

File ID Number: HWCB2016443

DEQ/DWM/Hazardous Waste Section

NCD/NCR (other) Number: NCD000609982

Facility Name: Blanchard Terminal Co. LLC—Charlotte Terminal

Address: 7401 Old Mount Holly Rd.

City: Charlotte

County: Mecklenburg

File Date Range: 11/18/82—11/23/99

Document Type (s)

- Inspection Reports
- *NOV (See Comments)
- * Compliance Orders/Settlement Agreement (See Comments)
- *(Provide NOV Type, Docket Number and Date of NOV in Comment Section)
- Correspondence/Letters
- Pictures (Tape to a full sheet of paper)
- ** Name Change and Date of Change
- ** (Write Name Change Information in Comment Section)
- Sampling Data
- Other Information (See Comments)

Comments:

Box ID Number:



NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT

JAMES B. HUNT JR.
GOVERNOR

November 23, 1999

BILL HOLMAN
SECRETARY

SOUTHEAST TERMINAL
PO BOX 76045
ATLANTA, GA 30358-

WILLIAM L. MEYER
DIRECTOR



RE EPA ID NO.: NCD000609982

Dear Sir/Madam:

Based on information received by this office for the site identified with the EPA ID number, the state has accepted and processed the change in RCRA classification or information for the above site.

Please verify the computer generated information on the attached report and notify us of any corrections. We are advising EPA of the changes.

If you have any questions or if I can be of any further assistance, please call me at (919)733-2178 ext.209.

Sincerely,

R. J. Edwards, Administrative Assistant
Division of Waste Management

cc: JOE PARKER



1646 MAIL SERVICE CENTER, RALEIGH, NORTH CAROLINA 27699-1646
401 OBERLIN ROAD, SUITE 150, RALEIGH, NC 27605
PHONE 919-733-4996 FAX 919-715-3605

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER - 50% RECYCLED/10% POST-CONSUMER PAPER

State of North Carolina
Department of Environment
and Natural Resources
Division of Waste Management

November 23, 1999



P. O. Box 29603
Raleigh, North Carolina 27611-9603
Voice 919-733-2178

**Notification of Hazardous Waste Report
Current Computer Record**

'X' indicates operation status of your facility.

EPA ID#: NCD000609982
Company name: SOUTHEAST TERMINAL
Owner: TRANSMONTAIGNE TERMINALING INC
Contact: JIM SLIGH, ENVIRON SPEC
Phone number: 770/518-3662
Location address: 7401 OLD MT HOLLY RD
City, St & ZIP: CHARLOTTE, NC 28214-

Generator	TSD	Used Oil Fuel Marketer
<input type="checkbox"/> LARGE GENERATOR	<input type="checkbox"/> STORES	<input type="checkbox"/> Marketer directs shipment of used oil to off-specification burner
<input checked="" type="checkbox"/> SMALL QNTY GENERATOR	<input type="checkbox"/> TREATER	<input type="checkbox"/> Marketer who first claims the used oil meets specifications
<input type="checkbox"/> EXEMPT SMALL QNTY	<input type="checkbox"/> DISPOSER	
<input type="checkbox"/> LG QNTY. UNIVERSAL		
Transporter	Hazardous Waste Fuel	Used Oil Burner-Combustion Devices
<input type="checkbox"/> For own waste only	<input type="checkbox"/> Gentr marketing to burner	<input type="checkbox"/> Utility Boiler
<input type="checkbox"/> For commercial purposes	<input type="checkbox"/> Other marketers	<input type="checkbox"/> Industrial Boiler
	<input type="checkbox"/> Burner	<input type="checkbox"/> Industrial Furnace
	<input type="checkbox"/> 1. Smelter deferral	
	<input type="checkbox"/> 2. Small qnt. exempt	Used Oil Transporter Activities
Transportation		<input type="checkbox"/> Transporter
<input type="checkbox"/> Air		<input type="checkbox"/> Transfer facility
<input type="checkbox"/> Rail		
<input type="checkbox"/> Highway	Combustion Devices	Used Oil Processor/Re-refiner Activities
<input type="checkbox"/> Water	<input type="checkbox"/> Utility boiler	<input type="checkbox"/> Process
<input type="checkbox"/> Other	<input type="checkbox"/> Industrial boiler	<input type="checkbox"/> Re-refine
	<input type="checkbox"/> Industrial furnace	

Please notify us if there is any further change in your operation which would affect your status specifically
Company's Name, Ownership, Address, Contact or Telephone Number.

Your EPA ID number is currently active.



NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT



JAMES B. HUNT JR.
GOVERNOR

November 23, 1999

BILL HOLMAN
SECRETARY

SOUTHEAST TERMINAL
PO BOX 76045
ATLANTA, GA 30358-

WILLIAM L. MEYER
DIRECTOR

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Contact: JIM SLIGH, ENVIRON SPEC
Phone number: 770/518-3662
Location address: 7401 OLD MT HOLLY RD
City, St & ZIP: CHARLOTTE, NC 28214-

Generator	TSD	Used Oil Fuel Marketer
<input type="checkbox"/> LARGE GENERATOR	<input type="checkbox"/> STORES	<input type="checkbox"/> Marketer directs shipment of used oil to off-specification burner
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	<input type="checkbox"/> 2. Small qunt. exempt	Used Oil Transporter Activities
Transportation		<input type="checkbox"/> Transporter
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<input type="checkbox"/> Rail		
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Company's Name, Ownership, Address, Contact or Telephone Number.

Your EPA ID number is currently active.

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT



JAMES B. HUNT JR.
GOVERNOR

WAYNE McDEVITT
SECRETARY

WILLIAM L. MEYER
DIRECTOR

November 1, 1999

SOUTHEAST TERMINAL
PO BOX 86
PAW CREEK, NC 28130-0086



RE EPA ID NO.: NCD000609982

Dear Sir/Madam:

Based on information received by this office for the site identified with the EPA ID number, the state has accepted and processed the change in RCRA classification or information for the above site.

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R. J. Edwards, Administrative Assistant
Division of Waste Management

cc: JOE PARKER

State of North Carolina
Department of Environment
and Natural Resources

Division of Waste Management

November 1, 1999



P. O. Box 29603
Raleigh, North Carolina 27611-9603
Voice 919-733-2178

**Notification of Hazardous Waste Report
Current Computer Record**
'X' indicates operation status of your facility.

EPA ID#: NCD000609982
Company name: SOUTHEAST TERMINAL
Owner: TRANSMONTAIGNE TERMINALING INC
Contact: JIM SLIGH, ENVIR COORD
Phone number: 770/518-3671
Location address: 7401 OLD MT HOLLY RD
City, St & ZIP: CHARLOTTE, NC 28214-1788

Generator	TSD	Used Oil Fuel Marketer
<input checked="" type="checkbox"/> LARGE GENERATOR	<input type="checkbox"/> STORES	<input type="checkbox"/> Marketer directs shipment of used oil to off-specification burner
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	<input type="checkbox"/> Industrial furnace	

**Please notify us if there is any further change in your operation which would affect your status specifically
Company's Name, Ownership, Address, Contact or Telephone Number.**

Your EPA ID number is currently active.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) LARRY ABERNATHY	B. Date of Delivery 10-13-99
1. Article Addressed to: MR KEITH LEWIS SOUTHEAST TERMINAL CHARLOTTE 7401 OLD MOUNT HOLLY ROAD P.O. BOX 86 PAW CREEK, NC 28130-0086	C. Signature X <i>Larry Abernathy</i> <div style="float: right;"> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
2. Article Number (Copy from service label) Z 473 079 105	D. Is delivery address different from item 1? If YES, enter delivery address below: <div style="float: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
PS Form 3811, July 1999	Domestic Return Receipt	102595-99-M-1789

Z 473 079 105 JP

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to	Mr. Keith Lewis
Street & Number	7401 Old Mount Holly Road
Post Office, State, & ZIP Code	Paw Creek NC 28130-0086
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

FACILITY INFORMATION:	Submittal Information	Initial By- Date -	Corrected By- Date -
	EPA ID Number: <u>NC00000609982</u>	RCRA Comp. Section: Received: Entered/ Returned:	____ / ____ / ____ ____ / ____ / ____ ____ / ____ / ____

Facility Name: SOUTHEAST TERMINAL CHARLOTTE ^{LOUIS DREYFUS ENERGY} City: CHARLOTTE / PAW CREEK

EVALUATION DATA: New: Change: Delete: (: Required)

Agency: S Date: 10 / 11 / 99 Type: CEI Control Number _____
Data Entry Personnel _____

Person: 029 Reason:

Evaluation Comments:
(74) 1 : No Violations
2 : _____

SNC DETERMINATION: If this evaluation resulted in a SNC determination, fill in this block. (NOTE: SNC determinations are SNY/SNN evaluations. The SNY/SNN evaluation can also be submitted later on a separate form.)

Facility is (Check one) Date of determination:
 a SNC (SNY evaluation) _____
 or no longer a SNC (SNN eval.) _____ Same as above eval.: - or - _____ / _____ / _____

VIOLATION DATA: New: Change: Delete:

_____ Agency: Type: Date (mdy) Determined: / / Class:
 Priority: Branch: Person: Seq. Number (Data Entry) / /
 Return to Compliance: / / --- Scheduled --- --- Actual ---
 Reg. Type: Reg. Description (30): _____
 Comment (72): _____

_____ Agency: Type: Date (mdy) Determined: / / Class:
 Priority: Branch: Person: Seq. Number (Data Entry) / /
 Return to Compliance: / / --- Scheduled --- --- Actual ---
 Reg. Type: Reg. Description (30): _____
 Comment (72): _____

_____ Agency: Type: Date (mdy) Determined: / / Class:
 Priority: Branch: Person: Seq. Number (Data Entry) / /
 Return to Compliance: / / --- Scheduled --- --- Actual ---
 Reg. Type: Reg. Description (30): _____
 Comment (72): _____

Fill out facility information on Side A, then come back to this side

ENFORCEMENT DATA: New: <input type="checkbox"/> Change: <input type="checkbox"/> Delete: <input type="checkbox"/> (==: Required)					
Agency: <input type="text"/>	Type: <input type="text"/>	Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Month	Day	Year
Person: <input type="text"/>			Branch: <input type="text"/>	Poll. Prev. Measures: <input type="text"/>	
Penalty Data Proposed: \$ <input type="text"/>			1) Payments: \$ <input type="text"/>	Date Paid: <input type="text"/> / <input type="text"/> / <input type="text"/>	
Settled/Final: \$ <input type="text"/>			2) \$ <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Enforcement Comments: 1: _____ (74)					
2: _____					
Cite violations addressed by this action below -					
VIOLATION DATA: New: <input type="checkbox"/> Change: <input type="checkbox"/> Delete: <input type="checkbox"/>					
#	Agency: <input type="text"/>	Type: <input type="text"/>	Date (mdy) Determined: <input type="text"/> / <input type="text"/> / <input type="text"/>	Class: <input type="text"/>	Seq. Number (Data Entry): <input type="text"/>
Priority: <input type="text"/>	Branch: <input type="text"/>	Person: <input type="text"/>	Return to Compliance: <input type="text"/> / <input type="text"/> / <input type="text"/>	-- Scheduled --	--- Actual ---
Reg. Type: <input type="text"/>	Reg. Description (30): _____				
Comment (72): _____					
#	Agency: <input type="text"/>	Type: <input type="text"/>	Date (mdy) Determined: <input type="text"/> / <input type="text"/> / <input type="text"/>	Class: <input type="text"/>	Seq. Number (Data Entry): <input type="text"/>
Priority: <input type="text"/>	Branch: <input type="text"/>	Person: <input type="text"/>	Return to Compliance: <input type="text"/> / <input type="text"/> / <input type="text"/>	-- Scheduled --	--- Actual ---
Reg. Type: <input type="text"/>	Reg. Description (30): _____				
Comment (72): _____					
#	Agency: <input type="text"/>	Type: <input type="text"/>	Date (mdy) Determined: <input type="text"/> / <input type="text"/> / <input type="text"/>	Class: <input type="text"/>	Seq. Number (Data Entry): <input type="text"/>
Priority: <input type="text"/>	Branch: <input type="text"/>	Person: <input type="text"/>	Return to Compliance: <input type="text"/> / <input type="text"/> / <input type="text"/>	-- Scheduled --	--- Actual ---
Reg. Type: <input type="text"/>	Reg. Description (30): _____				
Comment (72): _____					
#	Agency: <input type="text"/>	Type: <input type="text"/>	Date (mdy) Determined: <input type="text"/> / <input type="text"/> / <input type="text"/>	Class: <input type="text"/>	Seq. Number (Data Entry): <input type="text"/>
Priority: <input type="text"/>	Branch: <input type="text"/>	Person: <input type="text"/>	Return to Compliance: <input type="text"/> / <input type="text"/> / <input type="text"/>	-- Scheduled --	--- Actual ---
Reg. Type: <input type="text"/>	Reg. Description (30): _____				
Comment (72): _____					

More violations for this enforcement action on other side? Yes

RCRA INSPECTION REPORT

X - VIOLATION NOTED NA - NOT APPLICABLE

Facility Name: Southeast Terminal Charlotte - Louis Dreyfus Energy
Location: 7401 Old Mount Holly Road, Charlotte, N.C. 28214-1788
Mailing Address: P.O. Box 86, Paw Creek, N.C. 28130-0086
EPA ID#: NCD 000 609 982 Phone Number: 704-399-3371
Contact/Title: Keith Lewis - Terminal Manager
Inspection Date: Oct. 11, 1999 Last Inspection: May 2, 1997
Status: LOG Type of Inspection: CEI
Inspector(s): Joseph Parker - DENR Hazardous Waste Section
Present at Inspection: Keith Lewis - Southeast Terminal
Type of Business: Southeast Terminal Charlotte operates as a petroleum terminal for distribution purposes.

Wastes Generated: The hazardous waste streams have been generated since the last inspection:

D001 - Waste Flammable Solids (petroleum hydrocarbons)
D001, D018 - Waste Flammable Liquids (gasoline)

Manifests: Approved Transporters ? Yes Approved TSDF ? Yes
Filled Out Correctly ? Yes Signed Copies ? Yes
LDR Notification Attached ? Yes

The facility's 1997 and 1998 hazardous waste manifests were reviewed. They were found in good order. The facility has not generated any hazardous waste in 1999, so far.

Transporters: Fisher Industrial Service - ALD 981 020 894
STAT Transportation, Inc. - NCD 980 799 142

TSD's: Fisher Industrial Service - ALD 981 020 894
Alternate Energy Resource - GAD 033 582 461

Waste Minimization: Yes, the facility updates their waste minimization plan annually. The facility does not generate hazardous waste through a continuous process at the site.

Inspection Records:

Evidence that inspections are conducted: The facility does not store hazardous waste onsite for any length of time.

Inspections on Storage Area: N/A

Inspections on H.W. Tanks: N/A

Inspections on Ancillary Equipment: N/A

Contingency Plan:

On-Site ? Yes

Any changes to facility/processes or Emergency Coordinator since last review? The facility has amended their contingency plan to show a change in their alternate emergency coordinator.

Contingency Plan Implemented? No (If yes, was it adequate?)
Agreements with Emergency Responders? Yes, agreements are documented

Page Two - RCRA Inspection Report

Facility Name: Southeast Terminal Charlotte - Louis Dreyfus Energy
EPA ID#: NCD 000 609 982 Inspection Date: Oct. 11, 1999

Training Records:

Certified Training Documents Available? Yes, training documented on hard copy and computer records.

New Employees Since Last Inspection? Yes, Mr. James Barnette. He was trained immediately

Evidence of Improper/Inadequate Training? Mr. Bob Geressy's training was 18 days late in 1999. Will be cited as a recommendation for future inspections.

Annual Report Submitted? Yes

Emergency Preparedness:

Facility Maintained and Operated to Prevent Releases? No releases of hazardous waste observed.

Internal Communications or Alarm Present? The facility has telephones in the office, an intercom at the racks, walkie-talkies, fire alarm and high level alarms on the tanks.

Portable Fire Extinguishers and/or Fire Control Equipment? The facility has fire extinguishers and fire blankets.

Spill Control Equipment: The facility has shovels, absorbent pads, absorbent pellets and other personal protective equipment.

Adequate Water Volume, Foam Equipment or Auto Sprinklers? N/A

All Equipment/Alarms Tested and Maintained? Yes, everything is tested annually.

All Personnel Handling HW have Access to Alarm/Device? Yes

Adequate Aisle Space in Areas of Facility Operation? Yes

Satellite Accumulation Area(s): 0

Location(s): The facility does not have any satellite accumulation areas for hazardous waste.

Satellite Containers: Closed? N/A

Labeled/Contents Identified? N/A

< 55 Gallons? N/A

Releases? N/A

Page Three - RCRA Inspection Report

Facility Name: Southeast Terminal Charlotte - Louis Dreyfus Energy
EPA ID#: NCD 000 609 982 Inspection Date: Oct. 11, 1999

Storage Area(s): 0

Description(s): The facility generates their hazardous waste from the clean out of their product petroleum tanks. Once the waste is generated, the facility immediately manifests the hazardous waste to their TSD for disposal. No on-site storage of hazardous waste in containers occurs.

Containers: Closed? N/A Aisle Space? N/A Labeled? N/A
Dated? N/A Evidence of Release? None observed
< 90 Days? N/A Good Condition? N/A

Other HW Units: (Applicable Regulations)

Description of Unit: The facility does have an oil/water separator that is checked daily and skimmed as needed.

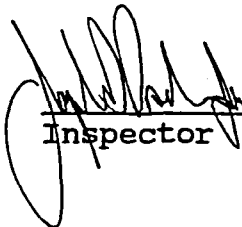
External Facility Condition: Good

Site Deficiencies:

No Violations

Recommendations:

1. Bob Geressy's training dates for hazardous waste/SPCC extended past the 365 days during April 24, 1998 and May 12, 1999. The facility needs to ensure that employees are trained within the 365 day time requirement. This will be considered a violation in future inspections.



Inspector (Date) 10-12-99

(CERTIFIED MAIL)

Facility Contact (Date)

RCRA INSPECTION REPORT

X - VIOLATION NOTED NA - NOT APPLICABLE

Facility Name: Southeast Terminal Charlotte - Louis Dreyfus Energy
Location: 7401 Old Mount Holly Road, Charlotte, N.C. 28214-1788
Mailing Address: P.O. Box 86, Paw Creek, N.C. 28130-0086
EPA ID#: NCD 000 609 982 Phone Number: 704-399-3371
Contact/Title: Keith Lewis - Terminal Manager
Inspection Date: Oct. 11, 1999 Last Inspection: May 2, 1997
Status: CGI Type of Inspection: CEI
Inspector(s): Joseph Parkon - DENV-HAZARDOUS WASTE
Present at Inspection: Keith Lewis - Terminal Mgr.
Type of Business: Petroleum Terminal
Wastes Generated: 001 - WASTE FLAM. Solids (Petrol. Hydrocarbons)
001, 01B - WASTE FLAM. Liquids (gasoline)

Manifests: Approved Transporters ? yes Approved TSD ? yes
Filled Out Correctly ? yes Signed Copies ? yes
LDR Notification Attached ? yes

No Haz. Waste generated in 1999, so far. 1997 + 1998 Haz. Waste manifests were reviewed - were in good order

Waste Minimization: Yes Waste Minimization plan updated annually. Facility does not generate HW through a continuous process

Inspection Records:

Evidence that inspections are conducted: N/A
Inspections on Storage Area: N/A
Inspections on H.W. Tanks: N/A
Inspections on Ancillary Equipment: N/A

Contingency Plan:

On-Site ? yes
Any changes to facility/processes or Emergency Coordinator since last review? Changes in alternate coordinators - amendments made.

Contingency Plan Implemented? No (If yes, was it adequate?)

Agreements with Emergency Responders? yes, documented agreements

Training Records:

Certified Training Documents Available? Yes, 4-25-97, 4-24-98
New Employees Since Last Inspection? yes, trained immediate - James Bannette
Evidence of Improper/Inadequate Training? on back

Employee Interviews:

Name(s): _____ Trained? _____

Annual Report Submitted? Yes

TRANS

Fisher Industrial Svc.

Ald 981 020 894

STAT TRANS. - NCD 980 799 142

TSD's

Fisher Industrial Serv. Ald 981 020 894

ALTERNATE Energy Resource GSP 033 582 461

Page Two - RCRA Inspection Report

Facility Name: SOUTHEAST TERMINAL CHARLOTTE - LOUIS DZEFUS ENERGY
EPA ID#: NCD 000 609 9B2 Inspection Date: 10-11-99

Emergency Preparedness:

Facility Maintained and Operated to Prevent Releases? Yes

Internal Communications or Alarm Present? Telephones in office and trucks
intercom on racks, walkie-talkies, Fire Alarm + High level alarm

Portable Fire Extinguishers and/or Fire Control Equipment? Fire Extinguishers, Fire Blankets

Spill Control Equipment: Shovels, Absorbent Pads, Absorbent (pellet) other PPE

Adequate Water Volume, Foam Equipment or Auto Sprinklers? N/A

All Equipment/Alarms Tested and Maintained? Annually

All Personnel Handling HW have Access to Alarm/Device? Yes

Adequate Aisle Space in Areas of Facility Operation? Yes

Satellite Accumulation Area(s): N/A
Location(s): _____

Satellite Containers: Closed? N/A
Labeled/Contents Identified? N/A
< 55 Gallons? N/A
Releases? N/A

Storage Area(s): 0
Description(s): The facility generates their hazardous waste from
the cleavert of the tanks. Once a waste is generated, the facility
immediately ships the material to their TSD. No on-site storage
of hazardous waste occurs

Containers: Closed? N/A Aisle Space? N/A Labeled? N/A
Dated? N/A Evidence of Release? N/A
< 90 Days? N/A Good Condition? N/A

Other HW Units: (Applicable Regulations)
Description of Unit: Oil/WATER separator - check daily, skimmed as
needed.

External Facility Condition: _____

Page Three - RCRA Inspection Report

Facility Name: SOUTHWEST TERMINAL CHARLOTTE

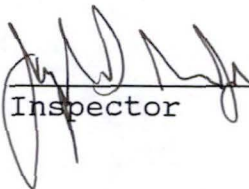
EPA ID#: NCO 000 609 982

Inspection Date: 10-11-99

Site Deficiencies: NO VIOLATIONS

Recommendations:

① Bob GERESSY training for Hazardous waste extended past 365 days during 4-24-98 and 5-12-99. The facility needs to ensure that employees are trained within the 365 day time requirement. This will be considered a violation in future inspections.

 10-11-99
Inspector (Date)

 10-11-99
Facility Contact (Date)

Follow Up Inspection:

Comments: _____

Inspector (Date)

Facility Contact (Date)

Keith Lewis - 2-9-99

Larry Aberneth 2-22-99

J. Barrette - 3-24-99

B. Genesey - 5-12-99

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

SOUTH EAST TERMINAL
 LOUIS DREYFUS ENERGY
 ATTN: KEITH LEWIS TERMINAL MANAGER
 POST OFFICE BOX 86
 PAW CREEK NC 28130-0086

4a. Article Number

P 091 713 749 (06/10/97)

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input checked="" type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Insured |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD |

7. Date of Delivery

5. Received By: (Print Name)

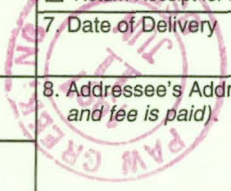
R.K. Lewis

6. Signature: (Addressee or Agent)

X *R.K. Lewis*

8. Addressee's Address (Only if requested and fee is paid)

ps



Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

P 091 713 749

(06/10/97)

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to

Mr. Keith Lewis-Terminal Manager

Street & Number

Louis Dreyfus Energy-Southeast Terminal

Post Office, State, & ZIP Code Charlotte

PO Box 86

Postage Paw Creek, NC 28130-0086

Certified Fee (JSP)

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to Whom & Date Delivered

Return Receipt Showing to Whom, Date, & Addressee's Address

TOTAL Postage & Fees

\$

Postmark or Date

PS Form 3800, April 1995

RCRIS

EPA ID #: NCD 000 609 982

FACILITY NAME: Southeast Terminal Charlotte CITY: Charlotte, N.C.

EVALUATION DATA:

NEW: CHANGE: X DELETE:

PERSON: 029

BRANCH: 01

AGENCY: STATE

REASON:

SUPERVISOR NOV TRACKING INFO

TYPE: CSE

INITIAL INSPECTION DATE: May 7, 1997

DOCKET: #97 - 218

REINSP DATE: June 9, 1997

COMMENTS: Facility is in compliance with the Notice of Violation issued

GENERATORS:

GBF: GER: X GGR: X GLB: X GMR: X GOR: GPT: X GRR: X GSC: GSQ:

TRANSPORTERS:

TGR: TMR: TOR: TRR: TWD:

TSD's

DBF: DCH: DCL: DFR: DGS: DGW: DIN: DLB: DLF: DLT: DMC:

DMR: DOR: DOT: DPB: DPP: DSI: DTR: DTT: DWP:

USED OIL:

TUO: TFO: BUO: MUO: PUO: RUO:

VIOLATION DATA: New: Change: X Delete:

-
1. Agency: State Type: GMR Date Determined: May 7, 1997
Class: 2 Priority: Seq#
Returned to Compliance: June 9, 1997
Actual Date: June 9, 1997
Req. Description: 40 CFR 262.40(a)
Comment: Facility failed to retain a signed copy for manifest # 00027 (11-17-96)
 2. Agency: State Type: GLB Date Determined: May 7, 1997
Class: 2 Priority: Seq#
Returned to Compliance: June 9, 1997
Actual Date: June 9, 1997
Reg. Description: 40 CFR 268.7(a)(7)

**Comment: Facility failed to retain on-site a copy of the following LDR certifications :
Manifest #'s 00028 (12-17-96), #00026 (4-26-95), #00024 (10-24-94), #00023 (10-24-94),
#00022 (8-1-94), #00021 (7-27-94).**

RCRA INSPECTION REPORT

(x= violation, na= not applicable)

General Information:

Facility Name SOUTHEAST TERMINAL CHARLOTTE - LOUIS DREYFUS ENERGY
Location 7401 OLD MOUNT HOLLY ROAD, CHARLOTTE, N.C. 28214-1788
Mailing Address P.O. BOX 86, PAW CREEK, N.C. 28130-0086
EPA I.D.# NCD 000 609 982 Phone # 704-399-3371
Contact/ Title Keith Lewis - TERMINAL MGR.
Inspection Date JUNE 9, 1997 Last Inspection MAY 7, 1997
Status LRI Type of Inspection CSE - REINSPECTION
Waste Management Specialist(s) Joseph S. PARKER
Present at Inspection Keith Lewis - by phone
Type of Business Petroleum Terminal
Waste Generated TANK BOTTOM SLUDGE - D001, D008, D018

Manifests:

Approved Transporters? Yes Approved TSD's? Yes
Signed Copies? Yes Filled Out Correctly? Yes
LDR Notification Attached? The facility has saved the following copies of manifests and LDR's noted to be unavailable during the original inspection: Manifest #00028(12-17-96), LDR's: #00026(4-26-95), #00024(10-24-94), #00023(10-24-94), #00022(8-1-94), #00021(7-27-94). Facility has come into compliance with NAV Docket #97-218
Waste Minimization? How?

