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Site Name (Subject): UNITED DRUM T/A RELIANCE UNIV.

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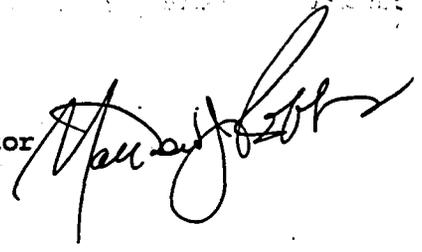
Go to New Record -
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199: DATE: August 22, 1995

SUBJECT: REMOVAL FROM EPA'S CERCLIS INVENTORY

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



TO: UNITED DRUM T/A RELIANCE UNIVERSAL INC
214 BERKLEY ST
HIGH POINT
NC 27261

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



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

September 10, 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
United Drum T/A Reliance Universal, NC D991278300
214 Berkley St.
High Point, NC 27261

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

United Drum T/A Reliance Universal is an active drum cleaning facility located at 214 Berkley St. in High Point, NC. This is in the southwest corner of Guilford County near the Randolph and Davidson County lines. The facility has operated at this site since 1972, before which the site was vacant.

United Drum receives "empty" drums, which they rinse clean and return to the original companies for reuse. The majority of drums received at the site come from Reliance Universal. These drums formerly contained furniture finishing waste or water-based paint. Drums are rinsed with either caustics or solvents. Caustic waste is discharged to the city sewer system under agreement with the City of High Point. Solvent waste generated includes MEK, toluene, xylene, acetone, MIBK, and methanol. This waste is stored in drums outdoors and shipped off site in less than 90 days. Solvent waste was formerly stored in an underground tank which was also pumped out in less than 90 days. This tank was removed in May 1986 and was reportedly not leaking.

No known spills or releases have occurred at the site. The nearest downstream surface water may be used for fishing and recreation. There are no wells on site. The nearest well is expected to be within 2,000 feet. It is estimated that 550 people in the area depend on private wells for water supply. Most of the residents within 3 miles of the site have access to city water from unthreatened sources.

Ms Denise Smith
September 10, 1987
Page 2

United Drum filed a Part A RCRA application in November 1980 for waste storage in tanks and drums. In April 1983 their status was changed to generator only, since they had reportedly never exercised their storage option. Currently, they are inspected regularly as a RCRA generator.

Based on the available data, a low priority for inspection is recommended.

On September 3, 1987, this Preliminary Assessment was reviewed by CERCLA Unit personnel; and by the following representatives from the North Carolina Department of Natural Resources and Community Development, Division of Environmental Management: Glenn Ross, Air Quality Section; and Vince Schneider, Water Quality Section.

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

Sincerely,



Pat DeRosa, Waste Management Specialist
CERCLA Unit
Solid and Hazardous Waste Management Branch
Environmental Health Section

PD/pd/0444b.62



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

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
NC D991278300

II. HAZARDOUS CONDITIONS AND INCIDENTS

01 A. GROUNDWATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: ~ 550 04 NARRATIVE DESCRIPTION
None reported. There are no wells on site. The nearest well is expected to be within 2,000 ft. of the site. The estimated depth to ground water is 21 - 75'. Private wells are expected to serve approximately 550 people. Most residents have access to city water.

01 B. SURFACE WATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION
None reported. Site run off drains north toward Villa Ave. and under RR tracks to Kennedy Mill Creek. This creek may get some recreational usage and fishing.

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: _____ (Acres) 04 NARRATIVE DESCRIPTION
Soil contamination may have occurred in materials transfer of rinse solvents and residual product from "empty" drums. Also had an underground storage tank for waste solvents.

01 G. DRINKING WATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION
None reported.

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

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



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

I. IDENTIFICATION

01 STATE 02 SITE NUMBER
NC D991278300

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 J. DAMAGE TO FLORA 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

01 K. DAMAGE TO FAUNA 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION (Include name(s) of species)

01 L. CONTAMINATION OF FOOD CHAIN 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

01 M. UNSTABLE CONTAINMENT OF WASTES 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
(Spills/runoff/standing liquids/leaking drums)
03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION

01 N. DAMAGE TO OFFSITE PROPERTY 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

01 O. CONTAMINATION OF SEWERS, STORM DRAINS, WWTPs 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

01 P. ILLEGAL/UNAUTHORIZED DUMPING 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
04 NARRATIVE DESCRIPTION

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)

See attached list of references
#11 - 7

PA REFERENCES

UNITED DRUM T/A RELIANCE UNIVERSAL
NCD991278300

1. USGS 7.5' Quadrangle Map: High Point West, NC, 1969.
2. RCRA File: United Drum T/A Reliance Universal, NCD991278300. Solid and Hazardous Waste Management Branch, NC DHR, Raleigh, NC.
3. Memo to file from Pat DeRosa, NC CERCLA Unit, August 13, 1987. Telephone conversation with Joe Deakins, Solid and Hazardous Waste Management Branch, Mebane, NC.
4. Memo to file from Pat DeRosa, NC CERCLA Unit, August 14, 1987. Telephone conversation with Eddie Outlaw, United Drum T/A Reliance Universal, High Point, NC.
5. Memo to file from Pat DeRosa, NC CERCLA Unit, August 14, 1987. Telephone conversation with Andy Miller, SCS, Davidson County.
6. Memo to file and map from Pat DeRosa, NC CERCLA Unit, August 14, 1987. Telephone conversation with Mr. Austin, Water Supply System, High Point, NC; Phil Coggins, Thomasville Water System, Thomasville, NC; Robert Walters, Davidson County Water Corporation, Lexington, NC.
7. Memo to file from Pat DeRosa, NC CERCLA Unit, August 14, 1987. Telephone conversation with Roy Rettinger and Ernest Cain, Water Supply Branch, NC DHR, Winston-Salem, NC.

FORM 1	ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER F N C T 3 8 0 0 1 0 8 2 7 3 D
GENERAL LABEL ITEMS	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.	
I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION	<div style="border: 1px solid black; padding: 10px;"> <p style="font-size: 2em; margin: 0;">102036</p> <p style="font-size: 1.5em; margin: 0;">RECEIVED</p> <p style="font-size: 1.2em; margin: 0;">NOV 19 1 27 PM '80</p> <p style="font-size: 1.2em; margin: 0;">ENGINEERING</p> </div> <p style="font-size: 1.5em; margin: 0;">PLEASE PLACE LABEL IN THIS SPACE</p>	
	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.	

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)			
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	

III. NAME OF FACILITY

1 SKIP UNITED DRUM T/A RELIANCE UNIVERSAL INC

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 CLONTZ JOHN VP & GENERAL MGR	91 9 88 3 71 81

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
3 2 14 BERKLEY ST.			
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4 HIGH POINT		NC	27261

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5 2 14 BERKLEY STREET			
B. COUNTY NAME			
GUILFORD			
C. CITY OR TOWN		D. STATE	E. ZIP CODE
6 HIGH POINT		NC	27261
F. COUNTY CODE (if known)			

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

A. FIRST				SECOND			
7	(specify)	7	(specify)	7	(specify)	7	(specify)
DRUM RECLAIMING							
C. THIRD				D. FOURTH			
7	(specify)	7	(specify)	7	(specify)	7	(specify)

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?	
JOSEPH OUTLAW										<input type="checkbox"/> YES <input checked="" 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)				919		883		6511	
S - STATE	O - OTHER (specify)										
P - PRIVATE											

E. STREET OR P.O. BOX									
214 BERKLEY ST									

F. CITY OR TOWN					G. STATE		H. ZIP CODE			IX. INDIAN LAND	
HIGH POINT					NC		27261			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				P			
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)			
U							
C. RCRA (Hazardous Wastes)				E. OTHER (specify)			
R							

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)

CLEANING AND RECONDITIONING USED DRUMS

PRIMARY TREATMENT AND OCCASIONAL STORAGE OF HAZARDOUS WASTE AS A RESULT OF BUSINESS OPERATION.

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	
Gary Fulk Vice Pres. & Gen. Mgr. Wood Coatings		Div. <i>Gary Fulk</i>		Nov 1980	

COMMENTS FOR OFFICIAL USE ONLY

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(fill-in areas are spaced for elite type, i.e., 12 characters/line).

