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Site Name (Subject): STEWART-WARNER CORP/BASSICK-SACK

Site ID (Document ID): NCD024895864

Document Name (DocType): Preliminary Assessment/Site Inspection (PA/SI)

Report Segment:

Description: Preliminary Assessment Report

Date of Document: 12/7/1987

Date Received:

Box: *Enter SF and # with no spaces* SF10,625

Access Level: PUBLIC

Division: WASTE MANAGEMENT

Section: SUPERFUND

Program (Document Group): SERB (SERB)

Document Category: FACILITY

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

James G. Martin, Governor  
David T. Flaherty, Secretary

Ronald H. Levine, M.D., M.P.H.  
State Health Director

December 7, 1987

Ms. Denise Smith  
EPA NC CERCLA Project Officer  
EPA Region IV Waste Division  
345 Courtland Street, N.E.  
Atlanta, GA 30365

Dear Ms. Smith:

SUBJECT: Preliminary Assessment Report  
Stewart-Warner Corporation  
Bassick-Sack Division  
NCD 024895864

Enclosed please find the Preliminary Assessment Report for the subject site. The site is assigned a MEDIUM priority for inspection based on a review of the available information.

This facility, in operation since 1945, does metal finishing of furniture hardware which includes foundry work, vibratory finishing, electroplating, oxidizing, buffing, lacquering, painting, and degreasing. Wastes produced include electroplating sludges, baghouse wastes with lead, spent halogenated solvents, and ignitable wastes.

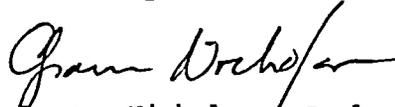
The electroplating baths and sludges contain cyanide and, at least twice, cyanide-laden liquids have been spilled onto the ground. The RCRA Unit of the NC Solid and Hazardous Waste Management Branch is overseeing the clean-up of the cyanide spills, since the company was a RCRA regulated facility and originally filed an application for interim status as a TSD. After closure of the storage units in 1985, the facility became a generator only.

There are no known waste disposals on-site; however, past waste disposal procedures, particularly for electroplating sludges, are unclear. For this reason, an inspection of the site should be conducted in areas other than the cyanide spill areas which RCRA is handling.

Ms. Denise Smith  
12-7-87  
Page 2

On 24 November 1987, this Preliminary Assessment Report was reviewed by Jerry Rhodes of the NC Solid and Hazardous Waste Management Branch, by Faye Sweat and by Glenn Ross of the NC Division of Environmental Management, Groundwater Section and Air Quality Section, and by other members of the NC CERCLA Unit. If you have any questions, please call me at (919) 733-2801.

Sincerely,



Grover Nicholson, Geologist  
CERCLA Unit  
Solid and Hazardous Waste Management Branch  
Environmental Health Section

GN/ds/0470b-29-30



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

**I. IDENTIFICATION**

01 STATE: NC    02 SITE NUMBER: D024895864

**II. SITE NAME AND LOCATION**

01 SITE NAME (Legal, common, or descriptive name of site) Stewart Warner Corp. Bassick-Sack Division		02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER 2941 Indiana Avenue					
03 CITY Winston-Salem	04 STATE NC	05 ZIP CODE 27105	06 COUNTY Forsyth		07 COUNTY CODE 34	08 CONG DIST 05	
09 COORDINATES    LATITUDE 36° 07' 43" . . .		LONGITUDE 080° 14' 14" . . .					

10 DIRECTIONS TO SITE (Starting from nearest public road)  
Going north on US 52 from the center of Winston-Salem, exit onto 25th street going west. Turn immediately north on Berty Street and then left onto Indiana Avenue. The site is on the NE side of Indiana Avenue.

**III. RESPONSIBLE PARTIES**

01 OWNER (if known) Stewart Warner Corporation		02 STREET (Business, mailing, residential) 1826 Diversey Parkway					
03 CITY Chicago	04 STATE Ill.	05 ZIP CODE 60614	06 TELEPHONE NUMBER (312) 883-6000				
07 OPERATOR (if known and different from owner) Bassick-Sack Division (SWC)		08 STREET (Business, mailing, residential) 2941 Indiana Avenue					
09 CITY Winston-Salem	10 STATE NC	11 ZIP CODE 27105	12 TELEPHONE NUMBER (919) 725-1331				
13 TYPE OF OWNERSHIP (Check one) <input checked="" type="checkbox"/> A. PRIVATE <input type="checkbox"/> B. FEDERAL: _____ (Agency name) <input type="checkbox"/> C. STATE <input type="checkbox"/> D. COUNTY <input type="checkbox"/> E. MUNICIPAL <input type="checkbox"/> F. OTHER: _____ (Specify) <input type="checkbox"/> G. UNKNOWN							

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply)  
 A. RCRA 3001 DATE RECEIVED: 10/28/80    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 <input type="checkbox"/> YES    DATE ____ / ____ / ____    MONTH DAY YEAR <input checked="" type="checkbox"/> NO		BY (Check all that apply) <input type="checkbox"/> A. EPA <input type="checkbox"/> B. EPA CONTRACTOR <input type="checkbox"/> C. STATE <input type="checkbox"/> D. OTHER CONTRACTOR <input type="checkbox"/> E. LOCAL HEALTH OFFICIAL <input type="checkbox"/> F. OTHER: _____ (Specify)					
02 SITE STATUS (Check one) <input checked="" type="checkbox"/> A. ACTIVE <input type="checkbox"/> B. INACTIVE <input type="checkbox"/> C. UNKNOWN		03 YEARS OF OPERATION 1945    present <input type="checkbox"/> UNKNOWN BEGINNING YEAR    ENDING YEAR					

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED  
This facility manufactures metal furniture hardware. Wastes generated are spent solvents, and spent electroplating baths and sludges. The electroplating baths and sludges contain cyanide.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION  
The facility has, at least twice, spilled cyanide-laden liquids onto the ground. In addition, there is some uncertainty concerning the methods of disposal of electroplating sludges in past years.

