742SERBSF10,640

742SERBSF10,640

Site Name (Subject):	VANIER GRAPHICS CORPORATION
Site ID (Document ID):	NCD093783876
Document Name (DocType):	Correspondence (C)
Report Segment:	
Description:	General Correspondence, 1981 - 1995
Date of Document:	8/22/1995
Date Received:	
Box: *Enter SF and # with no spaces*	SF10,640
Access Level:	PUBLIC
Division:	WASTE MANAGEMENT
Section:	SUPERFUND
Program (Document Group):	SERB (SERB)
Document Category:	FACILITY

Print Report for Record | Go to New Blank Record | Go to New Record - (default to last record values) | Delete Record

DATE: August 22, 1995

SUBJECT: REMOVAL FROM EPA'S CERCLIS INVENTORY

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

TO: VANIER GRAPHICS CORP
655 MEADOW RD
EDEN
NC 27288

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 15, 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: Vanier Graphics Corporation
NC D093783876
Eden, Rockingham County, NC

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

Vanier Graphics is a small generator which prints business forms. The facility has been in operation on their 3 1/2 acre property since 1962. Vanier Graphics generates waste n-butyl alcohol and tetrachloroethylene. There are no underground tanks at the facility according to Jerry Hoffman of Vanier Graphics, and there have been no spills or incidents of on-site disposal that he is aware of. According to Joe Deakins of the NC Solid and Hazardous Waste Management, North Central Region Field Office, Vanier Graphics runs a clean operation.

Vanier Graphics is located in the Eden City limits. Water supply for the city is derived from the facility. While the majority of persons living within three miles of the facility depend upon city water, a percentage use private wells. Priority assigned for site inspection at Vanier Graphics Corp. is low.

Sincerely,

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

DMD/pb/0472b

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

James G. Martin, Governor
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Ronald H. Levine, M.D., M.P.H.
State Health Director

3 September 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:

Re: Preliminary Assessment Report
Vanier Graphics Corporation
NCD093783876

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

Vanier Graphics is a small generator which prints business forms. The facility has been in operation on their 3-1/2 acre property since 1962. Vanier Graphics generates waste n-butyl alcohol and tetrachloroethylene. There are no underground tanks at the facility according to Jerry Hoffman of Vanier Graphics, and there have been no spills or incidents of on-site disposal that he is aware of. According to Joe Deakins of the NC Solid and Hazardous Waste Management Branch, North Central Region field office, Vanier Graphics runs a clean operation.

Vanier Graphics is located in the Eden city limits. Water supply for the city is derived from the Smith and Dan Rivers at points upgradient from the facility. While the majority of persons living within three miles of the facility depend upon city water, a percentage use private wells.

On 3 September 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.

Priority assigned for site inspection at Vanier Graphics Corporation is low. If you have any questions, please call me at (919) 733-2801.

Sincerely,

D. Mark Durway

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

MD/pc

Enclosure

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

I. IDENTIFICATION
01 STATE: NC | 02 SITE NUMBER: D 093783876

II. SITE NAME AND LOCATION

01 SITE NAME (Legal, common, or descriptive name of site): Vanler Graphics Corporation

02 STREET, ROUTE NO., OR SPECIFIC LOCATION IDENTIFIER: 655 Meadow Road (Highway 770)

03 CITY	04 STATE	05 ZIP CODE	06 COUNTY	07 COUNTY CODE	08 CONG DIST
Eden	NC	27288	Rockingham	79	05

09 COORDINATES: LATITUDE 36° 30' 45" | LONGITUDE 79° 43' 30"

10 DIRECTIONS TO SITE (Starting from nearest public road) Facility is located in Eden at the junction of NC Highways 770 (Meadow Road) and 700 (Fieldcrest Road). This location is in northeast Eden approximately one mile west of Draper.

III RESPONSIBLE PARTIES

01 OWNER (If known): Vanler Graphics Corporation

02 STREET (Business, mailing, residential): 8787 Olive Lane

03 CITY	04 STATE	05 ZIP CODE	06 TELEPHONE NUMBER
Santee	CA	92071	(714) 448-3000

07 OPERATOR (If known and different from owner): Vanler Graphics Corp.

08 STREET (Business, mailing, residential): PO Box 190

09 CITY	10 STATE	11 ZIP CODE	12 TELEPHONE NUMBER
Eden	NC	27288	(919) 623-8431

13 TYPE OF OWNERSHIP (Check one)
[x] A. PRIVATE [ ] B. FEDERAL: _____ (Agency) [ ] C. STATE [ ] D. COUNTY [ ] E. MUNICIPAL
[ ] F. OTHER: _____ (Specify) [ ] G. UNKNOWN

