

Permit No.	Date	DIN
44-07	April 30, 2014	20922

## Gaither, Allen

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**From:** Brad Marslender <bmarslender@hepaco.com>  
**Sent:** Wednesday, April 30, 2014 11:15 AM  
**To:** Gaither, Allen  
**Subject:** FW: Solid Waste Profile  
**Attachments:** 201404290910.pdf

-----Original Message-----

From: David Hollinshead [<mailto:dhollinshead@santekenviro.com>]  
Sent: Tuesday, April 29, 2014 9:21 AM  
To: [a.gather@ncdenr.gov](mailto:a.gather@ncdenr.gov)  
Cc: John Preston; [bmarslender@hepaco.com](mailto:bmarslender@hepaco.com)  
Subject: FW: Solid Waste Profile

Mr. Gather:

Good morning.

Attached is a Santek Solid Waste Profile for the material that has been cleaned-up near the Haywood County Landfill. Please inform me as to how you would wish us to proceed to gain an exemption in NC to dispose of this material into the Santek managed Haywood County Landfill?

Thank you for your thoughtful consideration and please do not hesitate to e-mail or call with any questions or comments you may have.

Sincerely,

David L. Hollinshead  
Corporate Development

Office: (423) 303-7124  
Cell: (931) 580-4544  
Fax: (423) 339-5664

-----Original Message-----

From: Brad Marslender [<mailto:bmarslender@hepaco.com>]  
Sent: Tuesday, April 29, 2014 9:09 AM  
To: David Hollinshead  
Subject: Solid Waste Profile

David L. Hollinshead  
Corporate Development

Office: (423) 303-7124

Cell: (931) 580-4544

Fax: (423) 339-5664

-----Original Message-----

From: Brad Marslender [<mailto:bmarslender@hepaco.com>]

Sent: Tuesday, April 29, 2014 9:09 AM

To: David Hollinshead

Subject: Solid Waste Profile

David,

Attached is the solid waste profile. Please let me know if I need to do anything else.

Thanks,

Bradley C. Marslender

Supervisor

HEPACO, LLC

Office: 864-220-0700

Mobile: 864-787-7131

Fax: 864-220-7007

[www.hepaco.com](http://www.hepaco.com)

24 Hour Emergency Response

1-800-888-7689

HEPACO is excited to celebrate our 30 year anniversary (1984-2014)!

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Please consider the environment before printing this mail.

-----Original Message-----

From: [greenvillescanner@hepaco.com](mailto:greenvillescanner@hepaco.com) [<mailto:greenvillescanner@hepaco.com>]

Sent: Tuesday, April 29, 2014 9:11 AM

To: bmarslender

Subject: Message from "RNP002673586EB3"

This E-mail was sent from "RNP002673586EB3" (Aficio MP C3002).

Scan Date: 04.29.2014 09:10:35 (-0400)

Queries to: [greenvillescanner@hepaco.com](mailto:greenvillescanner@hepaco.com)



650 25<sup>TH</sup> Street NW  
 Suite 100  
 Cleveland, TN 37311  
 423-476-9160  
 800-487-9160

**SOLID WASTE PROFILE SHEET**

(Please Print or Type - Black Ink Only)

Check One:  New Certification  Recertification  Modification to a current certification (attach an explanation of the changes)

**1. GENERAL INFORMATION**

**Generator**  
 Name: Wicker Services USEPA ID Number: \_\_\_\_\_  
 Location: File Makers 5, I-40 West Mailing Address: PO Box 1398, Tucker St. Ext.  
Waynesville NC 28785 Burlington NC 27215  
 County: Haywood  
**Contact**  
 Name: Bryan Anderson Telephone: 1-800-672-6847  
 Title: \_\_\_\_\_  
**Submitted by (if different from above):**  
**Company**  
 Name: HEPACO LLC Contact Name: Brian Marslander  
 Mailing Address: 2265 Perimeter RD Telephone: 864-220-0700  
Greenville SC 29605