Hazardous Waste Inspection Records: n/a

Inspections On Storage Area _____
Inspections On H.W. Tanks _____
Inspection On Ancillary Equipment _____

Contingency Plan: n/a

On Site? _____
Any changes to facility/ processes or Emergency Coordinators since last review? _____
Contingency Plan used? _____ (if yes, was it adequate?) _____
Agreements with Emergency Responders? _____

Training Records: n/a

Certified Training Documents Available? _____
Any New Employees Since Last Review? _____
Evidence Of Improper/ Inadequate Training? _____

Facility Name Southeast Terminal EPA I.D.# NCD 000 609 982
Inspection Date June 9, 1999

Employee Interview:

Names(s) _____ Trained _____

Annual Report Submitted? _____ Copy At Facility? _____

Emergency Preparedness: N/A

Facility Maintained And Operated To Prevent Releases? _____

Internal Communications Or Alarm Present? _____

Device In Area Of Operation To Summon Outside Help? _____

Portable Fire Extinguishers And/ Or Fire Control Equipment? _____

Spill Control Equipment? _____

Adequate Water Volume, Foam, Equipment, Or Auto Sprinkler? _____

All Equipment/ Alarms Tested And Maintained? _____

All Personnel Handling H.W. Have Access To Alarm/ Device? _____

Aisle Space In Area Of Facility Operations? _____

Satellite Accumulation Area(s) N/A Location(s) _____

Containers: Closed? _____ Labeled? _____ <55 gal. _____ Stored <3 days if full? _____

Storage Area(s): N/A Description _____

Containers: Closed? _____ Aisle space? _____ Labeled? _____ Releases? _____

Dated? _____ <90 days? _____ Good condition? _____

Other H.W. Units: (Applicable Regulations)

Description of Unit N/A

External Facility Condition N/A

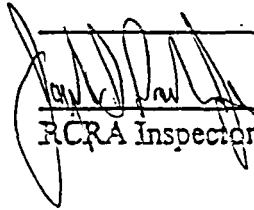
Facility Name Southeast Terminal
Inspection Date June 9, 1997

EPA I.D.# NC0 000 609 982

Site Deficiencies:

- 1.) 40 CFR _____
- 2.) 40 CFR _____
- 3.) 40 CFR _____
- 4.) 40 CFR _____
- 5.) 40 CFR _____
- 6.) 40 CFR _____

Recommendations/ Violations Continued: Facility has come into compliance with NOV Docket # 97-218

	<u>6-10-97</u>	<u>(CERTIFIED MARK)</u>	
RCRA Inspector	(date)	Facility Contact	(date)

Follow Up Inspection:

Comments _____

RCRA Inspector	(date)	Facility Contact	(date)
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Louis Dreyfus Energy - S. Terminal

From: Keith Lewis **Date:** June 9, 1997
To: Joe Parker - Harardous Waste **Time:** 9:29 AM
Company: NC- DEHNR MRO **FAX #:** 663-6040
Number of pages to follow- 15

Message:

Joe,

Hopefully, this is what you need, Give me a call if you have any questions.

Keith

VOICE: (704) 399-3371 FAX: (704) 399-1755

NORTH CAROLINA HAZARDOUS WASTE MANIFEST

Please print or type. (Form designed for use on site (12-pin) typewriter.)

Form Approved, OMB No. 2050-0639

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. N C D 0 0 0 6 0 9 9 8 2 0 0 0 2 7		2. Page 1 of 1 information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address BP OIL 7401 OLD MT. HOLLY ROAD CHARLOTTE NC 28214		4. Generator's Phone (704) 399-3371		A. State Manifest Document Number	
5. Transporter 1 Company Name EnviroChem Environmental Services, Inc		6. US EPA ID Number N C D 9 8 2 1 7 0 2 9 2		C. State Transporter's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (919) 362-9010	
9. Designated Facility Name and Site Address ENVIROCHEM ENVIRONMENTAL SERVICES 1005 INVESTMENT BLVD. APEX NC 27502		10. US EPA ID Number N C D 9 8 2 1 7 0 2 9 2		E. State Transporter's ID	
11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	
a. WASTE COMBUSTIBLE LIQUID, N.O.S., NA 1993, PG III (ERG# 128) (DIESEL SLUDGE W/ LEAD) (BPC001-001)		No. Type		Unit Wt/Vol	
		0 0 2 D M		0 0 1 1 0 0 G	
b.					
c.					
d.					
15. Special Handling Instructions and Additional Information At ENVO# 11796 ER CONTACT ENVIROCHEM (919) 362-9010					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this assignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment. OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and employ the best waste management method that is available to me and that I can afford.					
Printed/Typed Name TIM VANNEY		Signature <i>Tim Vanney</i>		Month Day Year 11/12/96	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Wayne Jefferson		Signature <i>Wayne Jefferson</i>		Month Day Year 11/12/96	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name K. TODD WILLIAMSON					
Signature <i>K. Todd Williamson</i>		Month Day Year 11/12/96			

GENERATOR
TRANSPORTER
FACILITY

EPA Form 2700-22 (Rev. 11-88) Previous editions are obsolete.

INSTRUCTIONS ON BACK SHEET



LAND DISPOSAL RESTRICTION NOTIFICATION FORM

Generator Name: SOUTHEAST TERMINAL EPA ID#: NCDDCC06CFF182 Manifest Document#: 00028

The waste(s) indicated below does not meet the applicable treatment standards in 40 CFR 268 Subpart D and/or exceeds the applicable prohibition levels in 40 CFR 268.32 or RCRA 3004(d)(California List).

Indicate location of constituents on the manifest by inserting manifest line item (M.L.I.) identification (11-A, etc.) in boxes at left of waste code.

Profile #: 11-A 00119 11-D _____ 20-C _____ 20-F _____ 20-I _____ M.L.I.: 11
11-B _____ 20-A _____ 20-O _____ 20-G _____
11-C _____ 20-B _____ 20-E _____ 20-H _____

Wastewater

Non-Wastewater

I. CHECK REGULATED CONSTITUENT(S) IN F001 THROUGH F005 WASTE(S). (USE TABLE AT THE BOTTOM FOR CODES NOT FOUND HERE)

LINE #: 11

CODE	SUBCATEGORY/CONSTITUENTS	M.L.I.	CODE	M.L.I.	CODE	Total Composition mg/kg
<input type="checkbox"/>	D001 Ignitable Liquids (TOC >= 10%)	<input type="checkbox"/>	D018*	<input type="checkbox"/>	F001	
<input type="checkbox"/>	D001* Other Ignitables	<input type="checkbox"/>	D019*	<input type="checkbox"/>	F002	
<input type="checkbox"/>	D002* pH < 2 Corrosive wastes	<input type="checkbox"/>	D020*	<input type="checkbox"/>	F003	
<input type="checkbox"/>	D002* pH > 12.5 Corrosive wastes	<input type="checkbox"/>	D021*	<input type="checkbox"/>	F004	
<input type="checkbox"/>	D004	<input type="checkbox"/>	D022*	<input type="checkbox"/>	F005	
<input type="checkbox"/>	D005	<input type="checkbox"/>	D023*	<input type="checkbox"/>		
<input type="checkbox"/>	D006 Cadmium non-batteries	<input type="checkbox"/>	D024*	<input type="checkbox"/>	M.L.I.	CONSTITUENTS
<input type="checkbox"/>	D006 Cadmium batteries	<input type="checkbox"/>	D025*	<input type="checkbox"/>		Acetone
<input type="checkbox"/>	D007	<input type="checkbox"/>	D026*	<input type="checkbox"/>		Benzene
<input type="checkbox"/>	D008 Lead non-batteries	<input type="checkbox"/>	D027*	<input type="checkbox"/>		n-Butyl alcohol
<input type="checkbox"/>	D008 Lead Batteries	<input type="checkbox"/>	D028*	<input type="checkbox"/>		Carbon disulfide
<input type="checkbox"/>	D009 >= 260 mg/kg with organics	<input type="checkbox"/>	D029*	<input type="checkbox"/>		Carbon tetrachloride
<input type="checkbox"/>	D009 >= 260 mg/kg no organics	<input type="checkbox"/>	D030*	<input type="checkbox"/>		Chlorobenzene
<input type="checkbox"/>	D009 < 260 mg/kg non-wastewater	<input type="checkbox"/>	D031*	<input type="checkbox"/>		o,m,p Cresols
<input type="checkbox"/>	D009 < 260 mg/kg wastewater	<input type="checkbox"/>	D032*	<input type="checkbox"/>		Cyclohexanone
<input type="checkbox"/>	D010	<input type="checkbox"/>	D033*	<input type="checkbox"/>		o-Dichlorobenzene
<input type="checkbox"/>	D011	<input type="checkbox"/>	D034*	<input type="checkbox"/>		Ethyl acetate
<input type="checkbox"/>	D012* Endrin	<input type="checkbox"/>	D035*	<input type="checkbox"/>		Ethyl benzene
<input type="checkbox"/>	D012* Endrin aldehyde	<input type="checkbox"/>	D036*	<input type="checkbox"/>		Ethyl ether
<input type="checkbox"/>	D013* Alpha BHC	<input type="checkbox"/>	D037*	<input type="checkbox"/>		Isobutanol
<input type="checkbox"/>	D013* Beta BHC	<input type="checkbox"/>	D038*	<input type="checkbox"/>		Methanol
<input type="checkbox"/>	D013* Delta BHC	<input type="checkbox"/>	D039*	<input type="checkbox"/>		Methylene chloride
<input type="checkbox"/>	D013* Gamma BHC (Lindane)	<input type="checkbox"/>	D040*	<input type="checkbox"/>		Methyl ethyl ketone
<input type="checkbox"/>	D014*	<input type="checkbox"/>	D041*	<input type="checkbox"/>		Methyl isobutyl ketone
<input type="checkbox"/>	D015*	<input type="checkbox"/>	D042*	<input type="checkbox"/>		Nitrobenzene
<input type="checkbox"/>	D016*	<input type="checkbox"/>	D043*	<input type="checkbox"/>		Pyridine
<input type="checkbox"/>	D017*	<input type="checkbox"/>		<input type="checkbox"/>		Tetrachloroethylene
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Toluene
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		1,1,1 Trichloroethane
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		1,1,2 Trichloroethane
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		1,1,2-Trichloro-1,2,2-Trifluoroethane
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Trichloroethylene
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Trichloromonofluoromethane
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Xylene(s) (total)
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		2-Ethoxyethanol
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		2-Nitropropane

California List Constituents

Indicate the individual constituents likely to be present in each waste.

<input type="checkbox"/>	Arsenic - 500 mg/l	<input type="checkbox"/>	Selenium - 100 mg/l
<input type="checkbox"/>	Cadmium - 100 mg/l	<input type="checkbox"/>	Thallium - 100 mg/l
<input type="checkbox"/>	Chromium - 500 mg/l	<input type="checkbox"/>	Liquids with PCB's > 50 ppm
<input type="checkbox"/>	Lead - 500 mg/l	<input type="checkbox"/>	Wastes containing HOC's
<input type="checkbox"/>	Mercury - 20 mg/l	<input type="checkbox"/>	Liquid wastes containing cyanides > 1000 mg/l
<input type="checkbox"/>	Nickel - 134 mg/l	<input type="checkbox"/>	Liquid aqueous wastes having a pH <= 2

ATTACH A UNIVERSAL TREATMENT STANDARDS (UTS) TABLE WHICH INDICATES CONSTITUENTS CONTAINED IN WASTE STREAMS HAVING THESE WASTE CODES (EXCEPT F001 - HIGH TOC > 10%) WHEN THE CORRESPONDING CONCENTRATION LEVELS SHOWN IN THE UTS TABLE HAVE BEEN EXCEEDED.

II. ENTER WASTE CODE AND SUBCATEGORY, IF APPLICABLE, IN THE TABLE BELOW FOR CODES NOT FOUND ABOVE.

M.L.I.	CODE	SUBCATEGORY (IF ANY)
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

HAZARDOUS DEBRIS Yes, debris is subject to the alternative treatment standards of 40 CFR 265.45 - M.L.L. :

D. Benzene RESHAP Certification:

Please check the boxes below which indicates your status in regard to the reporting requirements under 40CFR61 Subpart FF:

I certify that our company has evaluated the waste profiles or analyzed the individual streams that were utilized to produce this load, and the following information is true, accurate, and complete to the best of my knowledge.

- This waste does not contain benzene which is required to be controlled and treated in accordance with the provisions of 40CFR Subpart FF (61.342(f)(2)).
- This waste contains benzene which is required to be controlled and treated in accordance with the provisions of 40CFR61 Subpart FF (61.342(f)(2)).

Please provide the benzene concentration in the waste shipment, if known: _____ ppm.

E. HERBICIDE/PESTICIDE/PCB CERTIFICATION

I certify under the penalty of law that I am the original generator of the waste described on the manifest listed above and am familiar with the process by which the waste was generated and can certify that no herbicides, pesticides, or PCB's above regulatory limits are contained in the waste listed on the manifest.

If any herbicides, pesticides, or PCB's are present above regulatory limits in our waste when processed, we will be liable to bear all cost for disposal of any waste contaminated with these materials and the decontamination of all processing equipment contaminated with these materials.

I understand that there are significant penalties for submitting a false certification.

F. CERTIFICATION

I certify under penalty of law that I have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this certification.

Print Name:

R. Keith Lewis

Sign:

R. Keith Lewis

Date:

12-17-96

TREATMENT STANDARDS (UTS) TABLE

SOUTHEAST TERMINAL

Manifest No.

050528

Constituents on the front and reverse page of this table that are present in D001 (except for TOC > 10%), D002 and D012 through D040 waste streams in amounts above the regulatory levels. Regulatory levels shown at the right hand side of the constituent name are in total concentration values except for those showing an asterisk which indicates they are in mg/l-TCLP.

Indicate location of constituents by inserting manifest line item (M.L.I.) identification (A-I) in boxes at left of constituents at left

M.L.I.	Constituents	Waste Water (mg/l)	Non-Waste Water (mg/kg)	M.L.I.	Constituents	Waste Water (mg/l)	Non-Waste Water (mg/kg)
	Acetone	0.29	100		Ethylene dibromide		
	Acenaphthylene	0.59	3.4		(1,2-Dibromoethane)	0.029	15
	Acenaphthene	0.059	3.4		Dibromomethane	0.11	15
	Acetonitrile	5.6	1.8		2,4-D		
	Acetophenone	0.010	9.7		(2,4-Dichlorophenoxyacetic Acid)	0.72	10
	2-Acetylaminofluorene	0.059	140		o,p-DDD	0.023	0.087
	Acrolein	0.29	N/A		p,p-DDD	0.023	0.087
	Acrylamide	19	23		o,p-DDE	0.031	0.087
	Acrylonitrile	0.24	84		p,p-DDE	0.031	0.087
	Aldrin	0.021	0.068		o,p-DDT	0.0039	0.087
	4-Aminobiphenyl	0.13	N/A		p,p-DDT	0.0039	0.087
	Aniline	0.81	14		Dibenzo (a,h) anthracene	0.068	8.2
	Anthracene	0.059	3.4		Dibenzo (a,e) pyrene	0.061	N/A
	Aramite	0.36	N/A		m-Dichlorobenzene	0.099	6.0
	alpha-BHC	0.00014	0.066		o-Dichlorobenzene	0.099	6.0
	beta-BHC	0.00014	0.066		p-Dichlorobenzene	0.099	6.0
	delta-BHC	0.023	0.066		Dichlorodifluoromethane	0.29	7.2
	gamma-BHC	0.0017	0.066		1,1-Dichloroethane	0.059	6.0
	Benzene	0.14	10		1,2-Dichloroethane	0.21	6.0
	Benzo (a) anthracene	0.059	3.4		1,1-Dichloroethylene	0.025	6.0
	Benzal Chloride	0.059	6.0		trans-1,2-Dichloroethylene	0.054	30
	Benzo (b) fluoranthene	0.11	6.9		2,4-Dichlorophenol	0.044	14
	Benzo (k) fluoranthene	0.11	6.8		2,6-Dichlorophenol	0.044	14
	Benzo (g,h) perylene	0.0055	1.8		1,2-Dichloropropane	0.25	18
	Benzo (a) pyrene	0.061	3.4		cis-1,3-Dichloropropylene	0.036	18
	Bromodichloromethane	0.55	15		trans-1,3-Dichloropropylene	0.036	18
	Bromofarm	0.83	15		Dieldrin	0.017	0.13
	Bromomethane				Diethyl phthalate	0.20	28
	(methyl bromide)	0.11	15		2,4-Dimethyl phend	0.035	14
	4-Bromophenyl				Dimethyl phthalate	0.047	28
	phenyl ether	0.055	15		Di-n-butyl phthalate	0.057	28
	n-butanol				1,4-Dinitrobenzene	0.32	2.5
	(n-Butyl alcohol)	5.8	2.5		2,6-Dinitro-cresol	0.28	160
	Butyl benzy phthalate	0.017	28		2,4-Dinitrophenol	0.12	180
	2-sec-Butyl				2,6-Dinitrophenol	0.32	180
	4,6-dinitrophenol	0.066	2.5		2,8-Dinitrotoluene	0.55	88
	Carbon tetrachloride	0.257	6.0		Di-n-octyl phthalate	0.017	88
	Carbon disulfide	3.8	4.8		p-Dimethylaminoazo-		
	Chlordane				benzene	0.13	N/A
	(alpha & gamma iso)	0.0093	0.25		Di-n-propylnitrosamine	0.40	14
	p-Chloroaniline	0.46	16		Diphenylamine	0.92	13
	Chlorobenzene	0.057	6.0		1,2-Diphenylpyrazine	0.087	N/A
	Chlorobenzilate	0.10	N/A		Diphenylnitrosamine	0.92	13
	2-chloro-1,3-butadiene	0.057	0.28		1,4-Dioxane	N/A	170
	Chlorodibromomethane	0.057	15		Disulfoton	0.017	8.2
	Chloroethane	0.27	6.0		Endosulfan I	0.023	0.058
	bis-(2-Chloroethoxy)				Endosulfan II	0.029	0.13
	methane	0.036	7.2		Endosulfan sulfate	0.029	0.13
	bis-(2-Chloroethyl)				Endrin	0.0028	0.13
	ether	0.033	6.0		Endrin aldehyde	0.028	0.13
	Chloroform	0.046	6.0		Ethyl acetate	0.36	33
	bis-(2-Chloroisopropyl)				Ethyl benzene	0.067	10
	ether	0.055	7.2		Ethyl cyanide	0.24	390
	p-Chloro-m-cresol	0.018	14		Ethyl ether	0.12	160
	2-Chloroethyl Vinyl Ether	0.082	N/A		bis-(2-Ethylhexyl)		
	Chloromethane				phthalate	0.28	28
	(methyl chloride)	0.19	30		Ethyl methacrylate	0.14	160
	2-Chloronaphthalene	0.055	5.6		Ethylene oxide	0.12	N/A
	2-Chlorophenol	0.044	5.7		Famphur	0.017	15
	3-Chloropropylene	0.038	30		Fluoranthene	0.089	3.4
	Chrysene	0.059	3.4		Fluorene	0.059	3.4
	o-Cresol	0.11	5.6		Heptachlor	0.0012	0.008
	Cresol (m or p-isomers)	0.77	5.6		Heptachlor epoxide	0.018	0.066
	Cyclohexanone	0.36	N/A		Hexachlorobenzene	0.055	10
	1,2-Dibromo				Hexachlorobutadiene	0.055	5.6
	3-Chloropropene	0.11	15				



FISHER

INDUSTRIAL SERVICE, INC.

A Member of The North American Group Ltd.

P.O. Box 5410
402 Webster Chapel Road
Glencoe, Alabama 35905
(205) 492-8340
Fax (205) 492-8385

FACILITY EPA ID: ALD981020894

SOUTHEAST TERMINAL
7401 OLD MT. HOLLY ROAD
CHARLOTTE, NC 28214-1788

Site Id: NCD000609982

CERTIFICATE OF DISPOSAL

Fisher Industrial Services, Inc, has received waste Material from SOUTHEAST TERMINAL as described on the Generator's Manifest Document 00028 (and State Manifest 44303) on Thursday, December 19, 1996.

Fisher Industrial Service, Inc. hereby certifies that the Waste Material identified above was received and disposed in compliance with State and Federal Regulations.

AUTHORIZED:

DATE:

1/2/97

LAND DISPOSAL RESTRICTIONS NOTIFICATION FORM

GENERATOR: Louis Dreyfus Energy MANIFEST #: 000026

HAZARDOUS WASTE CODES: D018

WASTE RESTRICTED: DOES NOT MEET TREATMENT STANDARDS

I am the generator of a restricted waste which must be treated to the applicable treatment standards set forth in 40 CFR Part 268 Subpart D prior to land disposal.

Treatability Group (circle one) Wastewater¹ Nonwastewater²

(If choice is not made this waste is presumed to be nonwastewater.)

Subcategory (if applicable):

- D001
 - Ignitable managed in a CWA/CWA-equivalent/Class I SDWA systems
 - Ignitable managed in a non-CWA/non-CWA-equivalent/non-Class I SDWA systems
 - Ignitable High TOC
- D002
 - Corrosive managed in a CWA/CWA-equivalent/Class I SDWA systems
 - Corrosive managed in a non-CWA/non-CWA-equivalent/non-Class I SDWA systems
- D003
 - Reactive Sulfides based on 261.23(a)(5)
 - Reactive Cyanides based on 261.23(a)(6)
 - Other Reactives based on 261.23(a)(1)
- D009
 - High Mercury-Organic
 - High Mercury-Inorganic
 - Low Mercury
 - All D009 wastewaters
- Other _____

This form and the attached applicable lists of underlying hazardous constituents, F001-F005 and/or F039 constituents are submitted in accordance with 40 CFR Part 268 which restricts the land disposal of hazardous wastes.³ (See next page)³

Please attach available waste analysis data.

I hereby certify that this form is accurately completed to the best of my knowledge and/or waste analysis data.

Signature: [Signature] Date: 4-26-95

GENERATOR: AFTER COMPLETION, PLEASE COPY ENTIRE DOCUMENT, INCLUDING APPLICABLE LISTS OF HAZARDOUS CONSTITUENTS, AND RETAIN ON-SITE IN YOUR FILES FOR FIVE YEARS. ORIGINAL SHOULD BE SENT WITH THE DRIVER.

¹Defined in 40 CFR Part 268.2(f)
²Defined in 40 CFR Part 268.2(d)

LAND DISPOSAL RESTRICTIONS NOTIFICATION FORM

GENERATOR: Louis Dresser Energy MANIFEST #: 00024

HAZARDOUS WASTE CODES: D 018

WASTE RESTRICTED: DOES NOT MEET TREATMENT STANDARDS

I am the generator of a restricted waste which must be treated to the applicable treatment standards set forth in 40 CFR Part 268 Subpart D prior to land disposal.

Treatability Group (circle one) Wastewater¹ Nonwastewater²

(If choice is not made this waste is presumed to be nonwastewater.)

Subcategory (if applicable):

- D001
 - Ignitable managed in a CWA/CWA-equivalent/Class I SDWA systems
 - Ignitable managed in a non-CWA/non-CWA-equivalent/non-Class I SDWA systems
 - Ignitable High TOC
- D002
 - Corrosive managed in a CWA/CWA-equivalent/Class I SDWA systems
 - Corrosive managed in a non-CWA/non-CWA-equivalent/non-Class I SDWA systems
- D003
 - Reactive Sulfoxides based on 261.23(a)(5)
 - Reactive Cyanides based on 261.23(a)(5)
 - Other Reactives based on 261.23(a)(1)
- D009
 - High Mercury-Organic
 - High Mercury-Inorganic
 - Low Mercury
 - All D009 wastewaters
- Other _____

This form and the attached applicable lists of underlying hazardous constituents, F001-F005 and/or F039 constituents are submitted in accordance with 40 CFR Part 268 which restricts the land disposal of hazardous wastes.³ (See next page)²

Please attach available waste analysis data.

I hereby certify that this form is accurately completed to the best of my knowledge and/or waste analysis data.

Signature: Shirley J. Quinn Date: 10-24-94

GENERATOR: AFTER COMPLETION, PLEASE COPY ENTIRE DOCUMENT, INCLUDING APPLICABLE LISTS OF HAZARDOUS CONSTITUENTS, AND RETAIN ON-SITE IN YOUR FILES FOR FIVE YEARS. ORIGINAL SHOULD BE SENT WITH THE DRIVER.

¹Defined in 40 CFR Part 268.2(f)
²Defined in 40 CFR Part 268.2(d)

LAND DISPOSAL RESTRICTIONS NOTIFICATION FORM

GENERATOR: Louis Douglas Energy MANIFEST #: 00023

HAZARDOUS WASTE CODES: D018

WASTE RESTRICTED: DOES NOT MEET TREATMENT STANDARDS

I am the generator of a restricted waste which must be treated to the applicable treatment standards set forth in 40 CFR Part 268 Subpart D prior to land disposal.

Treatability Group (circle one) Wastewater¹ Nonwastewater²

(If choice is not made this waste is presumed to be nonwastewater.)