14 OWNER/OPERATOR NOTIFICATION ON FILE (Check all that apply) (CERCLA 103c)
[x] A. RCRA 3001 DATE RECEIVED: 2/17/81 Part A on 4-6-81 [ ] B. UNCONTROLLED WASTE SITE DATE RECEIVED [ ] C. NONE

IV. CHARACTERIZATION OF POTENTIAL HAZARD

01 ON SITE INSPECTION BY (Check all that apply)
[ ] YES DATE [ ] A. EPA [ ] B. EPA CONTRACTOR [ ] C. STATE [ ] D. OTHER CONTRACTOR
[ ] E. LOCAL HEALTH OFFICIAL [ ] F. OTHER: _____
[x] NO CONTRACTOR NAME(s): _____

02 SITE STATUS (Check one)
[x] A. ACTIVE [ ] B. INACTIVE [ ] C. UNKNOWN

03 YEARS OF OPERATION
1962 | _____ [ ] UNKNOWN
BEGINNING YEAR ENDING YEAR

04 DESCRIPTION OF SUBSTANCES POSSIBLY PRESENT, KNOWN, OR ALLEGED Vanler Graphics is a small generator which prints business forms. Wastes generated include n-butyl alcohol and tetrachloroethylene.

05 DESCRIPTION OF POTENTIAL HAZARD TO ENVIRONMENT AND/OR POPULATION Facility is located in the Eden city limits on a 3 1/2 acre tract. Facility uses city sewer and water, and has no wells. No underground tanks. No known on-site disposal or spills, according to Jerry Hoffman of Vanler Graphics. Clean operation according to Joe Deakins of NC Solid & Hazardous Waste Management.

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) [x] C. LOW (Inspection 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
Jerry Hoffman	Vanler Graphics, Eden, N.C.	(919) 623-8431

02 PERSON RESPONSIBLE FOR ASSESSMENT	05 AGENCY	ORGANIZATION	03 TELEPHONE NUMBER	08 DATE
D. Mark Durway	NC S&HW Mg	CERCLA	(919) 733-2801	8/7/87

EPA FORM 2070-12 (7-81)

POTENTIAL HAZARDOUS WASTE SITE
PRELIMINARY ASSESSMENT
PART 2 - WASTE INFORMATION

II. IDENTIFICATION

01 STATE	02 SITE NUMBER
NC	D 093 783 876

II. WASTE STATES, QUANTITIES, AND CHARACTERS

01 PHYSICAL STATES (Check all that apply)

[ ] A SOLID
[ ] B. POWDER, FINES
[ ] C. SLUDGE
[ ] D. Other _____
[ ] E. SLURRY
[x] F. LIQUID
[ ] G. GAS

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

TONS _____
CUBIC YARDS _____
NO. OF DRUMS Unknown

03 WASTE CHARACTERISTICS (Check all that apply)

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

III. WASTE TYPES

CATEGORY	SUBSTANCE NAME	01 GROSS AMOUNT	02 UNIT OF MEASURE	03 COMMENTS
SLU	SLUDGE			
OLW	OILY WASTE			
SOL	SOLVENTS	Unknown		No known spills or on-site
PSD	PESTICIDES			disposal.
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)

