as to cause a threat to public health or the environment. There are three known drinking wells and several mobile homes located within 0.25 miles of this facility. Stanadyne uses water supplied by the City of Sanford, and has no on-site wells.

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

VI. INFORMATION AVAILABLE FROM

01 CONTACT	02 OF (Agency/Organization)		03 TELEPHONE NUMBER
George F. McRae, plating mgr.	Stanadyne - Sanford, NC		(919) 258-3341
04 PERSON RESPONSIBLE FOR ASSESSMENT	**05 AGENCY**	**06 ORGANIZATION**	**07 TELEPHONE NUMBER**	**08 DATE**
Durway/Crosby	NC DHR/DHS	SHW Mgmt. Br.	(919) 733-2178	12 03 85 (MONTH DAY YEAR)

EPA

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE	02 SITE NUMBER
NC	D067427922

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

01 PHYSICAL STATES (Check all that apply)

- ☐ A. SOLID
- ☐ B. POWDER, FINES
- ☒ C. SLUDGE
- ☐ D. OTHER _____ (Specify)
- ☐ E. SLURRY
- ☒ F. LIQUID
- ☐ G. GAS

02 WASTE QUANTITY AT SITE (Measures of waste quantities must be independent)

- TONS _____
- CUBIC YARDS _____
- NO. OF DRUMS Unknown

03 WASTE CHARACTERISTICS (Check all that apply)

- ☒ A. TOXIC
- ☐ B. CORROSIVE
- ☐ C. RADIOACTIVE
- ☒ D. PERSISTENT
- ☐ E. SOLUBLE
- ☐ F. INFECTIOUS
- ☐ G. FLAMMABLE
- ☐ H. IGNITABLE
- ☐ I. HIGHLY VOLATILE
- ☐ J. EXPLOSIVE
- ☐ K. REACTIVE
- ☐ L. INCOMPATIBLE
- ☐ M. NOT APPLICABLE

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE	110,000	lbs/yr.	These waste types and amounts
OLW	OILY WASTE			are based on Stanadyne's RCRA
SOL	SOLVENTS	6,000	lbs/yr.	Part A, submitted 11-10-80, and
PSD	PESTICIDES			communication with George McRae
OCC	OTHER ORGANIC CHEMICALS			on 12-3-85.
IOC	INORGANIC CHEMICALS			
ACD	ACIDS			
BAS	BASES			
MES	HEAVY METALS			

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

01 CATEGORY	02 SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
F002	spent halog. solvents	----	These wastes are stored	Unknown	
F006	WW sludges from electroplating --		in drums.	"	
F008	plating bath sludges	----		"	
	Wastewater, from which		Drummed waste is presently		
	sludge is precipitated,		directed to GSX in Pinewood, SC.		
	is discharged to Sanford's		Wastes from this facility have		
	NPDES permitted POTW.		also been sent to Environmental		
			Recycling in Durham, NC.		
	F002 waste consists of				
	1,1,1-Trichloroethane and				
	Methylene Chloride.				

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)

1. Files at NC Solid and Hazardous Waste Management Branch, Raleigh, NC.
2. George F. McRae, plating mgr. at Stanadyne, Sanford, NC, personal communication, 12-3-85.