**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 Dough Holyfield		02 OF (Agency/Organization) NC S&HWM Branch RCRA Compliance			03 TELEPHONE NUMBER 919) 733-2178	
04 PERSON RESPONSIBLE FOR ASSESSMENT Grover Nicholson		05 AGENCY NC DHR	06 ORGANIZATION CERCLA UNIT NC S&HWM Branch	07 TELEPHONE NUMBER 919) 733-2801	08 DATE 11-24-87 MONTH DAY YEAR	

Currently, the facility is conducting a clean-up of a March 1987 cyanide spill. NC RCRA is overseeing this clean-up since the company is a generator of hazardous wastes.





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

I. IDENTIFICATION	
01 STATE NC	02 SITE NUMBER D024895864

II. HAZARDOUS CONDITIONS AND INCIDENTS

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

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

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: \_\_\_\_\_      04 NARRATIVE DESCRIPTION  
*(Acres)*

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

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 NC	02 SITE NUMBER D024895864

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  
(Soils/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)

Marshall Ch

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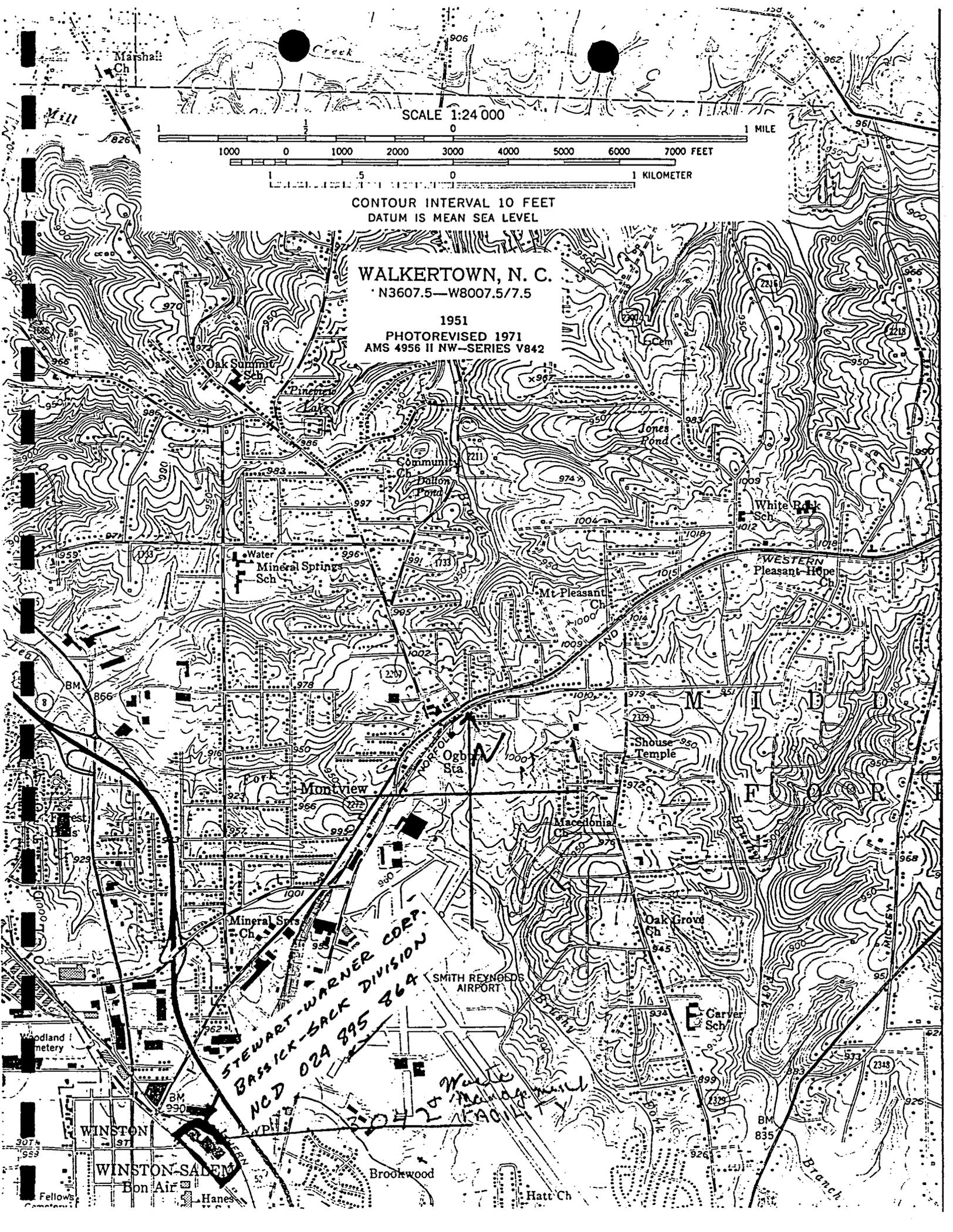
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STEWART-WARNER CORP.  
BASSICK-SACK DIVISION  
NCD 029 895 864

SMITH REYNOLDS AIRPORT

WINSTON

WINSTON-SALEM

Bon Air

Brookwood

Hatt Ch

BM 835

Branch

REGION IV RCRA/NPL POLICY QUESTIONNAIRE FOR INITIAL SCREENING

Site Name STEWART - WARNER CORP. BASSICK-SACK DIVISION

City WINSTON-SALEM State NC

Facility I.D. Number NCD 024 895 864

Type of Facility: Generator X Transporter \_\_\_\_\_ TSD \_\_\_\_\_

I. RCRA APPLICABILITY

	yes	no
Does the facility have RCRA interim status?	_____	<u>X</u>
Does the facility have a final or post-closure permit? If so, date issued _____	_____	<u>X</u>
Is the facility a non-notifier that has been identified by States or EPA?	_____	<u>X</u>
Is the facility a known or possible protective filer?	_____	<u>X</u>
* Have RCRA wastes been stored onsite for longer than 90 days since November 19, 1980?	_____	<u>X</u>
* Have RCRA wastes been disposed onsite since November 19, 1980?	_____	<u>X</u>

STOP HERE IF ALL ANSWERS TO QUESTIONS IN SECTION I ARE NO

II. FINANCIAL STATUS

	yes	no
Is the facility owned by an entity that has filed for bankruptcy under federal laws (Chapter 7 or 11) or State laws?	_____	<u>X</u>

If yes, what has it filed under?

Chapter 7 \_\_\_\_\_ Chapter 11 \_\_\_\_\_ Other \_\_\_\_\_

\* At least two spills of cyanide-laden liquid have occurred on-site since 1982.