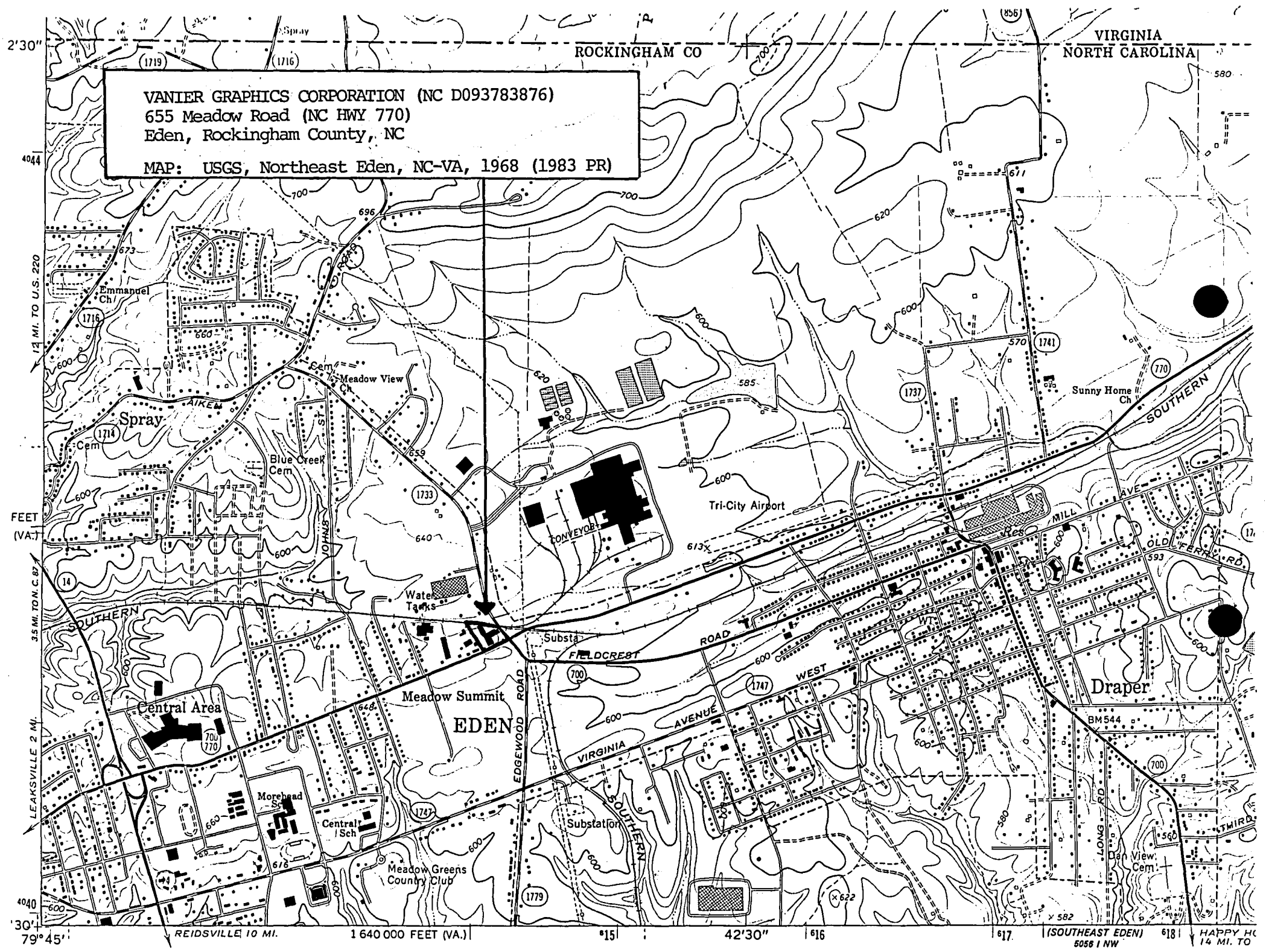
CATEGORY	SUBSTANCE NAME	03 CAS NUMBER	04 STORAGE/DISPOSAL METHOD	05 CONCENTRATION	06 MEASURE OF CONCENTRATION
SOL	n-butyl alcohol	71363	Facility stores wastes in	Pure	
SOL	tetrachloroethylene	127184	drums which are periodically	Pure	
			removed from premises as re-		
			quired for RCRA small gen-		
			erators.		

V. FEEDSTOCKS (See Appendix for CAS numbers)

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

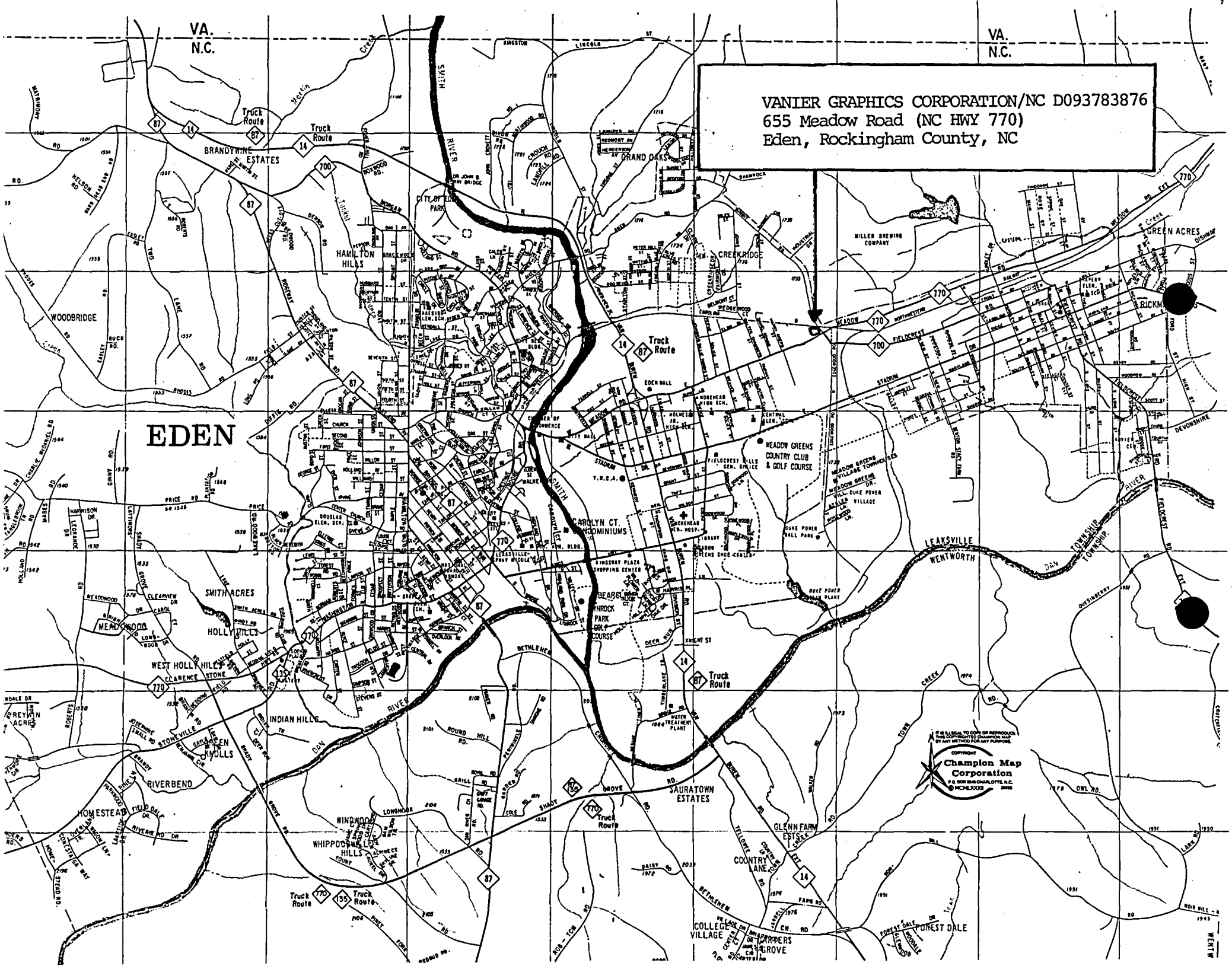
VI. SOURCES OF INFORMATION (Cite specific references, e. g. state files, sample analysis, reports