Subcategory (if applicable):

- D001
 - Ignitable managed in a CWA/CWA-equivalent/Class I SDWA systems
 - Ignitable managed in a non-CWA/non-CWA-equivalent/non-Class I SDWA systems
 - Ignitable High TOC
- D002
 - Corrosive managed in a CWA/CWA-equivalent/Class I SDWA systems
 - Corrosive managed in a non-CWA/non-CWA-equivalent/non-Class I SDWA systems
- D003
 - Reactive Sulfides based on 261.23(a)(5)
 - Reactive Cyanides based on 261.23(a)(8)
 - Other Reactives based on 261.23(a)(7)
- D009
 - High Mercury-Organic
 - High Mercury-Inorganic
 - Low Mercury
 - All D009 wastewaters
- Other _____

This form and the attached applicable lists of underlying hazardous constituents, F001-F005 and/or F039 constituents are submitted in accordance with 40 CFR Part 268 which restricts the land disposal of hazardous wastes.³ (See next page)³

Please attach available waste analysis data.

I hereby certify that this form is accurately completed to the best of my knowledge and/or waste analysis data.

Signature: Shawn B. Giam Date: 10-24-94

GENERATOR: AFTER COMPLETION, PLEASE COPY ENTIRE DOCUMENT, INCLUDING APPLICABLE LISTS OF HAZARDOUS CONSTITUENTS, AND RETAIN ON-SITE IN YOUR FILES FOR FIVE YEARS. ORIGINAL SHOULD BE SENT WITH THE DRIVER.

¹Defined in 40 CFR Part 268.2(f)
²Defined in 40 CFR Part 268.2(d)

LAND DISPOSAL RESTRICTIONS NOTIFICATION FORM

GENERATOR: SE Southeast Terminal MANIFEST #: 00022

HAZARDOUS WASTE CODES: D001, D018

WASTE RESTRICTED: DOES NOT MEET TREATMENT STANDARDS

I am the generator of a restricted waste which must be treated to the applicable treatment standards set forth in 40 CFR Part 268 Subpart D prior to land disposal.

Treatability Group (circle one) Wastewater¹ Nonwastewater²

(If choice is not made this waste is presumed to be nonwastewater.)

Subcategory (if applicable):

- D001
 - Ignitable managed in a CWA/CWA-equivalent/Class I SDWA systems
 - Ignitable managed in a non-CWA/non-CWA-equivalent/non-Class I SDWA systems
 - Ignitable High TOC
- D002
 - Corrosive managed in a CWA/CWA-equivalent/Class I SDWA systems
 - Corrosive managed in a non-CWA/non-CWA-equivalent/non-Class I SDWA systems
- D003
 - Reactive Sulfides based on 261.23(a)(6)
 - Reactive Cyanides based on 261.23(a)(5)
 - Other Reactives based on 261.23(a)(1)
- D009
 - High Mercury-Organic
 - High Mercury-Inorganic
 - Low Mercury
 - All D009 wastewaters
- Other _____

This form and the attached applicable lists of underlying hazardous constituents, F001-F005 and/or F039 constituents are submitted in accordance with 40 CFR Part 268 which restricts the land disposal of hazardous wastes.³ (See next page)³

Please attach available waste analysis data.

I hereby certify that this form is accurately completed to the best of my knowledge and/or waste analysis data.

Signature: Sharon L. Green Date: 8-1-94

GENERATOR: AFTER COMPLETION, PLEASE COPY ENTIRE DOCUMENT, INCLUDING APPLICABLE LISTS OF HAZARDOUS CONSTITUENTS, AND RETAIN ON-SITE IN YOUR FILES FOR FIVE YEARS. ORIGINAL SHOULD BE SENT WITH THE DRIVER.

¹ Defined in 40 CFR Part 268.2(f)
² Defined in 40 CFR Part 268.2(d)

F001-F005 Solvents

Acetone
Benzene
n-Butyl alcohol
Carbon disulfide
Carbon tetrachloride
Chlorobenzene
o-Cresol
m-Cresol
p-Cresol
Cresols-mixed isomers
Cyclohexanone
o-Dichlorobenzene
2-Ethoxyethanol
Ethyl acetate
Ethyl benzene
Ethyl ether
Isobutyl alcohol
Methanol
Methylene chloride
Methyl ethyl ketone
Methyl isobutyl ketone
Nitrobenzene
2-Nitropropane
Pyridine
Tetrachloroethylene
Toluene
1,1,1-Trichloroethane
1,1,2-Trichloroethane
1,1,2-Trichloro-1,2,2-trifluoroethane
Trichloroethylene
Trichloromonofluoromethane
Xylenes-mixed isomers

Combined F039 & Underlying
Hazardous Constituents (less
dioxins and furans)

If applicable and no choices are made, this
waste is presumed to contain all of the
following constituents.

Acanaphthylene
Acanaphthene
Acetone
Acetonitrile
Acetophenone
2-Acetylaminofluorene
Acrolein
Acrylamide (Underlying only)
Acrylonitrile
Aldrin
4-Aminobiphenyl
Aniline
Anthracene
Aramid
alpha-BHC
beta-BHC
delta-BHC
gamma-BHC
Benzene
Benz(a)anthracene
Benzal chloride (Underlying only)
Benzobifluoranthene
Benzokilfluoranthene
Benzog(h,i)perylene
Benz(a)pyrene
Bromodichloromethane
Methyl bromide (Bromomethane)
4-Bromophenyl phenyl ether
n-Butyl alcohol
Butyl benzyl phthalate
2-sec-Butyl-4,6-dinitrophenol (Dinoseb)
Carbon disulfide
Carbon tetrachloride
Chlordane (alpha & gamma isomers)
p-Chloroaniline
Chlorobenzene
Chlorobenzilate
2-Chloro-1,3-butadiene
Chlorodibromomethane
Chloroethane
bis(2-Chloroethoxy)methane
bis(2-Chloroethyl)ether
Chloroform
bis(2-Chloroisopropyl)ether
p-Chloro-m-cresol

2-Chloroethyl vinyl ether (Underlying)
Chloroethane (Methyl chloride)
2-Chloronaphthalene
2-Chlorophenol
3-Chloropropylene
Chrysenes
o-Cresol
m-Cresol
p-Cresol
Cyclohexanone
1,2-Dibromo-3-chloropropane
Ethylene dibromide (1,2-Dibromoethane)
Dibromomethane
2,4-D (2,4-Dichlorophenoxyacetic acid)
o,p'-DDD
p,p'-DDD
o,p'-DDE
p,p'-DDE
o,p'-DDT
p,p'-DDT
Dibenz(a,h)anthracene
Dibenz(a,p)pyrene
m-Dichlorobenzene
o-Dichlorobenzene
p-Dichlorobenzene
Dichlorodifluoromethane
1,1-Dichloroethane
1,2-Dichloroethane
1,1-Dichloroethylene
trans-1,2-Dichloroethylene
2,4-Dichlorophenol
2,6-Dichlorophenol
1,2-Dichloropropane
cis-1,3-Dichloropropylene
trans-1,3-Dichloropropylene
Dieldrin
Diethyl phthalate
2,4-Dimethyl phenol
Dimethyl phthalate
Di-n-butyl phthalate
1,4-Dinitrobenzene
4,6-Dinitro-o-cresol
2,4-Dinitrophenol
2,4-Dinitrotoluene
2,6-Dinitrotoluene
Di-n-octyl phthalate
p-Dimethylaminoazobenzene (Underlying)
Di-n-propylnitrosamine
1,4-Dioxane
Diphenylamine
Diphenylnitrosamine
1,2-Diphenylhydrazine
Disulfoton
Endosulfan I
Endosulfan II
Endosulfan sulfate
Endrin
Endrin aldehyde
Ethyl acetate
Ethyl cyanide (Propanenitrile)
Ethyl benzene
Ethyl ether
bis(2-Ethylhexyl) phthalate
Ethyl methacrylate
Ethylene oxide
Fenopur
Fluoranthene
Fluorene
Heptachlor
Heptachlor epoxide
Hexachlorobenzene
Hexachlorobutadiene
Hexachlorocyclopentadiene
Hexachlorocyclohexane
Hexachloropropylene
Indene (1,2,3-c,d) pyrene
Iodomethane
Isobutyl alcohol
Isodrin
Isosafrole
Kepone
Methacrylonitrile
Methanol
Methapyrene
Methoxyphenol
3-Methylcholanthrene
4,4-Methylene bis(2-chloroaniline)
Methylene chloride
Methyl ethyl ketone
Methyl isobutyl ketone

Methyl methacrylate
Methyl methanesulfonate
Methyl parathion
Naphthalene
2-Naphthylamine
o-Nitroaniline (Underlying only)
p-Nitroaniline
Nitrobenzene
5-Nitro-o-toluidine
o-Nitrophenol (Underlying only)
p-Nitrophenol
N-Nitrosodimethylamine
N-Nitrosodimethylamine
N-Nitroso-di-n-butylamine
N-Nitrosomethylamine
N-Nitrosomorpholine
N-Nitrosopiperidine
N-Nitrosopyrrolidine
Parathion
Total PCBs
Pentachlorobenzene
Pentachloroethane (Underlying only)
Pentachloronitrobenzene
Pentachlorophenol
Phenacetin
Phenanthrene
Phenol
Phorets
Phthalic acid (Underlying only)
Phthalic anhydride
Pronexide
Pyrene
Pyridine
Safrole
Silvex (2,4,5-TP)
2,4,5-T
1,2,4,5-Tetrachlorobenzene
1,1,1,2-Tetrachloroethane
1,1,2,2-Tetrachloroethane
Tetrachloroethylene
2,3,4,6-Tetrachlorophenol
Toluene
Toxaphene
Bromoform (Tribromomethane)
1,2,4-Trichlorobenzene
1,1,1-Trichloroethane
1,1,2-Trichloroethane
Trichloroethylene
Trichloromonofluoromethane
2,4,5-Trichlorophenol
2,4,6-Trichlorophenol
1,2,3-Trichloropropane
1,1,2-Trichloro-1,2,2-trifluoroethane
tris-(2,3-Dibromopropyl) phosphate
Vinyl chloride
Xylenes-mixed isomers
Antimony
Arsenic
Barium
Beryllium
Cadmium
Chromium (Total)
Cyanides (Total)
Cyanides (Amenable)
Fluoride
Lead
Mercury-Nonwastewater from Retort
Mercury-All Others
Nickel
Selenium
Silver
Sulfide
Thallium
Vanadium

[] All of the above

[] None of the above

If the generator determines that his waste exhibits the characteristic of ignitability (D001) and is not in the High Toxic Ignitable Liquids Subcategory or is not treated by CMST or RCDS of 268.62, Table 1), or the characteristic of corrosivity (D002), and is prohibited under 268.37; and/or the characteristic of organic toxicity (D012-D043), and is prohibited under 268.38, the generator must determine the underlying hazardous constituents (as defined in 268.2), in the D001, D002, or D012-D043 wastes.

LAND DISPOSAL RESTRICTIONS NOTIFICATION FORM

GENERATOR: Louis Dreyfus Energy MANIFEST #: 00021

HAZARDOUS WASTE CODES: D018

WASTE RESTRICTED: DOES NOT MEET TREATMENT STANDARDS

I am the generator of a restricted waste which must be treated to the applicable treatment standards set forth in 40 CFR Part 268 Subpart D prior to land disposal.

Treatability Group (circle one) Wastewater¹ Nonwastewater²

(If choice is not made this waste is presumed to be nonwastewater.)

Subcategory (if applicable):

- D001
 - Ignitable managed in a CWA/CWA-equivalent/Class I SDWA systems
 - Ignitable managed in a non-CWA/non-CWA-equivalent/non-Class I SDWA systems
 - Ignitable High TOC
- D002
 - Corrosive managed in a CWA/CWA-equivalent/Class I SDWA systems
 - Corrosive managed in a non-CWA/non-CWA-equivalent/non-Class I SDWA systems
- D003
 - Reactive Sulfides based on 261.23(a)(6)
 - Reactive Cyanides based on 261.23(a)(5)
 - Other Reactives based on 261.23(a)(1)
- D009
 - High Mercury-Organic
 - High Mercury-Inorganic
 - Low Mercury
 - All D009 wastewaters
- Other _____

This form and the attached applicable lists of underlying hazardous constituents, F001-F005 and/or F039 constituents are submitted in accordance with 40 CFR Part 268 which restricts the land disposal of hazardous wastes. (See next page)

Please attach available waste analysis data.

I hereby certify that this form is accurately completed to the best of my knowledge and/or waste analysis data.

Signature: R. K. Lewis Date: 7-29-94

GENERATOR: AFTER COMPLETION, PLEASE COPY ENTIRE DOCUMENT, INCLUDING APPLICABLE LISTS OF HAZARDOUS CONSTITUENTS, AND RETAIN ON-SITE IN YOUR FILES FOR FIVE YEARS. ORIGINAL SHOULD BE SENT WITH THE DRIVER.

¹Defined in 40 CFR Part 268.2(f)
²Defined in 40 CFR Part 268.2(d)



NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT



JAMES B. HUNT JR.
GOVERNOR

WAYNE MCDEVITT
SECRETARY

WILLIAM L. MEYER
DIRECTOR

February 5, 1999
SOUTHEAST TERMINAL
PO BOX 86
PAW CREEK, NC 28130-0086



RE EPA ID NO.: NCD000609982

Dear Sir/Madam:

Based on information received by this office for the site identified with the EPA ID number, the state has accepted and processed the change in RCRA classification or information for the above site.

Please verify the computer generated information on the attached report and notify us of any corrections. We are advising EPA of the changes.

Enclosed you will find some information we hope will be helpful. If you have any questions or if I can be of any further assistance, please call me at (919)733-2178 ext.209.

Sincerely,

R. J. Edwards, Administrative Assistant
Division of Waste Management

cc: JOE PARKER

State of North Carolina
Department of Environment
and Natural Resources

Division of Waste Management

February 5, 1999



P. O. Box 29603
Raleigh, North Carolina 27611-9603
Voice 919-733-2178

**Notification of Hazardous Waste Report
Current Computer Record**
'X' indicates operation status of your facility.

EPA ID#: NCD000609982
Company name: SOUTHEAST TERMINAL
Owner: TRANSMONTAIGNE TERMINALING INC
Contact: BARBARA CASTLEBERRY, ENVIR COORD
Phone number: 770/518-3671
Location address: 7401 OLD MT HOLLY RD
City, St & ZIP: CHARLOTTE, NC 28214-1788

Generator	TSD	Used Oil Fuel Marketer
<input checked="" type="checkbox"/> LARGE GENERATOR	<input type="checkbox"/> STORES	<input type="checkbox"/> Marketer directs shipment of used oil to off-specification burner
<input type="checkbox"/> SMALL QNTY GENERATOR	<input type="checkbox"/> TREATER	<input type="checkbox"/> Marketer who first claims the used oil meets specifications
<input type="checkbox"/> EXEMPT SMALL QNTY	<input type="checkbox"/> DISPOSER	
<input type="checkbox"/> LG QNTY. UNIVERSAL		
Transporter	Hazardous Waste Fuel	Used Oil Burner-Combustion Devices
<input type="checkbox"/> For own waste only	<input type="checkbox"/> Gentr marketing to burner	<input type="checkbox"/> Utility Boiler
<input type="checkbox"/> For commercial purposes	<input type="checkbox"/> Other marketers	<input type="checkbox"/> Industrial Boiler
	<input type="checkbox"/> Burner	<input type="checkbox"/> Industrial Furnace
	<input type="checkbox"/> 1. Smelter deferral	
	<input type="checkbox"/> 2. Small qunt. exempt	Used Oil Transporter Activities
Transportation		<input type="checkbox"/> Transporter
<input type="checkbox"/> Air		<input type="checkbox"/> Transfer facility
<input type="checkbox"/> Rail		
<input type="checkbox"/> Highway	Combustion Devices	Used Oil Processor/Re-refiner Activities
<input type="checkbox"/> Water	<input type="checkbox"/> Utility boiler	<input type="checkbox"/> Process
<input type="checkbox"/> Other	<input type="checkbox"/> Industrial boiler	<input type="checkbox"/> Re-refine
	<input type="checkbox"/> Industrial furnace	

Please notify us if there is any further change in your operation which would affect your status specifically
Company's Name, Ownership, Address, Contact or Telephone Number.

Your EPA ID number is currently active.



December 14, 1998

North Carolina Dept. of Environment & Natural Resources
Division of Waste Management
401 Oberlin Road, Suite 150
Raleigh, NC 27605
Attn: R. J. Edwards



SOUTHEAST TERMINAL - CHARLOTTE
7401 OLD MT. HOLLY ROAD
CHARLOTTE, NC 28214-1788
EPA I.D. #NCD000609982

Dear Mr. Edwards:

Enclosed is the current computer record for our Charlotte terminal that you included in your December 10, 1998 letter. TransMontaigne Terminals Inc. purchased this facility from Louis Dreyfus Energy on October 30, 1998. Please change your records to reflect the owner as:

TransMontaigne Terminals Inc.

If you have any questions, please call me at 770/518-3671.

Sincerely,

A handwritten signature in black ink that reads 'Barbara Castleberry'. The signature is written in a cursive style.

Barbara Castleberry
Environmental Coordinator

enclosure

copy: Keith Lewis, w/attachment
State of North Carolina, w/attachment
DEHNR
919 North Main Street
Mooresville, NC 28115

State of North Carolina
 Department of Environment
 and Natural Resources
 Division of Waste Management
 December 10, 1998



P. O. Box 29603
 Raleigh, North Carolina 27611-9803
 Voice 919-733-2178

**Notification of Hazardous Waste Report
 Current Computer Record**

'X' indicates operation status of your facility.

EPA ID#: NCD000609982
 Company name: SOUTHEAST TERMINAL TransMontaigne Terminaling Inc.
 Owner: LOUIS DREYFUS ENERGY CORP.
 Contact: BARBARA CASTLEBERRY, ENVIRON COORD
 Phone number: 704/399-3371
 Location address: 7401 OLD MT HOLLY RD
 City, St & ZIP: CHARLOTTE, NC 28214-1788

<p>Generator</p> <p><input checked="" type="checkbox"/> LARGE GENERATOR <input type="checkbox"/> SMALL QNTY GENERATOR <input type="checkbox"/> EXEMPT SMALL QNTY <input type="checkbox"/> LG QNTY. UNIVERSAL</p> <p>Transporter</p> <p><input type="checkbox"/> For own waste only <input type="checkbox"/> For commercial purposes</p> <p>Transportation</p> <p><input type="checkbox"/> Air <input type="checkbox"/> Rail <input type="checkbox"/> Highway <input type="checkbox"/> Water <input type="checkbox"/> Other</p>	<p>TSD</p> <p><input type="checkbox"/> STORES <input type="checkbox"/> TREATER <input type="checkbox"/> DISPOSER</p> <p>Hazardous Waste Fuel</p> <p><input type="checkbox"/> Genr marketing to burner <input type="checkbox"/> Other marketers <input type="checkbox"/> Burner <input type="checkbox"/> 1. Smelter deferral <input type="checkbox"/> 2. Small qnt. exempt</p> <p>Combustion Devices</p> <p><input type="checkbox"/> Utility boiler <input type="checkbox"/> Industrial boiler <input type="checkbox"/> Industrial furnace</p>	<p>Used Oil Fuel Marketer</p> <p><input type="checkbox"/> Marketer directs shipment of used oil to off-specification burner <input type="checkbox"/> Marketer who first claims the used oil meets specifications</p> <p>Used Oil Burner-Combustion Devices</p> <p><input type="checkbox"/> Utility Boiler <input type="checkbox"/> Industrial Boiler <input type="checkbox"/> Industrial Furnace</p> <p>Used Oil Transporter Activities</p> <p><input type="checkbox"/> Transporter <input type="checkbox"/> Transfer facility</p> <p>Used Oil Processor/Re-refiner Activities</p> <p><input type="checkbox"/> Process <input type="checkbox"/> Re-refine</p>
---	--	--

**Please notify us if there is any further change in your operation which would affect your status specifically
 Company's Name, Ownership, Address, Contact or Telephone Number.**

Your EPA ID number is currently active.



NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES
DIVISION OF WASTE MANAGEMENT

December 10, 1998

SOUTHEAST TERMINAL
PO BOX 86
PAW CREEK, NC 28130-0086

RE EPA ID NO.: NCD000609982

Dear Sir/Madam:

Based on information received by this office for the site identified with the EPA ID number, the state has accepted and processed the change in RCRA classification or information for the above site.

Please verify the computer generated information on the attached report and notify us of any corrections. We are advising EPA of the changes.

Enclosed you will find some information we hope will be helpful. If you have any questions or if I can be of any further assistance, please call me at (919)733-2178 ext.209.

Sincerely,

R. J. Edwards, Administrative Assistant
Division of Waste Management

cc: JOE PARKER





NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT



JAMES B. HUNT JR.
GOVERNOR

WAYNE MCDEVITT
SECRETARY

WILLIAM L. MEYER
DIRECTOR

March 17, 1998

SOUTHEAST TERMINAL
PO BOX 86
PAW CREEK, NC 28130-0086



RE EPA ID NO.: **NCD000609982**

Dear Sir/Madam:

Based on information received by this office for the site identified with the EPA ID number, the state has accepted and processed the change in RCRA classification or information for the above site.

Please verify the computer generated information on the attached report and notify us of any corrections. We are advising EPA of the changes.

Enclosed you will find some information we hope will be helpful. If you have any questions or if I can be of any further assistance, please call me at (919)733-2178 ext.209.

Sincerely,

R. J. Edwards, Administrative Assistant
Division of Waste Management

cc: JOE PARKER

State of North Carolina
Department of Environment
and Natural Resources

Division of Waste Management

March 17, 1998



Raleigh, North Carolina 27611-9603
Voice 919-733-2178

Notification of Hazardous Waste Report
Current Computer Record

'X' indicates operation status of your facility.

EPA ID#: NCD000609982
Company name: SOUTHEAST TERMINAL
Owner: LOUIS DREYFUS ENERGY CORP
Contact: CASTLEBERRY BARBARA, ENVIRON COORD
Phone number: 770/518-3671
Location address: 7401 OLD MT HOLLY RD
City, St & ZIP: CHARLOTTE, NC 28214-1788

Generator	TSD	Used Oil Fuel Marketer
<input checked="" type="checkbox"/> LARGE GENERATOR	<input type="checkbox"/> STORES	<input type="checkbox"/> Marketer directs shipment of used oil to off-specification burner
<input type="checkbox"/> SMALL QNTY GENERATOR	<input type="checkbox"/> TREATER	<input type="checkbox"/> Marketer who first claims the used oil meets specifications
<input type="checkbox"/> EXEMPT SMALL QNTY	<input type="checkbox"/> DISPOSER	
<input type="checkbox"/> LG QNTY. UNIVERSAL		
Transporter	Hazardous Waste Fuel	Used Oil Burner-Combustion Devices
<input type="checkbox"/> For own waste only	<input type="checkbox"/> Gentr marketing to burner	<input type="checkbox"/> Utility Boiler
<input type="checkbox"/> For commercial purposes	<input type="checkbox"/> Other marketers	<input type="checkbox"/> Industrial Boiler
	<input type="checkbox"/> Burner	<input type="checkbox"/> Industrial Furnace
	<input type="checkbox"/> 1. Smelter deferral	
	<input type="checkbox"/> 2. Small qunt. exempt	Used Oil Transporter Activities
Transportation		<input type="checkbox"/> Transporter
<input type="checkbox"/> Air		<input type="checkbox"/> Transfer facility
<input type="checkbox"/> Rail		
<input type="checkbox"/> Highway	Combustion Devices	Used Oil Processor/Re-refiner Activities
<input type="checkbox"/> Water	<input type="checkbox"/> Utility boiler	<input type="checkbox"/> Process
<input type="checkbox"/> Other	<input type="checkbox"/> Industrial boiler	<input type="checkbox"/> Re-refine
	<input type="checkbox"/> Industrial furnace	

Please notify us if there is any further change in your operation which would affect your status specifically
Company's Name, Ownership, Address, Contact or Telephone Number.

Your EPA ID number is currently active.

STATE OF NORTH CAROLINA
Department of Environment, Health,
and Natural Resources
919 North Main St.
Mooresville, N.C. 28115
(704)663-1699/ FAX 663-6040

Hazardous Waste Section File Access Record

Time/ Date _____ 8:00 / 6-14-96
Name _____ Tammy Burkart
Representing _____ SAME, INC.

Guidelines for Access:

The staff of the Mooresville Regional Office is dedicated to making public records, in our custody, readily available to the public for review and copying. We also have the responsibility to the public, to safeguard these records, and to carry out our day-to-day program obligations. Please read carefully, the following guidelines before signing this form:

1. We prefer that you call at least a day in advance to schedule an appointment to review the files. Appointments will be scheduled between 9:00 am and 4:00 pm. Viewing time ends at 5:00 pm. Anyone arriving without an appointment may view the files to the extent that time and staff supervision is available.
2. You must specify the files you want to review by facility names. The number of files that you may review at one time will be limited to five (5).
3. You may make copies of a file when the copier is not in use by the staff, and if time permits. Access to the copy machine may be limited after 2:00 pm, due to heavy staff use. Cost per copy is ten (10) cents; payment may be made by check, money order, or cash at the reception desk. Checks should be made payable to the Dept. of Environment, Health, and Natural Resources, or DEHNR.
4. **FILES MUST BE KEPT IN THE ORDER YOU FOUND THEM.** Files may not be taken from the State office. To remove, alter, deface, mutilate, or destroy material in one of these files is a misdemeanor for which you can be fined up to \$ 500.00.

	<u>Facility Name</u>	<u>County</u>
1.	Southern Facilities-SE TERMINAL (CONOCO)	MECK
2.		
3.		
4.		
5.		

Signature & Name of Firm/ Business _____ Tammy Burkart / SAME _____
Date _____ 6-14-96 _____
Time In/ Time Out _____ 8:00 / 8:30 ish _____

(Please Attach a Business Card to This Form)

RCRIS

EPA ID #: NCD 000 609 982

FACILITY NAME: Southeast Terminal Charlotte CITY: Charlotte, N.C.