III. ENFORCEMENT

RCRA Status

yes      no

Has the facility lost authorization to operate via LOIS, 3005(c) permit denial, 3008(h) IS termination, 3005(d) permit revocation?      \_\_\_\_\_ X \_\_\_\_\_

Has the facilities interim status been terminated via another mechanism (i.e. administrative termination)?      X \_\_\_\_\_

Admin Termination

IV. CERCLA STATUS

What CERCLA financed remedial or removal activities have been initiated at the site? (RI/FS, RD/RA, O&M, forward planning, and removal; does not include enforcement or PA/SI activities).

None

V. Enforcement Status

yes      no

In general, would you characterize the facility as demonstrating an unwillingness to undertake corrective action based on prior State, CERCLA or RCRA actions?      \_\_\_\_\_ X \_\_\_\_\_

If yes, please describe and cite the authorities exercised.

yes      no

\* Is the owner/operator a party to any enforcement action at the site?      \_\_\_\_\_ X \_\_\_\_\_

If not, why not?

\* The facility received a Notice of Violation for the cyanide spills and successfully responded to the NOV. Presently, they are cleaning up the contamination under a Consent Order from the State of N.C.

Are any PRPs (including owner/operators) undertaking remedial studies or action in response to CERCLA enforcement authorities? What is the extent/type of work that has been completed (RI/FS, etc.) and who (generators, owner/operator, etc.) is conducting the work?

NO / NONE / N/A

PUBLIC NOTICE

The Solid and Hazardous Waste Management Branch, Department of Human Resources, proposes to deny a permit and terminate the interim status of the Bassick-Sack Division of Stewart-Warner Corporation, located at 2941 Indiana Avenue, Winston-Salem 27105. Termination of interim status means that this plant will no longer be permitted to store its hazardous waste on its premises for longer than 90 days.

The Branch proposes to take this action at the express wish of the Bassick-Sack Division. Bassick-Sack has closed its storage facility in conformity with a plan which has been approved by the Branch, and proper closure has been certified by a professional engineer.

A comment period of 45 days is allowed before final action is taken. If any person objects to this denial and termination, he/she should make known the objection and the reasons for it, and submit any other pertinent material, in writing, to Mr. William L. Meyer, Head, Solid and Hazardous Waste Management Branch, Division of Health Services, P.O. Box 2091, Raleigh, North Carolina 27602, by May 15, 1986. If a sufficient number of objections is made, a public hearing will be held on this matter, but not otherwise. In particular, if no significant objections are raised, denial and termination will be carried out without further notice.

The public should take note that this action is the result of a voluntary change in its waste management practices by Bassick-Sack, and is not to be interpreted as an adverse comment on the company in any way. The Department of Human Resources believes this action is in the best interest of both the company and the State of North Carolina.



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

James G. Martin, Governor  
David T. Flaherty, Secretary

Ronald H. Levine, M.D., M.P.H.  
State Health Director

May 21, 1987

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED:

NOTICE OF VIOLATION  
Docket # 87-468

Mr. Mike Lipscomb, General Manager  
Stewart Warner Corporation  
Bassick - Sack Division  
2941 Indiana Avenue  
Winston-Salem, North Carolina 27105

Re: Plating solution spill (cyanide), NCD 024 895 864

Dear Mr. Lipscomb:

On December 18, 1980 the State of North Carolina, Solid and Hazardous Waste Management Branch (State) was authorized to operate the State RCRA hazardous waste program under the Solid Waste Management Act, (Act) N.C.G.S. 130-A, Article 9 and rules promulgated thereto at 10 NCAC 10F (rules) in lieu of the federal RCRA program.

On March 2, 1987, Mr. Steve Phibbs, Waste Management Specialist with the Branch responded to investigate the release of a brass plating solution containing cyanide at the Bassick-Sack Division site in Winston-Salem, Forsyth County, North Carolina. Mr. Phibbs was informed that a tank used to mix brass plating solutions containing cyanide, had been overfilled with water. Subsequently, a release of the material contaminated soils on and beyond Bassick-Sack property.

40 CFR 261.1(a), codified at 10 NCAC 10F .0029, states:  
This part identifies those solid wastes which are subject to regulation as hazardous wastes under Parts 262 through 265 and Parts 270, 271, and 124 of this Chapter and which are subject to the notification requirements of Section 3010 of RCRA.

40 CFR 261.2(b), codified at 10 NCAC 10F .0029, states:  
Materials are solid waste if they are abandoned by being [1] disposed of; or [2] burned or incinerated; or [3] accumulated, stored, or treated (but not recycled) before or in lieu of being abandoned by being disposed of, burned, or incinerated.

40 CFR 261.3(a), codified at 10 NCAC 10F .0029, states:  
A solid waste, as defined in Section 261.2 is a hazardous waste if:

- 1. It is not excluded from regulation as a hazardous waste under Section 261.4(b); and

2. It meets any of the following criteria:

- i. It exhibits the characteristics of hazardous waste identified in Subpart C.
- ii. It is listed in Subpart D and has not been excluded from the lists in Subpart D under Sections 260.20, and 260.22 of this chapter.
- iii. It is a mixture of solid waste and a hazardous waste that is listed in Subpart D solely because it exhibits one or more of the characteristics of hazardous waste identified in Subpart C, unless the resultant mixture no longer exhibits any characteristic of hazardous waste identified in Subpart C.
- iv. It is a mixture of solid waste and one or more hazardous wastes listed in Subpart D and has not been excluded from this paragraph under Sections 260.20 and 260.22 of this chapter.

Spent cyanide plating bath solutions from electroplating operations is a listed hazardous waste (F007).

40 CFR 261.7(a)(2), codified at 10 NCAC 10F .0029, states:

Any hazardous waste in either (i) a container that is not empty or (ii) an inner liner removed from a container that is not empty is subject to regulation under Parts 261 through 265, and Parts 270 and 124 of this chapter and to the notification requirements of Section 3010 of RCRA.

40 CFR 260.10, codified at .0002, states that:

"Disposal" is defined as the discharge, deposit, injection, dumping, spilling, leaking, or placing of any solid waste or hazardous waste into or on any land or water so that such solid waste or hazardous waste or any constituent thereof may enter the environment or be emitted into the air or discharged into any waters, including ground waters. "Storage" is defined as the holding of hazardous waste for a temporary period, at the end of which the hazardous waste is treated, disposed of, or stored elsewhere.