1) RCRA Part A and RCRA Hazardous Waste notification dated 4/6/81 and 2/17/81 respectively.
2) Joe Deakins, NC S&HW Mgmt. North Central Regional Office, Mebane, NC, pers comm., 8/7/87.
3) Jerry Hoffman, Vanier Graphics, Eden, NC, pers. comm., 8/7/87.



Mapped, edited, and published by the Geological Survey

Control b. USGS and NOS/NOAA


VANIER GRAPHICS CORPORATION/NC D093783876
655 Meadow Road (NC HWY 770)
Eden, Rockingham County, NC
VA.
N.C.
EDEN
BRANDYWINE ESTATES
GRAND OAKS
HAMILTON HILLS
CREEKRIDGE
GREEN ACRES
WOODBRIDGE
MILLER BREWING COMPANY
MEADOW GREENS COUNTRY CLUB & GOLF COURSE
CAROLYN CT. CONDOMINIUMS
SMITH ACRES
HOLLY HILLS
WEST HOLLY HILLS
INDIAN HILLS
GREEN KNOLLS
RIVERBEND
HOMESTEAD
WINWOOD
WHIPPOORWILL HILLS
SAURATOWN ESTATES
GLENN FARM ESTS.
COUNTRY LANE
COLLEGE VILLAGE
FOREST DALE
LEAKSVILLE
WENTWORTH
Truck Route
SMITH RIVER
DAN RIVER
Champion Map Corporation

7 August 1987

TO: File

FROM: D. Mark Durway DMD.

RE: Telephone conversation with Jerry Hoffman of Vanier Graphics (NC D093783876) in Eden, Rockingham County, NC

Mr. Hoffman (tel. 919/623-8432) told me that Vanier Graphics has been in operation for 25 years. He said that the facility is a small generator. There are no underground tanks at Vanier Graphics, according to Mr. Hoffman, and there have been no spills or incidents of on-site disposal that he is aware of.

7 August 1987

TO: File

FROM: D. Mark Durway DMD.

RE: Vanier Graphics Corp. (NC D093783876) in Eden, Rockingham Co., NC

In a telephone conversation today, Joe Deakins of the NC S&HWMgmt North Central Regional office (tel. 919/563-1818) informed me that Vanier Graphics is a small generator which generates small amounts of solvent waste. Joe said that he visited the site about two years ago. He said they run a clean operation.

7 August 1987

TO: File

FROM: D. Mark Durway

RE: Surface water and ground water use in the vicinity of Vanier Graphics Corporation (NC D093783876) in Eden, NC

Eden has a population of 15,708 persons, based on the 1987 League of Municipalities directory. According to Beverly Johnson of the Eden Department of Public Works (tel. 919/627-1009), all persons living in Eden have access to city water, which is derived from the Smith and Dan Rivers at points upgradient from Vanier Graphics. Some persons not living in the Eden city limits also use city water. Persons not connected to city water must rely on private ground water wells. The nearest well to the site and the number of well users within three miles of the site has not yet been determined. Vanier Graphics is located slightly more than a mile upgradient from the nearest perennial stream, Dry Creek. Based on USGS maps for the site area, it appears that Dry Creek would receive considerable stormwater runoff from the Draper area during wet periods. It has not yet been determined whether or not Dry Creek is used for recreational purposes.

