

Hazardous Waste Section  
File Room Document Transmittal Sheet

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Your Name: MEL DEAVER  
EPA ID: NCR000150359  
Facility Name: ADVANCED MATERIAL COATINGS  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 3/16/2016  
Author of Doc: DANNY FERGUSON & CHARLES SUTTLE

**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
5	17	16

NCR000150359

Scanner's Initials:

SAH



**Waste Management**  
ENVIRONMENTAL QUALITY

PAT MCCRORY

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*Secretary*

MICHAEL SCOTT

*Director*

May 06, 2016

DANNY FERGUSON  
ADVANCED MATERIAL COATINGS  
17 HIGH TECH BLVD  
THOMASVILLE, NC 27360

**RE: EPA ID # NCR000150359 - ADVANCED MATERIAL COATINGS**

Dear Facility Contact:

The North Carolina Hazardous Waste Section has received Subsequent Notification from your facility. Our office has accepted and processed the changes. Attached is a RCRA Site Detail Report for your review to ensure that the information is accurate.

If you have any questions or need assistance, please feel free to contact Melodi Deaver at (919)-707-8204.

Sincerely,

Julie Woosley, Chief  
Hazardous Waste Section

cc: Central Files (General)

Report run on: May 06, 2016

**NCR000150359 ADVANCED MATERIAL COATINGS**

County: DAVIDSON Source Type: S Seq. Number: 24 Receive Date: 22-Mar-2016

<b>Location</b> 17 HIGH TECH BLVD <b>Address:</b> THOMASVILLE, NC 27360	<b>Mailing</b> 17 HIGH TECH BLVD <b>Address:</b> THOMASVILLE, NC 27360
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<b>Contact Person</b> DANNY FERGUSON <b>For Source</b> (336) 472-2242X2046 <b>Information</b>	17 HIGH TECH BLVD THOMASVILLE, NC 27360 US
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<b>Owner (current)</b> CV PRODUCTS CONSOLIDATED	42 HIGH TECH BLVD THOMASVILLE, NC 27360	<b>Type:</b> P
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<b>From:</b> 12/30/2011	<b>To:</b>	<b>Phone:</b> (336) 472-2242
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<b>Operator (current)</b> CLYDE VICKERS	17 HIGH TECH BLVD THOMASVILLE, NC 27360	<b>Type:</b> P
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<b>From:</b> 01/01/1988	<b>To:</b>	<b>Phone:</b>
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<b>Land Type:</b> P	<b>Non Notifier :</b> E	<b>Commercial Availability:</b>	<b>Tsd Date:</b>
<b>Accessibility:</b>	<b>No. Employees :</b>	<b>State District:</b>	

**Regulated Waste Activities**

Hazardous Waste Generator Status - Federal: Large Quantity Generator; State: Large Quantity Generator

Transfer Facility:	Used Oil Activities		
<b>Other Hazardous Waste Generator Activities</b>	<b>Used Oil Transport Activity</b>	<b>Off-Specification Used Oil Burner:</b>	No
<b>Importer Activity:</b> No	<b>Transporter:</b> No	<b>Used Oil Fuel Marketer Activity</b>	
<b>Mixed Waste Generator:</b> No	<b>Transfer Facility:</b> No	<b>Marketer who direct shipment</b>	
<b>Transporter Activity:</b> No	<b>Used Oil Processor and/or</b>	<b>off-specification used oil to</b>	
<b>TSD Activity:</b> No	<b>Re-refiner Activity</b>	<b>off-specification used oil burner:</b>	No
<b>Recycler Activity:</b> No	<b>Processor:</b> No	<b>Marketer who first claims the used</b>	
<b>Exempt Boiler and/or Industrial Furnace</b>	<b>Refiner</b> No	<b>oil meets the specifications:</b>	No
<b>Small Quantity Onsite Burner Exemption:</b> No	<b>Underground</b>	<b>Destination Facility for</b>	
<b>Smelting, melting, Refining Furnace</b>	<b>Injection Control:</b> No	<b>Universal Waste:</b>	No
<b>Exemption:</b> No			

**Certification Information**

<b>First Name :</b> CHARLES	<b>Title</b> OPER MGR
<b>Last Name :</b> SUTTLE	<b>Date Signed</b> 03/16/2016