Form Approved UMB No. 15b-S8UUU4

FORM 3 RCRA EPA HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER
 S T A C
 F N C T 3 8 0 0 1 0 8 2 7 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)	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)

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

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	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO-CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; 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
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			

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. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO-CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 2	1500	G		7				
2	T 0 1	3000	U		8				
3					9				
4					10				

III. PROCESSES (continued)

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

IV. DESCRIPTION OF HAZARDOUS WASTES

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

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

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

<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.

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 III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

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

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

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

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

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY										
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26					
W	N	C	T	3	8	0	0	1	4	8	2	7	3	1	W				2				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					
	23	24	25	26			1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
							27-29	27-29	27-29	27-29		
1	D	0	0	0	3600	T	S	0	2			
2	F	0	0	3	70	T	T	0	1			
3	F	0	0	5								INCLUDED WITH ABOVE
4	D	0	0	1								INCLUDED WITH ABOVE
5												
6												
7												
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IV. DESCRIPTION OF HAZARDOUS WASTES (continued)
E. USE THIS SPACE TO LIST ADDITIONAL HAZARDOUS WASTE IDENTIFICATION NUMBERS (HWN) AND HAZARDOUS WASTE ACCESS CODES FROM ITEM D(1) ON PAGE 3

f

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
F	M	C	T	S	E	0	1	0	8	2	7	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)

35	45	54	45	24	00
----	----	----	----	----	----

08	20	02	20	00
----	----	----	----	----

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.)

RUI RELIANCE UNIVERSAL INC.

919-883-7181

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

BOX 2124

HIGH POINT

NC

27261

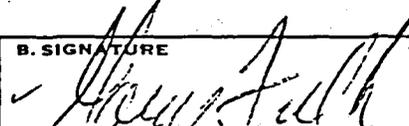
IX. OWNER CERTIFICATION

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)

Gary Fulk

B. SIGNATURE



C. DATE SIGNED

Nov 6, 1980

X. OPERATOR CERTIFICATION

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

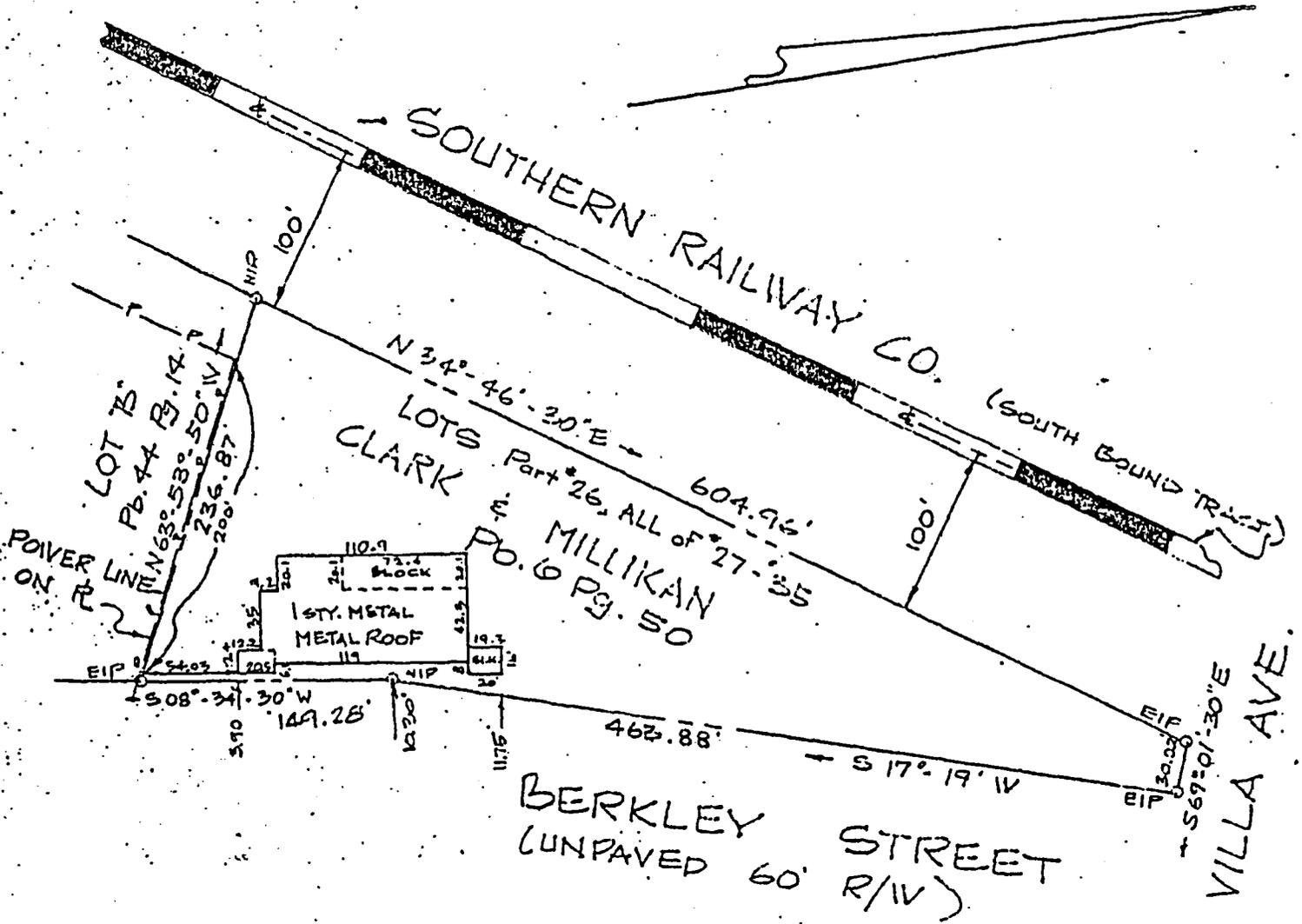
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

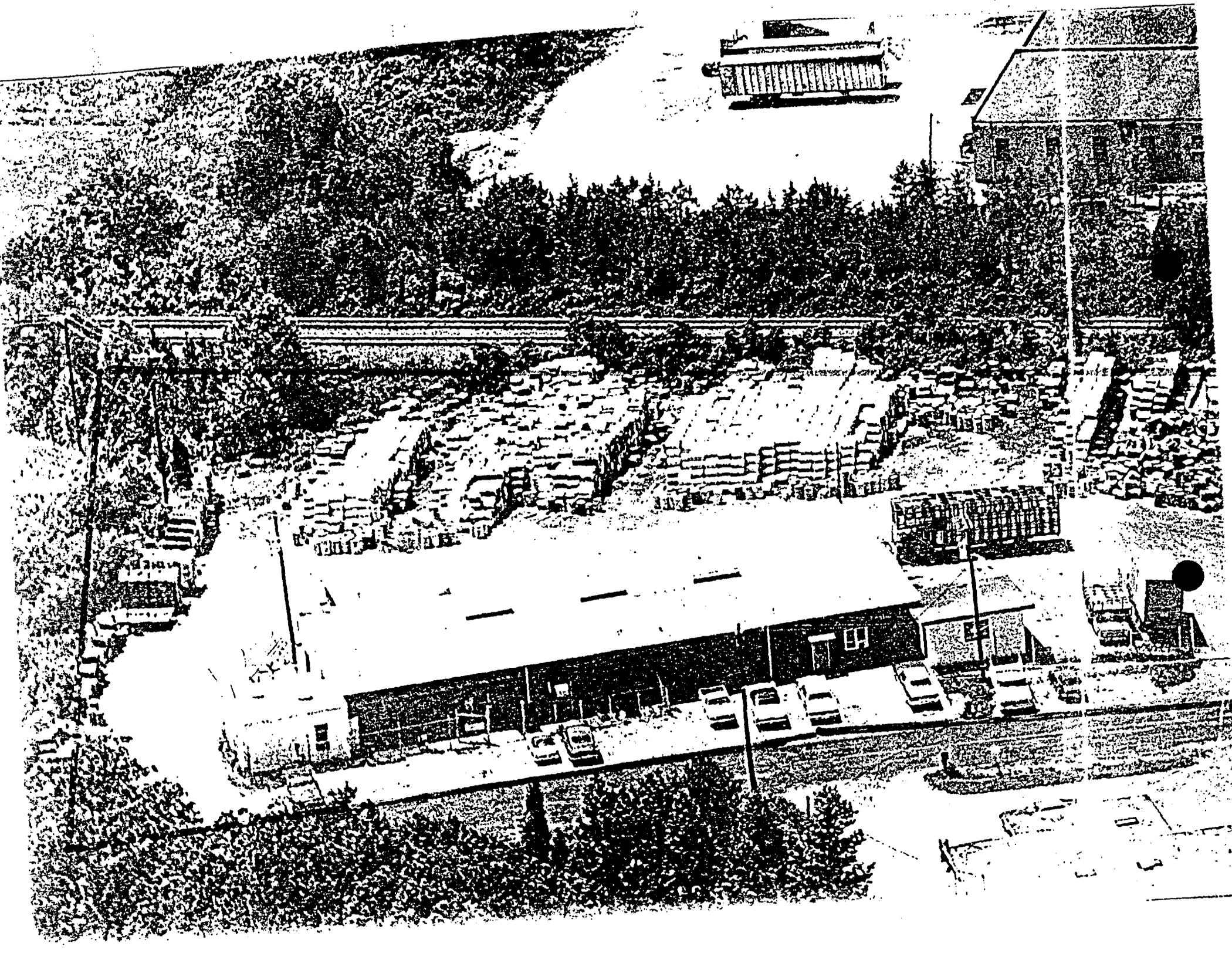
I certify that on AUGUST 23, 1979 I surveyed the property shown on this plat; that the property lines and location of all structures are correctly shown herein; that no structure located on this property encroaches on any adjacent street or property and that no structure on adjacent property encroaches on the premises surveyed.