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/i

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

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

EPA I.D. NUMBER: F N C D 0 9 3 7 8 3 8 7 6 2

LABEL ITEMS

I. EPA I.D. NUMBER: 0 0 0 0 5 4

III. FACILITY NAME: NCD093783876

V. FACILITY MAILING ADDRESS: VANIER GRAPHICS CORPORATION
P. O. BOX 190
EDEN, N.C. 27288

VI. FACILITY LOCATION

EPA/REGION IV
APR 9 2 35 PM '01

2

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' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge to waters of the U.S.**? (FORM 2A)		X		B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge to waters of the U.S.**? (FORM 2B)		X	
C. Is this a facility which currently results in **discharges to waters of the U.S.** other than those described in A or B above? (FORM 2C)		X		D. Is this a proposed facility *(other than those described in A or B above)* which will result in a **discharge to waters of the U.S.**? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of **hazardous wastes**? (FORM 3)	X			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 VANIER GRAPHICS CORPORATION

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 COLLIS ROBERT N GENERAL MANAGER	919 623 8431

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 POST OFFICE BOX 190

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 EDEN	NC	27288

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 655 MEADOW ROAD

B. COUNTY NAME

ROCKINGHAM

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 EDEN	NC	27288	029

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
2761 (specify) Printing, Manifold Bus. Forms	(specify)
C. THIRD	**D. FOURTH**
(specify)	(specify)

WATER ENFORCEMENT BRANCH RECEIVED

VIII. OPERATOR INFORMATION

A. NAME: VANIER GRAPHICS CORPORATION

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

RECEIVED EPA-REGION IV ATLANTA GA

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL, S = STATE, P = PRIVATE, M = PUBLIC (other than federal or state), O = OTHER (specify)
Answer: P (specify)

D. PHONE (area code & no.): A 714 448 3000

E. STREET OR P.O. BOX: 8787 OLIVE LANE

F. CITY OR TOWN: SANTEE **G. STATE**: CA **H. ZIP CODE**: 92071

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): N	D. PSD (Air Emissions from Proposed Sources): P
B. UIC (Underground Injection of Fluids): U	E. OTHER (specify): 9 (specify)
C. RCRA (Hazardous Wastes): R NCD093783876 2	E. OTHER (specify): 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. 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)

Printing; Business Forms Manufacturing

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
Robert N. Collis, General Manager R.J. Sniker, Regional Vice President	R.J. Sniker	4-6-81

COMMENTS FOR OFFICIAL USE ONLY

C

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

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

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

PA I.D. NUMBER: F N C D 0 9 3 7 8 3 8 7 6 2 (T/A)

FOR OFFICIAL USE ONLY

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

II. FIRST OR REVISED APPLICATION

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

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

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

[ ] 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)*

C	YR.	MO.	DAY
8	8 0	0 1	3 1

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
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	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

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

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.

C	DUP	T/A	C 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	55	G		7				
2					8				
3					9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CO[illegible]R FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

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

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

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

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

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

D. **PROCESSES**

1. **PROCESS CODES:**
   For listed hazardous 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:

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

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

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (If a code is not entered in D(1))
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

CONTINUE ON PAGE 3

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY							
S												T/A	C		S			T/A	C			
W	N	C	D	0	9	3	7	8	3	8	7	6	2	1	W	DUP			2	DUP		
1	2											13	14	15	1	2			13	14	15	23 - 26

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code) 23 - 26	B. ESTIMATED ANNUAL QUANTITY OF WASTE 27 - 35	C. UNIT OF MEASURE (enter code) 36	D. PROCESSES 1. PROCESS CODES (enter) 27 - 29	27 - 29	27 - 29	27 - 29	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U031	110 300	G	S01				
2	U210	110 300	G	S01				
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								

(enter "A", "B", "C", etc. behind the "2" to identify photocopies)

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS [illegible]TES *(continued)*

E. USE THIS SPACE TO LIST ADDITI[illegible]L PROCESS CODES FROM ITEM D(1) ON PAGE 3.

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

F	N	C	D	0	9	3	7	8	3	8	7	6	2	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)*
See Map provided in earlier mailing	

VIII. FACILITY OWNER

[X] 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.)*
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

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

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Richard J. Sniker	Richard J. Sniker	4-29-81