It is the determination of this agency that the cyanide contaminated soils on and beyond Bassick-Sack property constituents disposal, and the subsequent storage of cyanide contaminated soils and liquids constituents storage of listed hazardous waste subject to all applicable requirements of 40 CFR 262 through 265 and 270.

10 NCAC 10F .0032(a), states that any person who treats, stores, or disposes of hazardous waste shall do so in compliance with the standards set forth in this rule, and only after having received a permit from the Department as required by 10 NCAC 10F .0034(b)(1), or having received interim status according to NCAC 10F .0034(b)(3).

The storage and disposal of the wastes described above, is in violation of 10 NCAC 10F .0032(a) in that the site is not a permitted hazardous waste treatment, storage or disposal facility.

COMPLIANCE SCHEDULE

By June 30, 1987, your site shall no longer store hazardous waste, and all hazardous waste previously on site shall have been treated or shipped to a properly permitted hazardous waste treatment, storage or disposal facility.

During the interim, pending shipment of the waste, 40 CFR 262.34(a), codified at 10 NCAC 10F .0030, states that:

1. If the waste is placed in containers the generator must comply with Subpart I of 40 CFR Part 265 or if the waste is placed in tanks, the generator must comply with Subpart J of 40 CFR Part 265 except 265.193.
2. The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.
3. While being accumulated on-site, each container and tank is labeled or marked clearly with the words, "Hazardous Waste"; and
4. The generator complies with the requirements for owners or operators in Section 265.16. Bassick-Sack Division must ensure that untrained, unsupervised personnel are not utilized in any manner for cleanup activities.

By June 15, 1987, develop and submit to this office a comprehensive sampling/analysis plan which will characterize soil contamination at and beyond your site. This plan must specify constituents to be analyzed, sampling procedures, sampling location, and depths that will assess the horizontal and vertical extent of contamination. In addition, the location of any water supplies within the vicinity must be noted. In conclusion, the plan must describe methods, procedures and a schedule for remedial activities. Upon approval of the plan, Bassick-Sack Division must implement the plan and complete remedial activities within 30 days.

If the above requirements are not met, pursuant to N.C.G.S. 130A-22(a) and 10 NCAC 10G .0701-.0707 an administrative penalty of up to \$10,000.00 per day may be assessed for violation of the hazardous waste law or regulations.

If you have any questions concerning this matter, you may contact me or Doug Holyfield at (919) 733-2178.

Respectfully,



Jerry Rhodes, Assistant Branch Head  
Solid and Hazardous Waste Management Branch  
Environmental Health Section

JR:pgb

cc: Steve Phibbs  
Doug Holyfield

6789A



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

30

Mr. Ike Blakely  
 Bassick-Sack Division of  
 Stewart-Warner Corp.  
 2941 Indiana Avenue  
 Winston-Salem, North Carolina 27105

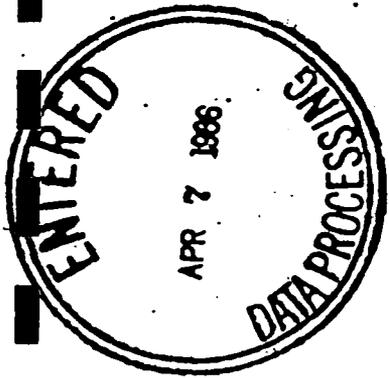
Date: 4-7-86

Re: Facility ID No. NCD024895864

Dear Mr. Blakely:

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>	
_____	_____	generator
_____	_____	transporter
_____	<u>  x  </u>	treater
_____	<u>  x  </u>	storer
_____	_____	disposer
_____	_____	small generator



We are advising the 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 \_\_\_\_\_ being cancelled  
 is not   x   being cancelled.

Cordially,  
*Keith Lawson*  
 Keith Lawson, Environmental Chemist  
 Solid & Hazardous Waste Management Branch  
 Environmental Health Section



cc: Doug McCarty, EPA Region IV  
 Neil Breckling  
 M.B. Lipscomb, Bassick-Sack  
 Steve Phibbs  
 Forsyth County Health Department

STEWART-WARNER  
CORPORATION



*Bassick-Sack* Division

2941 INDIANA AVENUE • WINSTON-SALEM, NORTH CAROLINA 27105 • 919/725-1331

5

January 15, 1986



Mr. John Dickinson  
United States Environmental Protection Agency  
Region IV  
345 Courtland Street  
Atlanta, GA 30368

Dear Mr. Dickinson:

Enclosed are the Amended Part "A" permit application forms.  
The amended copy shows that we have a tank rather than a waste  
pile to store our waste treatment sludge in.

If you have additional questions, please feel free to contact  
me at 919-725-1331.

Sincerely,

I. D. Blakley  
Plant Engineer

IDB/jhb

enclosures

cc: ✓ Mr. Keith Lawson  
North Carolina Dept. of Human Resources

Mr. W. J. Kiley  
Stewart-Warner Corp.

Mr. M. B. Lipscomb  
Bassick-Sack Division

FORM  
**1**  
GENERAL



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

I. EPA I.D. NUMBER

8  
F N C D O 2 4 8 9 5 8 6 4 3 D  
1 2 13 14 15

LABEL ITEMS  
I. EPA I.D. NUMBER  
III. FACILITY NAME  
V. FACILITY MAILING ADDRESS  
VI. FACILITY LOCATION

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" FORM ATTACHED			SPECIFIC QUESTIONS	MARK "X" FORM ATTACHED		
	YES	NO	FORM ATTACHED		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	(4)
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 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)			

III. NAME OF FACILITY

1 SKIP BASSICK-SACK DIV. OF STEWART-WARNER CORP

V. FACILITY CONTACT

A. NAME & TITLE (last, first, & title) EDWIN SMITH WASTE SUPERVISOR  
B. PHONE (area code & no.) 919 725 1331

VII. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX 2941 INDIANA AVENUE  
B. CITY OR TOWN WINSTON-SALEM  
C. STATE NC  
D. ZIP CODE 27105