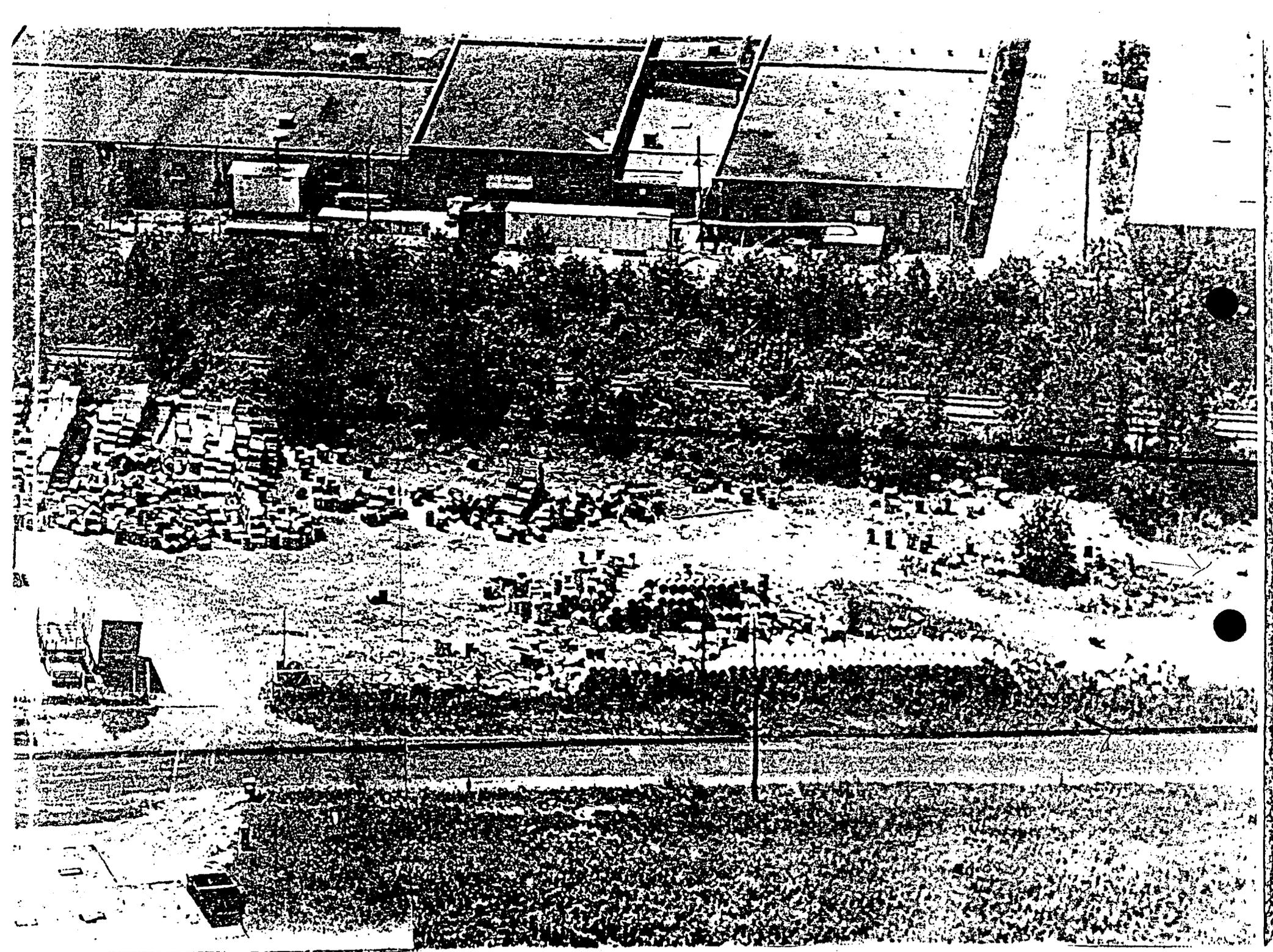
Harold Mat
 Surveyor



SURVEYED BY
DAVIS-MARTIN & ASSOCIATES, INC.
 ENGINEERING & LAND SURVEYING
 HIGH POINT, NORTH CAROLINA
 DATE 8-23-79 SCALE 1"=100' JOB NO S-15736
 SURVEYED HS. PLATTED BY SFW

PROPERTY OF
RELIANCE UNIVERSAL INC.
 HIGH POINT, N. C.





August 14, 1987

TO: File

FROM: Pat DeRosa

PD

RE: United Drum T/A Reliance Universal
NCD991278300

On August 14, 1987, I spoke by telephone with Roy Rettinger, Water Supply Branch, Region II, Winston-Salem, NC (919) 761-2391, regarding community wells within a 3 mile radius of the subject site. Mr. Rettinger found no community wells within 3 miles. I also spoke with Regional Supervisor, Mr. Ernest Cain, regarding surface water intakes on Kennedy Mill Creek downstream of the site. Mr. Cain said there were no intakes on this stream segment.

PD/pb/0472b.30

August 14, 1987

TO: File
FROM: Pat DeRosa PD
RE: United Drum T/A Reliance Universal
NCD991278300

On August 14, 1987, I spoke by telephone with Eddie Outlaw, United Drum T/A Reliance Universal in High Point, NC, (919) 833-0410, regarding past and present operations at the subject site. Mr. Outlaw provided the following information.

1. Directions to the site: owner/operator address.
2. United Drum began operating on site around 1972-1973. Prior to this, the site was vacant.
3. Site boundaries, as indicated in the RCRA file. The site is bordered on the south by a ditch which separates the facility from Styrex Corp. United Drum is about 1 block north of the county line.
4. There are no wells on site. The facility is on city water and sewer from High Point.
5. The majority of drums rinsed at the facility come from Reliance Universal. These are empty drums last used to contain furniture finishing waste or water based paints. Drums are also received from a few other companies. Rinsed or reconditioned drums are returned to the original companies for reuse.

6. No major changes in the operation have occurred since it began. About 75% of the drums are rinsed with caustics for cleaning. Caustic waste was neutralized with sulfuric acid and discharged to the city sewer under agreement with High Point. High Point no longer requires neutralization and uses the caustic waste discharged from United to adjust the pH of its waste stream. Solvents used to rinse the other drums are stored in 55 gal. drums on the south side of the building. Mr. Outlaw said part of the storage is on a concrete pad. Up until May 1986, spent solvents were stored in an underground tank in the same area as the current drum storage area. The tank was removed, and borings done by Reliance Universal indicated no contamination around the tank (results available). The tank was about 10 years old but apparently not leaking.
7. No wastes were ever stored on site for more than 90 days. The underground tank was pumped out once a week by the solvent reclaimer. Currently, the drums are picked up once a month.
8. Incoming empty drums are piled 5 high on their sides on a gravel-covered area. There is no cement or asphalt under the gravel.
9. The site drains to the north toward Villa Ave. Mr. Outlaw indicates that runoff does not drain to the ditch on the south side. On the west side, soil is piled up such that runoff is from the RR tracks toward the site. There is a ditch along Berkley St. on the east side of the site which carries runoff to Villa Ave. US Plywood is the facility across the RR tracks to the northwest. The ditch on the south side of the property drains to a pond on residential property on South Rd. The use of this pond by residents is unknown.