EVALUATION DATA:

NEW: X CHANGE: DELETE:

PERSON: 029
AGENCY: STATE

BRANCH: 01
REASON:

SUPERVISOR NOV TRACKING INFO

TYPE: CEI

INITIAL INSPECTION DATE: May 7, 1997

DOCKET: #97 - 218

REINSP DATE: June 9, 1997

COMMENTS: Ticket Notice of Violation issued

GENERATORS:

GBF: GER: X GGR: X GLB: X GMR: X GOR: GPT: X GRR: X GSC: GSQ:

TRANSPORTERS:

TGR: TMR: TOR: TRR: TWD:

TSD's

DBF: DCH: DCL: DFR: DGS: DGW: DIN: DLB: DLF: DLT: DMC:
DMR: DOR: DOT: DPB: DPP: DSI: DTR: DTT: DWP:

USED OIL:

TUO: TFO: BUO: MUO: PUO: RUO:

VIOLATION DATA: New: X Change: Delete:

-
1. Agency: State Type: GMR Date Determined: May 7, 1997
Class: 2 Priority: Seq#
Returned to Compliance: June 9, 1997
Actual Date:
Req. Description: 40 CFR 262.40(a)
Comment: Facility failed to retain a signed copy for manifest # 00027 (11-17-96)
 2. Agency: State Type: GLB Date Determined: May 7, 1997
Class: 2 Priority: Seq#
Returned to Compliance: June 9, 1997
Actual Date:
Reg. Description: 40 CFR 268.7(a)(7)

**Comment: Facility failed to retain on-site a copy of the following LDR certifications :
Manifest #'s 00028 (12-17-96), #00026 (4-26-95), #00024 (10-24-94), #00023 (10-24-94),
#00022 (8-1-94), #00021 (7-27-94).**

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary



Waste Management Division
Hazardous Waste Section

NOTICE OF VIOLATION

To: Southeast Terminal Charlotte **Docket #:** 97 - 218
7401 Old Mount Holly Rd. **Inspection Date:** May 7, 1997
Charlotte, N.C. 28214-1788 **Facility Type:** LQG

EPA ID#: NCD 000 609 982

On December 18, 1980, the State of North Carolina, Hazardous Waste Section (State) was authorized to operate the State RCRA hazardous waste program under the Solid Waste Management Act (ACT), N.C.G.S. 130A, Article 9 and rules promulgated thereto at 15A NCAC 13A (Rules) in lieu of the federal RCRA program.

On May 7, 1997, Joseph Parker representing the N.C. Hazardous Waste Section, inspected your facility for compliance with North Carolina Hazardous Waste Management Rules. During that inspection, the following violations were noted:

Citation


Specifics

1. 40 CFR 262.40(a) The facility failed to retain a signed copy of manifest #00027, dated 11-17-96, on-site for a period of three years from the date the waste was accepted by the initial transporter.

2. 40 CFR 268.7(a)(7) The facility failed to retain on-site copies of Land Disposal Restriction notices for a period of five years from the date that waste was sent to their TSD. The following LDR notices were not present for the following manifests:
#00028(12-17-96), #00026(4-26-95),
#00024(10-24-94), #00023(10-24-94),
#00022(8-1-94), #00021(7-27-94).

You are hereby required to comply with the noted violation(s) by June 9, 1997, at which time a reinspection will be performed. If compliance with the violation(s) noted above are not met, pursuant to N.C.G.S. 130A-22(a) and 15A NCAC 13A .0701-.0707, an administrative penalty of up to \$25,000.00 per day may be assessed for violation of the hazardous waste law or regulations.

MAY 8, 1997
(Date)

 WMS
N.C. Hazardous Waste Section

I, Joseph Parker, hereby certify that I have personally served a copy of this notice on: Mr. Keith Lewis at 7401 Old Mount Holly Road, Charlotte, N.C. 28214-1788 on May 8, 1997.

(CERTIFIED MAIL)
(Recipient Signature)

copies to: field files
 central files
 Regional Manager

RCRA INSPECTION REPORT

(x= violation, na= not applicable)

General Information:

Facility Name SOUTHEAST TERMINAL CHARLOTTE - LOUIS DREYFUS ENERGY
 Location 7401 OLD MOUNT HOLLY ROAD, CHARLOTTE, N.C. 28714-1788
 Mailing Address P.O. BOX 86, PAW CREEK, N.C. 28130-0086
 EPA ID.# NCD 000 609 982 Phone # 704-399-3371
 Contact/ Title TIM VANHOY - AET COORDINATOR, KEITH LEWIS
 Inspection Date MAY 7, 1997 Last Inspection _____
 Status LARGE QUANTITY GENERATOR Type of Inspection CEI
 Waste Management Specialist(s) JOSEPH PARKER - DEHNIR
 Present at Inspection TIM VANHOY, KEITH LEWIS
 Type of Business PETROLEUM TERMINAL
 Waste Generated TANK BOTTOM SLUDGE - D008, D001, D018

Manifests:

Approved Transporters? YES Approved TSD's? YES
 Signed Copies? NEED SIGNED COPY FOR MANIFEST # 00021 (11-27-96) FILLED OUT CORRECTLY?
 * LDR Notification Attached? NEED LDR FOR MANIFEST # 00028 (12-1-96) # 00026 (4-26-95) # 00024 (10-24-96) # 00023 (10-24-94) # 00022 (9-1-94) # 00021 (7-27-94)

Waste Minimization? YES, DATE How? WASTE CONSOLIDATION OF MATERIAL

Hazardous Waste Inspection Records:

Inspections On Storage Area N/A
 Inspections On H.W. Tanks N/A
 Inspection On Ancillary Equipment N/A

Contingency Plan:

On Site? YES
 Any changes to facility/ processes or Emergency Coordinators since last review? YES
 Contingency Plan used? NO (if yes, was it adequate?) _____
 Agreements with Emergency Responders? YES

Training Records:

Certified Training Documents Available? YES
 Any New Employees Since Last Review? YES
 Evidence Of Improper/ Inadequate Training? NO

TRANS

ENVIRO-TRANS GAO 001 040 120

TSDS

Fisher Ind. Service
ALD 98/026 894

Facility Name SOUTHEAST TERMINAL CHARLOTTE EPA I.D.# NCD 000 609 982
Inspection Date MAY 7, 1997

Employee Interview:

Names(s) Tim Vanhook - Trained YES

Annual Report Submitted? YES Copy At Facility? YES

Emergency Preparedness:

Facility Maintained And Operated To Prevent Releases? YES

Internal Communications Or Alarm Present? FIRE ALARM

Device In Area Of Operation To Summon Outside Help? WALKIE-TALKIES

Portable Fire Extinguishers And/ Or Fire Control Equipment? FIRE EXT.

Spill Control Equipment? ABSORBENT PADS BOONIES.

Adequate Water Volume, Foam, Equipment, Or Auto Sprinkler? N/A

All Equipment/ Alarms Tested And Maintained? ONCE A YEAR

All Personnel Handling H.W. Have Access To Alarm/ Device? YES

Aisle Space In Area Of Facility Operations? N/A

Satellite Accumulation Area(s) 0 Location(s) N/A

Containers: Closed? Labeled? <55 gal. Stored <3 days if full?

Storage Area(s): 0 Description FACILITY'S HAZARDOUS WASTE STREAM IS TANK BOTTOM SLUDGE. IT IS GENERATED FROM THE TANK AND PUT INTO THE H.W. TRANSPORTER TANKER THE SAME DAY. NO CONTAINERS ARE USED FOR STORAGE OF A HAZ. WASTE.

Containers: Closed? N/A Aisle space? N/A Labeled? N/A Releases? N/A

Dated? N/A <90 days? N/A Good condition? N/A

Other H.W. Units: (Applicable Regulations)

Description of Unit PETROLEUM TANK YARD - 10 TANK IN SERVICE - PRODUCT

External Facility Condition GOOD

Facility Name SOUTHEAST TERMINAL CHARLOTTE EPA ID # NC D 000 609 982
Inspection Date MAY 7, 1997

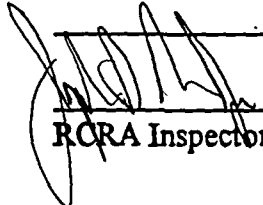
Site Deficiencies:

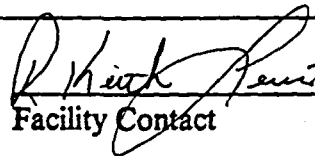
- 1.) 40 CFR _____
- 2.) 40 CFR _____
- 3.) 40 CFR _____
- 4.) 40 CFR _____
- 5.) 40 CFR _____
- 6.) 40 CFR _____

Recommendations/ Violations Continued:

① Need to obtain signed copy for Manifest #00027

② Need to obtain LDR's for Manifest #00028, #00026, #00024, #00023, #00022, #00021

 MAY 7 1997
RCRA Inspector (date)

 May 7, 1997
Facility Contact (date)

Follow Up Inspection:

Comments _____

RCRA Inspector (date)

Facility Contact (date)

State of North Carolina
 Department of Environment, Health and Natural Resources
 Division of Waste Management
 Hazardous Waste Section

SITE SAFETY PLAN
 (HWS-SSP)

Facility Name: SOUTHEAST TERMINAL CHARLOTTE
 Address: 7401 OLD MOUNT HOLLY RD.
CHARLOTTE, N.C. 28214-1788

EPA#: NC D 000 609 982
 Phone# _____

Client Name: LOUIS DREYFUS ENERGY
 Facility Contact: KEITH LEAKS - TERMINAL MGR.
 Health/Safety Contact: _____
 SSP Prepared/Reviewed By: Joseph Parker

Phone# 704-399-3371
 Phone# _____
 Date(s): MAY 7, 1997

B. PROJECT DESCRIPTION

X	TYPE	DATE	X	ACTIVITY	DATE
	CME		X	INSPECTION	May 7, 1997
X	CEI	May 7, 1997		DRUM/SLUDGE SAMPLING	
	CDI			SOIL/SEDIMENT SAMPLING	
	RFI			GROUNDWATER SAMPLING	
	RFA			SURFACE WATER SAMPLING	
	O & M			AIR SAMPLING	
	SITE INVESTIGATION/ VISIT			OTHER:	
	TECHNICAL ASSISTANCE				

Project Activity Summary: COMPLIANCE EVALUATION INSPECTION

(C) EMERGENCY INFORMATION

Ambulance: Charlotte Rescue
 Hospital: Carolinas Medical Hospital
 Police: Charlotte Police
 Fire Department: Charlotte
 Fire and Emergency Signals reviewed:
 Site Evacuation plan reviewed:

Telephone# 911
 Telephone# 911
 Telephone# 911
 Telephone# 711

(D) FACILITY DESCRIPTION

Manufacturing Process Description: facility is a Petroleum TERMINAL in the
74th Creek Area

Site Topography:

Mountains _____ Rivers _____ Valley _____ Level _____ Slopes _____ Urban Facility Other _____
 Special Access Requirements: _____

Possible Physical Hazards:

Hazard	Yes	No	Hazard	Yes	No
Electrical Hazards: _____		/	Confined Space		/
Uneven/Slippery Ground: _____		/	Noise: _____		/
Trips/Falls		/	Drums/Containers		/
Structural Hazards: _____		/	Other: _____		/
Heavy Equipment: _____	/				
Biologic: _____		/			
Heat/Cold		/			

Hazard summary (also discuss known concentrations): _____

Hazard Information Source(s): *ie. NIOSH Pocket Guide to Chemical Hazards*

Previous Releases, Accidents or Complaints

(describe whether air, soil, water or industrial and if corrected): _____

(G) PERSONAL PROTECTIVE EQUIPMENT

Description	Level of Protection			Description	Level of Protection		
	B	C	D		B	C	D
CLOTHING			/	RESPIRATORY PROTECTION		/	
Coveralls			/	Cloth Respirator		/	
Tyvek			/	Full-face Air-purifying Respirator			/
Coated Tyvek			/	Self-contained Breathing Apparatus			/
Saranex			/	HANDS/ARMS			/
HEAD, FACE AND EYES			/	Vinyl Gloves			/
Hardhat			/	Latex Gloves			/
Safety Glasses			/	Nitrile Gloves			/
Goggles			/	PVC Gloves			/
Splash Guard			/	Duct Tape			/
FOOT PROTECTION			/	OTHER:			/
Steel-toed Safety Boots			/				/
Chemical-resistant Boot Covers			/				/

NOTE: During normal daily work activities, HWS employees are required to always have in their possession a First Aid kit and fire extinguisher as well as any other of the above listed equipment.

(H) DECONTAMINATION PROCEDURES

Most equipment used by HWS personnel is disposable; and thus, should be discarded upon concluding the project, inspection, etc. Equipment such as respirators, augers, shovels, etc. which are re-usable shall be decontaminated according to EPA and HWS protocols.

NOTE: CONTAMINATED DISPOSABLE EQUIPMENT SHOULD REMAIN AT THE SITE OF ORIGIN.

(I) AIR/ENVIRONMENTAL MONITORING

This section lists the monitoring equipment which may be used by HWS personnel while on site and the action levels which may facilitate upgrading to higher levels of PPE.

Monitoring Instrument	Action Level		Monitoring Interval	D → C (ppm)	C → B (ppm)	Stop Work (ppm)
	YES	NO				
PID (PhotoVac Microtip)						
FID (Organic Vapor Analyzer)						
Infrared Spectrophotometer						
Combustible Gas Indicator						
Colormetric Detector Tubes						
Other:						

Party Conducting Monitoring: _____

COMMENTS: _____

(J) COMMUNICATION PROCEDURES (If applicable)

HWS Personnel, in the process of conducting operations beyond routine inspections, shall employ the buddy system and remain in communication or in sight of their partner (a HWS employee). All accidents, injuries and emergencies shall be reported to the HWS Health and Safety Coordinator. The HWS-H&S Coordinator will indicate the need to evacuate the site by verbal command. A telephone on site will be used for contacting emergency personnel and other reporting.

Telephone location: _____

It's telephone #: _____

Emergency Communication

ACTION	MEANING
Hand gripping throat	Out of air, cannot breath, choking
Grip partner's wrist or place both arms around waist	Leave the area quickly, no debate
Hands on top of head	Need assistance
Thumbs up	Ok, all right, I understand
Thumbs down	No negative

(K) SITE SAFETY PLAN REVIEW VERIFICATION

verifying that participant has reviewed site contingency plan or HWS-SSP.

Site Activity Participants:

NAME: Joseph Parker TITLE: Waste Mgmt. Specialist SIGNATURE: [Signature] DATE: May 7/99

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

MR KEITH LEWIS - TERMINAL MANAGER
 SOUTHEAST TERMINAL CHARLOTTE
 POST OFFICE BOX 86
 PAW CREEK NC 28130-0086

4a. Article Number

P 091 713 015 (05/08/97)

4b. Service Type

- Registered Certified
- Express Mail Insured
- Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

K. Lewis

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

[Handwritten initials]



Thank you for using Return Receipt Service.

PS Form 3811, December 1994

Domestic Return Receipt

P 091 713 015

(05/08/97)

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail (See reverse)

Sent to	
Mr. Keith Lewis-Terminal Mgr.	
Street & Number	
Southeast Terminal Charlotte	
Post Office, State, & ZIP Code	
P.O. Box 86	
Postage	Paw Creek, N.C., 28130-0086
Certified Fee	NCD 000 609 982 (JSP)
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

PS Form 3800, April 1995

Louis Dreyfus Energy
North America
8800 Roswell Road
Suite 200
Atlanta, Georgia
30350-1843

Telephone 770 518-3500
Fax 770 518-3567

Certified Mail Return Receipt Requested
Z 130 456 858



January 23, 1997

North Carolina Dept. of Environment, Health & Natural Resources
Hazardous Waste Section
Solid Waste Management Division
P. O. Box 27687
Raleigh, NC 27611-7687
Attn: Carol Walker



**1996 HAZARDOUS WASTE REPORT
SOUTHEAST TERMINAL - CHARLOTTE
7401 OLD MT. HOLLY ROAD
CHARLOTTE, NC 28214-1788
EPA I.D. #NCD000609982**

Dear Ms. Walker:

Enclosed is the subject report for our Charlotte terminal.

If you have any questions, please call me at 770/518-3671.

Sincerely,

A handwritten signature in cursive script that reads "Barbara Castleberry".

Barbara Castleberry
Environmental Coordinator

enclosure

copy: Keith Lewis, w/attachment
Don Griffin, w/attachment
State of North Carolina, w/attachment
DEHNR
919 North Main Street
Mooresville, NC 28115

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: SOUTHEAST TERMINAL CHARLOTTE
LOUIS DREYFUS ENERGY

EPA ID NO: N C D 0 0 0 6 0 9 9 8 2



U.S. ENVIRONMENTAL PROTECTION AGENCY

1996 Hazardous Waste Report



IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1996 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No. Same as label <input type="checkbox"/> or → <u>N C D</u> <u>0 0 0</u> <u>6 0 9</u> <u>9 8 2</u>		B. County MECKLENBURG	
C. Site/company name Same as label <input type="checkbox"/> or → SOUTHEAST TERMINAL		D. Has the site name associated with this EPA ID changed since 1996? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → 7401 OLD MOUNT HOLLY ROAD			
F. City, town, village, etc. Same as label <input type="checkbox"/> or → CHARLOTTE		G. State Same as label <u>N C</u>	H. Zip Code Same as label <u>2 8 2 1 4</u> <u>1 7 8 8</u>

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? 1 Yes (SKIP TO SEC. III)
 2 No (GO TO BOX B)

B. Number and street name of mailing address
P. O. BOX 86

C. City, town, village, etc. PAW CREEK	D. State <u>N C</u>	E. Zip Code <u>2 8 1 3 0</u> <u>0 0 8 6</u>
--	------------------------	--

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I. CASTLEBERRY BARBARA M	B. Title ENVIRONMENTAL COORDINATOR	C. Telephone <u>7 7 0</u> <u>5 1 8</u> <u>3 6 7 1</u> Extension <u>N/A</u>
--	--	--

Sec. IV "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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First name M.I. POUND GREGORY J.	B. Title GENERAL MANAGER, TERMINAL OPERATIONS
C. Signature 	D. Date of signature <u>0 1</u> <u>2 3</u> <u>9 7</u> MO. DAY YR.

Sec.V - Generator Status. Instruction pages 10, 12.

A. 1996 RCRA generator status

(CHECK ONE BOX BELOW)

- 1 LOG
- 2 SOG SKIP TO SEC. VI
- 3 CESOG
- 4 Non generator (Continue to Box B)

B. Reason for not generating

(CHECK ALL THAT APPLY)

- 1 Never generated
- 2 Out of business
- 3 Only excluded or delisted waste
- 4 Only non-hazardous waste
- 5 Periodic or occasional generator
- 6 Waste minimization activity
- 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec.VI - On-Site Waste Management Status. Instruction pages 13, 14.

A. Storage subject to RCRA permitting requirements

1

B. Treatment, disposal, or recycling subject to RCRA permitting requirements

1

C. RCRA-exempt treatment, disposal, or recycling

1

Sec.VII - Waste Minimization Activity during 1995 or 1996. Instruction pages 14, 15.

A. Did this site begin or expand a source reduction activity during 1995 or 1996?

- 1 Yes
- 2 No

B. Did this site begin or expand a recycling activity during 1995 or 1996?

- 1 Yes
- 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1995 or 1996?

- 1 Yes
- 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1995 or 1996?

(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | |
|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Technical limitations of the production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW) |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1995 or 1996?

(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | | Yes | No | |
|----------------------------|---------------------------------------|---|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW) |

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: SOUTHEAST TERMINAL CHARLOTTE
LOUIS DREYFUS ENERGY
EPA ID NO: N C D 0 0 0 6 0 9 9 8 2



U.S. ENVIRONMENTAL PROTECTION AGENCY

1996 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. TANK BOTTOM SLUDGE
B. EPA hazardous waste code Page 19. D 0 0 8 N A
C. State hazardous waste code Page 19. N A
D. SIC code Page 19. 5 1 7 1
E. Origin code Page 19. N A
F. Source code Page 20. A 5 7
G. Point of measurement Page 20. 1
H. Form code Page 20. B 5 1 9
I. RCRA - radioactive mixed Page 20. 2

Sec. II A. Quantity generated in 1996 Instruction Page 21. 0 0 . 0
B. Quantity generated in 1996 Page 21. 8 3 4 . 0
C. UOM Page 21. 1
Density
□ 1 lbs/gal □ 2 sg
D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
□ 1 Yes (CONTINUE TO SYSTEM 1)
X 2 No (SKIP TO SEC. III)
ON-SITE PROCESS SYSTEM 1
ON-SITE PROCESS SYSTEM 2

Sec. III A. Was any of this waste shipped off-site in 1996
 Yes (CONTINUE TO BOX B)
 No (SKIP TO SEC. IV)
Site 1 B. EPA ID No. of facility waste was shipped to Page 23. N C D 9 8 2 1 7 0 2 9 2
C. System type shipped to Page 23. M 0 4 2
D. Off-site availability code Page 23. 1
E. Total quantity shipped in 1996 Page 23. 8 3 4 . 0
Site 2 B. EPA ID No. of facility waste was shipped to Page 23. N A
C. System type shipped to Page 23. M

Sec. IV A. Did new activities in 1996 result in minimization of this waste? 1 Yes (CONTINUE TO BOX B)
 2 No (THIS FORM IS COMPLETE)
Instruction page 24.
B. Activity Page 24.
C. Other effects Page 25.
□ 1 Yes
□ 2 No
D. Quantity recycled in 1996 due to new activities Page 25.
E. Activity/production index Page 25.
F. 1996 source reduction quantity Page 25.

Comments:
H. TANK BOTTOM SLUDGE

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: SOUTHEAST TERMINAL CHARLOTTE
LOUIS DREYFUS ENERGY

EPA ID NO: N C D 0 0 0 6 0 9 9 8 2



**FORM
01**

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

1996 Hazardous Waste Report

**OFF-SITE
IDENTIFICATION**

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>N C D 9 8 2 1 7 0 2 9 2</u>	B. Name of off-site installation or transporter ENVIROCHEM ENVIRONMENTAL SERVICES INC.
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street <u>1005 INVESTMENT BLVD.</u> City <u>APEX</u> State <u>N C</u> Zip <u>2 7 5 0 2</u> - <u> </u>

Site 2	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____ - _____

Site 3	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____ - _____

Site 4	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____ - _____

Site 5	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____ - _____

Comments:

INSTRUCTIONS FOR FILLING OUT
FORM OI - OFF-SITE IDENTIFICATION

WHO MUST COMPLETE THIS FORM?

Sites required to file the 1996 Hazardous Waste Report must submit Form OI if:

- Form OI is required by your State AND
- The site received hazardous waste from off site or sent hazardous waste off site during 1995.

PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

HOW TO COMPLETE THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used during 1996. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. You do not need to report the address, Box D, for transporters.

Throughout the form, enter "NA" if the information requested is not applicable. Use the Comments section at the bottom of the form to clarify or continue any entry. Reference the comment by entering the site number and box letter.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 1996.

Complete Boxes A through C for each transporter you used during the year. (The transporter address is not required in Box D).

Box A: EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1996, enter "NA" in Box A.

Box B: Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

Box C: Handler Type

Check all boxes that apply to describe the handler type of the off-site installation or transporter reported in Box A.

Box D: Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.

**Louis Dreyfus Energy
North America**

Telephone 770 518-3500
Fax 770 518-3567

8800 Roswell Road
Suite 200
Atlanta, Georgia
30350-1843

**Certified Mail Return Receipt Requested
P 608 660 837**

Louis Dreyfus Energy


February 9, 1996

**North Carolina Dept. of Environment, Health & Natural Resources
Hazardous Waste Section
Solid Waste Management Division
P. O. Box 27687
Raleigh, NC 27611-7687
Attn: Carol Walker**

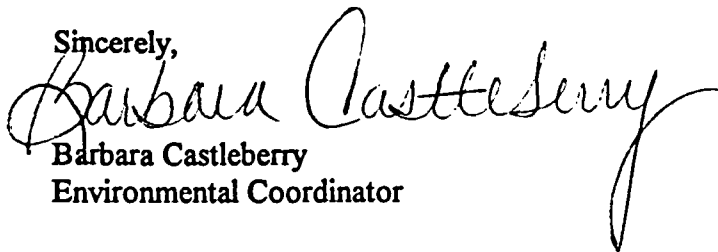
**1995 HAZARDOUS WASTE REPORT
SOUTHEAST TERMINAL - CHARLOTTE
7401 OLD MT. HOLLY ROAD
CHARLOTTE, NC 28214-1788
EPA LD. #NCD000609982**

Dear Ms. Walker:

In compliance with your letter of December 4, 1995 enclosed is the subject report for our Charlotte terminal.

If you have any questions, please call me at 770/518-3671.

Sincerely,



**Barbara Castleberry
Environmental Coordinator**

enclosure

**copy: Sherer Guin, w/attachment
Don Griffin, w/attachment
State of North Carolina, w/attachment
DEHNR
919 North Main Street
 Mooresville, NC 28115**

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: SOUTHEAST TERMINAL - CHARLOTTE
LOUIS DREYFUS ENERGY

EPA ID NO: N, C, D, 0, 0, 0, 6, 0, 9, 9, 8, 2,



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

FORM IC

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No. Same as label <input type="checkbox"/> or → <u>N, C, D, 0, 0, 0, 6, 0, 9, 9, 8, 2,</u>		B. County <u>MECKLENBURG</u>	
C. Site/company name Same as label <input type="checkbox"/> or → <u>SOUTHEAST TERMINAL</u>		D. Has the site name associated with this EPA ID changed since 1993? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or → <u>7401 OLD MOUNT HOLLY ROAD</u>			
F. City, town, village, etc. Same as label <input type="checkbox"/> or → <u>CHARLOTTE</u>		G. State Same as label <u>N, C</u>	H. Zip Code Same as label <u>2, 8, 2, 1, 4, 1, 7, 8, 8,</u>

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? 1 Yes (SKIP TO SEC. III)
 2 No (GO TO BOX B)

B. Number and street name of mailing address
P. O. BOX 86

C. City, town, village, etc. <u>PAW CREEK</u>	D. State <u>N, C,</u>	E. Zip Code <u>2, 8, 1, 3, 0, 0, 0, 8, 6,</u>
--	--------------------------	--

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I. <u>CASTLEBERRY BARBARA M.</u>	B. Title <u>ENVIRONMENTAL COORDINATOR</u>	C. Telephone <u>7, 7, 0, 5, 1, 8, 3, 6, 7, 1</u> Extension <u>N, A,</u>
---	--	---

Sec. IV "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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First name M.I. <u>POUND GREGORY J.</u>	B. Title <u>GENERAL MANAGER, TERMINAL OPERATIONS</u>
C. Signature 	D. Date of signature <u>0, 2, 0, 7, 9, 6,</u> MO. DAY YR.

Sec.V - Generator Status. Instruction pages 10, 12.