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 2941 INDIANA AVENUE  
B. COUNTY NAME FORSYTH COUNTY  
C. CITY OR TOWN WINSTON-SALEM  
D. STATE NC  
E. ZIP CODE 27105  
F. COUNTY CODE (if known)

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

A. FIRST				B. SECOND			
7	3	4	2	9	(specify)	7	(specify)
Furniture Hardware & Casters							
C. THIRD				D. FOURTH			
7	(specify)			7	(specify)		

**VII. OPERATOR INFORMATION**

A. NAME								B. Is the name listed in Item VIII-A of the owner?	
STEWART-WARNER CORPORATION								<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)		(specify)		3		1		2	
S - STATE		O - OTHER (specify)				A		8		8	
P - PRIVATE						12		00		00	

E. STREET OR P.O. BOX											
1826 DIVERSEY PARKWAY											

F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND	
CHICAGO						IL		60614		Is the facility located on Indian lands?	
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

**VIII. EXISTING ENVIRONMENTAL PERMITS**

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)					
N/A						9 P 003460001 P					
B. UIC (Underground Injection of Fluids)						E. OTHER (specify)					
N/A						1154 (specify) City of Winston-Salem Permit for Sewer					
C. RCRA (Hazardous Wastes)						E. OTHER (specify)					
R						3042 (specify) N.C. State Certification for Waste Treatment Facility					

**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.

**IX. NATURE OF BUSINESS (provide a brief description)**

Metal finishing of Furniture Hardware. Steps included are Brass Foundry, Zinc Die-Casting Foundry, Vibratory Finishing, Electroplating, Oxidizing, Buffing, Lacquering, Painting and Degreasing.

**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 attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in this 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.

NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Wesley J. Kiley Vice President		<i>Wesley J. Kiley</i>		1/14/86	

**COMMENTS FOR OFFICIAL USE ONLY**

C											
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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	2	4	8	9	5	8	6	4	3	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

**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 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
45	01	01

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

YR.	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. 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
<b>Storage:</b>			<b>Treatment:</b>		
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; GALLONS PER HOUR OR LITERS 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
<b>Disposal:</b>					
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	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

**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				
	S 0 2	33,400	G		7				
2	S 0 2	37	Y		8				
	T 0 1	4,000	U		9				
4	S 0 2	2,200	G		10				

**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESSES OR FOR DESCRIBING OTHER PROCESSES (04"). 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. For non-listed 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 corresponding 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 account the appropriate density or specific gravity of the waste.

**D. PROCESSES**

**1. PROCESS CODES**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item (1) to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item (1) 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.

Notes: From space 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 A, the file 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:

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 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 on the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) the description included with above, and make any other entries on that line.

3. Repeat item 1 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 of waste derived from leather tanning and finishing operations. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 400 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.

EPA HAZARDOUS WASTE NO. (this code)	ESTIMATED ANNUAL QUANTITY OF WASTE	UNIT OF MEASURE (enter code)	D. PROCESSES	
			1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in (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

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY																			
W	N	C	D	0	2	4	8	9	5	8	6	4	3	1	W	-	-	-	-	-	-	-	-	-	-	-	-	-	-
													DUP		DUP														

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																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																		
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	71

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

EPA I.D. NO. (enter from page 1)										
C	D	0	2	4	8	9	5	8	6	4
T/A/C										
3/6										

**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	6	08	010	0	80	13	200

**VIII. FACILITY OWNER**

A. If the facility owner is also the facility operator as listed in Section V (I) 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 V (I) on Form 1, complete the following items:

NAME OF FACILITY LEGAL OWNER		PHONE NO. (area code & no.)	
Stewart-Warner Corporation			
STREET OR P.O. BOX	CITY OR TOWN	ST.	ZIP CODE
1826 Diversey Parkway	Chicago	IL	60614

**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
Wesley J. Kiley Vice President	<i>Wesley J. Kiley</i>	1/14/86

**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
Milo B. Lipscomb General Manager	<i>Milo B. Lipscomb</i>	1/14/86

ILLI BARKLEY

STEWART-WARNER CORPORATION



Bassick-Sack Division

2941 INDIANA AVENUE • WINSTON-SALEM, NORTH CAROLINA 27105 • 919/725-1331

August 9, 1985

Mr. Keith Lawson  
Solid and Hazardous Waste  
Management Branch  
Division of Health Services  
P. O. Box 2091  
Raleigh, North Carolina 27602-2091



22

Dear Mr. Lawson:

This is per your recent request as to the schedule date that Bassick-Sack will switch to the 90 day disposal of hazardous waste.

Bassick-Sack will remove all the wastewater treatment sludge (F006) and the foundry baghouse dust containing lead (D008) by September 1, 1985, and will dispose of it every 90 days, or less, thereafter. ~~The storage container~~ will then be used for new waste generated within 90 days.

We presently have 600 gallons of waste lacquer thinner (D001) on hand. Attached is a copy of an analysis of this material. It is more economical for us to recover this material by distillation. We plan to purchase a solvent distillation unit. The delivery and installation is approximately 10 weeks. The sludge from the recovery will be disposed of every 90 days, or less, starting November 1, 1985 or sooner.

Other hazardous waste will be disposed of every 90 days or less. For our records and protection, I would appreciate a letter from the state confirming approval of our schedule and method of disposal.

Sincerely,

IDB/jhb

- cc: W. Kiley
- M. Lipscomb
- L. O'Neill
- B. Weesner

Mr. William Page  
Division of Health Services  
Mr. Stephen Phibbs  
Division of Health Services

attachment



# RESEARCH & ANALYTICAL LABORATORIES, INC.

P.O. Box 473 106 Short Street  
Kernersville, North Carolina 27284  
Telephone 919/996-2841

N.C. CERT. #34

Bassick-Sack DATE SAMPLE COLLECTED 6/12/85  
P.O. Box 4152 DATE SAMPLE RECEIVED 6/13/85  
Winston-Salem, NC 27105 DATE SAMPLE ANALYZED 6/14-28/85  
Attn: Mr. Ike Blakely DATE OF REPORT 7/9/85  
JOB NUMBER 00464 ANALYSES PERFORMED BY Vaden/Champion

PARAMETER	STORET NUMBER	UNITS	LAB SAMPLE NUMBER			
			8393			
pH	00400	NONE	4.5			
Arsenic	01102	mg/l	<0.02			
Beryllium	01012	mg/l	<0.007			
Cadmium	01027	mg/l	0.027			
Chromium	01034	mg/l	0.039			
Lead	01051	mg/l	0.270			
Mercury	71900	mg/l	<0.003			
Flashpoint		°F	<70			
BTU			114,827/Gal.			
Specific Gravity			0.846			
Chlorine		%	0.046			
Ash		mg/l	0.10			
CLIENT'S SAMPLE NUMBER	N/A	N/A	Laquer & Paint Mixture			



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

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

October 30, 1984

NCD024895864  
Blakley Ike Plant Enginee  
Stewart-Warner Corp Bassick-Sack Div  
PO Box 4152  
Winston-Salem NC 27105



Dear Sir:

The label above identifies your North Carolina facility contact person for RCRA FINANCIAL ASSURANCE matters, and that person's address and phone number.