August 14, 1987

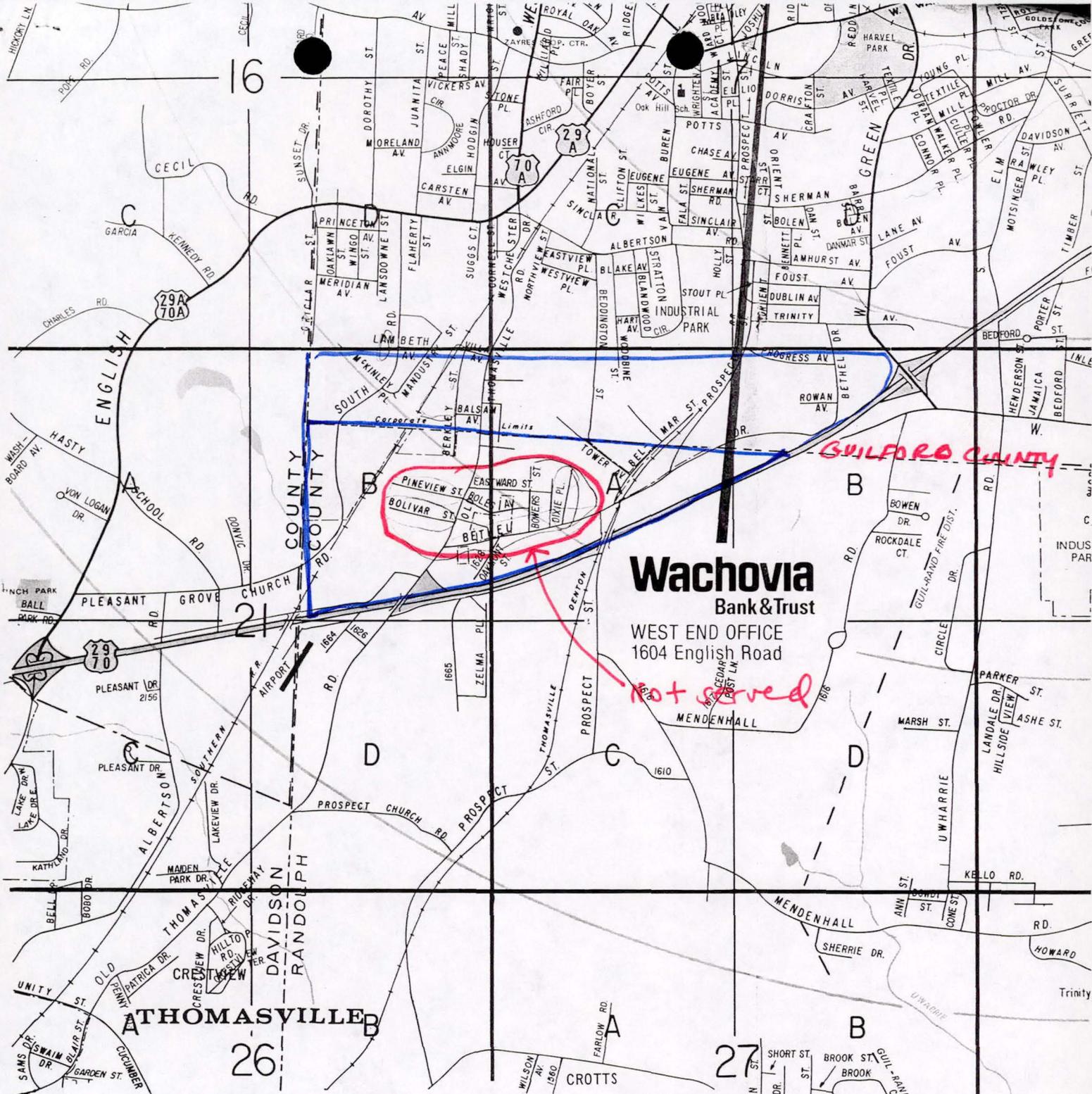
TO: File
FROM: Pat DeRosa 
RE: United Drum T/A Reliance Universal
NCD991278300

On August 14, 1987, I spoke by telephone with Mr. Austin, City of High Point Water Supply System (919) 887-2511, regarding the extent of water distribution from High Point. Mr. Austin said that all homes within the corporate limits of the city may access city water. He said that some homes just south of the city limits and north of the Old Thomasville Rd./Bethel Rd. intersection may be dependent on private wells (See attached map).

I also spoke with Phil Coggins, Assistant Superintendent, Thomasville Water System (919) 475-1321, Thomasville, NC, regarding the extent of water distribution from Thomasville. Mr. Coggins said that Thomasville covered everything within its city limits and out to the county lines to the northeast within the 3 mile area around the site. He said that Davidson County Water Corporation served most of the area outside Thomasville and High Point.

I then spoke with Mr. Robert Walters (704) 731-2341, Assistant Water System Manager, Davidson County Water Crop. regarding the extent of their water service within 3 miles of the site. Mr. Walters said that Davidson Co. covered just about the entire remaining area within 3 miles. Their service covers eastern Davidson County and extends into northwestern Randolph Co. Mr. Walters identified the triangle north of I-85 (See attached map) as not being served by Davidson County. He also noted that within the service area, some residents have chosen to remain on private wells. Mr. Walters could not quantify these residents.

PD/pb/0472b.31



Wachovia
Bank & Trust

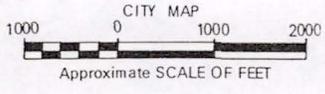
WEST END OFFICE
1604 English Road

not saved

Champion Map Of HIGH POINT, NORTH CAROLINA Including A Detailed Inset Of Guilford County

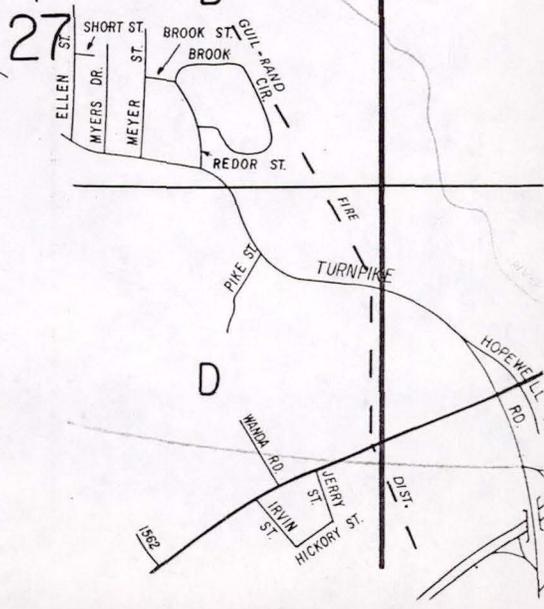
LEGEND

- | | | | |
|--------------------|--|---------------------|--|
| SCHOOLS | | FIRE STATIONS | |
| HOSPITALS | | INTERSTATE HIGHWAYS | |
| COLLEGES | | U.S. HIGHWAYS | |
| POINTS OF INTEREST | | STATE HIGHWAYS | |
| POST OFFICE | | SHOPPING CENTERS | |
| CITY LIMITS | | MILEAGE CIRCLE | |
| TOWNSHIP LINES | | | |
| FIRE DISTRICTS | | | |



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Champion Map Corporation
P.O. BOX 5545 CHARLOTTE, NC 28225



August 14, 1987

TO: File

FROM: Pat DeRosa

PD

RE: United Drum T/A Reliance Universal
NCD991278300

On August 14, 1987, I spoke by telephone with Andy Miller, SCS, Davidson County, (704) 249-7011, regarding irrigation from Kennedy Mill Creek downstream of the site. Mr. Miller knew of no irrigation from Kennedy Mill Creek

PD/pb/0472b.29

13 August 1987

To: File

From: Pat DeRosa PD

Re: United Drum T/A Reliance Universal
NC D991278300

On August 13, 1987, I spoke by telephone with Joe Deakins, Solid and Hazardous Waste Management Branch, Mebane, NC (919) 563-1818 regarding operations at the subject site. Mr. Deakins explained that the facility is a drum washing operation where empty drums are rinsed with solvents. Waste solvents generated by this process are stored in 55-gal. drums on site for less than 90 days. Mr. Deakins knows of no spills on site.