<p>A. 1995 RCRA generator status (CHECK ONE BOX BELOW)</p> <p><input checked="" type="checkbox"/> 1 LOG <input type="checkbox"/> 2 SOG SKIP to SEC. VI <input type="checkbox"/> 3 CESOG <input type="checkbox"/> 4 Non generator (Continue to Box B)</p>	<p>B. Reason for not generating (CHECK ALL THAT APPLY)</p> <p><input type="checkbox"/> 1 Never generated <input type="checkbox"/> 2 Out of business <input type="checkbox"/> 3 Only excluded or delisted waste <input type="checkbox"/> 4 Only non-hazardous waste <input type="checkbox"/> 5 Periodic or occasional generator <input type="checkbox"/> 6 Waste minimization activity <input type="checkbox"/> 7 Other (SPECIFY COMMENTS IN BOX BELOW)</p>
--	---

Sec.VI - On-Site Waste Management Status. Instruction pages 13, 14.

<p>A. Storage subject to RCRA permitting requirements</p> <p style="text-align: center;"><u>1</u></p>	<p>B. Treatment, disposal, or recycling subject to RCRA permitting requirements</p> <p style="text-align: center;"><u>1</u></p>	<p>C. RCRA-exempt treatment, disposal, or recycling</p> <p style="text-align: center;"><u>1</u></p>
--	--	--

Sec.VII - Waste Minimization Activity during 1994 or 1995. Instruction pages 14, 15.

<p>A. Did this site begin or expand a <u>source reduction</u> activity during 1994 or 1995?</p> <p><input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No</p>	<p>B. Did this site begin or expand a <u>recycling</u> activity during 1994 or 1995?</p> <p><input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No</p>	<p>C. Did this site systematically investigate opportunities for <u>source reduction</u> or <u>recycling</u> during 1994 or 1995?</p> <p><input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No</p>
--	---	--

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1994 or 1995?
(CHECK YES OR NO FOR EACH ITEM)

Yes	No	
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	a. Insufficient capital to install new source reduction equipment or implement new source reduction practices
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	b. Lack of technical information on source reduction techniques applicable to the specific production processes
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	d. Concern that product quality may decline as a result of source reduction
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	e. Technical limitations of the production processes
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	f. Permitting burdens
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	g. Source reduction previously implemented - additional reduction does not appear to be technically feasible
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	h. Source reduction previously implemented - additional reduction does not appear to be economically feasible
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	j. Other (SPECIFY COMMENTS IN BOX BELOW)

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1994 or 1995?
(CHECK YES OR NO FOR EACH ITEM)

Yes	No		Yes	No	
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	a. Insufficient capital to install new recycling equipment or implement new recycling practice	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	g. Technical limitations of production processes inhibit shipments off-site for recycling
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	b. Lack of technical information on recycling techniques applicable to this site's specific production process	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	h. Technical limitations of production processes inhibit on-site recycling
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	i. Permitting burdens inhibit recycling
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	d. Concern that product quality may decline as a result of recycling	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	j. Lack of permitted off-site recycling facilities
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	e. Requirements to manifest wastes inhibit shipments of off-site for recycling	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	k. Unable to identify a market for recycled materials
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	f. Financial liability provisions inhibit shipments off-site for recycling	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	l. Recycling previously implemented - additional recycling does not appear to be technically feasible
			<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	m. Recycling previously implemented - additional recycling does not appear to be economically feasible
			<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements
			<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	o. Other (SPECIFY COMMENTS IN BOX BELOW)

Comments: THE CHARLOTTE TERMINAL IS AN OCCASIONAL GENERATOR OF HAZARDOUS WASTE. ~~NORMALLY~~ THE ONLY TIME HAZARDOUS WASTE IS GENERATED IS AT THE TIME OF CLEANING GASOLINE STORAGE TANKS OR THE OIL/WATER SEPARATOR. THE WASTE GENERATED AT THAT TIME IS A COMBINATION OF TANK

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: SOUTHEAST TERMINAL - CHARLOTTE
LOUIS DREYFUS ENERGY

EPA ID NO: N C D 0 0 0 6 0 9 9 8 2



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1995 Hazardous Waste Report booklet before completing this form.

Sec. I	A. Waste description - Instruction page 18. WASTE WATER DRAINED FROM STORAGE TANKS. HAZARD IS TOXICITY (BENZENE)	
	B. EPA hazardous waste code Page 19. <u>D 0 1 8</u> <u>NA</u> <u>NA</u> <u>NA</u> <u>NA</u>	C. State hazardous waste code Page 19. <u>NA</u> <u>NA</u>
	D. SIC code Page 19. <u>5 1 7</u>	E. Origin code <u>1</u> Page 19 System Type <u>NA</u>
F. Source code Page 20. <u>149</u>		G. Point of measurement Page 20. <u>1</u>
H. Form code Page 20. <u>119</u>		I. RCRA - radioactive mixed Page 20. <u>2</u>

Sec. II	A. Quantity generated in 1994 Instruction Page 21. <u>4 1 4 3 3 1 . 2</u>	B. Quantity generated in 1995 Page 21. <u>4 8 3 7 2 . 0</u>	C. UOM Page 21. <u>1</u> Density <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)			
	ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2				
On-site process system type Page 22. <u>M</u>		Quantity treated, disposed, or recycled on site in 1995 <u> </u>		On-site process system type Page 22. <u>M</u>		Quantity treated, disposed, or recycled on site in 1995 <u> </u>	

Sec. III	A. Was any of this waste shipped off-site in 1995 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC IV) Instruction page 22.			
Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>F I D 9 8 1 9 2 8 4 8 4</u>	C. System type shipped to Page 23. <u>M 0 3 2</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1995 Page 23. <u>4 8 3 7 2 . 0</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>NA</u>	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. <u> </u>	E. Total quantity shipped in 1995 Page 23. <u> </u>

Sec. IV	A. Did new activities in 1995 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) Instruction page 24.				
B. Activity Page 24.	C. Other effects Page 25.	D. Quantity recycled in 1995 due to new activities Page 25.	E. Activity/production index Page 25.	F. 1995 source reduction quantity Page 26.	
<u> </u> <u> </u> <u> </u> <u> </u>	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No	<u> </u>	<u> </u>	<u> </u>	

Comments: I.F.- I.H. WASTEWATER DRAINED FROM STORAGE TANKS.
III.C. PETROLEUM HYDROCARBONS RECOVERED FOR FUEL BLENDING.

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: SOUTHEAST TERMINAL - CHARLOTTE
LOUIS DREYFUS ENERGY

EPA ID NO: N C D 0 0 0 6 0 9 9 8 2



U.S. ENVIRONMENTAL PROTECTION AGENCY

1995 Hazardous Waste Report

OFF-SITE IDENTIFICATION

INSTRUCTIONS: Read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter <u>0 K D 9 8 1 6 0 5 3 6 3</u>	B. Name of off-site installation or transporter ENVIRONMENTAL TRANSPORTATION
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____

Site 2	A. EPA ID No. of off-site installation or transporter <u>F L D 9 8 1 9 2 8 4 8 4</u>	B. Name of off-site installation or transporter INDUSTRIAL WATER SERVICE
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input checked="" type="checkbox"/> TSDR	D. Address of off-site installation Street <u>1640 TALLEYRAND AVENUE</u> City <u>JACKSONVILLE</u> State <u>FL</u> Zip <u>3 2 2 0 9</u>

Site 3	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____

Site 4	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____

Site 5	A. EPA ID No. of off-site installation or transporter _____	B. Name of off-site installation or transporter
	C. Handler type (CHECK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR	D. Address of off-site installation Street _____ City _____ State _____ Zip _____

Comments:

**INSTRUCTIONS FOR FILLING OUT
FORM OI - OFF-SITE IDENTIFICATION**

WHO MUST COMPLETE THIS FORM?

Sites required to file the 1995 Hazardous Waste Report must submit Form OI if:

- Form OI is required by your State AND
- The site received hazardous waste from off site or sent hazardous waste off site during 1995.

PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

HOW TO COMPLETE THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used during 1995. If these off-site installations and transporters total more than five, you must photocopy and complete additional copies of the form. You do not need to report the address, Box D, for transporters.

Throughout the form, enter "NA" if the information requested is not applicable. Use the Comments section at the bottom of the form to clarify or continue any entry. Reference the comment by entering the site number and box letter.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 1995.

Complete Boxes A through C for each transporter you used during the year. (The transporter address is not required in Box D).

Box A: EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID should appear only once. If the off-site installation or transporter did not have an EPA ID number during 1995, enter "NA" in Box A.

Box B: Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

Box C: Handler Type

Check all boxes that apply to describe the handler type of the off-site installation or transporter reported in Box A.

Box D: Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, enter "NA" in Box D.

Louis Dreyfus Energy
North America

Telephone 404 518-3500
Fax 404 518-3567

8800 Roswell Road
Suite 200
Atlanta, Georgia
30350-1843



September 6, 1995

Solid Waste Management Division
Hazardous Waste Section
Robin B. Hedden - WMS
P. O. Box 27687
Raleigh, NC 27611



Dear Mr. Hedden,

On August 22, 1995, you conducted a RCRA inspection at our Charlotte Terminal and noted a site deficiency and also made several recommendations during our telephone conversation.

All deficiencies and recommendations have been addressed and complied with as of September 1, 1995.

Thank you for your assistance and please call if you need to discuss.

Sincerely,

A handwritten signature in blue ink that reads "J. R. Bass".

J. R. Bass
Manager, Safety and Training

cc: Greg Pound
Don Griffin
Sherer Guin

Submitted by: _____ Date: _____

Entered by: _____ Date: _____

Facility Name: Southwest Terminal

City: Blawie Creek, N.C.

EVALUATION DATA: New: _____ Change: _____ Delete: _____ (← : Required)

Agency: S Date: Mo 09 / Day 05 / Year 95

Type: CSE

Control Number Data Entry Personnel

Person: 010 BRANCH 011 REASON

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applic. D: Del.)

Generators	
GBF	
GER	E
GGR	E
GLB	E
GMR	E
GOR	E
GPT	E
GRR	E
GSC	
GSO	

Transporters	
TGR	
TMR	
TOR	
TRR	
TWD	

USED OIL	
TUO	
TFO	
BUO	
MUO	
PUO	
RUO	

TSD'S		
DBF		
DCH		
DCL		
DCL		
DOP		
DGR		
DGS		
DGH		
DIN		
DLB		
DLF		
DLT		
DHC		
DHR		
DOT		
DPB		
DPP		
DSI		
DTR		
DTT		
DWP		

COMPLIANCE SCHEDULE (TSD, GEN, TRANS.)
FEA CAS

Evaluation Comments: (72) 1 :

2 :

VIOLATION DATA: New: _____ Change: _____ Delete: _____

#1 Agency: S Type: CSE Date (ndy) Determined: 08 / 22 / 95 Class:

Priority: Branch: 011 Person: 010 Seq. Number (Data Entry)

Return to Compliance: / / Scheduled / / Actual 09 / 05 / 95

Reg. Type: SR Reg. Description (30): 40CFR 262.34(a)(4) ref -> 265.116(c)

Comment (72): In Compliance

Agency: Type: Date (ndy) Determined: / / Class:

Priority: Branch: Person: Seq. Number (Data Entry)

Return to Compliance: / / Scheduled / / Actual / /

Reg. Type: Reg. Description (30):

Comment (72):

Agency: Type: Date (ndy) Determined: / / Class:

Priority: Branch: Person: Seq. Number (Data Entry)

Return to Compliance: / / Scheduled / / Actual / /

Reg. Type: Reg. Description (30):

Comment (72):

Continue violation data if necessary -

RCRA INSPECTION REPORT

- 1) Facility Name: Southeast Terminal
ID Number: NCD 000 609 982
Type of facility: LQG
Ownership: Louis Dryfus Energy Co.
Contact: Mr. Guin
Phone number: (704) 393-9859
Facility location (address): 7401 Old Mt. Holly Rd.
City, state, zip: Charlotte, N. C. 28214
- 2) Survey Participants:
- 3) Date of Inspection: 5 Sept 1995
- 4) Purpose of Inspection: CSE
- 5) Facility Description:
Processes: Fuel terminal and storage facility.

Type Waste: DO18 sludge from tank clean-out.

Transporters:

TSD's:

Accumulation areas: none

Storage areas: one cec that has not been used as a 205 storage cec.

6) Waste Minimization:


7) Site Deficiencies: (None.)

The site personnel were trained on RCRA. The N.O.V. had no compliance date because the training was not accomplished by the annual due date, but was done after the date. This report is to close out the N.O.V.

8) Recommendations:

Signed:


Inspector/Reviewer


Facility Contact

5 September 1995
Date

EPA ID: **NC D000609982**

Submitted by: _____ Date: _____
Entered by: _____ Date: _____

Facility Name: Southeast Terminal City: Raw Creek, N.C.

EVALUATION DATA: New: Change: Delete: (: Required)

Agency: **[S]** Date: **08/22/95** Type: **CEI** Control Number Data Entry Personnel

Person: **010** BRANCH **011** REASON

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applic. D:Del.)

Generators GBF GER GGR GLB GMR GOR GPT GRR GSC GSO	<table border="1"> <tr><td></td><td></td></tr> <tr><td>E</td><td></td></tr> <tr><td>E</td><td></td></tr> <tr><td>E</td><td></td></tr> <tr><td>E</td><td></td></tr> <tr><td>E</td><td></td></tr> <tr><td>E</td><td></td></tr> <tr><td>E</td><td></td></tr> <tr><td>E</td><td></td></tr> <tr><td>E</td><td></td></tr> </table>			E		E		E		E		E		E		E		E		E		Transporters TGR TMR TOR TRR TWD	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																					USED OIL TUD TFO BUO MUO PUO RUO	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																					TSB's DBF DCH DCL DCP DFR DGS DGH DIN	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																					DLB DLF DLT DMC DMR DOR DOT	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																					DPB DPP DSI DIR DIT DWP	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				
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COMPLIANCE SCHEDULE (TSD, GEN, TRANS.) FEA <input type="checkbox"/> CAS <input type="checkbox"/>																																																																																																																																			

Evaluation Comments: (72) 1:

2: N.O.V. #95-1015 issued on-site! No compliance date given.

VIOLATION DATA: New: Change: Delete:

#1 Agency: **[S]** Type: **[GRR]** Date (ndy): **08/22/95** Class:
Determined: _____

Priority: Branch: **011** Person: **0110** Seq. Number (Data Entry)

Return to Compliance: **08/22/95** Scheduled Actual

Reg. Type: **[SR]** Reg. Description (30): 40 CFR 262.34(a)(4) ref 265.116(c)

Comment (72): Annual refresher training for H.W. was not completed for 3 people!

Agency: Type: Date (ndy): Class:
Determined: _____

Priority: Branch: Person: Seq. Number (Data Entry)

Return to Compliance: Scheduled Actual

Reg. Type: Reg. Description (30): _____

Comment (72): _____

Agency: Type: Date (ndy): Class:
Determined: _____

Priority: Branch: Person: Seq. Number (Data Entry)

Return to Compliance: Scheduled Actual

Reg. Type: Reg. Description (30): _____

Comment (72): _____

Continue violation data if necessary -

Region IV CM&E Form - Side B
EPA ID: [] [] [] [] [] [] [] [] [] []

Submitted by: _____ Date: _____
Entered by: _____ Date: _____

Facility Name: _____ City: _____

ENFORCEMENT DATA: New: ___ Change: ___ Delete: ___ (___ : Required)

Agency: [] Type: [] Date: []/ []/ [] Year Number (Data Entry) [] [] [] [] [] [] []
Period: [] Branch: [] Comment (72): _____

Penalty Data
Assessed: \$ [] [] [] [] [] [] [] [] [] [] [] []
Settled: \$ [] [] [] [] [] [] [] [] [] [] [] []
Paid: \$ [] [] [] [] [] [] [] [] [] [] [] [] Date Paid: [] [] [] / [] [] [] / [] [] []

Enforcement Comments: 1: _____
(74)
2: _____

Cite violations for this enforcement action below -

VIOLATION DATA: New: ___ Change: ___ Delete: ___

Agency: [] Type: [] Date (mdy) Determined: []/ []/ [] Class: []
Priority: [] Branch: [] Person: [] Seq. Number (Data Entry) [] [] []
Return to Compliance: [] / [] / [] Scheduled [] / [] Actual [] / [] / []
Reg. Type: [] [] Reg. Description (30): _____
Comment (72): _____

Agency: [] Type: [] Date (mdy) Determined: []/ []/ [] Class: []
Priority: [] Branch: [] Person: [] Seq. Number (Data Entry) [] [] []
Return to Compliance: [] / [] / [] Scheduled [] / [] Actual [] / [] / []
Reg. Type: [] [] Reg. Description (30): _____
Comment (72): _____

Agency: [] Type: [] Date (mdy) Determined: []/ []/ [] Class: []
Priority: [] Branch: [] Person: [] Seq. Number (Data Entry) [] [] []
Return to Compliance: [] / [] / [] Scheduled [] / [] Actual [] / [] / []
Reg. Type: [] [] Reg. Description (30): _____
Comment (72): _____

Continue violation data if necessary -

Solid Waste Management Division
Hazardous Waste Section

NOTICE OF VIOLATION

To: L.D.E.C. Southeast Terminal
Address: P.O. Box 86
Rm. 2112, N.C.
EPA ID# NC D 000 609 982

Docket # 95-615
Inspection Date 22 August 1995
Facility Type LQG

On December 18, 1980, the State of North Carolina, Hazardous Waste Section (State) was authorized to operate the State RCRA hazardous waste program under the Solid Waste Management Act (ACT), N.C.G.S. 130A, Article 9 and rules promulgated thereto at 15A NCAC 13A (Rules) in lieu of the federal RCRA program.

On 22 August, 1995, Robin B. Hedden - WMS representing the N.C. Hazardous Waste Section, inspected your facility for compliance with North Carolina Hazardous Waste Management Rules. During that inspection, the following violations were noted:

Citation	Specifics
40CFR 262.34 (a)(4)	<u>Mr. Keith Lewis, Mr. Tim Vorhoy, and Mr. Larry Abernathy did not complete the annual hazardous waste training by the due dates.</u>
c. 265.11c(c)	

You are hereby required to comply with the noted violation(s) by N/A, 19 , at which time a reinspection will be performed. If compliance with the violation(s) noted above are not met, pursuant to N.C.G.S. 130A-22(a) and 15A NCAC 13B .0701 - .0707, an administrative penalty of up to \$25,000.00 per day may be assessed for violation of the hazardous waste law or regulations.

22 August 1995
(Date)

Robin B. Hedden - Waste Management Specialist
N.C. Hazardous Waste Section

I, Robin B. Hedden, hereby certify that I have personally served a copy of this Notice on:

Mr. Sherer Guin at L.D.E.C. S.E. Terminal 7401 Old Mt. Holly Rd. Charlotte, N.C. 28214
(Name) (Location)
on 22 August, 1995
Sherer Guin
(Recipient Signature)

copies to: field files
central files
Regional Manager

RCRA INSPECTION REPORT

X-violation noted; NA=not applicable

Facility Name: Southwest Terminal
Location: 7401 Old Mt. Holly Rd. Charlotte, N.C. 28214
Mailing Address: P.O. Box 86 Paw Creek, N.C. 28130
ID#: NCD 000 609 982 Phone Number: (704) 393-9859
Contact/Title: Ms. Barbara Castleberry (Ga. Sherwin-Williams - Fac Mgr.)
Inspection Date: 22 August 1995 Last Inspection: N/A
Status: Large Quantity Generator Type of Inspection: CEI
Inspector(s): Robin B. Hedden-WMS
Present at Inspection: R. Hedden, S. Guin, K. Lewis
Type of Business: Fuels Terminal
Waste Generated: DD01, DD18

Manifests:

Approved Transporters? OK Approved TSD's? ✓
Signed Copies? OK Filled Out Correctly? ✓
LDR Notification Attached? DD18 (log) not require a LDR
Env. Temp. (OKD 981405 363) Ind. Temp. (40 SW (ELD 981928 48A))

Waste Minimization: Try not to spill product.

Inspection Records:

Evidence That Inspections Are Conducted: N/A, material seen out in a
Truck truck.

Contingency Plan:

On Site? OK
Any Changes To Facility/Processes Or Emergency Coordinator Since
Last Review? Aug. 1995
Contingency Plan used? No (if yes, was it adequate?) NA

Training Records:

Certified Training Documents Available? Computer module + Cont. Plan / SPC
Any New Employees Since Last Review? No
X Evidence Of Improper/Inadequate Training? NA

(404) 318-3671

Facility Name: S.E. Terminal
ID #: NCI 000 609 982 Inspection Date: 22 August 1995

Employee interviews:

Name(s): Keith Lewis Trained? Yes

Annual Report Submitted? OP

Emergency Preparedness:

Facility Maintained And Operated To Prevent Releases? Yes
Internal Communications Or Alarm Present? Yes
Device In Area Of Operation To Summon Outside Aid? Yes
Portable Fire Extinguishers And/Or Fire Control Equipment? Yes
Spill Control Equipment? Yes
Adequate Water Volume, Foam, Equipment, Or Auto Sprinklers? N/A
All Equipment/Alarms Tested And Maintained? Yes
All Personnel Handling HW Have Access To Alarm/Device? Yes
Aisle Space In Areas Of Facility Operations?
Agreements With Emergency Responders? OK, the comp office in Atlanta, Ga sends out the amendment to the Cont Plan/SPCC.

Satellite Accumulation Area(s): N/A Location(s): N/A

Containers: Closed? Yes
Labeled? Yes
< 55 gallons? Yes

Storage Areas: Description: Next to building, nothing there.

Containers: Closed? Yes Aisle Space? Yes
Labeled? Yes Evidence Of Release? None
Dated? Yes < 90 Days? Yes
Good Condition? Yes

Other HW Units: (Applicable Regulations)

Description Of Unit: None

External Facility Condition: Clean

Facility Name: S.E. Terminal

EPA ID#: NCD 000 609 982

Inspection Date: 22 August 1995

Site Deficiencies:

- 1): 40 CFR 262.34(a)(4) w/ 265.16(c): Annual Training not done by due date!
- 2): 40 CFR _____
- 3): 40 CFR _____
- 4): 40 CFR _____
- 5): 40 CFR _____
- 6): 40 CFR _____
- 7): 40 CFR _____
- 8): 40 CFR _____
- 9): 40 CFR _____

Recommendations: 1) Receipts from mailings of Cont Plan/SPCC must be kept at the facility for proof of material being sent. A photocopy of the receipts will do.

Rolin B. Hedden 22 Aug 1995
 Inspector (Date)

Shereck Lewis 8-22-95
 Facility Contact (Date)

Hzz Waste Coordinator

Sherer Gunn 5/9/95 ✓

X Keith Lewis (5/22/94)

Bob Geressy 5/10/95 ✓

X Tim Vanhoy (5/28/94)

X Larry Abernethy (5/20/94)

Jim Ides

Find out what module covers RCRA?

Transfer Fac. - H.W. Min. cover everything
but manifests.

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Solid Waste Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director



November 2, 1994



SOUTHEAST TERMINAL
PO BOX 86
PAW CREEK NC 28130

RE: EPA ID No.: NCD000609982

Dear Sir:

Based on information received by this office for the site identified with the above EPA ID number, the State has accepted and processed the change in RCRA classification or information for the above listed site.

Your EPA ID number is active.

Current computer record of your facility contains following information:

(X Indicates Operational Status of Your Facility)

X LARGE GENERATOR	- SMALL QNTY. GENERATOR
- TRANSPORTER	- TREATER
- STORER	- DISPOSER

Company Name:	SOUTHEAST TERMINAL
Owner:	LOUIS DREYFUS ENERGY CORP
Owner Address:	8800 ROSWELL ROAD STE 200
City, St.& ZIP:	ATLANTA GA 30350
Contact:	CASTLEBERRY BARBARA
Phone Number:	(404)518-3509
Location Addr.:	7401 OLD MT HOLLY ROAD
City, St.& ZIP:	CHARLOTTE NC 28214

Please verify the above computer information. Please notify us of any corrections.

We are advising EPA of the change. Please notify us if there is any further change in your operations which would affect your status, namely Company's Name, Ownership, Address, Contact, or Telephone.

Your EPA ID number is currently active.

Sincerely,

R. J. Edwards, Administrative Officer

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Division of Solid Waste Management - 3605

An Equal Opportunity Affirmative Action Employer

50% recycled/ 10% post-consumer paper

CC:

**Louis Dreyfus Energy
North America**

Telephone 404 518-3500
Fax 404 518-3567

8800 Roswell Road
Suite 200
Atlanta, Georgia
30350-1843

**Certified Mail Return Receipt Requested
Z 399 375 300**

Louis Dreyfus Energy


January 16, 1995

**Hazardous Waste Section
Solid Waste Management Division
North Carolina Dept. of Environment, Health & Natural Resources
P. O. Box 27687
Raleigh, NC 27611-7687
Attn: Jerome H. Rhodes, Chief**

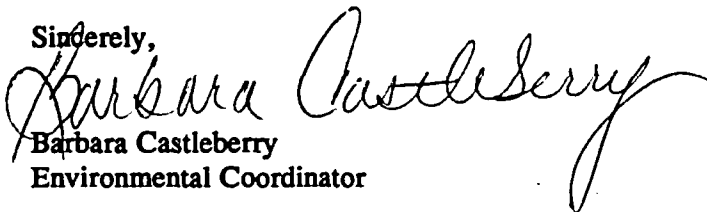
**1994 HAZARDOUS WASTE REPORT
SOUTHEAST TERMINAL - CHARLOTTE
7401 OLD MT. HOLLY ROAD
CHARLOTTE, NC 28214-1788
EPA I.D. #NCD000609982**

Dear Mr. Rhodes:

**In compliance with your letter of December 5, 1994 enclosed is the subject report for our
Charlotte terminal.**

If you have any questions, please call me at 404/518-3671.

Sincerely,


**Barbara Castleberry
Environmental Coordinator**

enclosure

**copy: Sherer Guin, w/attachment
Don Griffin, w/attachment
State of North Carolina, w/attachment
DEHNR
919 North Main Street
Mooresville, NC 28115**

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: SOUTHEAST TERMINAL
LOUIS DREYFUS ENERGY

EPA ID NO: N C D 0 0 0 6 0 9 9 8 2



U.S. ENVIRONMENTAL PROTECTION AGENCY

1994 Hazardous Waste Report

FORM IC

IDENTIFICATION AND CERTIFICATION

INSTRUCTIONS: Read the detailed instructions beginning on page 9 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I Site name and location address. Complete A through H. Check the box in items A, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instruction page 10.