Please indicate the following:

- The information is accurate as is.
- The information is inaccurate as is. The information should appear as follows:

JIM STANLEY (contact name)  
BASSICK SACK DIVISION OF STEWART WARNER CORP. (facility name)  
2941 INDIANA AVE (facility address)  
WINSTON SALEM, NC 27105  
919-725-1331 (telephone number)

16

Please return this completed form letter November 16, 1984 to the address below so that we can update our list. Your cooperation in this matter will be greatly appreciated.

Sincerely,

  
 Prentiss Anne Allen, Attorney  
 Solid & Hazardous Waste Management Branch  
 Division of Health Services  
 P. O. Box 2091  
 Raleigh, NC 27602

DHS 3268 (11/84)  
Solid & Haz. Waste Mgt. Branch

ns/1408A



STEWART-WARNER  
CORPORATION



*Bassick-Sack* Division

2941 INDIANA AVENUE • WINSTON-SALEM, NORTH CAROLINA 27105 • 919/725-1331



October 30, 1984

M. B. (MIKE) LIPSCOMB  
GENERAL MANAGER

Mr. William Paige  
Solid and Hazardous Waste  
Management Branch  
Division of Health Services  
P. O. Box 2091  
Raleigh, North Carolina 27602-2091

15

Dear Mr. Paige:

This letter is official notification of withdrawal of Part A application and termination of interim status under RCRA for the Bassick-Sack Division of Stewart-Warner Corporation (I.D. #NCD024895864). Described in this letter are our methods of closure, present waste inventory, and schedule for complete closure as a storage facility.

Bassick-Sack generates five different hazardous wastes. The first waste generated is <sup>(1)</sup>degreasing sludge (F001). At the present time, we do not have any of this waste at the facility. The second and third wastes we generate are <sup>(2)</sup>wastewater treatment sludge (F006) and <sup>(3)</sup>foundry baghouse dust containing lead (D008). These two wastes are combined and stored in a protected tank. The present inventory of this combined waste is approximately 25,000 lbs. SCA Services of South Carolina will dispose of this by January 31, 1985, and will haul it every 90 days, or less, after January 31. The tank we presently store this waste in will still be used to accumulate the waste. <sup>(4)</sup>The fourth waste generated is waste paint (D001). We presently have four drums of this waste paint on hand. This will be incinerated by SCA Services or Caldwell Systems by January 31, 1985 and we will ship all new waste generated within 90 days of its generation.

The last waste we generate is <sup>(5)</sup>electro-plating bath sludges containing cyanide (F008). We presently are storing 62 drums, and two tanks containing approximately 300 gallons each of this material. This waste has accumulated over the past several years. We have the capacity to process this material through our wastewater pretreatment system. If we were to treat this material at our facility, we would liquify the material, chlorinate it to destroy all of the cyanide, and precipitate the metals which would then become wastewater treatment sludge (F006). After speaking with you on October 26, 1984, you were unsure if we would be allowed to treat this waste at our facility. We are requesting that you consult with your attorneys and Mr. Strickland, and advise us on this matter as soon as possible. If the state approves this, we can have all of the material treated by February 28, 1985.

Bassick-Sack is fully aware that after withdrawal of our interim status we will no longer be allowed to hold hazardous waste at our facility longer than 90 days. We are also aware that we must follow all provisions of 40 CFR

Mr. William Paige

Page 2-

October 30, 1984

part 262 as a generator of hazardous waste. For our records and protection, I would appreciate a letter from the state confirming approval of our schedule for disposal of our present waste inventory and methods of disposal.

Sincerely,

*M. B. Lipscomb*

MBL/jhb

cc: Stephen E. Phibbs  
N. C. Division of Health Services

Chris Jackson  
Stewart-Warner Corporation

W. Kiley  
B. Weesner  
D. Solt  
I. Blakley  
L. O'Neill

CLOSURE PLAN

BASSICK-SACK DIVISION  
2941 INDIANA AVENUE  
WINSTON-SALEM, N. C. 27105

DIVISION OF  
STEWART-WARNER CORPORATION  
1826 DIVERSEY PARKWAY  
CHICAGO, ILLINOIS 60614

APRIL, 1984

## CLOSURE PLAN

EPA Facility I.D. No. N C D024 895 864

Owner's Name Bassick-Sack Division of Stewart-Warner Corporation

Address & Phone No. 1826 Diversey Parkway, Chicago, Illinois 60614 (312) 883-6000

Facility Address 2941 Indiana Avenue, Winston-Salem, N. C. 27105 (919) 725-1331

### 1. FACILITY CONDITIONS

#### A. General information

1. Size: Land area of 70 x 100 feet containing the structure housing the waste treatment facility and one outdoor storage tank.
2. Tanks: One
3. Storage:
  - a. Bulk storage, plus storage of 55 gallon drums
  - b. Bulk volume is maximum of 34 cubic yards. Drum volume is maximum 90-55 gallon drums.
4. Other on-site facilities: Not applicable
5. Waste characterization:
  - a. Combined waste: (F006 and D008) F006 is wastewater treatment sludge from electroplating operations. D008 is baghouse dust from a foundry. The dust contains lead above EP toxicity limits. The combined waste is a semisolid containing heavy metals.
  - b. (F001) spent tetrachloroethane and sludges from the recovery of this solvent used in a degreasing operation. This material is a semisolid.
  - c. Combined waste: (F003 and F005) waste paint, lacquer, and thinner used in a painting operation. Waste is a liquid which contains Xylene, Acetone, Ethyl Acetate, N-Butyl Alcohol, Methonal, Tolnene, and Methylx Ethyl Isetone.. This waste is also flammable.
  - d. (F008) Plating bath sludges from the bottom of plating bath from electroplating operations where cyanides are used in the process. This waste is a semisolid containing heavy metals and amenable cyanide.