PD/ta/0444b.49



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

I. IDENTIFICATION
01 STATE 02 SITE NUMBER
NC D991278300

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site) 02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER
United Drum T/A Reliance Universal 214 Berkley St.

03 CITY 04 STATE 05 ZIP CODE 06 COUNTY 07 COUNTY CODE 08 CONG DIST
High Point NC 27261 Guilford 41 06

09 COORDINATES' LATITUDE LONGITUDE
35°55'22" 080°02'49"

10 DIRECTIONS TO SITE (Starting from nearest public road)
Take US 29/70 West through High Point to The Old Thomasville Rd exit. Turn right at stop sign + continue north on Old Thomasville 1/2 mile to Balsam Ave. Turn right on Berkley. Facility on left.

III. RESPONSIBLE PARTIES

01 OWNER (if known) 02 STREET (Business, mailing, residential)
RUI Reliance Universal Inc. Box 2124

03 CITY 04 STATE 05 ZIP CODE 06 TELEPHONE NUMBER
High Point NC 27621 1919 841-5111

07 OPERATOR (if known and different from owner) 08 STREET (Business, mailing, residential)
United Drum T/A Reliance Universal 214 Berkley St

09 CITY 10 STATE 11 ZIP CODE 12 TELEPHONE NUMBER
High Point NC 27621 1919 883-0410

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 3001 DATE RECEIVED: 8/17/80 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 BY (Check all that apply)
 YES DATE / / MONTH DAY YEAR A. EPA B. EPA CONTRACTOR C. STATE D. OTHER CONTRACTOR
 NO E. LOCAL HEALTH OFFICIAL F. OTHER: _____ (Specify)
CONTRACTOR NAME(S): _____

02 SITE STATUS (Check one) GEN RCRA 03 YEARS OF OPERATION
 A. ACTIVE B. INACTIVE C. UNKNOWN 1972 current UNKNOWN
BEGINNING YEAR ENDING YEAR

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED
This is an active drum cleaning facility. Empty drums are rinsed with either caustics or solvents. Caustic waste has always been discharged to the city sewer. Solvents were stored in an underground tank which was removed in

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION
May 1986. No leaks were detected. No wells on site. Wastes stored less than 90 days in drums outside bldg. No known spills. Facility inspected as RCRA generator. Waste includes MEK, toluene, xylene, acetone, MIBK, methanol.

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
Eddie Outlaw United Drum T/A Reliance Universal Inc 1919 883-0410

04 PERSON RESPONSIBLE FOR ASSESSMENT 05 AGENCY 06 ORGANIZATION 07 TELEPHONE NUMBER 08 DATE
Pat De Rosa NC DHR S+HWM Br. 1919 733-2801 8/17/87
MONTH DAY YEAR



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION

I. IDENTIFICATION

01 STATE *NC* 02 SITE NUMBER *D 991278300*

II. WASTE STATES, QUANTITIES, AND CHARACTERISTICS

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

III. WASTE TYPE

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS			<i>Empty, used drums are recycled by rinsing with either solvents or caustics.</i>
PSD	PESTICIDES			
OCC	OTHER ORGANIC CHEMICALS			
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
<i>SOL</i>	<i>Methyl ethyl ketone</i>	<i>78933</i>	<i>Storage in drums, underground tank</i>		
	<i>Toluene</i>	<i>108883</i>			
	<i>Xylene</i>	<i>1330207</i>			
	<i>Acetone</i>	<i>67641</i>			
	<i>Methyl isobutyl ketone</i>	<i>108101</i>			
	<i>Methanol</i>	<i>67561</i>			

V. FEEDSTOCKS (See Appendix for CAS Numbers)

CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER	CATEGORY	01 FEEDSTOCK NAME	02 CAS NUMBER
FDS			FDS		
FDS			FDS		
FDS			FDS		
FDS			FDS		

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

See attached list of references # 1-4.



POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT

PART 3 - DESCRIPTION OF HAZARDOUS CONDITIONS AND INCIDENTS

I. IDENTIFICATION

01 STATE: NC 02 SITE NUMBER: 0991278300

1. HAZARDOUS CONDITIONS AND INCIDENTS

01 A. GROUNDWATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
 03 POPULATION POTENTIALLY AFFECTED: ~ 550 04 NARRATIVE DESCRIPTION
None reported. There are no wells on site. The nearest well is expected to be within 2,000 ft. of the site. ^{estimated} Depth to groundwater is 21-75'. Private wells are expected to serve approximately 550 people. ^{Most residents} have access to city water.

01 B. SURFACE WATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
 03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION
None reported. Site runs off drains north toward Villa Ave. and under RR tracks to Kennedy Mill Creek. This creek may get some recreational usage & fishing.

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: _____ (Acres) 04 NARRATIVE DESCRIPTION
Soil contamination may have occurred in materials transfer of rinse solvents + residual product from "empty" drums. Also had an underground storage tank for waste solvents.

01 G. DRINKING WATER CONTAMINATION 02 OBSERVED (DATE: _____) POTENTIAL ALLEGED
 03 POPULATION POTENTIALLY AFFECTED: _____ 04 NARRATIVE DESCRIPTION
None reported.

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: D991278300

II. HAZARDOUS CONDITIONS AND INCIDENTS (Continued)

01 J. DAMAGE TO FLORA
04 NARRATIVE DESCRIPTION

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

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

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

01 L. CONTAMINATION OF FOOD CHAIN
04 NARRATIVE DESCRIPTION

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

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

02 OBSERVED (DATE: _____) POTENTIAL ALLEGED

04 NARRATIVE DESCRIPTION

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)

See attached list of references.

1-7

City limits

Vance St ext (W)

Mullis Cannery.

Cambridge Brown Rd
Development

Lake Reidsville -

Fender Grocer ^{dist}

- Public Works City Reissue

- 342-5796

Charles Roberts.



RCRA INSPECTION REPORT

1) Facility Information

United Drum TA Reliance Universal
214 Berkeley St.
High Point, 27260
NCD 991278300

2) Facility Contact

Eddie Outlaw, Manager

3) Survey Participants

Eddie Outlaw
J. H. Deakins, Waste Mgt. Spec.

4) Date of Inspection

4-1-87

5) Applicable Regulations

40 CFR Part 262

6) Purpose of Survey

Interim Status inspection

7) Facility Description

no change

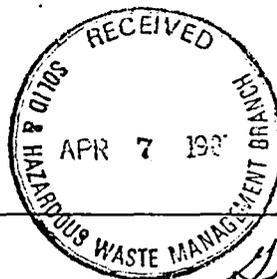
8) Site Deficiencies

none

9) Compliance Date

none

GENERATOR INSPECTION FORM - PART 262



1

Name of Site United Drum, Inc. TA Refinance Universal Inc. EPA I.D. NCD991278300 County Swain
 Location 214 Berkley St., High Point Inspection Date 4-1-87 Signature of Inspector(s) J.H. Jenkins
 Compliance Date none 27260 Signature of Facility Contact X Eddie O...

An inspection of your facility has been made this date and you are notified of the violations, if any, marked below with a cross (X).