**NAICS Codes**

332813

**Comments**

UPDATED 8700-12 DATED 3/16/2016 SITE NAME, SITE CONTACT PERSON INFOR, LEGAL OWNER. MD 5/6/2016

<p><b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.</p>	<p><b>United States Environmental Protection Agency</b> <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b></p>																														
<p><b>1. Reason for Submittal</b></p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p><b>Reason for Submittal:</b></p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of &gt;1,000 kg of hazardous waste, &gt;1 kg of acute hazardous waste, or &gt;100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>																														
<p><b>2. Site EPA ID Number</b></p>	<p>EPA ID Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>N</td><td>C</td><td>R</td><td> </td><td>0</td><td>0</td><td>0</td><td> </td><td>1</td><td>5</td><td>0</td><td> </td><td>3</td><td>5</td><td>9</td></tr></table></p>			N	C	R		0	0	0		1	5	0		3	5	9													
N	C	R		0	0	0		1	5	0		3	5	9																	
<p><b>3. Site Name</b></p>	<p>Name: Advanced Material Coatings</p>																														
<p><b>4. Site Location Information</b></p>	<p>Street Address: 17 High Tech Blvd</p> <p>City, Town, or Village: Thomasville County: Davidson</p> <p>State: North Carolina Country: USA Zip Code: 27360</p>																														
<p><b>5. Site Land Type</b></p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>																														
<p><b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">A. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>3</td><td>2</td><td>8</td><td>1</td><td>3</td></tr></table></td> <td style="width: 50%;">C. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></td> </tr> <tr> <td>B. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></td> <td>D. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></td> </tr> </table>			A. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>3</td><td>2</td><td>8</td><td>1</td><td>3</td></tr></table>	3	3	2	8	1	3	C. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							B. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							D. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>						
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<p><b>7. Site Mailing Address</b></p>	<p>Street or P.O. Box: 17 High Tech Blvd</p> <p>City, Town, or Village: Thomasville</p> <p>State: North Carolina Country: USA Zip Code: 27360</p>																														
<p><b>8. Site Contact Person</b></p>	<p>First Name: Danny MI: W Last: Ferguson</p> <p>Title: Technician/Controller</p> <p>Street or P.O. Box: 17 High Tech Blvd</p> <p>City, Town or Village: Thomasville</p> <p>State: North Carolina Country: USA Zip Code: 27360</p> <p>Email: dferguson@CVProducts.com</p> <p>Phone: (336) 472-2242 Ext.: 2046 Fax: (336)472-5528</p>																														
<p><b>9. Legal Owner and Operator of the Site</b></p>	<p><b>A. Name of Site's Legal Owner:</b> CV Products, Consolidated <b>Date Became Owner:</b> 12/30/2011</p> <p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Street or P.O. Box: 42 High Tech Blvd</p> <p>City, Town, or Village: Thomasville Phone: (336)472-2242</p> <p>State: North Carolina Country: USA Zip Code: 27360</p> <p><b>B. Name of Site's Operator:</b> Clyde Vickers <b>Date Became Operator:</b> 1988</p> <p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>																														

**10. Type of Regulated Waste Activity (at your site)**  
 Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

**A. Hazardous Waste Activities; Complete all parts 1-10.**

- Y  N  **1. Generator of Hazardous Waste**  
 If "Yes," mark only one of the following – a, b, or c.
- a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.
  - b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs/mo) of non-acute hazardous waste.
  - c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

- Y  N  **2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.
- Y  N  **3. United States Importer of Hazardous Waste**
- Y  N  **4. Mixed Waste (hazardous and radioactive) Generator**

- Y  N  **5. Transporter of Hazardous Waste**  
 If "Yes," mark all that apply.
- a. Transporter
  - b. Transfer Facility (at your site)
- Y  N  **6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.
- Y  N  **7. Recycler of Hazardous Waste**
- Y  N  **8. Exempt Boiler and/or Industrial Furnace**  
 If "Yes," mark all that apply.
- a. Small Quantity On-site Burner Exemption
  - b. Smelting, Melting, and Refining Furnace Exemption
- Y  N  **9. Underground Injection Control**
- Y  N  **10. Receives Hazardous Waste from Off-site**

**B. Universal Waste Activities; Complete all parts 1-2.**

- Y  N  **1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.
- a. Batteries
  - b. Pesticides
  - c. Mercury containing equipment
  - d. Lamps
  - e. Other (specify) \_\_\_\_\_
  - f. Other (specify) \_\_\_\_\_
  - g. Other (specify) \_\_\_\_\_

- Y  N  **2. Destination Facility for Universal Waste**  
 Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**

- Y  N  **1. Used Oil Transporter**  
 If "Yes," mark all that apply.
- a. Transporter
  - b. Transfer Facility (at your site)
- Y  N  **2. Used Oil Processor and/or Re-refiner**  
 If "Yes," mark all that apply.
- a. Processor
  - b. Re-refiner
- Y  N  **3. Off-Specification Used Oil Burner**
- Y  N  **4. Used Oil Fuel Marketer**  
 If "Yes," mark all that apply.
- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
  - b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y  N  1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

- a. College or University
- b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y  N  2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**11. Description of Hazardous Waste**

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D002	D007	F019				

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


