

LASERFICHE FILE TRANSMITTAL FORM
DIVISION OF WASTE MANAGEMENT
HAZARDOUS WASTE SECTION

Your Name: SHERRON HINTON

Document Category: Facility

Document Group: General (G)

Document Type: Notification 8700 (8700)

EPA ID: NCD982157067

Facility Name/Subject: FORTRESS WOOD PRODUCTS

Document Date: 05/22/2017

Description:

SUBSEQUENT NOTIFICATION

Author: KEN MCBRIDE

Branch/Unit: Financial and Information Management Unit

Facility/Site Address: 899 FOREMAN BUNDY ROAD

Facility/Site City: ELIZABETH CITY

Facility/Site State: North Carolina

Facility/Site Zipcode: 27909

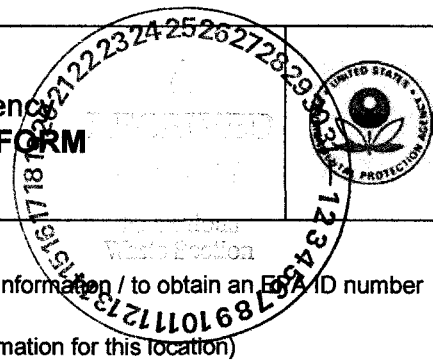

Facility/Site County: Pasquotank

File Room Use Only

	Month	Day	Year
Date Received by File Room:			
Date Scanned:	05	26	2017

Scanner's Initial:

SDH

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>  		
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</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 >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>		
<p>2. Site EPA ID Number</p>	<p>EPA ID Number <input type="text" value="N"/> <input type="text" value="C"/> <input type="text" value="D"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="5"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="7"/></p>		
<p>3. Site Name</p>	<p>Name: Fortress Wood Products</p>		
<p>4. Site Location Information</p>	<p>Street Address: 899 Foreman Bundy Road</p>		
	<p>City, Town, or Village: Elizabeth City</p>	<p>County: Pasquotank</p>	
	<p>State: North Carolina</p>	<p>Country: USA</p>	<p>Zip Code: 27909</p>
<p>5. Site Land Type</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>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="4"/></p>	<p>C. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
	<p>B. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>D. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 899 Foreman Bundy Road</p>		
	<p>City, Town, or Village: Elizabeth City</p>		
	<p>State: North Carolina</p>	<p>Country: USA</p>	<p>Zip Code: 27909</p>
<p>8. Site Contact Person</p>	<p>First Name: Jeremy MI: Last: Gingrich</p>		
	<p>Title: Plant Manager and Site Emergency Contact</p>		
	<p>Street or P.O. Box: 899 Foreman Bundy Road</p>		
	<p>City, Town or Village: Elizabeth City</p>		
	<p>State: North Carolina</p>	<p>Country: USA</p>	<p>Zip Code: 27909</p>
	<p>Email: jgingrich@fortresswood.com</p>		
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: Lester Development Corporation</p>		<p>Date Became Owner: 07/21/2005</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: P.O. Drawer 4991</p>		
	<p>City, Town, or Village: Martinsville</p>		<p>Phone: 276-632-2195</p>
	<p>State: Virginia</p>	<p>Country: USA</p>	<p>Zip Code: 24115</p>
	<p>B. Name of Site's Operator: Lester Development Corporation</p>		<p>Date Became Operator: 07/21/2005</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.

D001	D002	D004	D007	F035		

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.

D001	D002	D004	D007	F035		

12. Notification of Hazardous Secondary Material (HSM) Activity

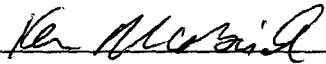
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

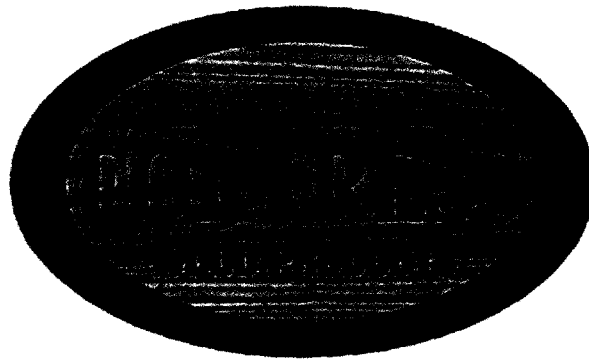
If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