A. EPA ID No. Same as label <input type="checkbox"/> or -- <u>N C D 0 0 0 6 0 9 9 8 2</u>		B. County <u>MECKLENBURG</u>	
C. Site/company name Same as label <input type="checkbox"/> or -- <u>SOUTHEAST TERMINAL</u>		D. Has the site name associated with this EPA ID changed since 1993? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input type="checkbox"/> or -- <u>7401 OLD MOUNT HOLLY ROAD</u>			
F. City, town, village, etc. Same as label <input type="checkbox"/> or -- <u>CHARLOTTE</u>		G. State Same as label <input type="checkbox"/> or -- <u>N, C</u>	H. Zip Code Same as label <input type="checkbox"/> or -- <u>2 8 2 1 4 - 1 7 8 8</u>

Sec. II Mailing address of site. Instruction page 10.

A. Is the mailing address the same as the location address? 1 Yes (SKIP TO SEC. III) 2 No (GO TO BOX B)

B. Number and street name of mailing address
P.O. BOX 86

C. City, town, village, etc. <u>PAW CREEK</u>	D. State <u>N, C</u>	E. Zip Code <u>2 8 1 3 0 - 0 0 8 6</u>
--	-------------------------	---

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 10.

A. Please print: Last Name First name M.I. <u>CASTLEBERRY BARBARA M</u>	B. Title <u>ENVIRONMENTAL COORDINATOR</u>	C. Telephone <u>4 0 4 5 1 8 - 3 6 7 1</u> Extension <u> </u>
--	--	---

Sec. IV "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 under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations."

A. Please print: Last Name First name M.I. <u>HERGHLINE W. E.</u>	B. Title <u>GENERAL MANAGER TERMINAL OPERATIONS</u>
C. Signature 	D. Date of signature <u>10 1 15 9 5</u> MO. DAY YR.

Sec.V - Generator Status

EPA ID NO. N C D 0 0 0 6 0 9 9 8 2

A. 1994 RCRA generator status
Instruction page 10.
(CHECK ONE BOX BELOW)

- 1 LOG
 - 2 SOG
 - 3 CESOG
 - 4 Non generator (Continue to Box B)
- SKIP TO SEC. VI

B. Reason for not generating
Page 12.
(CHECK ALL THAT APPLY)

- 1 Never generated
- 2 Out of business
- 3 Only excluded or delisted waste
- 4 Only non-hazardous waste
- 5 Periodic or occasional generator
- 6 Waste minimization activity
- 7 Other (SPECIFY COMMENTS IN BOX BELOW)

Sec.VI - On-Site Waste Management Status

A. Storage subject to RCRA permitting requirements Page 13
1

B. Treatment, disposal, or recycling subject to RCRA permitting requirements Page 13.
1

C. RCRA-exempt treatment, disposal, or recycling Page 13.
1

Sec.VII - Waste Minimization Activity during 1993 or 1994

A. Did this site begin or expand a source reduction activity during 1993 or 1994? Page 14.

- 1 Yes
- 2 No

B. Did this site begin or expand a recycling activity during 1993 or 1994? Page 15.

- 1 Yes
- 2 No

C. Did this site systematically investigate opportunities for source reduction or recycling during 1993 or 1994? Page 15.

- 1 Yes
- 2 No

D. Did any of the factors listed below delay or limit this site's ability to initiate new or additional source reduction activities in 1993 or 1994? Page 15
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | |
|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new source reduction equipment or implement new source reduction practices |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on source reduction techniques applicable to the specific production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Source reduction is not economically feasible: cost savings in waste management or production will not recover the capital investment |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of source reduction |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Technical limitations of the production processes |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Permitting burdens |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Source reduction previously implemented - additional reduction does not appear to be technically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Source reduction previously implemented - additional reduction does not appear to be economically feasible |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Source reduction previously implemented - additional reduction does not appear to be feasible due to permitting requirements |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Other (SPECIFY COMMENTS IN BOX BELOW) |

E. Did any of the factors listed below delay or limit the site's ability to initiate new or additional on-site or off-site recycling activities during 1993 or 1994? Page 15.
(CHECK YES OR NO FOR EACH ITEM)

- | Yes | No | | Yes | No | |
|----------------------------|---------------------------------------|---|----------------------------|---------------------------------------|--|
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | a. Insufficient capital to install new recycling equipment or implement new recycling practice | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | g. Technical limitations of production processes inhibit shipments off-site for recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | b. Lack of technical information on recycling techniques applicable to this site's specific production process | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | h. Technical limitations of production processes inhibit on-site recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | c. Recycling is not economically feasible: cost savings in waste management will not recover the capital investment | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | i. Permitting burdens inhibit recycling |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | d. Concern that product quality may decline as a result of recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | j. Lack of permitted off-site recycling facilities |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | e. Requirements to manifest wastes inhibit shipments of off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | k. Unable to identify a market for recycled materials |
| <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | f. Financial liability provisions inhibit shipments off-site for recycling | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | l. Recycling previously implemented - additional recycling does not appear to be technically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | m. Recycling previously implemented - additional recycling does not appear to be economically feasible |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | n. Recycling previously implemented - additional recycling does not appear to be feasible due to permitting requirements |
| | | | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 2 | o. Other (SPECIFY COMMENTS IN BOX BELOW) |

Comments: THE CHARLOTTE TERMINAL IS AN OCCASIONAL GENERATOR OF HAZARDOUS WASTE. NORMALLY THE ONLY TIME HAZARDOUS WASTE IS GENERATED IS AT THE TIME OF CLEANING GASOLINE STORAGE TANKS

OR THE OIL/WATER SEPARATOR. THE WASTE GENERATED AT THE TIME IS A COMBINATION OF TANK BOTTOMS AND WATER. WATER IS USED IN THE CLEANING PROCESS.



U.S. ENVIRONMENTAL PROTECTION AGENCY

1994 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: SOUTHEAST TERMINAL
LOUIS DREYFUS ENERGY

EPA ID NO: N, C, D, 0, 0, 0, 6, 0, 9, 9, 8, 2,

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18.

RESIDUE FROM CLEANING OIL/WATER SEPARATOR

B. EPA hazardous waste code Page 19. <u>D, 0, 1, 8,</u> <u>N, A,</u> <u>N, A,</u> <u>N, A,</u> <u>N, A,</u>		C. State hazardous waste code Page 19. <u>N, A,</u> <u>N, A,</u>	
D. SIC code Page 18. <u>5, 1, 7, 1,</u>	E. Origin code Page 19 System <u>N, A,</u> Type <u>N, A,</u>	F. Source code Page 20. <u>A, 5, 7,</u>	L. RCRA - radioactive mixed Page 20. <u>2,</u>

Sec. II A. Quantity generated in 1993 Instruction Page 21. <u>7, 0, 6, 8, 1, 0, 5,</u>	B. Quantity generated in 1994 Page 21. <u>1, 4, 5, 9, 0, 5,</u>	C. UOM Page 21. <u>1,</u> <u>0,</u> <u>0,</u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21. <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
--	---	--	---

ON-SITE PROCESS SYSTEM 1 On-site process system type Page 22. <u>M,</u>	Quantity treated, disposed, or recycled on site in 1994 <u>0,</u>	ON-SITE PROCESS SYSTEM 2 On-site process system type Page 22. <u>M,</u>	Quantity treated, disposed, or recycled on site in 1994 <u>0,</u>
---	--	---	--

Sec. III A. Was any of this waste shipped off-site in 1994 1 Yes (CONTINUE TO BOX B)
Instruction page 23. 2 No (SKIP TO SEC IV)

Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>O, H, D, 0, 0, 4, 1, 7, 8, 6, 1, 2,</u>	C. System type shipped to Page 23. <u>M, 0, 9, 4,</u>	D. Off-site availability code Page 23. <u>1,</u>	E. Total quantity shipped in 1994 Page 23. <u>1, 4, 5, 9, 0, 5,</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>N, A,</u>	C. System type shipped to Page 23. <u>M,</u>	D. Off-site availability code Page 23. <u>0,</u>	E. Total quantity shipped in 1994 Page 23. <u>0,</u>

Sec. IV A. Did new activities in 1994 result in minimization of this waste? 1 Yes (CONTINUE TO SYSTEM 1)
Instruction page 24. 2 No (THIS FORM IS COMPLETE)

B. Activity Page 24. <u>L, W,</u> <u>L, W,</u> <u>L, W,</u> <u>L, W,</u>	C. Other effects Page 24. <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	D. Quantity recycled in 1994 due to new activities Page 25. <u>0,</u>	E. Activity/production index Page 25. <u>0,</u>	F. 1994 source reduction quantity Page 26. <u>0,</u>
--	---	--	--	---

Comments:
I. H. PETROLEUM RESIDUE WATER.
II. C. CHEMICAL PRECIPITATION - NEUTRALIZATION - FILTRATION - ACTIVATED SLUDGE.



U.S. ENVIRONMENTAL PROTECTION AGENCY

1994 Hazardous Waste Report



WASTE GENERATION AND MANAGEMENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: SOUTHEAST TERMINAL
LOUIS DREYFUS ENERGY

EPA ID NO: NC, D, 0, 0, 0, 6, 0, 9, 9, 8, 2

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description - Instruction page 18. **WASTEWATER DRAINED FROM STORAGE TANKS.**
HAZARD IS TOXICITY (BENZENE)

B. EPA hazardous waste code Page 19. D, 0, 1, 8 NA
NA NA NA

C. State hazardous waste code Page 19. NA NA

D. SIC code Page 19. 5, 1, 7, 1

E. Origin code 1 Page 19
System NA
Type NA

F. Source code Page 20. A, 4, 9

G. Point of measurement Page 20. 1

H. Form code Page 20. B, 1, 1, 9

I. RCRA - radioactive mixed Page 20. 2

Sec. II A. Quantity generated in 1993 Instruction Page 21. NA

B. Quantity generated in 1994 Page 21. 4, 1, 4, 3, 3, 1, 2

C. UOM Page 21. 1 Density 1 1 1
 1 lbs/gal 2 sq

D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.
 1 Yes (CONTINUE TO SYSTEM 1)
 2 No (SKIP TO SEC. III)

ON-SITE PROCESS SYSTEM 1

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1994 1

ON-SITE PROCESS SYSTEM 2

On-site process system type Page 22. M

Quantity treated, disposed, or recycled on site in 1994 1

Sec. III A. Was any of this waste shipped off-site in 1994 1 Yes (CONTINUE TO BOX B)
 2 No (SKIP TO SEC. IV)
Instruction page 23.

Site 1	B. EPA ID No. of facility waste was shipped to Page 23. <u>F, L, D, 9, 8, 1, 9, 2, 8, 4, 8, 4</u>	C. System type shipped to Page 23. <u>M, 0, 3, 2</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1994 Page 23. <u>4, 1, 4, 3, 3, 1, 2</u>
Site 2	B. EPA ID No. of facility waste was shipped to Page 23. <u>NA</u>	C. System type shipped to Page 23. <u>M</u>	D. Off-site availability code Page 23. <u>1</u>	E. Total quantity shipped in 1994 Page 23. <u>1</u>

Sec. IV A. Did new activities in 1994 result in minimization of this waste? 1 Yes (CONTINUE TO SYSTEM 1)
 2 No (THIS FORM IS COMPLETE)
Instruction page 24.

B. Activity Page 24. M M
M M

C. Other effects Page 24. 1 Yes
 2 No

D. Quantity recycled in 1994 due to new activities Page 25. 1

E. Activity/production index Page 25. 1

F. 1994 source reduction quantity Page 26. 1

Comments: I. F. - I.H. WASTEWATER DRAINED FROM STORAGE TANKS.
III. C. PETROLEUM HYDROCARBONS RECOVERED FOR FUEL BLENDING.



U.S. ENVIRONMENTAL PROTECTION AGENCY

1994 Hazardous Waste Report

FORM GM

WASTE GENERATION AND MANAGEMENT

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: SOUTHEAST TERMINAL
LOUIS DREYFUS ENERGY

EPA ID NO: N C D 0 0 0 6 0 9 9 8 2

INSTRUCTIONS: Read the detailed instructions beginning on page 16 of the 1993 Hazardous Waste Report booklet before completing this form.

Sec. I						A. Waste description - Instruction page 18.					
HAZARDOUS WASTE SOLID - PETROLEUM CONTAMINATED DEBRIS (RAGS AND SOIL).											
B. EPA hazardous waste code Page 19.						C. State hazardous waste code Page 19.					
<u>D 0 0 1</u>			<u>D 0 1 8</u>			<u>N A</u>			<u>N A</u>		
<u>N A</u>			<u>N A</u>			<u>N A</u>			<u>N A</u>		
D. SIC code Page 19.		E. Origin code Page 19		F. Source code Page 20.		G. Point of measurement Page 20.		H. Form code Page 20.		I. RCRA - radioactive mixed Page 20.	
<u>5 1 7 1</u>		<u>1</u> System Type <u>N A</u>		<u>A 9 2</u>		<u>1</u>		<u>B 3 1 9</u>		<u>2</u>	

Sec. II		A. Quantity generated in 1993 Instruction Page 21.		B. Quantity generated in 1994 Page 21.		C. UOM Page 21.		Density		D. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? Page 21.	
<u>N A</u>		<u>3 7 5 3 0</u>		<u>1</u>		<u>1</u>		<u>1</u>		<input checked="" type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input type="checkbox"/> 2 No (SKIP TO SEC. III)	
ON-SITE PROCESS SYSTEM 1						ON-SITE PROCESS SYSTEM 2					
On-site process system type Page 22.		Quantity treated, disposed, or recycled on site in 1994		On-site process system type Page 22.		Quantity treated, disposed, or recycled on site in 1994		<u>M 1</u>		<u>1</u>	

Sec. III		A. Was any of this waste shipped off-site in 1994 <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (SKIP TO SEC IV) Instruction page 23.									
Site 1		B. EPA ID No. of facility waste was shipped to Page 23.			C. System type shipped to Page 23.		D. Off-site availability code Page 23.		E. Total quantity shipped in 1994 Page 23.		
		<u>A L D 0 7 0 5 1 3 7 8 7</u>			<u>M 1 2 9</u>		<u>1</u>		<u>3 7 5 3 0</u>		
Site 2		B. EPA ID No. of facility waste was shipped to Page 23.			C. System type shipped to Page 23.		D. Off-site availability code Page 23.		E. Total quantity shipped in 1994 Page 23.		
					<u>M 1</u>						

Sec. IV						A. Did new activities in 1994 result in minimization of this waste? <input type="checkbox"/> 1 Yes (CONTINUE TO SYSTEM 1) <input checked="" type="checkbox"/> 2 No (THIS FORM IS COMPLETE) Instruction page 24.					
B. Activity Page 24.		C. Other effects Page 24.		D. Quantity recycled in 1994 due to new activities Page 25.		E. Activity/production index Page 25.		F. 1994 source reduction quantity Page 26.			
<u>M 1</u>		<input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No		<u>1</u>		<u>1</u>		<u>1</u>			

Comments:

I. H. PETROLEUM CONTAMINATED RAGS AND SOIL.

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Solid Waste Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director



December 7, 1994

SOUTHEAST TERMINAL
PO BOX 86
PAW CREEK NC 28130

RE: EPA ID No.: NCD000609982



Dear Sir:

Based on information received by this office for the site identified with the above EPA ID number, the State has accepted and processed the change in RCRA classification or information for the above listed site.

Your EPA ID number is active.

Current computer record of your facility contains following information:

(X Indicates Operational Status of Your Facility)

X LARGE GENERATOR	- SMALL QNTY. GENERATOR
- TRANSPORTER	- TREATER
- STORER	- DISPOSER

Company Name:	SOUTHEAST TERMINAL
Owner:	LOUIS DREYFUS ENERGY CORP
Owner Address:	8800 ROSWELL ROAD STE 200
City, St. & ZIP:	ATLANTA GA 30350
Contact:	CASTLEBERRY BARBARA
Phone Number:	(404)518-3671
Location Addr.:	7401 OLD MT HOLLY ROAD
City, St. & ZIP:	CHARLOTTE NC 28214

Please verify the above computer information. Please notify us of any corrections.

We are advising EPA of the change. Please notify us if there is any further change in your operations which would affect your status, namely Company's Name, Ownership, Address, Contact, or Telephone.
Your EPA ID number is currently active.

Sincerely,

R.J. Edwards, Administrative Officer

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Telephone: 919-736-3605

An Equal Opportunity Affirmative Action Employer

50% recycled/ 10% post-consumer paper

CC: Robin Hedden

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Solid Waste Management



James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director

TO:
November 2, 1994



SOUTHEAST TERMINAL
PO BOX 86
PAW CREEK NC 28130

RE: EPA ID No.: NCD000609982

Dear Sir:

Based on information received by this office for the site identified with the above EPA ID number, the State has accepted and processed the change in RCRA classification or information for the above listed site.

Your EPA ID number is active.

Current computer record of your facility contains following information:

(X Indicates Operational Status of Your Facility)

- | | |
|-------------------|-------------------------|
| X LARGE GENERATOR | - SMALL QNTY. GENERATOR |
| - TRANSPORTER | - TREATER |
| - STORER | - DISPOSER |

Company Name:	SOUTHEAST TERMINAL
Owner:	LOUIS DREYFUS ENERGY CORP
Owner Address:	8800 ROSWELL ROAD STE 200
City, St. & ZIP:	ATLANTA GA 30350
Contact:	CASTLEBERRY BARBARA
Phone Number:	(404)518-3500 3671
Location Addr.:	7401 OLD MT HOLLY ROAD
City, St. & ZIP:	CHARLOTTE NC 28214

Please verify the above computer information. Please notify us of any corrections.

We are advising EPA of the change. Please notify us if there is any further change in your operations which would affect your status, namely Company's Name, Ownership, Address, Contact, or Telephone.

Your EPA ID number is currently active.

Sincerely,

R. J. Edwards, Administrator

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Division of Solid Waste Management 3605

An Equal Opportunity Affirmative Action Employer

50% recycled/ 10% post-consumer paper

CC:

Region IV CM&E Form - Side A

EPA ID: NC0000609982

Submitted by: _____ Date: _____

Entered by: _____ Date: _____

Facility Name: Southeast Terminal (Louis Dreyfus) City: Charlotte

EVALUATION DATA: New: Change: _____ Delete: _____ (_____ : Required)

Agency: S Date: Mo. 06 / Day 15 / Year 93

Type: CSE

Control Number Data Entry Personnel

Person: 027 Reason:

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applic. D:Del.)

Generators

GER	<input type="checkbox"/>
GGR	<input type="checkbox"/>
GLB	<input type="checkbox"/>
GSQ	<input type="checkbox"/>
GMR	<input type="checkbox"/>
GOR	<input type="checkbox"/>
GPT	<input type="checkbox"/>
GRR	<input checked="" type="checkbox"/>
GSC	<input type="checkbox"/>

Transporters

TGR	<input type="checkbox"/>
TMR	<input type="checkbox"/>
TOR	<input type="checkbox"/>
TRR	<input type="checkbox"/>
TWD	<input type="checkbox"/>

TSD's

DCH	<input type="checkbox"/>	DLB	<input type="checkbox"/>	DPB	<input type="checkbox"/>
DCL	<input type="checkbox"/>	DLF	<input type="checkbox"/>	DPP	<input type="checkbox"/>
DCL	<input type="checkbox"/>	DLT	<input type="checkbox"/>	DSI	<input type="checkbox"/>
DCP	<input type="checkbox"/>	DMC	<input type="checkbox"/>	DTR	<input type="checkbox"/>
DFR	<input type="checkbox"/>	DMR	<input type="checkbox"/>	DTT	<input type="checkbox"/>
DGS	<input type="checkbox"/>	DOR	<input type="checkbox"/>	DWP	<input type="checkbox"/>
DGW	<input type="checkbox"/>	DOT	<input type="checkbox"/>		
DIN	<input type="checkbox"/>				

Compliance Schedule (TSD, Gen., Trans.)
FEA CAS

Evaluation Comments:

(72) 1 : Facility is in compliance with Docket # 93-243
2 :

VIOLATION DATA: New: Change: _____ Delete: _____

#1 Agency: S Type: GRR Date (mdy): 05/10/93 Class: 2

Determined: _____

Priority: Branch: 01 Person: 027 Seq. Number (Data Entry)

Return to Compliance: Scheduled 06/10/93 Actual 06/15/93

Reg. Type: SR Reg. Description (30): 262.34(a)(4), ref 265.16(d)(1)

Comment (72): Facility is in compliance with violation

#2 Agency: S Type: GRR Date (mdy): 05/10/93 Class: 2

Determined: _____

Priority: Branch: 01 Person: 027 Seq. Number (Data Entry)

Return to Compliance: Scheduled 06/10/93 Actual 06/15/93

Reg. Type: SL Reg. Description (30): 262.34(a)(4), ref 265.16(d)(2)

Comment (72): Facility is in compliance with violation

Agency: Type: Date (mdy): / / Class:

Determined: _____

Priority: Branch: Person: Seq. Number (Data Entry)

Return to Compliance: Scheduled / / Actual / /

Reg. Type: Reg. Description (30): _____

Comment (72): _____

Continue violation data on Side B if necessary -

RCRA INSPECTION REPORT

- 1) Facility Name:
ID Number: NCD000609982
Type of facility: LAG
Ownership: Louis Dreyfus Energy Corp (Southeast Terminal)
Contact: Mr. Sheron Cain
Phone number: (704) 399-3371
Facility location (address): 7401 Old Mt. Holly Rd.
City, state, zip: Charlotte, N.C. 28214
- 2) Survey Participants: Mr. Phillip Dief
Mr. Keith Lewis
- 3) Date of Inspection: 6/15/93
- 4) Purpose of Inspection: To determine compliance with ~~40 CFR~~
Notice of Violation Docket # 93-243
- 5) Facility Description:
Processes: No change from last inspection.

Type Waste: —

Transporters: —

TSD's: —

Accumulation areas: —

Storage areas: —

Facility Name: Louis Dryers
ID #: NC000009482

6) Waste Minimization:

No change.

7) Site Deficiencies:

- 1) 262.34 (a)(4), ref. 265.16(d)(1) - Facility is in compliance with violation
- 2) 262.34 (a)(4), ref. 265.16(d)(2) - Facility is in compliance with violation.

8) Recommendations:

Signed:

Phillip Day
Inspector/Reviewer

6/15/93
Date

R. K. [Signature]
Facility Contact

EPA ID: NC0000609982

Entered by: _____ Date: _____

Facility Name: Southeast Terminal (Louis Dreyfus) City: Charlotte

EVALUATION DATA: New: Change: Delete: (: Required)

Agency: S Date: 05/10/93 Type: CEE Control Number Data Entry Personnel

Person: 027 Reason:

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applic. D: Del.)

Generators

GER	<input checked="" type="checkbox"/>
GGR	<input checked="" type="checkbox"/>
GLB	<input checked="" type="checkbox"/>
GSQ	<input checked="" type="checkbox"/>
GMR	<input checked="" type="checkbox"/>
GOR	<input checked="" type="checkbox"/>
GPT	<input checked="" type="checkbox"/>
GRR	<input checked="" type="checkbox"/>
GSC	<input type="checkbox"/>

Transporters

TGR	<input type="checkbox"/>
TMR	<input type="checkbox"/>
TOR	<input type="checkbox"/>
TRR	<input type="checkbox"/>
TWD	<input type="checkbox"/>

TSD's

DCH	<input type="checkbox"/>	DLB	<input type="checkbox"/>	DPB	<input type="checkbox"/>
DCL	<input type="checkbox"/>	DLF	<input type="checkbox"/>	DPP	<input type="checkbox"/>
DCP	<input type="checkbox"/>	DLT	<input type="checkbox"/>	DSI	<input type="checkbox"/>
DFR	<input type="checkbox"/>	DMC	<input type="checkbox"/>	DTR	<input type="checkbox"/>
DGS	<input type="checkbox"/>	DMR	<input type="checkbox"/>	DTT	<input type="checkbox"/>
DGW	<input type="checkbox"/>	DOR	<input type="checkbox"/>	DWP	<input type="checkbox"/>
DIN	<input type="checkbox"/>	DOT	<input type="checkbox"/>		

Compliance Schedule (TSD, Gen., Trans.)
FEA CAS

Evaluation Comments: (72) 1: Unannounced inspection / Docket # 93-243 issued on-site.
2: _____

VIOLATION DATA: New: Change: Delete:

#1 Agency: S Type: GRR Date (mdy) Determined: 05/10/93 Class: 2
 Priority: Branch: 01 Person: 027 Seq. Number (Data Entry) _____
 Return to Compliance: 06/10/93 Scheduled Actual _____
 Reg. Type: SR Reg. Description (30): 262.34(a)(4), ref. 265.16(d)(1)
 Comment (72): No job titles

#2 Agency: S Type: GRR Date (mdy) Determined: 05/10/93 Class: 2
 Priority: Branch: 01 Person: 027 Seq. Number (Data Entry) _____
 Return to Compliance: 06/10/93 Scheduled Actual _____
 Reg. Type: SR Reg. Description (30): 262.34(a)(4), ref. 265.16(d)(2)
 Comment (72): No job descriptions

Agency: Type: Date (mdy) Determined: / / Class:
 Priority: Branch: Person: Seq. Number (Data Entry) _____
 Return to Compliance: / / Scheduled Actual _____
 Reg. Type: Reg. Description (30): _____
 Comment (72): _____

Continue violation data on Side B if necessary -

Solid Waste Management Division
Hazardous Waste Section

NOTICE OF VIOLATION

To: Louis Dreyfus Energy Corp. (Southeast Terminal) Docket # 93-243
Address: 7401 Old Mount Holly Rd. Inspection Date 5/10/93
Charlotte, N.C. 28214 Facility Type CET, LQG
EPA ID# NC0000609982

On December 18, 1980, the State of North Carolina, Hazardous Waste Section (State) was authorized to operate the State RCRA hazardous waste program under the Solid Waste Management Act (ACT), N.C.G.S. 130A, Article 9 and rules promulgated thereto at 15A NCAC 13A (Rules) in lieu of the federal RCRA program.