#### B. Maximum Inventory

1. F006 and F008 combined waste maximum 34 cu. yards.
2. F001 degreasing sludge: 5 drums
3. F003 and F005 combined waste Non-Halogenated solvents 30 drums
4. F008 plating bath sludges 55 drums

C. Auxiliary Equipment - not applicable

D. Final Closure Schedule

1. There will be no partial closure at this facility since we only generate and store hazardous waste to be shipped to other disposal facilities.
2. We do not anticipate closing the facility any any time.
3. Closure Time Table:
  - a. Notify N. C. Division of Health Services of intention to close facility.
  - b. 180 days later production ceases
  - c. 60 days from day production ceases all waste would be removed from facility.
  - d. 14 days from time waste is removed all decontamination will be complete.
  - e. The only possibility of ground becoming contaminated would be due to a spill and this would be cleaned up immediately.
  - f. No interim inspections required.
  - g. 90 days from last day of production certification of closure will be completed by a company officer and a professional engineer.

## II. REMOVING INVENTORY

A. Maximum waste on-site

1. See paragraph I., A., 3, b.
2. See paragraph 1., A., 3, b.
3. See paragraph 1., A., 3, b.

B. Pretreatment - not applicable

C. Removal of Inventory

1. On-site treatment: not applicable
2. Off-site removal:
  - a. Quantity - as stated above
  - b. Mode of disposal
    1. F006 and D008 would go to SCA Services landfill in Pinewood, South Carolina. S.C.A. I.D. #S.C.D070375985. The transporter would be. U. S. Pollution Control Inc. Oklahoma City, Oklahome. Their I. D. # is O.K. T410010474.
    2. F001 degreasing sludge would be disposed of the same as the F006 and D008.
    3. F003 and F005 (non-Halogenated Solvents). This waste would be incinerated by Caldwell Systems, Inc., Lenoir, North Carolina. Their I.D. # is N. C. D086871282. Caldwell Systems would also transport this waste.
    4. F008 Cyanide plating bath sludges would be chemically treated by SCA Services in New Jersey. Transporting would be done by

U. S. Pollution Control, Inc., Oklahoma City, Oklahoma.

III. DECONTAMINATING THE FACILITY

- A. Area of soil contamination - not applicable
  - 1. List areas - not applicable
  - 2. Depth of soil - not applicable
  - 3. Amount of soil - not applicable
- B. Equipment requiring cleaning
  - 1. Equipment requiring cleaning: One tank for sludge, 10 x 20 x 5 feet deep, open-top, to be steam cleaned.
    - a. By owner
    - b. Residue of 50 gallons of cleaning liquids from cleaning of above Sludge Tank. This residue would be treated in our wastewater treatment plant which is regulated under the Clean Water Act.
    - c. The only sampling necessary would be to check the sludge tank for any remaining residue which can be done visually.
  - 2. Treatment of residue
    - a. Quantity disposed on-site: - 50 gallons through wastewater treatment system.

IV. CLOSURE CERTIFICATION

- A. Schedule of inspections - three
  - Post closure - By Company Officer and a Profession Engineer

Following is a list of the maximum amount of hazardous waste and we will have on hand at any given time and the cost to dispose of it. Prices are as of 4-1-84.

1. F006 and D008 combined waste 40,000 lbs. cost .005 / lb. Freight	\$ 2,200.00 844.00
2. F008 Cyanide waste 55 barrels cost 550.00 each Freight	30,250.00 844.00
3. F003 and F005 combined waste 30 barrels cost 69.00 each Freight	2,070.00 1,688.00
4. F001 degreasing sludge 4 barrels cost 69.00 each Freight	276.00 <u>100.00</u>
	Total \$38,272.00
Preparation for shipment	3,000.00
Professional Engineer fee for post closure inspection	<u>200.00</u>
	Total \$41,472.00

**FORM 1 GENERAL** **EPA** **ENVIRONMENTAL PROTECTION AGENCY** **GENERAL INFORMATION** **EPA I.D. NUMBER**

Consolidated Permits Program  
(Read the "General Instructions" before starting.)

F N C 0 0 2 4 8 9 5 8 6 4 3 D

**LABEL ITEMS**

**I. EPA I.D. NUMBER** 000201

**II. FACILITY NAME**

**V. FACILITY MAILING ADDRESS**

**VI. FACILITY LOCATION**

RECEIVED  
PLEASE PLACE LABEL IN THIS SPACE  
NOV 19 10 33 AM '60  
ENFORCEMENT DIVISION

**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 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 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	

**I. NAME OF FACILITY**

1 SKIP SASSICK-SACK DIV OF STEWART WARNER CORP

**7. FACILITY CONTACT**

A. NAME & TITLE (last, first, & title) DUMSHA DENNIS WASTE SUPERVISOR

B. PHONE (area code & no.) 919 725 1331

**7. FACILITY MAILING ADDRESS**

A. STREET OR P.O. BOX P O BOX 4152

B. CITY OR TOWN WINSTON-SALEM

C. STATE NC

D. ZIP CODE 27105

**VI. FACILITY LOCATION**

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 2941 INDIANA AVENUE

B. COUNTY NAME FORSYTH COUNTY

C. CITY OR TOWN WINSTON-SALEM

D. STATE NC

E. ZIP CODE 27105

F. COUNTY CODE (if known)

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

A. FIRST				B. SECOND			
3	4	2	0	(specify)	Furniture Hardware & Casters	7	(specify)
C. THIRD				D. FOURTH			
(specify)				(specify)			

**VI. OPERATOR INFORMATION**

A. NAME						B. Is the name listed in Item VIII-A also the owner?	
STEWART WARNER CORPORATION						<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)	(specify)		A	312	883	6000
STATE	O - OTHER (specify)						
PRIVATE							

E. STREET OR P.O. BOX					
1826 DIVERSEY PARKWAY					

F. CITY OR TOWN			G. STATE	H. ZIP CODE	IX. INDIAN LAND	
CHICAGO			IL	60614	Is the facility located on Indian lands?	
					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

**X. EXISTING ENVIRONMENTAL PERMITS**

A. NPDES (Discharges to Surface Water)			D. PSD (Air Emissions from Proposed Sources)		
N/A			9 P 003460001P		

B. UIC (Underground Injection of Fluids)			E. OTHER (specify)		
N/A			1154 (specify) City of Winston-Salem Permit for Sewer		

C. RCRA (Hazardous Wastes)			E. OTHER (specify)		
			3042 (specify) N.C. State Certification for Waste Treating Facility		

**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)**

Metal Finishing of Furniture Hardware. Steps included are Brass Foundry, Zinc Die-Cast Foundry, Vibratory Finishing, Electroplating, Oxidizing, Buffing, Lacquering, Painting and Degreasing.