X. OPERATOR CERTIFICATION

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

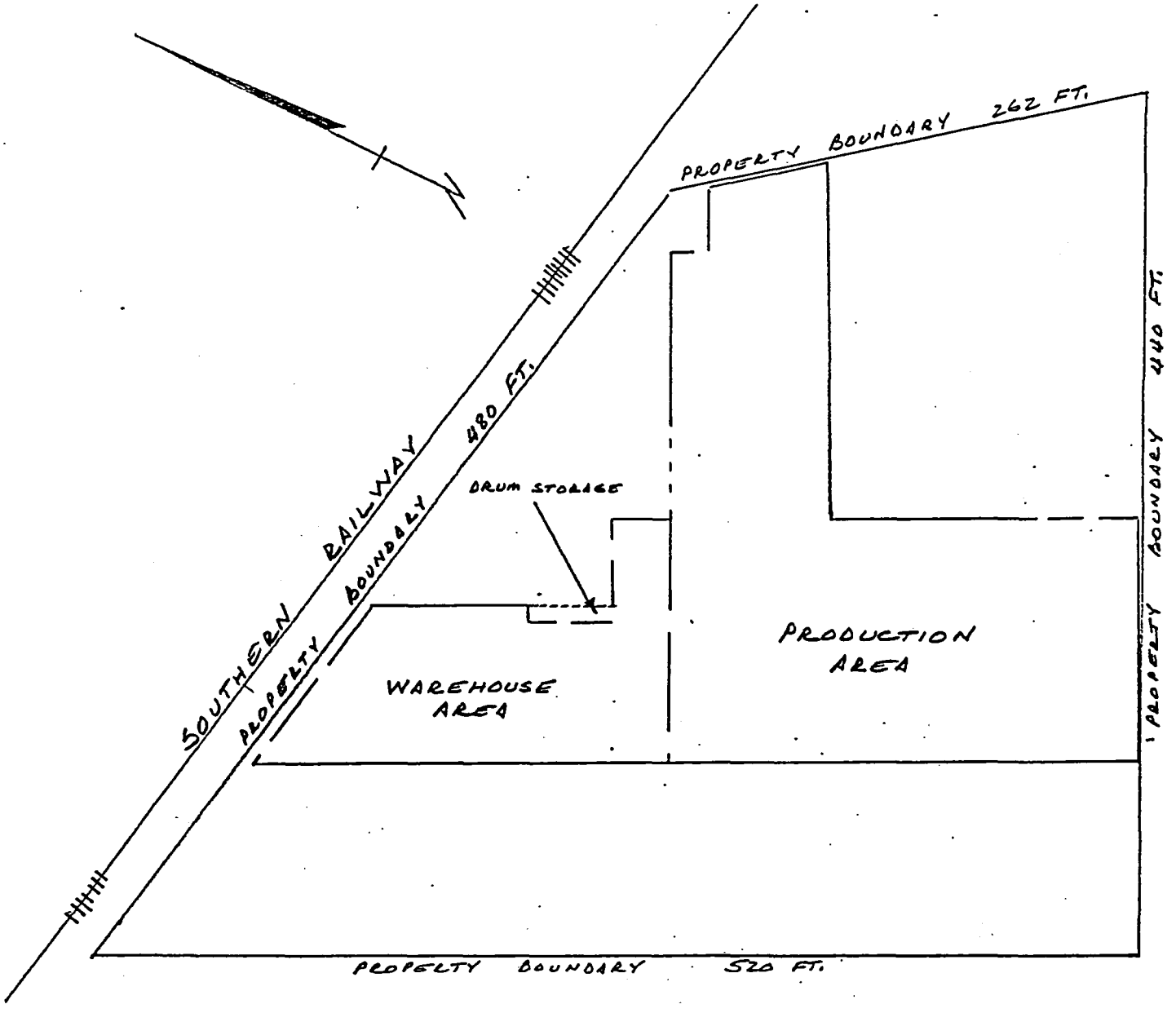
A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Richard J. Sniker	Richard J. Sniker	4-29-81

CONTINUE ON PAGE 5

Continued from page 4.

Form Approved OMB No. 158-S80004

V. FACILITY DRAWING *(see page 4)*



SCALE: 1/16" = 5'

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only.

GSA No. 0246-EPA-OT

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.	
I. NAME OF INSTALLATION	Vanier Graphics Corporation
II. INSTALLATION MAILING ADDRESS	P.O. Box 190 Eden, NC 27288 PLEASE PLACE LABEL IN THIS SPACE
III. LOCATION OF INSTALLATION	655 East Meadow Road Eden, North Carolina

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FEB 19 2 54 PM '81

ENFORCEMENT DIVISION

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F ND 093783876 21		810219

I. NAME OF INSTALLATION

VANIER GRAPHICS CORPORATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX	CITY OR TOWN	ST.	ZIP CODE
3 PO Box 190	4 Eden	NC	27288

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER	CITY OR TOWN	ST.	ZIP CODE
5 655 Meadow Road	6 Eden	NC	27288

79-3

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 Collis R N General Manager	919-623-8431

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 Vanier Graphics Corporation

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [ ] A. GENERATION
- [ ] B. TRANSPORTATION (complete item VII)
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. – FOR OFFICIAL USE
W N C D 0 9 3 7 8 3 5

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed ha waste from non–specific sources your installation handles. Use additional sheets if necessary.