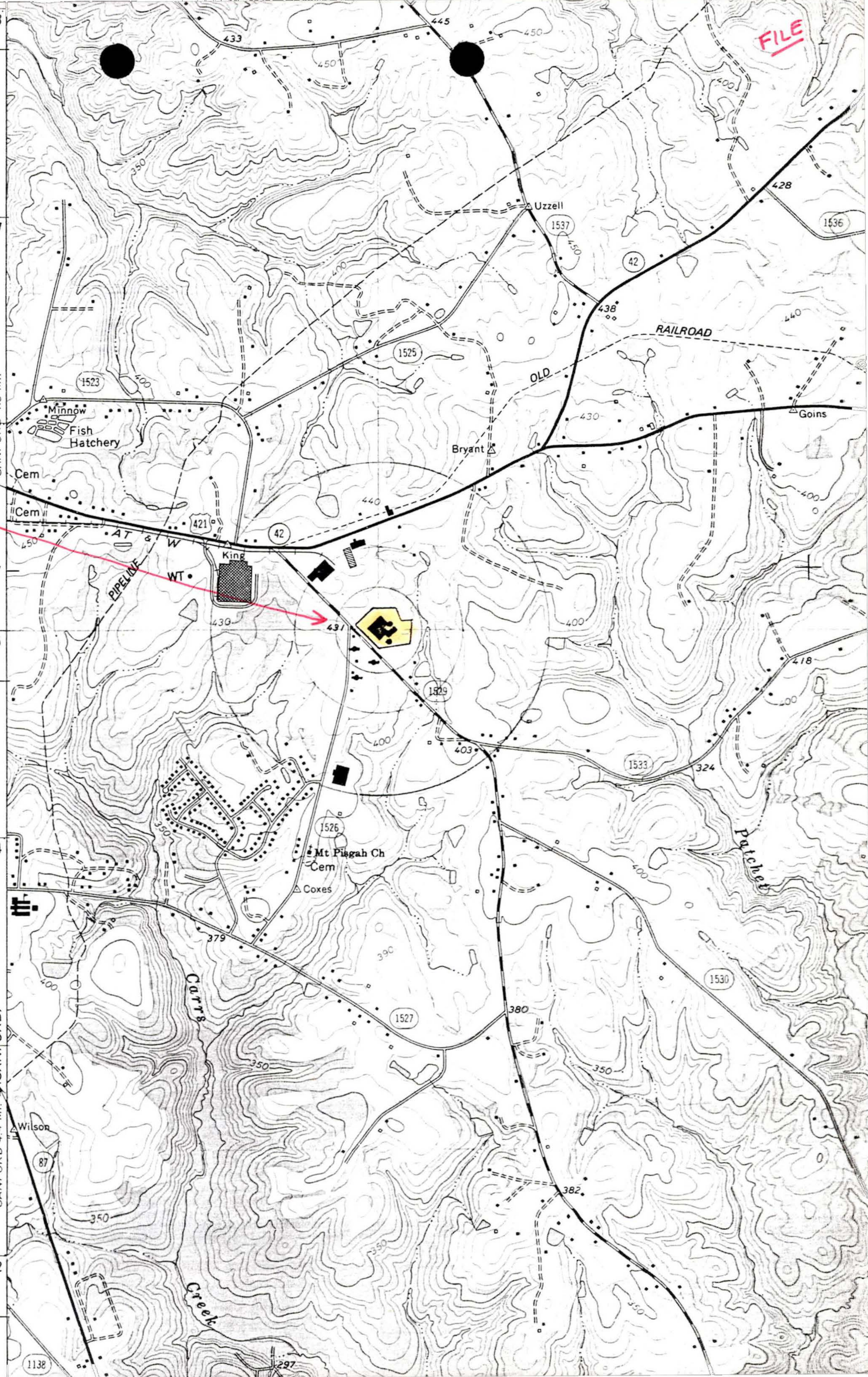
STANADYNE, INC
NC D067427922
SANFORD, NC

GREEN DOT
KNOWN WELLS

• RED DOT
EXISTING STORAGE

BLACK DOT
FUTURE STORAGE

USGS 7.5'
BROADWAY, NC
(1977)



FILE

RCRA INSPECTION FORM

1. Stanadyne Co.
   Rt. 7, Box 180
   Sanford, N. C. 27330
   NCD067427922

2. George McRae, Chemical Tech.

3. Larry D. Perry, N. C. Hazardous Waste Management Branch

4. August 17, 1983

5. No Change

6. No Change

7. Facility has delisted ~~out~~ as a storer of hazardous waste and is considered only a generator. The metal hydroxide sludge is still stored in 55-gallon drums and shipped to SCA. The facility now produces 1, 1, 1 Trichlor. and this waste is manifested to Environmental Recycling Co. in Durham for resource recovery. Facility will start using methylene chloride as a degreaser in the near future and this will take the place of most of the 1,1,1 Trichlor. use.

8. 262.34 - Barrel ID number and actual accumulation date needed on waste drums.
   265.16(d)(3) - Annual hazardous waste training needed for hazardous waste handlers.
   265.56 - More in-depth explanation of spill response procedures.

9. A compliance date of September 1, 1983, was agreed upon.

INTERIM STATUS INSPECTION

1. Facility Information

Stanadyne
Route 7, Box 180
Sanford, NC 27330
EPA I.D. #NCD067427922
(Lee Co.)