**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
Wesley J. Kiley, Vice President		X Wesley J. Kiley	October 28, 1980

D. COMMENTS FOR OFFICIAL USE ONLY	

Please print or type in the indicated areas only (fill-in areas are spaced for elite type, i.e., 12 character font).



U.S. ENVIRONMENTAL PROTECTION AGENCY  
**HAZARDOUS WASTE PERMIT APPLICATION**  
 Consolidated Permits Program  
 (This information is required under Section 3005 of RCRA.)

EPA I.D. NUMBER  
 F M C D Q 2 4 R 0 5 8 6 4 3 1  
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

**FOR OFFICIAL USE ONLY**

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)
23	24 - 29

COMMENTS

**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.

**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
45	01	01
73-74	75-76	77-78

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

YR.	MO.	DAY
73-74	75-76	77-78

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

1. FACILITY HAS INTERIM STATUS

2. FACILITY HAS A RCRA PERMIT

**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).

**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
<b>Storage:</b>			<b>Treatment:</b>		
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; GALLONS PER HOUR OR LITERS 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
<b>Disposal:</b>					
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			
<b>UNIT OF MEASURE</b>	<b>CODE</b>	<b>UNIT OF MEASURE</b>	<b>CODE</b>	<b>UNIT OF MEASURE</b>	<b>CODE</b>
GALLONS.....	G	LITERS PER DAY.....	V	ACRE-FEET.....	A
LITERS.....	L	TONS PER HOUR.....	D	HECTARE-METER.....	F
CUBIC YARDS.....	Y	METRIC TONS PER HOUR.....	W	ACRES.....	B
CUBIC METERS.....	C	GALLONS PER HOUR.....	E	HECTARES.....	Q
GALLONS PER DAY.....	U	LITERS PER HOUR.....	H		

**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
	16	17	18	19	20	21			22	23	24	25	26	27	
X-1	S	0	2	600	G			5							
X-2	T	0	3	20	E			6							
1	S	0	2	33,400	G			7							
2	S	0	3	7,500	G			8							
3	T	0	1	4,000	E			9							
4	S	0	1	2200	G			10							

**II PROCESSES (continued)**

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

**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:

<u>ENGLISH UNIT OF MEASURE</u>	<u>CODE</u>	<u>METRIC UNIT OF MEASURE</u>	<u>CODE</u>
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**

**1. PROCESS CODES:**

**For listed hazardous waste:** 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 waste:** 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				included with above

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE									
N C D 0 2 4 8 9 5 8 6 4 3 1										W DUP									
13 14 15										13 14 15 23 24									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

NO	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))					
23	24	27	31	34	27-28	27-28	27-28	27-28	27-28				
1	F 0 0 1	960	F		S 0 1				S 0 3				
2	F 0 0 2	800	C		S 0 1				"				
3	F 0 0 3	10,000	F		S 0 1				"				
4	F 0 0 6	72	T		S 0 1				"				
5	F 0 0 7	6,360	P		S 0 1	T 0 1			"				
6	F 0 0 8	50,000	P		S 0 1	T 0 1			"				
7	F 0 0 9	320,000	P		S 0 1	T 0 1			"				
8	F 0 2 9	22,500	F		S 0 1	T 0 1	S 0 2		"				
9	F 0 3 0	30,150	P		S 0 1	<del>T 0 1</del>	T 0 1		"	S 0 2			
10	F 0 9 8	7,500	P		S 0 1	T 0 1	S 0 2		"				
11	P 1 0 6	30,000	P		S 0 1	T 0 1	S 0 2		"				
12	P 1 2 1	10,000	P		S 0 1	T 0 1	S 0 2		"				
13	P 0 7 6	100	P		S 0 1	T 0 1	S 0 2		"				
14	U 0 2 4	480	F		S 0 1		S 0 2		"	Incinerated through Atomic Absorption Unit			
15	U 2 1 0	960	P		S 0 1		S 0 2		"				
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													

EPA I.D. NO. (enter from page 1)

3	6	0	8	0	1	0	T/A	C
12	13	14	15	16	17	18	3	6

**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)
36° 08' 01" N	108° 13' 20" 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.)	
Stewart-Warner Corporation		312-983-5000	
3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
1826 Diversey Parkway	Chicago	IL	60614

**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) Wesley J. Kiley, Vice President	B. SIGNATURE <i>Wesley J. Kiley</i>	C. DATE SIGNED October 28, 1980
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**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) Dennis Dumsha	B. SIGNATURE <i>Dennis Dumsha</i>	C. DATE SIGNED October 28, 1980
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FACILITY ID NUMBER

NC D 0 2 4 8 9 5 8 6 7

COMPANY NAME

BASSICK-SACK

COMPANY ADDRESS

CITY

STATE ABBREV.

ZIP CODE

WINSTON-SALEM

NC

[ ][ ][ ][ ][ ]

CONTACT PERSON'S NAME/TITLE

TELEPHONE NUMBER (INCLUDE AREA CODE)

DENNIS DUMSKA

919 725-1331

## CONTACT RECORD

DATE	CONTRACTOR'S INITIALS	ITEMS DISCUSSED/RESOLUTION
9-21	P.S.	III & IV . . RECEIVED PERMISSION TO MAKE CHANGES. SO1 ADDED TO PG. 1 OF 5 & SO3, TO 1 & SO2 TO PG. 3 OF 5
9/23	AW	Line 2 (III) Unit's Measure changed from 6 to 7.