This notification is being made to change information pertaining to a change in "Site Contact Person"

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Ken McBride/Director of Manufacturing	05/22/2017



Fortress Wood Products
PO Drawer 4991
Martinsville, VA 24115

May 22, 2017

Certified Mail- Return Receipt
91 7199 9991 7038 0443 5190

NC Division of Waste Management
Hazardous Waste Section
1646 Mail Service Center
Raleigh, North Carolina 27699-1646

RE: EPA Site ID Form 8700-12

TO WHOM THIS FILING CONCERNS:

Enclosed you will find the updated Form 8700-12 for the Fortress Wood Products facility located at 899 Foreman Bundy Rd, Elizabeth City, NC 27909. This filing is being made to update the site contact information.

If you should have any questions, comments, or concerns about the enclosed filing, please contact Mr. Ken McBride at the above letterhead address, by telephone at (276) 656-3229, or by e-mail at kmcbride@lestergroup.com

Sincerely,

Ken McBride
Director of Manufacturing
The Lester Group/Fortress Wood Products

Copy: The Lester Group Files
Fortress Wood Products Incorporated Files



ROY COOPER
Governor

MICHAEL S. REGAN
Secretary

MICHAEL SCOTT
Director

May 26, 2017

JEREMY GINGRICH
FORTRESS WOOD PRODUCTS
899 FOREMAN BUNDY RD
ELIZABETH CITY, NC 27909

SUBJECT: HAZARDOUS WASTE SUBSEQUENT NOTIFICATION
EPA ID # NCD982157067 - FORTRESS WOOD PRODUCTS

Dear Facility Contact:

The North Carolina Hazardous Waste Section has received a 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 are considered a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Hazardous Waste Transporter, or a Hazardous Waste Treater, Storer or Disposer (TSD) facility, you are required to pay an annual fee to the State of North Carolina (N.C.G.S. § 130A-294.1) to support government programs that ensure the safe management of hazardous wastes. Accordingly, an invoice is attached to this letter.

The applicable regulatory requirements for hazardous waste management can be found in the North Carolina Solid Waste Management Act, N.C.G.S. Chapter 130A, Article 9 ("the Act"), and the North Carolina Hazardous Waste Management Rules, 15A NCAC Subchapter 13A ("the Rules"). To view the Act and the Rules, please visit our website at:

<https://deq.nc.gov/about/divisions/waste-management/waste-management-rules/hazardous-waste-rules>

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)

IBEAM - RCRA Site Detail

Report run on: May 26, 2017

NCD982157067 FORTRESS WOOD PRODUCTS

County: PASQUOTANK Source Type: S Seq. Number: 18 Receive Date: 25-May-2017

Location 899 FOREMAN BUNDY RD Address: ELIZABETH CITY, NC 27909	Mailing 899 FOREMAN BUNDY RD Address: ELIZABETH CITY, NC 27909
----------------------------------------------------------------------------------	---------------------------------------------------------------------------------

Contact Person JEREMY GINGRICH For Source Information (252) 264-2466	899 FOREMAN BUNDY RD ELIZABETH CITY, NC 27909 US
--------------------------------------------------------------------------------	--------------------------------------------------------

Owner (current) LESTER DEVELOPMENT CORPORATION	PO DRAWER 4991 MARTINSVILLE, VA 24115	Type: P
From: 07/21/2005	To:	Phone: (276) 632-2195

Operator (current) LESTER DEVELOPMENT CORPORATION		Type: P
From: 07/21/2005	To:	Phone:

Land Type: P	Non Notifier : E	Commercial Availability: U	Tsd Date:
Accessibility:	No. Employees :	State District:	

Regulated Waste Activities

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

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

Certification Information

First Name : KFN	Title	DIRECTOR OF MANUFACTU
Last Name : MCBRIDE	Date Signed	05/22/2017

NAICS Codes

321114

Comments

UPDATED PER 8700-12 DATED 05/22/2017 SITE CONTACT INFO AND LEGAL OWNER AND OPERATOR INFO. 5/25/2017 SDH

Waste Codes

Code D

Code F

Code K

Code P

Code R

Code U

Code X

D001

F035

D002

D004

D007