2. Facility Contact

George F. McRae - Plating Manager

3. Survey Participants

Larry D. Perry, Field Representative - N.C. Hazardous Waste Management Branch

4. Date of Inspection

October 19, 1981

5. Applicable Regulations

40 CFR Parts 262 and 265, FR May 19, 1980 and amendments

6. Purpose of Survey

RCRA compliance inspection was conducted at the Stanadyne facility by the N.C. Solid and Hazardous Waste Management Branch. The scope of the inspection was comprehensive including record review and site survey. Regulatory requirements covered those contained in 40 CFR 262 and 265 under generator standards, general facility standards, storage facilities, treatment standards and container standards.

7. Facility Description

The Stanadyne facility is located on a 25-acre site located off Hwy. 42 East of Sanford. The company manufactures various plumbing fixtures used in the building industry.

Prior to RCRA the facility did not have any environmental permits other than a local city permit to discharge Stanadyne's treated effluent to the Town of Sanford's sewer which is an NPDES permitted facility.

What Solvents?

The waste generated by Stanadyne consists of solvent still bottom waste and hydroxide sludge from the treatment process. The Part A form submitted to EPA by Stanadyne lists their waste as F002, F006 and F008. The sludges generated are stored in 55-gallon drums until it is ready for transport. This material is periodically shipped to SCA in Pinewood, S.C. for disposal.

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

21 December 1989

Mr. Eugene C. Hines, Jr.
Health Director
106 Hillcrest Drive
P.O. Box 1528
Sanford, NC 27331
Courier 0333211

Re: Off-Site Reconnaissances

Siemans-Allis Inc. Switchgear	NCD 067 428 821
Lee County Landfill	NCD 980 503 015
Pfizer Inc.	NCD 057 037 178
Singer Co. Furniture	NCD 053 490 462
Stanadyne Inc.	NCD 067 427 922

Dear Mr. Hines:

David Lilley of the NC Superfund Section spoke with you today to notify you that the EPA Field Investigation Team (FIT) will conduct off-site reconnaissances of the subject sites located in Lee County, NC. These reconnaissances will be conducted on 3-5 January 1990 by Gerald Milligan, Mike Profit, and Kenneth Sanders of NUS Corporation.

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

These reconnaissances are not emergency situations but are normal steps in the evaluation of all uncontrolled and unregulated potential hazardous waste sites in North Carolina. You may want to have your representative meet the investigation team at the sites. If so, please contact Gerald Milligan at 1-800-888-7710 and he will coordinate a meeting. I am enclosing background data on the sites for your information.

If these reconnaissances indicate the need for future study of the sites, 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
Solid Waste Management Division

GN/DL/db/site5doc.gn

Enclosures

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

FEDERAL

TRIP
NOTIFICATION
& AUTHORIZATION

TODAY'S DATE: December 21, 1989
PREPARED BY: David Lilley (Staff member filling out form)

SITE TRIP

DATE OF TRIP: January 3-5, 1990
If trip date changed or cancelled note below:
CHANGE OF DATE TO: _____ OR CANCELLED: _____

SITE NAME: Stanadyne Inc.
NCD#: NCD 067 427 922
REASON FOR TRIP: Off-site reconnaissance

CITY: Sanford COUNTY: Lee

If Overnight trip, Hotel staying at: _____
Telephone Number: _____

(Please list appropriate county health person to call to advise of trip)
ENVIRONMENTAL SUPERVISOR OR
HEALTH DIRECTOR TO CALL: Mr. Eugene C. Hines, Jr. TITLE: Health Director
(Note if Dr., M.P., etc.)
Telephone Number: (919) 775-3603

Project Team Leader: Kenneth Sanders
Assistants: _____

AUTHORIZED BY: David B. Lilley
CERCLA ~~Unit Supervisor~~ Notification Officer

ATTACHMENT
TO NOTIFICATION FORM: 4 copies each of PRELIMINARY ASSESSMENT FORM (1st page only)
NOTIFICATION FORM, & EPA TRANSMITTAL LETTER

Staff Notification Procedure: (Use black Ink or Typewriter Only)
1. Above form goes to Data Management Coordinator (DMC) 10 days prior to trip
2. If date of trip changes - note changed date, or mark "X" if cancelled
3. DAY AFTER TRIP, submit to Lee Crosby a short paragraph on site trip.

NOTES:
HEALTH DEPT. OFFICIAL CONTACTED: Eugene Hines
BACK UP LETTER REQUIRED: Yes X No
notified Eugene Hines on 12-21-89.