On May 10, 1993, Mr. Phillip Delp representing the N.C. Hazardous Waste Section, inspected your facility for compliance with North Carolina Hazardous Waste Management Rules. During that inspection, the following violations were noted:

Citation	Specifics
1) <u>262.34(g)(4)</u> <u>ref. 265.16(d)(1)</u>	<u>- No job titles for people involved in hazardous waste management.</u>
2) <u>262.34(g)(4)</u> <u>ref. 265.16(d)(2)</u>	<u>- No job descriptions for people involved in hazardous waste management.</u>

You are hereby required to comply with the noted violation(s) by June 10, 1993, at which time a reinspection will be performed. If compliance with the violation(s) noted above are not met, pursuant to N.C.G.S. 130A-22(a) and 15A NCAC 13B .0701 - .0707, an administrative penalty of up to \$25,000.00 per day may be assessed for violation of the hazardous waste law or regulations.

5/10/93 (Date) Phillip Delp N.C. Hazardous Waste Section

I, Phillip Delp, hereby certify that I have personally served a copy of this Notice on: Mr. Keith Lewis at Louis Dreyfus (Southeast Terminal)
(Name) (Location)
on May 10, 1993. Keith Lewis
(Recipient Signature)

copies to: field files
central files
Regional Manager

RCRA INSPECTION REPORT

- 1) Facility Name:
ID Number: NC0000609982
Type of facility: LAG
Ownership: Louis Dreyfus Energy Corp. (Southeast Terminals)
Contact: Sherer Guin
Phone number: (704) 399-3371
Facility location (address): 7401 Old Mt. Holly Rd.
City, state, zip: Charlotte, N.C. 28214
- 2) Survey Participants: Mr. Phillip Delp
Mr. Keith Lewis
- 3) Date of Inspection: 5/10/93
- 4) Purpose of Inspection: Unannounced inspection to determine compliance with 40 CFR 262, 265, and 268.
- 5) Facility Description:
Processes: This facility is a gasoline and other petroleum fuels bulk facility served by Colonial Pipeline Co.
- Type Waste: ① Drainings from vapor recovery unit (0015) } None generated since last inspection.
② Tank Bottoms from cleaning (0001, 0018) }
- Transporters: No waste shipped since last inspection.
- TSD's: No waste shipped since last inspection.
- Accumulation areas: None on site.
- Storage areas: None onsite.

Facility Name: Southwest Terminal
ID #: NCD000609982

6) Waste Minimization:

None - Facility generates waste only in cleaning tanks.

7) Site Deficiencies:

- 1) 262.34(a)(4), ref 265.16(d)(1) - No job ^{title} ~~description~~ for facility personnel involved in hazardous waste management
- 2) 262.34(a)(4), ref 265.16(d)(2) - No job description for facility personnel involved in hazardous waste management.

8) Recommendations:

Signed:

Philip D. H.
Inspector/Reviewer

5/10/93
Date

R. Keith Lewis
Facility Contact

RCRA INSPECTION FIELD NOTES- GENERATOR

C = copies made; * = violation; P = photo taken

Facility Name: Louis Dreyfus Energy Corp. (Southeast Terminal)
Address: 7401 Old Mt. Holly Rd. Charlotte, N.C. 28214
ID #: NC0000609982
Inspection Date: 5/10/93 Last Inspection 8/25/93
Contact: Mr. Saver Guin Type of Inspection CEI
Present at Inspection: Mr. Phillip Deak, Mr. ~~Saver~~ Keith Lewis

Type of business: Gasoline and fuels distributor
Processes: Cleaning of tanks
Wastes Generated: ① Draining from vapor recovery unit (0016) 1992 waste
② Tank Cleaning Bottoms (0001, 0018)
* no waste has been generated since last inspection

Transporters: NA TSD's NA
None since last inspection None since last inspection

Manifests:
Signed Copies? OK Filled out correctly? OK
Treatment Standards? OK

Inspection Records: No work on site - OK

Contingency Plan:
Actions for spills/fires? OK Agreements with emergency contacts? OK
Em. coords updated? OK Name, address, phone for em. coords? OK
Emerg equip/location/alarms? OK Report on use of conting. plan? OK
Evacuation plan/signals/primary/secondary? OK

Training Records: 8/26/92
Last training? Em coord.s and appropriate people trained? OK
Job Title? * Job description? *
Content? * Sign off? OK
R.C. Saver Guin, Keith Lewis, Tim Vanhoij, Bob Gressy
* No job title or description for site personnel

Annual Report: OK
Waste analysis (TCLP): NA
Accumulation Areas: Description: None on site

Closed/labeled/dated/< 55 gallons?
Storage Areas: Description: None on site

Closed/labeled/dated/< 90 days/good condition?

Violations are:
Class II (NOV)
Class I (FILL OUT COMPLIANCE ORDER FORM).

EPA ID: NCD000609982

Submitted by: _____ Date: _____

Entered by: _____ Date: _____

Facility Name: Universal Corporation (S.E. Terminal) City: Charlotte, N.C. 28214

EVALUATION DATA: New: Change: Delete: (: Required)

Agency: S Date: Mo. 08 / Day 25 / Year 92

Type: CEI

Control Number Data Entry Personnel

Person: 049 Reason:

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applic. D:Del.)

Generators	
GER	<input type="checkbox"/>
GGR	<input type="checkbox"/>
GLB	<input type="checkbox"/>
GLO	<input type="checkbox"/>
GMR	<input type="checkbox"/>
GOR	<input type="checkbox"/>
GPT	<input type="checkbox"/>
GRR	<input type="checkbox"/>
GSC	<input type="checkbox"/>

Transporters	
TGR	<input type="checkbox"/>
TMR	<input type="checkbox"/>
TOR	<input type="checkbox"/>
TRR	<input type="checkbox"/>
TWD	<input type="checkbox"/>

TSD's					
DCH	<input type="checkbox"/>	DLB	<input type="checkbox"/>	DPB	<input type="checkbox"/>
DCL	<input type="checkbox"/>	DLF	<input type="checkbox"/>	DPP	<input type="checkbox"/>
DCP	<input type="checkbox"/>	DLT	<input type="checkbox"/>	DSI	<input type="checkbox"/>
DFR	<input type="checkbox"/>	DMC	<input type="checkbox"/>	DTR	<input type="checkbox"/>
DGS	<input type="checkbox"/>	DMR	<input type="checkbox"/>	DTT	<input type="checkbox"/>
DGW	<input type="checkbox"/>	DOR	<input type="checkbox"/>	DWP	<input type="checkbox"/>
DIN	<input type="checkbox"/>	DOT	<input type="checkbox"/>		

Compliance Schedule (TSD, Gen., Trans.)
FEA CAS

Evaluation Comments:

- (72) 1: Unannounced Inspection
- * 2: Note Facility as of July 1, 1992 Has a New Owner Zouir Energy Corp.

VIOLATION DATA: New: Change: Delete:

Agency: Type: Date (mdy) Determined: / / Class:

Priority: Branch: Person: Seq. Number (Data Entry)

Return to Compliance: Scheduled Actual

Reg. Type: Reg. Description (30): _____

Comment (72): _____

Agency: Type: Date (mdy) Determined: / / Class:

Priority: Branch: Person: Seq. Number (Data Entry)

Return to Compliance: Scheduled Actual

Reg. Type: Reg. Description (30): _____

Comment (72): _____

Agency: Type: Date (mdy) Determined: / / Class:

Priority: Branch: Person: Seq. Number (Data Entry)

Return to Compliance: Scheduled Actual

Reg. Type: Reg. Description (30): _____

Comment (72): _____

Continue violation data on Side B if necessary -

Unannounced Inspection
RCRA INSPECTION REPORT

1) Facility Information:

Unocal Corporation (S.E. Terminal)
7401 Old Mt Holly Rd.
Charlotte, N.C. 28214
Mecklenburg County
NCD 00060982

Mailing:
P.O. Box 86
Paw Creek, NC. 28130

2) Facility Contact:

Sheren Guin

3) Survey Participants:

Keith Lewis, Larry Fox

4) Date(s) of Inspection:

August 25, 1992

5) Purpose of the Survey:

To determine compliance with 40 CFR, Generator Standards, Part 262 and Part 268.

6) Facility Description: Note: As of July 1, 1992 facility has a new owner ^{Louis Drayfus Energy Corp}

The above facility is located at 7401 Old Mt Holly Road, Charlotte, N.C. and is a gasoline and other petroleum fuel bulk facility served by Colonial Pipeline Co.

Hazardous wastes are generated during storage tank cleaning operations (D001, D018) and vapor recovery system (D018), and oil/water separator.

Hazardous waste is shipped to the following TSDF =

TSDF = Fisher Industrial Services, Inc.

Rt 9, Box 398-M
Gadsden, AL 35903 > D018 - Ethylene
ALD 981020894 Glycol/gasoline/H₂O
205-492-8340

Transporter =

Fisher Industrial
ALD 981020894
205-492-8340

TSDF = Alternate Energy Resources Inc.

2730 Walden Drive
Augusta, Ga 30904 > D001, D018
GA D033582461
404-738-1571

Transporter = Resource

Ryder Distribution
FLD 984172270
305-593-4300

7) Waste Minimisation

None - Tank Bottoms cleaning generating hazardous waste.

8) Site Deficiencies:

None

9) Recommendations:

None -

* Note = Facility has a new owner as of July 1, 1992 &

that is Louis Dreyfus Energy Corp. . A

Change of Ownership form was given to

Mr. Keith Lewis, Assistance Mgr. to complete

10) Signatures: and send to Raleigh Office to notify of ownership change.

Sam Foy
Inspector(s)/Reviewer

R. Keith Lewis
Facility Contact

8-25-92
Date(s)

EPA ID: N C D 0 0 0 6 0 9 9 8 2

Submitted by: _____ Date: _____

Entered by: _____ Date: _____

Facility Name: Unocal Corporation S.E. Terminal City: Paw Creek

EVALUATION DATA: New: Change: Delete: (: Required)

Agency: 5 Date: 01/15/92 Type: CSE

Control Number
Data Entry Personnel

Person: 025 Reason: 01

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applic. D:Del.)
Generators Transporters TSD's

GER	
GGR	
GLB	
GLO	
GMR	E
GOR	
GPT	E
GRR	
GSC	

TGR	
TMR	
TOR	
TRR	
TWD	

DCH	
DCL	
DCP	
DFR	
DGS	
DGW	
DIN	

DLB	
DLF	
DLT	
DMC	
DMR	
DOR	
DOT	

DPB	
DPP	
DSI	
DTR	
DTT	
DWP	

Compliance Schedule (TSD, Gen., Trans.)
FEA CAS

Evaluation Comments:

- (72) 1 : Facility was determined to be in compliance with
- 2 : Docket # 91-430

VIOLATION DATA: New: Change: Delete:

Agency: Type: Date (mdy) Determined: / / Class:

Priority: Branch: Person: Seq. Number (Data Entry)

Return to Compliance: / / -- Scheduled -- / / -- Actual --

Reg. Type: Reg. Description (30): _____

Comment (72): _____

Agency: Type: Date (mdy) Determined: / / Class:

Priority: Branch: Person: Seq. Number (Data Entry)

Return to Compliance: / / -- Scheduled -- / / -- Actual --

Reg. Type: Reg. Description (30): _____

Comment (72): _____

Agency: Type: Date (mdy) Determined: / / Class:

Priority: Branch: Person: Seq. Number (Data Entry)

Return to Compliance: / / -- Scheduled -- / / -- Actual --

Reg. Type: Reg. Description (30): _____

Comment (72): _____

Continue violation data on Side B if necessary -

RCRA INSPECTION REPORT

- 1) Facility Information
Unocal Corporation (SE Terminal) Mail - P.O. Box 86
7401 Old Mt. Holly Rd. Paw Creek, N.C. 28130
Charlotte, N.C. 28214
NCD 000609982

- 2) Facility Contact
Sherer Guin - Terminal Mgr

- 3) Survey Participants
Sherer Guin, Term. Mgr.
Jesse Wells, HWS

- 4) Date(s) of Inspection
1/15/92

- 5) Purpose of the Survey
To determine compliance with NOV Docket # 91-430

- 6) Facility Description
No operational changes since last inspection of 9/12/91

7) Waste Minimization

8) Site Deficiencies

262.20(a). Unique #'s not utilized on manifest document for shipments made on 4/4/90, 10/25/90, and 8/6/91. Letters sent to the following TSD facilities noting discrepancies:
Alternate Energy Resources GAD033582461 (9/18/91)
Fisher Ind Services ALD981020894 (9/18/91)

265.52(d) Addresses of Emergency Coordinator and Alternate added to contingency plan under organization section. Document Title: SPPC Plan / Hazardous Waste Contingency Plan

The facility was determined to be in compliance with Nov Docket # 91-430

9) Recommendations

10) Signed

Jesse W. Wells
Inspectors/Reviewer

Sherey Quinn
Facility Contact

1/15/92
Date(s)



JW

State of North Carolina
Department of Environment, Health, and Natural Resources
Division of Solid Waste Management
P.O. Box 27687 · Raleigh, North Carolina 27611-7687

James G. Martin, Governor
William W. Cobey, Jr., Secretary

William L. Meyer
Director

October 28, 1991

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

11/29

NOTICE OF VIOLATION
DOCKET #91-430

Mr. Sherer Guin
Unocal Division Southeast Terminal
7401 Old Mt. Holly Road
P.O. Box 86
Paw Creek, North Carolina 28130

NCD 000 609 982

Dear Mr. Guin:

On December 18, 1980 the State of North Carolina, Hazardous Waste Section (State) was authorized to operate the State RCRA hazardous waste program under the Solid Waste Management Act, (ACT) N.C.G.S. 130A, Article 9 and rules promulgated thereto at 15A NCAC 13A (Rules) in lieu of the federal RCRA program. Unocal Division Southeast Terminal, Paw Creek, North Carolina is classified as a generator of hazardous waste and is subject to the requirements of 40 CFR Part 262 codified at 15A NCAC 13A .0007.

On September 12, 1991 Ms. Spring Allen, Waste Management Specialist with this office, inspected your facility for compliance with North Carolina Hazardous Waste Management Rules. During that inspection, the following violations were noted:

- A. 40 CFR 262.20(a), codified at 15A NCAC 13A .0007, states that a generator who transports, or offers for transportation, hazardous waste for off-site treatment, storage, or disposal must prepare a Manifest OMB control number 2050-0039 on EPA form 8700-22 and, if necessary, EPA form 8700-22A, according to the instructions included in the Appendix to Part 262.

Item 1 in the Appendix to Part 262, states that federal regulations require generators and transporters of hazardous waste treatment, storage, and disposal facilities to use this Form (8700-22) and, if necessary the continuation sheet (Form 8700-22A) for both inter and intrastate transportation. Federal regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste

treatment, storage and disposal facilities to complete the following information:

Item 1. Generator's U.S. EPA ID NO. Manifest Document Number

Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this Manifest (e.g., 00001) by the generator.

Unocal Division Southeast Terminal is in violation of 40 CFR 262.20(a), codified at 15A NCAC 13A .0007, in that it failed to assign a unique 5 digit number to each manifest as required in Item 1 of the Appendix to Part 262.

- B. 40 CFR 262.34(a)(5), codified at 15A NCAC 13A .0007, states that a generator may accumulate hazardous waste on-site for 90 days or less without a permit or without having interim status, provided that the generator complies with the requirements for owners or operators in Subparts C and D in 40 CFR Part 265 and with Section 265.16.

40 CFR 265.52(d), codified at 15A NCAC 13A .0010, states that the contingency plan must list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator and this list must be kept up to date. Where more than one person is listed, one must be named as primary emergency coordinator and others must be listed in the order in which they will assume responsibility as alternates.

Unocal Division Southeast Terminal is in violation of 40 CFR 262.34(a)(5), codified at 15A NCAC 13A .0007, referenced at 40 CFR 265.52(d), codified at 15A NCAC 13A .0010, in that it's contingency plan does not include all information required for those persons qualified to act as emergency coordinator.

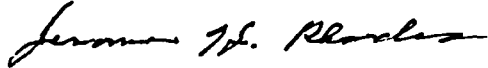
COMPLIANCE SCHEDULE

By November 29, 1991 you shall comply with the following requirements:

- A. Comply with 40 CFR 262.20(a), codified at 15A NCAC 13A .0007, by ensuring that each prepared manifest document is identified with a unique 5 digit number.
- B. Comply with 40 CFR 262.34(a)(5), codified at 15A NCAC 13A .0007, by amending the contingency plan to include names, addresses, and phone numbers, both office and home of all person qualified to act as emergency coordinator as required in 40 CFR 265.52(d).

If the requirements above are not met, pursuant to N.C.G.S. 130A-22(a) and 15A NCAC 13B .0701 - .0707, an administrative penalty of up to \$25,000.00 per day may be assessed for violation of the hazardous waste law or regulations.

Sincerely,



Jerome H. Rhodes, Chief
Hazardous Waste Section

JHR/dd/KM317/d30

cc: Keith Masters
~~Spring Allen~~
Central Files
Al Hilton

Unocal Refining & Marketing Division
Unocal Corporation
13 Corporate Square Northeast, P.O. Box 4147
Atlanta, Georgia 30302
Telephone (404) 321-7800

UNOCAL

November 20, 1991

Charlotte Memorial Hospital
1000 Blythe Blvd.
Charlotte, NC 28207

Charlotte Police Dept.
825 E. 4th Street
Charlotte, NC 28202

Charlotte Fire Department
125 S. Davidson Street
Charlotte, NC 28202

**SPCC PLAN/HAZARDOUS WASTE
CONTINGENCY PLAN
CHARLOTTE SOUTHEAST TERMINAL
7401 OLD MOUNT HOLLY ROAD
PAW CREEK, NC 28208**

Gentlemen:

In May, 1990 we furnished you with a copy of the subject plan for our Charlotte Terminal. We are now attaching the following listed *revised* pages for insertion in your copy.

Page 4: Amendment page.

Page 24: Addition of home addresses for the Coordinator and Alternate Coordinator.

Addition of Coordination of Emergency Services procedures as follows:

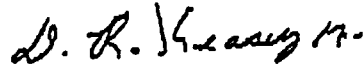
Coordination of Emergency Services: The Emergency Coordinator will assess the need for outside emergency assistance in the initial stages of the response effort. The Emergency Coordinator or an employee designated by the Coordinator will inform outside emergency response providers of the initial emergency response services that are necessary from each of their organizations.

In the event of a serious emergency, an outside agency will assume the role of On-Scene-Commander (OSC). Once the outside agency has assumed command of the emergency response effort, all outside emergency assistance will be coordinated with the OSC or a designated representative.

Page 26: Covers a small revision to the evacuation plan.

If you have any questions, please call me at 404/320-2272.

Very truly yours,



David R. Keasey
Manager, Marketing Environmental

DRK:FCM/bmc

Attachments

cc: S. B. Guin, with attachments
W. D. Griffin
Gail Mueller/BP Oil, with attachments

Unocal Refining & Marketing Division
Unocal Corporation
13 Corporate Square Northeast, P.O. Box 4147
Atlanta, Georgia 30302
Telephone (404) 321-7600

L
NCD991278185

✓ SPRING
✓ JESSE

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
P 309 885 014

UNOCAL 76

RECEIVED

NOV 01 1991

HAZARDOUS WASTE SECTION

October 31, 1991

Division of Solid Waste Management
North Carolina Department of Environment,
Health, and Natural Resources
P. O. Box 27687
Raleigh, North Carolina 27611-7687

Attention: Mr. Jerome H. Rhodes
Chief, Hazardous Waste Section

RESPONSE TO NOTICE OF VIOLATION
Southeast Terminal (Charlotte)
EPA ID No. NCD991278185
Docket No. 91-430

Dear Mr. Rhodes:

I am in receipt today of your October 28, 1991, Notice of Violation for the Charlotte Southeast Terminal. I am disappointed that you felt it necessary to issue this NOV, since Unocal promptly took steps to correct the cited deficiencies immediately following the September 12, 1991, inspection by Ms. Spring Allen. Unocal's response to the two noted deficiencies is detailed below.

MANIFEST DOCUMENT NUMBERS Immediately following Ms. Allen's inspection, we reviewed the manifest preparation procedures at the terminal and made the necessary corrections. Previous manifests which had duplicate document numbers were identified and corrected copies were sent to the disposal site. Manifests are numbered sequentially with a unique 5-digit number.

EMERGENCY COORDINATOR INFORMATION At the time of Ms. Allen's inspection, the home addresses of the designated emergency coordinator and alternate emergency coordinator were readily available at the terminal. A close reading of the regulations, however, does show that the emergency coordinator information must be a part of the actual plan itself. Unocal immediately began steps to amend the Hazardous Waste Contingency Plan to include the home addresses of the emergency coordinator and alternate coordinator. The amendments to the contingency plan will be completed prior to November 29, 1991.

I am confident that the above-described actions will fully correct the deficiencies cited in your NOV. If you have questions or require additional information please do not hesitate to call me at (404) 320-2272.

Very truly yours,

A handwritten signature in black ink, appearing to read "David R. Keasey", with a long horizontal flourish extending to the right.

David R. Keasey
Manager, Marketing Environmental

DRK/bmc

cc: D. Tennant
M. E. Buckle
W. D. Griffin
S. B. Guin

Unocal Refining & Marketing Division
Unocal Corporation
13 Corporate Square Northeast, P.O. Box 4147
Atlanta, Georgia 30302
Telephone (404) 321-7600

L
NCD991278185

✓ SPRING
✓ JESSE

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
P 309 885 014

UNOCAL 76

RECEIVED

NOV 0 1 1991

HAZARDOUS WASTE SECTION

October 31, 1991

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North Carolina Department of Environment,
Health, and Natural Resources
P. O. Box 27687
Raleigh, North Carolina 27611-7687

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Chief, Hazardous Waste Section

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EPA ID No. NCD991278185
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David R. Keasey
Manager, Marketing Environmental

DRK/bmc

cc: D. Tennant
M. E. Buckle
W. D. Griffin
S. B. Guin

Region IV CM&E Form - Side B

Submitted by: _____ Date: _____

EPA ID: NCDD000609982

Entered by: _____ Date: _____

Facility Name: Unocal Southeast Terminal City: Charlotte Neck

ENFORCEMENT DATA: New: Change: Delete: (: Required)

Agency: 9 Type: 120 Date: 9/12/91 Month Day Year
 Number (Data Entry)

--	--	--	--	--	--	--	--	--	--

Person: 0611 Branch: 011 Comment (72): _____

Penalty Data Assessed:	Paid:	Date Paid:																																																		
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Enforcement Comments: 1: _____
 (74)
 2: _____

Cite violations for this enforcement action below -

VIOLATION DATA: New: Change: Delete:

1 Agency: 9 Type: GMR Date (mdy) Determined: 9/12/91 Class: U
 Priority: Branch: 011 Person: 0611 Seq. Number (Data Entry)

--	--	--	--	--	--	--	--	--	--

 Return to Compliance: Scheduled Actual
 Reg. Type: Reg. Description (30): 262.20(a) manifests are
 Comment (72): not identified w/ a unique idigit #

2 Agency: 9 Type: GGR Date (mdy) Determined: 9/12/91 Class: U
 Priority: Branch: 011 Person: 0611 Seq. Number (Data Entry)

--	--	--	--	--	--	--	--	--	--

 Return to Compliance: Scheduled Actual
 Reg. Type: Reg. Description (30): 262.34(a)(4) (265.52(d))
 Comment (72): Conting. Plan does not list addresses of EM coord.

Agency: Type: Date (mdy) Determined: / / Class:
 Priority: Branch: Person: Seq. Number (Data Entry)

--	--	--	--	--	--	--	--	--	--

 Return to Compliance: Scheduled Actual
 Reg. Type: Reg. Description (30): _____
 Comment (72): _____

Continue violation data on Side A if necessary -

Rem inspection Cover Sheet

EPA ID: MCD000609982

Submitted by: _____ Date: _____

Entered by: _____ Date: _____

Facility Name: Unocal Southeast Terminal City: Charlotte Meck

EVALUATION DATA: New: Change: _____ Delete: _____ (_____ : Required)

Agency: 2 Date: Mo 9 Day 12 Year 97

Type: CEC

Control Number Data Entry Personnel

Person: 06/1 Reason:

Coverage Areas: (E: Evaluated NE: Not Evaluated NA: Not Applic. D:Del.)

Generators

GER	<input checked="" type="checkbox"/>
GGR	<input type="checkbox"/>
GLB	<input type="checkbox"/>
GLO	<input type="checkbox"/>
GMR	<input type="checkbox"/>
GOR	<input type="checkbox"/>
GPT	<input type="checkbox"/>
GRR	<input type="checkbox"/>
GSC	<input type="checkbox"/>

Transporters

TGR	<input type="checkbox"/>
TMR	<input type="checkbox"/>
TOR	<input type="checkbox"/>
TRR	<input type="checkbox"/>
TWD	<input type="checkbox"/>

TSD's

DCH	<input type="checkbox"/>	DLB	<input type="checkbox"/>	DPB	<input type="checkbox"/>
DCL	<input type="checkbox"/>	DLF	<input type="checkbox"/>	DPP	<input type="checkbox"/>
DCP	<input type="checkbox"/>	DLT	<input type="checkbox"/>	DSI	<input type="checkbox"/>
DFR	<input type="checkbox"/>	DMC	<input type="checkbox"/>	DIR	<input type="checkbox"/>
DGS	<input type="checkbox"/>	DMR	<input type="checkbox"/>	DTT	<input type="checkbox"/>
DGW	<input type="checkbox"/>	DOR	<input type="checkbox"/>	DWP	<input type="checkbox"/>
DIN	<input type="checkbox"/>	DOT	<input type="checkbox"/>		

Compliance Schedule (TSD, Gen., Trans.)