SUBPART A - GENERAL

- 1. Hazardous Waste Determination (262.11)
 - Subpart D waste (b)
 - Subpart C waste (c)(1)(2)
- 2. EPA Identification Numbers
 - EPA generator number (a)
 - EPA transporter/facility (c)

SUBPART B - THE MANIFEST

- 3. General Requirements (262.20)
 - proper manifest (a)
 - permitted facility (b)
- 4. Required Information (262.21)
 - document number (a)(1)
 - generator identification (a)(2)
 - transporter identification (a)(3)
 - facility identification (a)(4)
 - D.O.T. description (a)(5)
 - total quantity (a)(6)
 - certification (b)
- 5. Number of Copies (262.22)
 - minimum number
- 6. Use of the Manifest (262.23)
 - generator handwritten signature (a)(1)
 - transporter signature/date (a)(2)
 - retain copy (a)(3)
 - copies to transporter (b)

SUBPART C - PRE-TRANSPORT REQUIREMENTS

- 7. Packaging (262.30)
 - D.O.T. compliance
 - 8. Labeling (262.31)
 - D.O.T. compliance
 - 9. Marking (262.32)
 - D.O.T. compliance (a)
 - "HAZARDOUS WASTE" label (b)
 - 10. Placarding (262.33)
 - D.O.T. compliance
 - 11. Accumulation Time (262.34)
 - Subpart I; J (a)(1)
 - accumulation date (a)(2)
 - "Hazardous Waste" (a)(3)
 - Subpart C; D (a)(4)*
 - personnel training (a)(4)*
- *Cite specific violations of 40 CFR 265 under remarks

SUBPART D - RECORDKEEPING AND REPORTING

- 12. Recordkeeping (262.40)
 - manifest retention (a)
 - annual/exception report (b)
 - test/waste analysis (c)

Handler Name: United Drum
ID Number: NCD 991278300
Inspector: J.H. Perkins
Date: 4-1-87

B. National Variances and Extensions/Petitions

Comments

- 1. Is the waste generated by a Small Quantity Generator? [268.30(a)(1)] ___ Yes No
- 2. Is the waste generated from a RCRA corrective action? [268.30(a)(2)] ___ Yes No ___ Some
- 3. Is the waste generated from a CERCLA response action? [268.30(a)(2)] ___ Yes No ___ Some
- 4. Is the solvent waste a solvent-water mixture, solvent-containing sludge, or solvent-contaminated soil containing less than one percent total FO01-FO05 constituents by weight? [268.30(a)(3)] ___ Yes No ___ Some
- 5. Any extensions/petitions approved? ___ Yes No

C. BDAT Treatability Group - Treatment Standards Identification

- 1. Did the generator correctly determine the appropriate treatability group and treatment standards of the waste [§268.41]. Wastewaters containing solvents; spent methylene chloride in pharmaceutical wastewaters; all other spent solvent wastes]? Yes ___ No

D. Waste analysis

- 1. Did the generator determine whether the waste exceeds treatment standards based on §268.7(a):
 - a. knowledge of the waste Yes ___ No
 - b. TCLP ___ Yes ___ No

If knowledge, note how this is adequate: lab test

If determined by TCLP, provide date of last test, frequency of testing, and attach test results. N/A

Dates/frequency: _____

Note any problems: _____

- c. Were wastes tested using TCLP when a process or wastestream changes? ___ Yes ___ No

Comments

- 2. Did the F-solvent wastes exceed applicable treatability group treatment standards upon generation [§268.7(a)(2)]? Yes No Some

- 3. Did the generator dilute the waste or the treatment residual so as to substitute for adequate treatment [§268.3] Yes No

E. Management

1. On-site management

- a. Were F-solvent wastes managed on-site? Yes No

If yes, answer 1(b) and (c); if no, answer 2.

- b. For wastes that exceed treatment standards, was treatment, storage and/or disposal conducted? Yes No

If yes, TSDF Land Restriction checklist must be completed.

- c. Are test results maintained in the operating record? Yes No

2. Off-site management

- a. If F-solvent wastes exceed treatment standards, did generator provide treatment facility [268.7(a)(1)]:
 - (i) EPA waste number? Yes No
 - (ii) Applicable treatment standard? Yes No
 - (iii) Manifest number? Yes No
 - (iv) Waste analysis data, if available? Yes No

Identify off-site treatment facilities
McKesson Enviro Systems, New Castle, Kentucky
Spectra One, Elkton, MD.

Handler Name: United Drum
ID Number: NCD 991278300
Inspector: J. H. Hester
Date: 4-1-87

Comments

b. If F-solvent wastes does not exceed treatment standards, did generator provide the disposal facility [268.7(a)(2)]:

N/A

waste does exceed standards

- (i) EPA Hazardous waste number? Yes No
- (ii) Applicable treatment standard? Yes No
- (iii) Manifest number? Yes No
- (iv) Waste analysis data, if available? Yes No
- (v) Certification regarding waste and that it meets treatment standards? Yes No

Identify land disposal facilities receiving the BDAT certified wastes.

c. If waste is subject to nation-wide variance (e.g., solvent-water mixtures less than 1%), extension (268.5) or petition (268.6) does generator provide notice to disposer that waste is exempt from land disposal restrictions [268.7(a)(3)]?

N/A

Yes No

F. Storage of F-solvent waste

1. Was F-solvent waste stored for greater than 90 days (after variance 180/270 days for SQG)?

Yes No

If yes, was facility operating under interim status or permit?

Yes No

If yes, TSDF Checklist must be completed.

Handler name United Drum
ID Number NE D491278300
Inspector J. A. Adams
Date 04-1-81

G. Treatment Using RCRA 264/265 Exempt Units or Processes

1. Were treatment residuals generated from RCRA 264/265 exempt units or processes? Yes No

If yes, list type of treatment unit and processes _____

Residuals from RCRA-exempt treatment units are subject to Land Disposal Restrictions Program. Ascertain whether residuals have been subjected to restriction program requirements.

Handler Name: United Drum
 ID Number: NCD991278300
 Inspector: J. H. Perkins
 Date: 4-1-87

APPENDIX A

SOLVENT IDENTIFICATION CHECKLIST

Comments

1. Does the handler generate any of the following F001 constituents (i.e., spent halogenated solvents used in degreasing) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
carbon tetrachloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorinated fluorocarbons	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

2. Does the handler generate any of the following F002 constituents (i.e., spent halogenated solvents) as a result of being used in the process either in pure form or commercial grade?

tetrachloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichloroethylene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methylene chloride	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,1-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
chlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
trichlorofluoromethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,2 trichloro 1,2,2-trifluoroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ortho-dichlorobenzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
1,1,2-trichloroethane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

3. Does the handler generate any of the following F003 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

xylene	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
acetone	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
ethyl acetate	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl benzene	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
ethyl ether	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methyl isobutyl ketone	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
n-butyl alcohol	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
cyclohexane	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
methanol	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Handler Name:
ID Number:
Inspector:
Date:

United Drum
WCD 491278300
J. H. Watkins
04-1-87

Comments

If the F003 wastestream has been mixed with a solid waste, does the resultant mixture exhibit the ignitability characteristic?

N/A

Yes No

4. Does the handler generate any of the following F004 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

cresols and cresylic acid
nitrobenzene

Yes No
 Yes No

5. Does the handler generate any of the following F005 constituents (i.e., spent nonhalogenated solvents) as a result of being used in the process either in pure form or commercial grade?

toluene
methyl ethyl ketone
carbon disulfide
isobutanol
pyridine
benzene
2-ethoxyethanol
2-nitropropane

Yes No
 Yes No

6. Are any of the constituents listed in the questions 1-5 used for their "solvent" properties — that is to solubilize (dissolve) or mobilize other constituents? The following questions will be helpful in confirming this determination.

Yes No

(a) Chemical carriers?

Yes No

If the answer is yes, list the constituents.

(b) Degreasing/cleaning?

Yes No *cleaning*

If the answer is yes, list the constituents.

MEK, toluene, xylene, acetone, MIEK, methanol

Handler Name: United Drum
ID Number: NCD 991278300
Inspector: J. B. Dickson
Date: 4-1-87

(c) Diluents? Yes ✓ No Comments

If the answer is yes, list the constituents.

(d) Extractants? Yes ✓ No

If the answer is yes, list the constituents.

(e) Fabric scouring? Yes ✓ No

If the answer is yes, list the constituents.

(f) Reaction and synthesis media? Yes ✓ No

If the answer is yes, list the constituents.

If questions 1-6 led the inspector to believe the waste may be an F-solvent answer question 7.

7. Are any of the above constituents spent solvents? A solvent is considered "spent" when it has been used and is no longer used without being regenerated, reclaimed, or otherwise reprocessed. ✓ Yes No

Handler Name: United Drum
ID Number: NC D 49/278300
Inspector: C. H. Blakem
Date: 4-1-87

8. If the waste is a mixture of constituents as determined in questions 1-6, answer this to determine whether it is a "solvent mixture" covered by the listings.

If the wastestream is mixed and contains more than one of the F001-F005 constituents listed in questions 1-5 (by volume), give the concentration before use of all the constituents in the solvent mixture/blend. For example:

Comments

- 5% methylene chloride
- 2% trichloroethylene
- 25% 1,1,1-trichloroethane
- 68% mineral spirits
- 100%

If the wastestream is a mixture containing a total of 10% or more (by volume) of one or more of the F001, F002, F004, or F005 listed constituents before use, it is a listed waste.