**2. WASTE INFORMATION**

Process Generating the Waste:  
Waste generated during excavation of impacted soil  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Waste Name: Soil impacted with Chlorite Solution

**3. WASTE PROPERTIES**

Physical State: Solid <input checked="" type="checkbox"/> Bladecable Sludge <input type="checkbox"/> Liquid <input type="checkbox"/> Solid / Liquid Combination <input type="checkbox"/>	<b>UNDER STATE / FEDERAL RULES GOVERNING HAZARDOUS WASTE MANAGEMENT, IS THE WASTE:</b>	
	YES	NO
	A) Ignitable? .....	<input type="checkbox"/> <input checked="" type="checkbox"/>
	B) Corrosive? .....	<input type="checkbox"/> <input checked="" type="checkbox"/>
	C) Reactive? .....	<input type="checkbox"/> <input checked="" type="checkbox"/>
	D) TCLP Hazardous? .....	<input type="checkbox"/> <input checked="" type="checkbox"/>
	E) Is it a listed hazardous waste? .....	<input type="checkbox"/> <input checked="" type="checkbox"/>

**4. WASTE CHARACTERIZATION**

Attach laboratory reports and/or material safety data sheets to adequately characterize the waste or explain why this is not necessary.

Describe any Special Handling Procedures:  
 \_\_\_\_\_  
 Attachment Included (Y/N) N

pH (if applicable) \_\_\_\_\_ Radioactive (Y/N) N  
 Flash Point (if applicable) \_\_\_\_\_ Infectious (Y/N) N  
 Physical State: Solid  Liquid  Sludge  Slurry   
 Color: Brown Percent Solid: 100%

**5. DESCRIBE HOW WASTE IS GENERATED (Be Specific)**

(A) Rate of Waste "Generation": Quantity <u>65</u> Type Units: Tons <input type="checkbox"/> cy <input checked="" type="checkbox"/> lbs <input type="checkbox"/> Other _____ Frequency of Generation: One Time <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/>	(B) Rate of Waste "Disposal": Quantity <u>65</u> Type Units: Tons <input type="checkbox"/> cy <input checked="" type="checkbox"/> lbs <input type="checkbox"/> Other _____ Frequency of Generation: One Time <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/>
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(continued)

(C) Include a narrative and flow diagram of the process that generates the waste. Your explanation must describe the POTENTIAL contaminants in the waste which should justify your scope of constituents as described under WASTE CHARACTERIZATION. Include attachments as necessary.

One time occurrence, vehicle accident tractor trailer overturned spilling product onto side of roadway.

Attachment Included (Y/N) \_\_\_\_\_

6. HOW IS WASTE PRESENTLY MANAGED?

One time occurrence

7. DESCRIBE THE TYPE OF CONTAINER USED FOR TRANSPORT OF WASTE.

Drums  Roll-Off  Container (dumpster, collector box)  Plastic Bags  Truck  Other \_\_\_\_\_

8. PROPOSED DISPOSAL / PROCESSING FACILITY.

List only a facility that you have contacted and which has agreed to accept your waste, if approved by the Department.

(A) Facility Name: \_\_\_\_\_  
(B) Facility Permit Number: \_\_\_\_\_  
(C) Facility Operator / Contact Name: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

9. PROPOSED TRANSPORTER

Name: HEPKO, LLC  
Address: 2265 Perimeter RD Greenville SC 29605  
Phone: (864) 220-0700

10. CERTIFICATION

I certify under penalty of law that this waste material does not contain regulated medical waste, regulated PCB waste or hazardous waste. I further certify that, at the point of disposal, this waste material will not contain any free liquids. This document and all attachments were prepared under my direction or supervision under accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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 fine and imprisonment for knowing violations.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

[Signature]  
Waste Generators Authorized Signature

[Signature]  
Preparer's Signature (if Different)

4/28/14  
Date

4.28.14  
Date

OFFICIAL USE ONLY

Reviewer's Signature

Date Reviewed