1.	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chem stance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U031	32 U210	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary:

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–lis hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

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

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Robert N. Collis	Robert N. Collis General Manager	2–17–81

Vanier Graphics Corporation
NC D093783876
Eden, Rockingham County, NC

D. Mark Durway
NC Solid & Haz Wst Mgmt
8-7-87

RCRA STATUS

Vanier Graphics is a RCRA small generator which has been in operation for the past 25 years. Based on records at this office, there is no indication that wastes have been treated, stored, or disposed on-site at any point in this facility's history.

D. Mark Durway
8-7-87

REGION IV RCRA/NPL POLICY QUESTIONNAIRE FOR INITIAL SCREENING

Site Name VANIER GRAPHICS CORPORATION

City EDEN State NC

Facility I.D. Number NC D093783876

Type of Facility: Generator _____ Transporter _____ TSD _____

I. RCRA APPLICABILITY

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

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?		

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?	_____	_____
Has the facilities interim status been terminated via another mechanism (i.e. administrative 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).

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?	_____	_____

If yes, please describe and cite the authorities exercised.

	yes	no
Is the owner/operator a party to any enforcement action at the site?	_____	_____

If not, why not?

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?

Vanier Graphics Corporation

Eden Division

Highway 770 • P.O. Box 190 • Eden, North Carolina 27288
Telephone 919/623-8431

RECEIVED
FEB 12 19
SOLID & HAZARDOUS WASTE MANAGEMENT BRANCH

February 11, 1982

Mr. O. W. Strikland
North Carolina Office of the Solid
and Hazardous Waste Management Branch
P. O. Box 2091
Raleigh, North Carolina 27602

Dear Mr. Strikland:

It is my understanding that based on our lack of ability to generate large quantities of hazardous waste that we can be reclassified to that of a small quantity generator. This is based on our limited amount of waste stored or generated on our premises.

Our current EPA Identification Number is NCD093783876 2 We wish to retain this number so that we might continue to ship what small quantities we do generate into a recycling plant here in the State.

We appreciate your assistance in this reclassification of our firm.

Thank you,

VANIER GRAPHICS CORPORATION

Robert N. Collis
General Manager

RNC:js

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

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

Emil

Date: February 22, 1982

5

Mr. Robert N. Gollis
Vanier Graphics, Inc.
P.O. Box 190
Eden, NC 27288

Re: Facility ID NO. NCD093783876

Dear Mr. Collis:

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:

Add as	Delete as	
☐	☒	generator
☐	☐	transporter
☐	☒	treater
☐	☒	storer
☐	☒	disposer
☒	☐	small generator

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

Cordially,

O. W. Strickland

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

OWS

cc: John Herrmann
EPA Region IV
Emil Breckling

Keith

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 26, 1982

Mr. Elmer Pegram
Vanier Graphics Corporation
P.O. Box 190
Eden, NC 27288

6

Dear Mr. Pegram:

This is to confirm our telephone conversation this morning. Your plant was removed from our records as a TSD facility on February 22, 1982 and is presently carried only as a small generator. Accordingly, you are not responsible for liability insurance or financial assurance of closure costs.

Very truly yours,

Keith Lawson

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

KL:lc

cc: Mr. Glenn Dunn

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

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

March 13, 1984

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

8

Mr. Robert N. Collis
Vanier Graphics
P.O. Box 190
Eden, N.C. 27288

Re: NCD093783876

Dear Mr. Collis:

On November 30, 1983, in response to a formal call for part B of a permit application, an officer of your company advised this Branch that a part B application would not be filed. Following this, on January 29, 1984 and February 1, 1984, the Solid and Hazardous Waste Management Waste Management Branch of the Department of Human Resources published a legal notice in the Raleigh papers, announcing its intention to deny a permit and terminate interim status for a number of plants, including yours.

You are now advised that this plant has been denied a permit as a hazardous waste treatment, storage, or disposal facility and its interim status has been formally terminated. As of March 30, 1984, the operators of it may not treat or dispose of hazardous waste, nor store it for more than 90 days from the of accumulation.

If you have any questions about this matter, please call or write to Mr. Keith Lawson at this office.