With respect to the F003 solvent wastes, if, before use, the wastestream is mixed and contains only F003 constituents, it is a listed waste. For example:

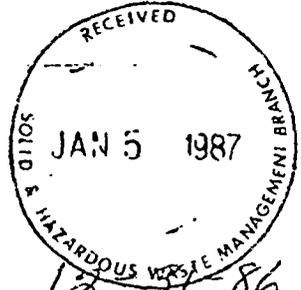
- 33% acetone
- 16% methanol
- 51% ethyl ether
- 100%

If the wastestream is a mixture containing F003 constituents and a total of 10% or more of one or more of the F001, F002, F004, and F005 listed constituents before use, it is a listed waste. For example:

- 50% xylene F003
- 12% TCE F001
- 38% mineral spirits
- 100%

If in light of the above, the handler appears to be generating F001-F005 hazardous wastes, refer this facility to the enforcement official for follow-up actions verifying the use of solvents at the facility.

ROUTINE UNANNOUNCED SITE EVALUATION



A) - General

Name: United Drum
Location: _____
Mailing Address: 214 Berkeley St.
High Point 27260
EPA I.D. #: NCD 0991278300
Contact/Title: Eddie Outlaw

Inspection Date: 12-27-86
Inspection Category: _____
RCRA Notifier as:
Generator:
Transporter: _____
TSDF: _____
Inspector(s): J. H. Dierlein
Other: _____

Water Supply (if well(s) give approximate location): city
Air/Water discharge permit(s), Municipal/Private sewer system(s): air permit with DEM
#5948

B) - Disposal of wastes on-site/off-site; Where, When, What type, Amount/frequency, How long, and By whom (transporters, facilities, etc.): MC Kesson Chemical 3200 gal/month
waste solvents

C) - Evidence of improper on-site treatment/storage/disposal/release: yes no Give approximate location, type, amount, frequency, length of time, etc.: _____

D) - Inspection Schedule and Log

(*) denotes TSD requirements

- (1) Are inspections conducted: yes
- (2)* Written inspection schedule: _____
- (3) Inspection log: yes
 - Daily * Loading and unloading of areas subject to spills: N/A
 - discharge control/monitoring equipment for tanks, 2' freeboard or containment: N/A
 - * incinerator system, thermal treatment equipment (leaks, spills, emissions, alarms): N/A
 - * chem/phys/bio. treatment and monitoring equipment: N/A
 - * freeboard level of surface impoundments: N/A
 - other: _____

Weekly- physical condition and management of containers: yes
- physical condition and management of tanks (and immediate area): N/A
* physical condition and management of surface impoundments (and immediate area): N/A
* physical condition of chem/phys/bio. treatment facility: N/A
- other: _____

E) - Site Security*

1) 24 hour surveillance system: N/A
or Artificial or natural barrier: _____
or Means to control entry: _____
2) Danger sign posted at each entrance legible at 25': _____

F) - Site Preparedness/Prevention (Subpart C)

1) Maintenance and operation to minimize incidents: yes
2) Required equipment (communications, alarms, tele-radio, fire equipment): _____
3) Adequate aisle space: yes

G) - Contingency Plan (Subpart D)

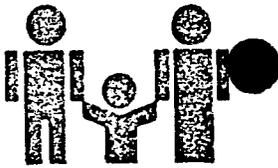
1) Plan on site: yes
2) Content of plan:
updated list of emergency coordinators: yes
updated list of emergency equipment (location): yes

H) - Operating Record*

1) Location of wastes on-site and manifest number: N/A

Remarks: _____

Recommendations: _____



Keith

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

(4)

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

Date: April 25, 1983

Mr. Charles B. Wilson
United Drum Co.
214 Berkley St.
High Point, NC 27261

Re: Facility ID No. NCD991278300

Dear Mr. Wilson:

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

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

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

Cordially,

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

OWS

cc: Doug McCurry
EPA Region IV
Emil Breckling
Joe Deakins

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



(3)

APPLICATION FOR CHANGE IN CLASSIFICATION UNDER RCRA

Date: 4-15-83

Company Name: United Dress

Company Address: 214 Berkeley St. High Point

EPA ID No: NC D 99 1278300

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

Dear Mr. Strickland:

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

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

Our reason for this request is:

We wish to remain classified as
a generator only.

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

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



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

(2)

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

Date: November 15, 1982

Mr. John A. Clontz
Reliance Universal
T/A United Drum
214 Berkley Street
High Point, NC 27261

Re: Facility ID No. NCT380010827
NCD991278300

Dear Mr. Clontz:

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

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

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

Cordially,

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

OWS

cc: Doug McCurry
EPA Region IV
Emil Breckling
Steve Phibbs

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





APPLICATION FOR CHANGE IN CLASSIFICATION UNDER RCRA

Date: 11-4-82

Company Name: RELIANCE UNIVERSAL T/A UNITED DRUM

Company Address: 214 Berkley St. - High Point, NC

EPA ID No: NCT380010827

①

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

Dear Mr. Strickland:

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

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

Our reason for this request is:

Since acquiring interim status, we have found that we have not exercised storage rights and do not anticipate ever doing so.

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

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

(over)



STATE OF NORTH CAROLINA

DEPARTMENT OF HUMAN RESOURCES

Division of Health Services

P. O. Box 2091

Raleigh 27602

JAMES B. HUNT, JR.
GOVERNOR

SARAH T. MORROW, M.D., M.P.H.
SECRETARY

XXXXXXXXXXXXXXXXXXXX
XXXXXX
DIRECTOR

Ronald H. Levine, M.D.
Acting Director

August 12, 1981

Mr. John Clontz
United Drum (Reliance Universal)
214 Berkley Street
High Point, NC 27261

Dear Mr. Clontz:

On August 6, 1981, Mr. Steve Phibbs of the Solid and Hazardous Waste Management Branch conducted a follow-up RCRA inspection of your facility. You were found to be in compliance with the standards.

This office wishes to thank you for your cooperation and please do not hesitate to contact us if we may be of future assistance.

Sincerely,


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

OWS:nlc

cc: Mr. Steve Phibbs
Mr. Julian Foscue



STATE OF NORTH CAROLINA

DEPARTMENT OF HUMAN RESOURCES

Division of Health Services

JAMES B. HUNT, JR.
GOVERNOR

HUGH H. TILSON, M.D.
DIRECTOR

SARAH T. MORROW, M.D., M.P.H.
SECRETARY

NORTH CENTRAL REGIONAL OFFICE
720 Coliseum Drive, Plaza West
Winston-Salem, N. C. 27106
Telephone (919) 761-2390

June 18, 1981



MEMORANDUM

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

FROM: ^{SP} Steve Phibbs, District Sanitarian

SUBJECT: Interim Status Standards

On June 8, 1981, an interim status standards inspection was conducted at the United Drum (Reliance Universal) reclamation facility in High Point, N. C. Those participating in the inspection were William Paige, Chemical Consultant, Solid and Hazardous Waste Branch, Charles Wilson, United Drum and Steve Phibbs, District Sanitarian.

United Drum receives "empty" drums (1" or less of waste material), drains any residual material into an underground storage tank (1,600 gallon concrete tank) and reconditions the drums for future use by their customers.

The following violations were noted:

- 1) 262.21 (5) Description of waste on the manifest. The hazardous waste description code number had not been entered on past manifests. This also violates D.O.T. regulations contained in 49 CFR 172.101.
- 2) 265.13 Waste Analysis Plan. United Drum must develop and maintain a written waste analysis plan.
- 3) 265.15 (D) Inspection log. An inspection log must be maintained to monitor inspection requirements as set forth in Section 265.15.
- 4) 265.16 Personnel Training Records. Personnel training records must be updated and kept in the files of those employees engaged in hazardous waste activity.

- 5) 265.52 - 265.53 Contingency Plan and Emergency Procedures. A contingency plan which deals with emergency procedures, agreements with local emergency response teams, a designated emergency coordinator, emergency equipment and evacuation plan must be adopted. Copies of the contingency plan must be distributed to local emergency response units.
- 6) 265.110 - 265.115 Closure Plan. United Drum must adopt a facility closure plan. This plan must identify the steps necessary to completely close the facility at any point during its intended life.