Print or type in the unshaded areas only
(areas are spaced for elite type, i.e., 12 characters/inch).

FORM 1 — EPA — ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F N C D 0 6 7 4 2 7 9 2

LABEL ITEMS

EPA I.D. NUMBER

II. FACILITY NAME

FACILITY MAILING ADDRESS

FACILITY LOCATION

U 0 0 4 4 4

RECEIVED

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 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' YES	NO	FORM ATTACHED
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	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 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	
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

1 | SKIP | S T A N A D Y N E I N C S A N F O R D D I V I S I O N

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title) | B. PHONE (area code & no.)

2 M C R A E G E O R G E C H E M I C A L T E C H | 9 1 9 | 2 5 8 | 3 3 4 1

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 R O U T E 7 B O X 1 8 0

B. CITY OR TOWN | C. STATE | D. ZIP CODE

4 S A N F O R D | N C | 2 7 3 3 0

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 C O X M I L L R O A D

B. COUNTY NAME

L E E

C. CITY OR TOWN | D. STATE | E. ZIP CODE | F. COUNTY CODE (if known)

N C | 2 7 3 3 0

CON

TINUED FROM THE FRONT

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

A. FIRST	B. SECOND
3432 (specify) BRASS FITTINGS & PLUMBING PRODUCTS	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

II. OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-C also the owner?
STANADYNE INC	X YES ☐ 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), S = STATE, O = OTHER (specify), P = PRIVATE	P (specify) — A — 919 258 3341

E. STREET OR P.O. BOX	F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
ROUTE 7 BOX 180	SANFORD	NC	27330	Is the facility located on Indian lands? ☐ YES X NO

III. EXISTING ENVIRONMENTAL PERMITS

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

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.

NATURE OF BUSINESS (provide a brief description)

We are a manufacturer of household faucets. Processes include metal cutting, zinc die casting, buffing, chrome plating, plastic molding, brazing, brite dipping and assembly.

XI. 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
Robert E. Stuart, VP and General Mgr. Plumbing Products Div. Stanadyne Inc.		11/10/80

COMMENTS FOR OFFICIAL USE ONLY

ease print or type in the unshaded areas only
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Form Approved OMB No.

FORM 3 RCRA

EPA HAZARDOUS WASTE PERMIT APPLICATION

U.S. ENVIRONMENTAL PROTECTION AGENCY

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F	N	C	D	0	6	7	4	2	7	9	2	2	

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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 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)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" 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)*

YRS.	MO.	DAY
74	01	01

[ ] 2. NEW FACILITY *(Complete Item below.)*

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YRS.	MO.	DAY

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. Two 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
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D80	GALLONS OR LITERS
LANDFILL	D81	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D82	ACRES OR HECTARES
OCEAN DISPOSAL	D83	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D84	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR OR GALLONS PER HOUR OR LITERS PER HOUR
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 in Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	W
METRIC TONS PER HOUR	D
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METERS	F
ACRES	B
HECTARES	Q

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.

C DUP 17A C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY: 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY: 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G	
X-2	T 0 3	20	E	
1	T 0 4	259200	U	
2	S 0 1	8000	G	
3				
4				
5				
6				
7				
8				
9				
10				

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PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CO[illegible]OR F[illegible]ESCRIBING OTHER PROCESSES (co[illegible]'04"). [illegible]R EACH PROCESS ENTERED HERE. INCLUDE DESIGN CAPACITY.

Pretreatment for wastewater from brazing, brite dipping, and plating discharged to POTW, including chrome reduction, cyanide destruction, and liquid-solids separation. Process results in metal hydroxide sludge formation.

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 describe 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 listed above. Take 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.

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:

1. 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.
2. 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 this line enter "included with above" and make no other entries on that line.
3. 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.

	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				included with above

Continued from page 2.
NOTE: Photocopy this page before complet[illegible] if you have more than 26 wastes to list.

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EPA I.D. NUMBER (enter from page 1): W N C D 0 6 7 4 2 7 9 2 2 1

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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

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)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F 0 0 6	50	T	T 0 4 S 0 1	
2	F 0 0 2	3	T	S 0 1	
3	F 0 0 8	1000	P	T 0 4 S 0 1	
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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18					
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25					
26					

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DESCRIPTION OF HAZARDOUS WASTES *(continued)*

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	6	7	4	2	7	9	2	2	6

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)*.

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)*.

FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*									LONGITUDE *(degrees, minutes, & seconds)*								
3	5	2	7	0	2	0			0	7	9	0	6	0	2	0	

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

OWNER CERTIFICATION

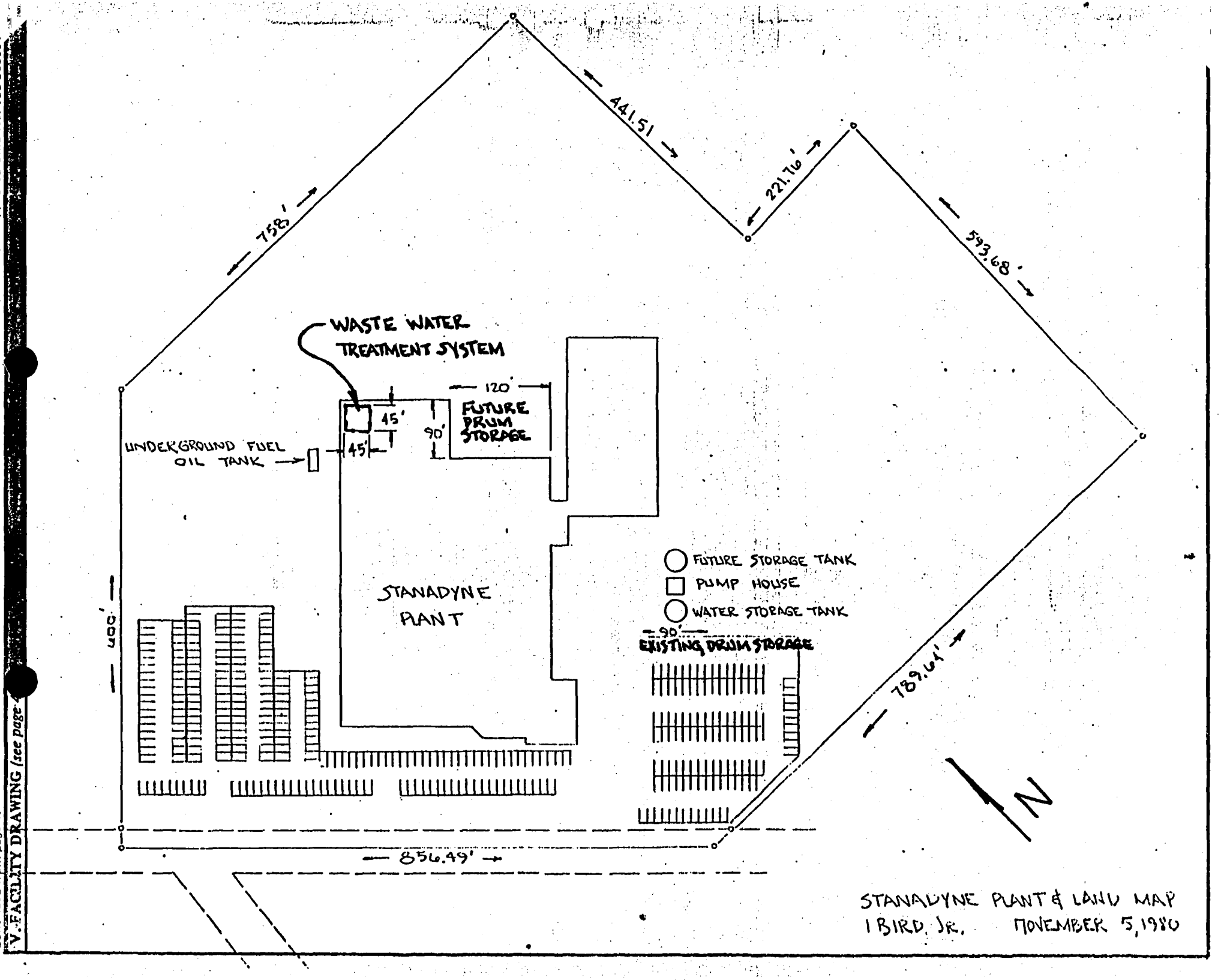
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, 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
Robert E. Stuart, VP and Gen. Mgr. Plumbing Products Div., Stanadyne, Inc.		11/10/80

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



STANADYNE PLANT & LAND MAP
I BIRD JR. NOVEMBER 5, 1980

Continued from page 4.

V. FACILITY DRAWING (see page 4)