Very sincerely,

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

OWS/KL: tl

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/i

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

EPA I.D. NUMBER: F N C D 0 9 3 7 8 3 8 7 6 2

LABEL ITEMS

I. EPA I.D. NUMBER: 0 0 0 0 5 4

III. FACILITY NAME: NCD093783876

V. FACILITY MAILING ADDRESS: VANIER GRAPHICS CORPORATION
P. O. BOX 190
EDEN, N.C. 27288

VI. FACILITY LOCATION

EPA/REGION IV
APR 3 2 35 PM '81

2

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' 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		
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 VANIER GRAPHICS CORPORATION

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 COLLIS ROBERT N GENERAL MANAGER	919 623 8431

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 POST OFFICE BOX 190

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 EDEN	NC	27288

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 655 MEADOW ROAD

B. COUNTY NAME: ROCKINGHAM

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 EDEN	NC	27288	029

CONTINUED FROM THE FRONT

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

A. FIRST	B. SECOND
2761 (specify) Printing, Manifold Bus. Forms	(specify)

C. THIRD	D. FOURTH
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: VANIER GRAPHICS CORPORATION

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL
S = STATE
P = PRIVATE
M = PUBLIC (other than federal or state)
O = OTHER (specify)

Answer: P (specify)

D. PHONE (area code & no.): A 714 448 3000

E. STREET OR P.O. BOX: 8787 OLIVE LANE

F. CITY OR TOWN: SANTEE

G. STATE: CA

H. ZIP CODE: 92071

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	N	D. PSD (Air Emissions from Proposed Sources)	P
B. UIC (Underground Injection of Fluids)	U	E. OTHER (specify)	(specify)
C. RCRA (Hazardous Wastes)	NCD093783876 2	E. OTHER (specify)	(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. 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)

Printing; Business Forms Manufacturing

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
Robert N. Collis, General Manager R.J. Sniker, Regional Vice President	R. J. Sniker Robert N. Collis	4-6-81

COMMENTS FOR OFFICIAL USE ONLY

C

WATER MGMT BRANCH RECEIVED
RECEIVED EPA-REGION IV ATLANTA GA.

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

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

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

PA I.D. NUMBER: F N C D 0 9 3 7 8 3 8 7 6 — T/A 2, C 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)*

[X] 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)*

C	YR.	MO.	DAY
8	8 0	0 1	3 1

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
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	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

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

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.

C DUP T/A 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	55	G		7				
2					8				
3					9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

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

IV. DESCRIPTION OF HAZARDOUS WASTES

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

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

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

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

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

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous 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:

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

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

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
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

CONTINUE ON PAGE 3

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	FOR OFFICIAL USE ONLY
W N C D 0 9 3 7 8 3 8 7 6 T/A 2 C 1	W DUP T/A C 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 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	U031	110 300	G	S01				
2	U210	110 300	G	S01				
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								

(enter "A", "B", "C", etc. behind the "2" to identify ...

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS [illegible]TES *(continued)*

E. USE THIS SPACE TO LIST ADDITI[illegible]AL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*														
F	N	C	D	0	9	3	7	8	3	8	7	6	2	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)*
See Map provided in earlier mailing	

VIII. FACILITY OWNER

[X] 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.)*
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

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

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Richard J. Sniker	Richard J. Sniker	4-29-81

X. OPERATOR CERTIFICATION

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

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Richard J. Sniker	Richard J. Sniker	4-29-81

CONTINUE ON PAGE 5

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only.

GSA No. 0246-EPA-OT

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

Vanier Graphics Corporation
P.O. Box 190
Eden, NC 27288
PLEASE PLACE LABEL IN THIS SPACE
655 East Meadow Road
Eden, North Carolina

RECEIVED
EPA REGION IV
FEB 19 2 54 PM '80
ENFORCEMENT DIVISION

DETACH A

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: F N2 D093783876 2 1

APPROVED:

DATE RECEIVED (yr., mo., & day): 8 1 0 2 1 9

I. NAME OF INSTALLATION

VANIER GRAPHICS CORPORATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3 PO Box 190

CITY OR TOWN: 4 Eden ST. NC ZIP CODE 27288

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 5 655 Meadow Road

CITY OR TOWN: 6 Eden ST. NC ZIP CODE 27288

79-3

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title): 2 Collis R N General Manager

PHONE NO. (area code & no.): 919-623-8431

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: 8 Vanier Graphics Corporation

B. TYPE OF OWNERSHIP (enter the appropriate letter into box): M

F = FEDERAL
M = NON-FEDERAL

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [ ] A. GENERATION
- [ ] B. TRANSPORTATION (complete Item VII)
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [ ] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. – FOR OFFICIAL USE
W N C D 0 9 3 7 8 3 5

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed ha waste from non–specific sources your installation handles. Use additional sheets if necessary.

1.	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chem stance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U031	32 U210	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary:

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–lis hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

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

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Robert N. Collis	Robert N. Collis General Manager	2–17–81