The following compliance schedule was agreed by representatives of United Drum (Reliance Universal):

- 1) Hazardous waste description and classification number - This practice is to begin with the next shipment of manifested waste.
- 2) Waste Analysis Plan - This plan will be adopted and on hand by July 20, 1981.
- 3) Inspection Log - It was agreed that an inspection log book would be instituted immediately.
- 4) Personnel Training Records - These would also be updated immediately for those employees working with hazardous waste.
- 5) Contingency Plan and Emergency Procedures - Again a 30-day implementation period was agreed upon. This will be in force on or before July 20, 1981.
- 6) Closure Plan - The closure plan will be adopted on or before the agreed to date of July 20, 1981.

Also the following recommendations are to be met on or before July 20, 1981:

- 1) Construct a concrete pad around the outlet of the hazardous waste storage tank for spill containment.
- 2) Clean up any spill material on or around this storage tank.

In the future, United Drum (Reliance Universal) may be required to do ground-water monitoring due to the presence of underground hazardous waste storage tanks.

SP/sl

RCRA STATUS

UNITED DRUM T/A RELIANCE UNIVERSAL
NCD991278300

This is an active drum recycling facility which has operated on site since 1972. They are currently classified as a RCRA Generator. This facility filed a Part A RCRA Permit Application on November 6, 1980 for storage of solvents in drums and tanks. However, on November 14, 1982, the company requested to be deleted as a storer claiming they had never exercised their storage option and did not intend to. As a result, their RCRA status was changed from TSD facility to Generator only, on April 25, 1983. A facility contact has indicated that wastes were never stored on site for more than 90 days. Wastes are currently stored in drums outdoors. The facility is inspected regularly as a RCRA Generator.

PD/pd/0444b.60

REGION IV RCRA/NPL POLICY QUESTIONNAIRE FOR INITIAL SCREENING

Site Name United Drum T/A Reliance Universal
City High Point State NC
Facility I.D. Number NCD 991278300

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 <u>possible</u> 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 _____		

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

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

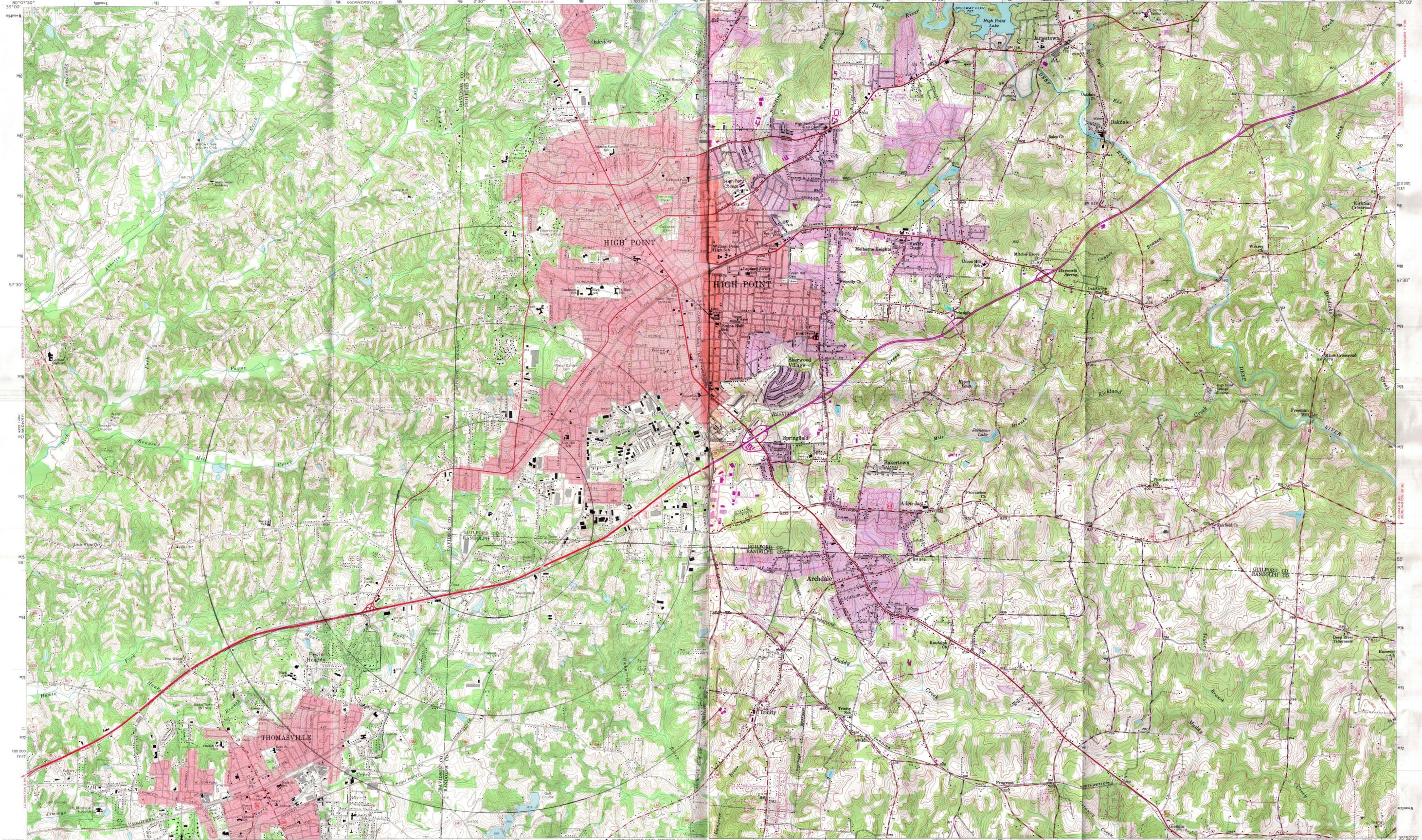
If not, why not?

No enforcement actions are pending.

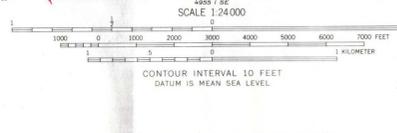
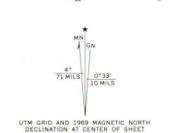
Are any PRPs (including owner/operators) undertaking remedial studies or action in response to CERCLA enforcement authorities? What is the extent/type of work that has been completed (RI/FS, etc.) and who (generators, owner/operator, etc.) is conducting the work?

No

*Unred
Drawn*

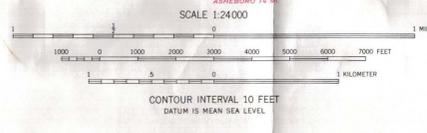
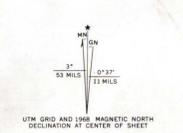


Mapped, edited, and published by the Geological Survey
Control by USGS, USC&GS, and North Carolina Geodetic Survey
Topography by photogrammetric methods from aerial photographs
taken 1965. Field checked 1969
Supersedes map dated 1949
Polyconic projection. 1927 North American datum
10,000-foot grid based on North Carolina coordinate system
1000-meter Universal Transverse Mercator grid ticks, zone 17,
shown in blue
Red tint indicates areas in which only landmark buildings are shown



ROAD CLASSIFICATION
Primary highway, Light-duty road, hard or improved surface
Secondary highway, Unimproved dirt
hard surface
Unimproved road
Interstate Route U.S. Route State Route
Red tint indicates area in which only landmark buildings are shown
1000-meter Universal Transverse Mercator grid ticks, zone 17, shown in blue
Revisions shown in purple compiled from aerial photographs taken 1968.
This information not field checked.
Purple tint indicates extension of urban areas

HIGH POINT WEST, N.
N3552.5-W8000/7.5
1969
AMS 4955 I NE-SERIES V942



ROAD CLASSIFICATION
Heavy-duty Light-duty
Medium-duty Unimproved dirt
Interstate Route U.S. Route State Route
Red tint indicates area in which only landmark buildings are shown
1000-meter Universal Transverse Mercator grid ticks, zone 17, shown in blue
Revisions shown in purple compiled from aerial photographs taken 1968.
This information not field checked.
Purple tint indicates extension of urban areas

HIGH POINT EAST, N. C.
N3552.5-W7952.5/7.5
1950
PHOTOREVISED 1968
AMS 5055 I NW-SERIES V842