FEA CAS

Evaluation Comments: (72) 1: _____

2: _____

VIOLATION DATA: New: _____ Change: _____ Delete: _____

Agency: Type: Date (mdy) Determined: / / Class:

Priority: Branch: Person: Seq. Number (Data Entry)

Return to Compliance: Scheduled Actual

Reg. Type: Reg. Description (30): _____

Comment (72): _____

Agency: Type: Date (mdy) Determined: / / Class:

Priority: Branch: Person: Seq. Number (Data Entry)

Return to Compliance: Scheduled Actual

Reg. Type: Reg. Description (30): _____

Comment (72): _____

Agency: Type: Date (mdy) Determined: / / Class:

Priority: Branch: Person: Seq. Number (Data Entry)

Return to Compliance: Scheduled Actual

Reg. Type: Reg. Description (30): _____

Comment (72): _____

Continue violation data on Side B if necessary -

Region IV CM&E Form - Side B

Submitted by: _____ Date: _____

EPA ID: UCD000609982

Entered by: _____ Date: _____

Facility Name: Unocal Southeast Terminal City: Charlotte Meck

ENFORCEMENT DATA: New: Change: Delete: (: Required)

Agency: 4 Type: 120 Date: 9/12/91 Month Day Year
Number (Data Entry)

--	--	--	--	--	--	--	--

Person: 0611 Branch: 01 Comment (72): _____

Penalty Data
Assessed: \$

--	--	--	--	--	--	--	--	--	--

 Paid: \$

--	--	--	--	--	--	--	--	--	--

 Date Paid:

--	--	--	--	--	--	--	--	--	--

Settled: \$

--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Enforcement Comments: 1: _____
(74)
2: _____

Cite violations for this enforcement action below -

VIOLATION DATA: New: Change: Delete:

1 Agency: S Type: GMR Date (mdy) Determined: 9/12/91 Class: U
Priority: Branch: 011 Person: 0611 Seq. Number (Data Entry)

--	--	--	--	--	--	--	--

Return to Compliance: Scheduled Actual
Reg. Type: Reg. Description (30): 262.20(a) manifests are
Comment (72): not identified w/ a unique 5digit #

2 Agency: S Type: GGR Date (mdy) Determined: 9/12/91 Class: U
Priority: Branch: 011 Person: 0611 Seq. Number (Data Entry)

--	--	--	--	--	--	--	--

Return to Compliance: Scheduled Actual
Reg. Type: Reg. Description (30): 262.34(a)(4) (265.52(d))
Comment (72): Conting. Plan does not list addresses of em coord.

_____ Agency: Type: Date (mdy) Determined: / / Class:
Priority: Branch: Person: Seq. Number (Data Entry)

--	--	--	--	--	--	--	--

Return to Compliance: Scheduled Actual
Reg. Type: Reg. Description (30): _____
Comment (72): _____

Continue violation data on Side A if necessary -

RCRA INSPECTION REPORT

1) Facility Information

UNOCAL CORPORATION (SE Terminal) Mailing ONLY
7401 Old Mt. Holly Rd Po Box 86
Charlotte NC 28214 PAW CREEK NC 28130
NCD 000 607 782

2) Facility Contact

Sherer Guin - Terminal Manager

3) Survey Participants

Sherer Guin Spring Allen

4) Date of Inspection

9-12-91

date of last inspection 11-3-89

6) Purpose of Survey

Records Review and facility inspection to determine compliance with 40 CFR 262

7) Facility Description

Unocal Corp (~~BP, Union 76, Gulf~~) operates a storage and distribution facility for gasoline and other petroleum fuels, which are bulk delivered by Colonial Pipeline Co. Hazardous wastes are generated during storage tank cleaning operations. Tank cleaning is contracted to Griffith Oil Co.

DOI 8 Glycol, gasoline, water mixture to Fisher Ind Sys. AID 981020894

Transporters Fisher & Troy Griffith Oil Co GAD 991275934

Non-HW Diesel Cleanout 7-12-91 TO Troy Griffith Oil Co. GAD."

BP operates a section of the terminal for their product. Both Union 76 and BP ship tank bottoms under the DH324 same site specific EPA ID # and the hazardous waste management program is implemented by the terminal manager.

UNOCAL-SOUTHEAST TERMINAL
7401 OLD MT. HOLLY RD,
CHARLOTTE, NC 28214

10) Waste Minimization

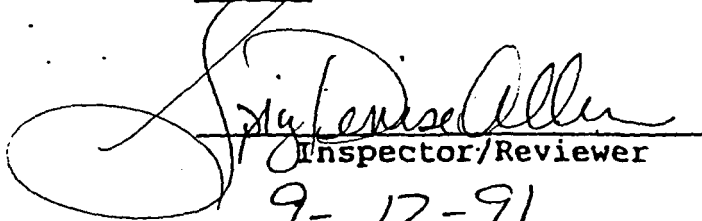
9) Site Deficiencies

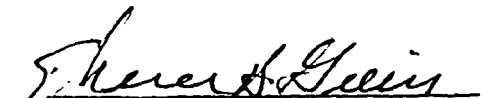
- 262.20(a) Manifest documents are not identified with a UNIQUE 5 digit number as required in appendix to part 262 Item 1. Specifically document #00001 is used for shipments made on 8.6.91, 10.25.90, and 4.4.90.
- 265.52(d) contingency plan does not list addresses of Emergency Coordinators named in the contingency plan, as required.

10) Recommendations

after amendment of the contingency plan submit revisions to appropriate emergency response agency as required by 40CFR 2605.53(b)

11) Signed


Inspector/Reviewer
9-12-91
Date


Facility Contact

Wacoal Term

page 1 / 9.12.91

Certified Mail

Return Receipt Requested.

Notice of Violation

Dotnet #

Mr. Sharon Gunn
7401 Old Mt. Airy Rd
Wacoal, Southeast Tennessee

Mail to (PO Box 810)
Fauw Creek 28130
NC

Charlotte NC 28114

NCID 000 609 982

Dear Mr. Gunn

On December 18, 1980 the State of North Carolina, Hazardous Waste Section (State) was authorized to operate the State RCRA hazardous waste program under the Solid Waste Management Act. (ACT), N.C.G.S. 130A, Article 9 and rules promulgated there to at 15A NCAC 13A (Rules) in lieu of the federal RCRA program.

Elmore Southeast Terminal, Charlotte, North Carolina is classified as a generator of hazardous waste and is subject to the requirements of 40CFR part 262 codified at 15A NCAC 13A, 0007.

On September 12, 1991, Ms. Spring Allen, Waste Management Specialist with this office inspected your facility for compliance with North Carolina Waste Management Rules. During that inspection the following violations were noted:

Unocal Terminal

Page 2 of 4 9-12-91

* 40CFR 262.20(a), codified at 15A NCAC 13A .0007, states that

A generator who transports, or offers for transportation, hazardous waste for off-site treatment, storage, or disposal must prepare a Manifest OMB control number 2050-0039 on EPA form 8700-22 and, if necessary, EPA form 8700-22A, according to the instructions included in the Appendix to Part 262.

Item 1 in the Appendix to Part 262 states that

FEDERAL REGULATIONS REQUIRE GENERATORS AND TRANSPORTERS OF HAZARDOUS WASTE TREATMENT, STORAGE, AND DISPOSAL FACILITIES TO USE THIS FORM (8700-22) AND, IF NECESSARY, THE CONTINUATION SHEET (FORM 8700-22A) FOR BOTH INTER AND INTRASTATE TRANSPORTATION. FEDERAL REGULATIONS ALSO REQUIRE GENERATORS AND TRANSPORTERS OF HAZARDOUS WASTE AND OWNERS OR OPERATORS OF HAZARDOUS WASTE TREATMENT, STORAGE AND DISPOSAL FACILITIES TO COMPLETE THE FOLLOWING INFORMATION:

Item 1. GENERATOR'S U.S. EPA ID NO. MANIFEST DOCUMENT NUMBER
Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this Manifest (e.g., 00001) by the generator.

Unocal Southeast Terminal is in violation of 40CFR 262.20(a), codified at 15A NCAC 13A .0007 in that it failed to assign a unique 5 digit number to each manifest as required in Item 1 of the Appendix to part 262.

3 40 CFR 262.34(a)(5), codified at 15A NCAC 13A .0007, states that a generator may accumulate hazardous waste on-site for 90 days or less without a permit or without having interim status, provided that the generator complies with the requirements for owners or operators in Subparts C and D in 40 CFR Part 265 and with Section 265.16.

1 40CFR 265.52(d), codified at 15A NCAC 13A .0010 states that
The plan must list names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinator (see Section 264.55), and this list must be kept up-to-date. Where more than one person is listed, one must be named as primary emergency coordinator and others must be listed in the order in which they will assume responsibility as alternates.

Unocal Terminal

Dec 30, 4 9-12-91

Unocal Southeast Terminal is in violation of 40CFR 262.34(a)(5), codified at 15ANCA 13A.0007, and referenced at 40CFR 265.52(d), codified at 15ANCA 13A.0010 in that its contingency plan does not include all information required for those persons qualified to act as emergency coordinator.

Compliance Schedule

By _____ you shall comply with the following requirements:

A. Comply with 40CFR 262.20(a) Codified at 15ANCA 13A.0007, by ensuring that each prepared manifest document is identified with a unique 5 digit number.

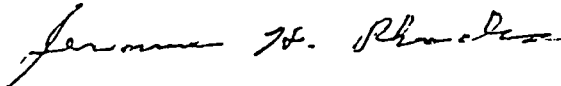
B. Comply with 40CFR 262.34(a)(5), codified at 15ANCA 13A.0007, by amending the contingency plan to include names, addresses, and phone numbers, both office and home of all persons qualified to act as emergency coordinator as required by 40CFR 265.52(d).

Unocal Terminal

Page 4 of 4 - 7.12.91

If the requirements above are not met, pursuant to N.C.G.S. 130A-22(a) and 15A NCAC 13B .0701 - .0707, an administrative penalty of up to \$25,000.00 per day may be assessed for violation of the hazardous waste law or regulations.

Sincerely,



Jerome H. Rhodes, Chief
Hazardous Waste Section

JHR/dd/KM290

cc: Keith Masters
Central Files
Spring Allen
Doug Holyfield
Al Hilton

app R

RECORD OF COMMUNICATION

PHONE CALL DISCUSSION FIELD TRIP CONFERENCE
 OTHER (SPECIFY) CEI Fieldnotes

(Record of item checked above)

TO: Unocal \$E Terminal
(Gulf) (U-76) (BP)

FROM: 7401 Old Mt Holly

DATE 9-12-91

TIME 3:30 PM

SUBJECT: Manifests
Land ban attached

SUMMARY OF COMMUNICATION

1991

Non-HW Troy Griffith Oil - GAD 991 275 ^G 3400, 6500g, 6500g

HW Fisher ~~ALD~~ DOB ALD 981 020 894 165g 3750g (~~495g~~)

NON Bio Regional Energy UAD 139 229 309 165g
Ethylene Glycol / water

1990

HW Fisher ALD 981 020 894 (495g)

Bio Regional UAD ↑ - 275g

DOO1 - Alternate Energy Resources - GAD 033 582 461 2600g 5000g

1989 (Prior inspection covered) → LWD-KYD 088 438 817
by Caldwell Ind Sus NCD 980 799 142

Manifest # 00001 8/6/91) # 00001 10/25/90

CONCLUSIONS, ACTION TAKEN OR REQUIRED

#00001 4/4/90 ~~#50001 3/14/90~~ NONHW

ITEM 1 requires that each manifest have a unique 5 digit dist #
202.20 (a)

CONTINGENCY PLAN

actions b/spec c arrangements d coord e equip f signals routes alt g addresses h loc desc i cap

INFORMATION COPIES

sent \$500 amendment 5/3/90

TO: Coordinator SB Gunn 7-11-90 ACT R.K. Lewis Training: 5-2-91 8-91-Haw Wopper

Job desc skills ed training req OK

State Of North Carolina

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF SOLID WASTE MANAGEMENT
P.O. BOX 27687 RALEIGH, NC 27611-7687

June 17, 1991

UNOCAL DIVISION SOUTHEAST TERM
PO BOX 86
PAW CREEK NC 28130

RE: EPA ID No.: NCD000609982

Dear Sir:

Based on information supplied by you for the site identified with the above EPA ID number, the state has accepted and processed the change in RCRA listing or information that you requested.

Your EPA ID number is active.

Current computer record of your facility contains following information:

(X INDICATES OPERATIONAL STATUS OF YOUR FACILITY.)

X LARGE GENERATOR	- SMALL QNTY. GENERATOR
- TRANSPORTER	- TREATER
- STORER	- DISPOSER

COMPANY NAME	UNOCAL DIVISION SOUTHEAST TERM
OWNERSHIP	UNOCAL CORPORATION
CONTACT	GUIN SHEBER B.
PHONE NUMBER	(704)399-3371
LOCATION ADDRESS	OLD MOUNT HOLLY ROAD
CITY, STATE & ZIP	PAW CREEK NC 28130

Please verify the above computer information. Please notify us of any corrections.

We are advising EPA of the change. Please notify us if there is any further change in your operations which would affect your status. Your EPA ID number is currently active.

Sincerely,



R.J. Edwards, Administrative Officer
Hazardous Waste Section

CC:
EPA Region IV
Mecklenburg County Health Department

GENERATOR INSPECTION FORM - PART 262

UNOCAL DIVISION SOUTHEAST TERMINAL NCD 000 609 982 MECKLENBURG
 Name of Site EPA I.D. County
Old Mt. Holly Road PHW CREEK 11-3-89 Administrative
 Location Inspection Date Signature of Inspector(s)
Follow-up X Keith Lewis
 Compliance Date Signature of Facility Contact

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

SUBPART A - GENERAL

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

SUBPART B - THE MANIFEST

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

SUBPART C - PRE-TRANSPORT REQUIREMENTS

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

*Cite specific violations of 40 CFR 265 under remarks

SUBPART D - RECORDKEEPING AND REPORTING

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



State of North Carolina
Department of Environment, Health, and Natural Resources
Division of Solid Waste Management
P.O. Box 27687 · Raleigh, North Carolina 27611-7687

James G. Martin, Governor
William W. Cobey, Jr., Secretary

William L. Meyer
Director

September 18, 1989

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

NOTICE OF VIOLATION
Docket #89-318

Mr. Sherer B. Guin
Unocal Division Southeast Terminal
P.O. Box 86
Paw Creek, North Carolina 28130

NCD 000 609 982

Dear Mr. Guin:

On December 18, 1980 the State of North Carolina, Hazardous Waste Section (State) was authorized to operate the State RCRA hazardous waste program under the Solid Waste Management Act (Act), N.C.G.S. 130A, Article 9 and rules promulgated thereto at 10 NCAC 10F, (Rules) in lieu of the federal RCRA program. Unocal Division Southeast Terminal, Paw Creek, North Carolina is classified as a generator of hazardous waste, subject to the requirements of 40 CFR Parts 262 codified at 10 NCAC 10F .0030.

On August 25, 1989, Mr. Adam Wipfield, Waste Management Specialist with this office inspected your facility for compliance with North Carolina Hazardous Waste Management Rules. During that inspection the following violations were noted:

40 CFR 262.34(a)(4), codified at 10 NCAC 10F .0030, states that a generator may accumulate hazardous waste on-site for 90 days or less without a permit or without having interim status, provided that the generator complies with the requirements for owners or operators in Subparts C (265.30 - 265.37) and D (265.50 - 265.56) in 40 CFR Part 265 and with Section 265.16.

1. 40 CFR 265.16(c), codified at 10 NCAC 10F .0033, states that facility personnel must take part in an annual review of the initial hazardous waste training required in paragraph (a) of this section.

Unocal Division Southeast Terminal is in violation of 40 CFR 262.34(a)(4), codified at 10 NCAC 10F .0030, in that it is in violation of 40 CFR 265.16(c), codified at 10 NCAC 10F .0033, in

that two facility personnel have not taken part in an annual review of the personnel training required in paragraph (a) of this Section.

2. 40 CFR 265.52(e), codified at 10 NCAC 10F .0033, states that the contingency plan must include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm system (internal and external), and decontamination equipment), where this equipment is required. This list must be kept up to date. In addition, the plan must include the location and physical description of each item on the list, and a brief outline of its capabilities.

Unocal Division Southeast Terminal is in violation of 40 CFR 262.34(a)(4), codified at 10 NCAC 10F .0030, referenced at 40 CFR 265.52(e), codified at 10 NCAC 10F .0033, in that the contingency plan does not include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal external), and decontamination equipment), where this equipment is required. This list must be kept up to date. In addition, the plan must include the location and a physical description of each item on the list, and brief outline of its capabilities.

3. 40 CFR 265.53(b), codified at 10 NCAC 10F .0033, states that a copy of the contingency plan must be submitted to all local police departments, fire departments, hospitals, and State and local emergency response teams to coordinate emergency services.

Unocal Division Southeast Terminal is in violation of 40 CFR 262.34(a)(4), codified at 10 NCAC 10F .0030, referenced at 40 CFR 265.53(b), codified at 10 NCAC 10F .0033, in that copies of the contingency plan have not been submitted to all local police departments, fire departments, hospitals, and State and local emergency response teams that may be called upon to provide emergency services.

COMPLIANCE SCHEDULE

By October 6, 1989, you shall comply with the following requirements:

Comply with 40 CFR 262.34(a)(4), codified at 10 NCAC 10F .0030, by:

1. Ensuring that facility personnel take part in an annual review of the initial training required in paragraph (a) of this section, and by maintaining the necessary documents and records to document the annual review of the initial training required in paragraph (a) has been completed as required in 40 CFR 265.16(c).

2. Amending the contingency plan to include a list of all emergency equipment at the facility (such as fire extinguishing systems, spill control equipment, communications and alarm systems (internal and external), and decontamination equipment), where this equipment is required. This list must be kept up to date. In addition, the plan must include the location and a physical description of each item on the list, and a brief outline of its capabilities as required by 40 CFR 265.52(e).
3. Documenting the submittal of copies of the facility's contingency plan to all local police departments, fire departments, hospital, and State and local emergency response teams as required in 40 CFR 265.53(b).

If the requirements noted above are not met, pursuant to N.C.G.S. 130A-22(a) and 10 NCAC 10G .0701 - .0707, an administrative penalty of up to \$10,000.00 per day may be assessed for violation of the hazardous waste law or regulations.

Sincerely,



Jerry Rhodes, Chief
Hazardous Waste Section
Solid Waste Management Division

JR/dd/LP18

cc: Larry Perry
Central Files
Adam Wipfield ✓

8-25-89


UNOCAL DIV. - SOUTHEAST Terminal

Keith Lewis operator
S.B. Guin manager
Bob

LWD Calvert City, Ky. KYD 088 438 817
tramp. Caldwell - land. Services

D001


5/23/89 ; 5/25/89

EMERGENCY EQUIPMENT  265.52 (e)
CONT. PLAN:

COPIES: POLICE, FIRE, MED.  265.53 (b)

ANNUAL REPT. Job titles, Desc. Terminal Operations Manual 265.16 (d)(1)(2) T. mgr.
OK T. operator
T. operator

unsp - Nothing in storage, waste was tramp. same day as cleaning.

Per. training: annual review - Guin OK; Keith ^{HAVE} ~~has~~ NOT had 
3/89 Bob in 189
↓
seen here 2 yrs - no review

FACILITY INFORMATION:

DATE OF INSPECTION

Unocal Division Southeast Terminal

8-25-89

Old Mt. Holly Road

Paw Creek, N.C.

EPA ID NUMBER:

MECKLENBURG COUNTY

NCD 000 609 982

RESPONSIBLE OFFICIAL: Sherer B. Guin, Terminal Manager

SURVEY PARTICIPANTS: Adam Winfield, S. B. Guin

DOCUMENTATION OF SITE DEFICIENCIES: See N.O.V. for details.

Two of the three personnel stationed at this terminal did NOT review the contents of the contingency plan during the last 12-month period prior to the time of this inspection. The SPCC plan does NOT specifically list emergency equipment available for use at this site. Copies of the contingency plan have

_____ : probably been distributed to local agencies in the past, but no documentation to this effect could be found.

FACILITY DESCRIPTION: UNCHANGED. One fuel tank was cleaned in May 1989 resulting in the generation of 1001 waste, which was transported by Caldwell Industrial Services to LWD in Calvert City, Ky. for disposal.

GENERATOR INSPECTION FORM - PART 262

UNOCAL DIVISION SOUTHEAST TERM NCD 000 609 982 MECKLENBURG
 Name of Site EPA I.D. County
Old Mt. Holly Road Paw Creek 8-25-89 Adam Wiffel
 Location Inspection Date Signature of Inspector(s)
 Compliance Date K. S. ...
 Signature of Facility Contact

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

SUBPART A - GENERAL

SUBPART C - PRE-TRANSPORT REQUIREMENTS

- 1. Hazardous Waste Determination (262.11)
 - Subpart D waste (b)
 - Subpart C waste (c)(1)(2)

- 7. Packaging (262.30)
 - D.O.T. compliance

- 2. EPA Identification Numbers
 - EPA generator number (a)
 - EPA transporter/facility (c)

- 8. Labeling (262.31)
 - D.O.T. compliance

SUBPART B - THE MANIFEST

- 9. Marking (262.32)
 - D.O.T. compliance (a)
 - "HAZARDOUS WASTE" label (b)

- 3. General Requirements (262.20)
 - proper manifest (a)
 - permitted facility (b)

- 10. Placarding (262.33)
 - D.O.T. compliance

- 4. Required Information (262.21)
 - document number (a)(1)
 - generator identification (a)(2)
 - transporter identification (a)(3)
 - facility identification (a)(4)
 - D.O.T. description (a)(5)
 - total quantity (a)(6)
 - certification (b)

- 11. Accumulation Time (262.34)
 - Subpart I; J (a)(1)
 - accumulation date (a)(2)
 - "Hazardous Waste" (a)(3)
 - Subpart C; D (a)(4)*
 - personnel training (a)(4)*

*Cite specific violations of 40 CFR 265 under remarks

- 5. Number of Copies (262.22)
 - minimum number

SUBPART D - RECORDKEEPING AND REPORTING

- 6. Use of the Manifest (262.23)
 - generator handwritten signature (a)(1)
 - transporter signature/date (a)(2)
 - retain copy (a)(3)
 - copies to transporter (b)

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

13. Annual Reporting (262.41)

- C submitted (a)(1-6)
- C submitted (b)

14. Exception Reporting (262.42)

- C transporter contact (a)
- C exception report (b)(1)(2)

REMARKS: 265.52(e) CONTINGENCY plan does NOT include list of
emergency equipment
265.53(b) COPIES submitted to police, FIRE AND HOSPITAL
265.16(c) Two terminal employees have NOT participated in
annual training

CONTAINER/TANK INSPECTION FORM - PART 265

CANCAL DIVISION SOUTHEAST TERN

NCD 000609982

8-25-89

Name of Site

EPA I.D.

Inspection Date

SUBPART I - USE AND MANAGEMENT OF CONTAINERS

- 1. Condition Of Containers (265.171)
 - leakage
 - past leakage (evidence)
 - severe rusting
 - structural defect
- 2. Compatibility Of Waste With Containers (265.172)
 - visual evidence of noncompliance (leakage, corrosion)
- 3. Management of Containers (265.173)
 - closed (a)
 - improper handling or storage (b)
- 4. Inspections (265.174)
 - weekly (minimum)
- 5. Special Requirements For Ignitable or Reactive Waste (265.176)
 - 15m (50 ft)
- 6. Special Requirements For Incompatible Waste (265.177)
 - mixing (a)
 - unwashed container (b)
 - separation (c)

SUBPART J - TANKS

- 1. General Operating Requirements (265.192)
 - compatibility (a)(b)
 - uncovered tank precautions (c)
 - overflow prevention (d)
- 2. Waste Analysis and Trial Tests (265.193)*
 - *Section not applicable to a generator only
 - waste analysis/trial test
- 3. Inspections (265.194)
 - discharge control equipment (a)(1)
 - monitoring equipment (a)(2)
 - waste level (a)(3)
 - construction material (a)(4)
 - surrounding area (a)(5)
 - assessment schedule/procedures (b)
- 4. Closure (265.197)
 - plan on-site
- 5. Special Requirements For Ignitable Or Reactive Waste (265.198)
 - properly stored (a)(1)(2)(3)
 - buffer requirements (b)
- 6. Special Requirements For Incompatible Wastes (265.199)
 - properly stored (a)
 - tank washed (b)

REMARKS: No hazardous waste in storage at time of inspection.



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 2, 1988

Unocal Division Southeast Terminal
PO Box 86
Paw Creek NC 28130

RE: EPA ID No.: NCD000609982

Dear Sir:

Based on information supplied by you for the site identified with the above EPA ID number, the state has accepted and processed the change RCRA listing or information that you requested.

Listed below is site information contained on our computer files:

COMPANY NAME	Unocal Division Southeast Terminal	
OWNERSHIP	BP Oil Inc.	
CONTACT	Guin, Sherer B.	
PHONE NUMBER	(704)399-3371	
LOCATION ADDRESS	Old Mount Holly Road	
CITY, STATE & ZIP	Paw Creek	NC 28130

Please verify that the above computer listing/information is correct by notifying us of any corrections.

We are advising EPA of the change. Please notify us if there is any further change in your operations which would affect your status. Your EPA ID number has not been inactivated.

Sincerely,

A handwritten signature in cursive script that reads "R.J. Edwards".

R.J. Edwards, Compliance Officer
Hazardous Waste Management Branch

CC: ADAM WIPFIELD
EPA Region IV
Mecklenburg County Health Department

FACILITY INFORMATION

DATE OF INSPECTION

Union Oil Company Southeast Terminal
Old Mt. Holly Road
Paw Creek

8/8/88

APPLICABLE REGULATIONS:

40CFR 262

EPA ID NUMBER:

NCD 000609982

MECKLENBURG COUNTY

RESPONSIBLE OFFICIAL:

SURVEY PARTICIPANTS: ADAM WIPFIELD, S.B. GUIN, TERMINAL MANAGER

PURPOSE OF SURVEY: A RCRA inspection was conducted at this site in Paw Creek, N.C. by the N.C. Solid and Hazardous Waste Management Branch. The inspection included a site survey and records review. Regulatory requirements covered those contained in 40 CFR 262 GENERATOR Standards.

DOCUMENTATION OF SITE DEFICIENCIES: NONE

COMPLIANCE SCHEDULE AND RECOMMENDATIONS: N/A

FACILITY DESCRIPTION:

No change in Facility description. STORAGE TANKS WERE CLEANED in May 1988 with the hazardous waste tank bottoms (D001) being transported by Caldwell Industrial Services to LUD, Hwy 1523, Calvert City, Kentucky (KYD 088843881).

No hazardous waste is stored on the premises.

Company Name changed to: UNOCL DIVISION SOUTHEAST TERMINAL

UNION OIL

8/8/88

MAY 31, 24 & 19

Trans-Caldwell Ind. Services, Inc.

TSD LND Hwy 1523 Calvert city KY KYD 088843881

0884

waste flamm. liq. D001

annual rep OK

GENERATOR INSPECTION FORM - PART 262

Name of Site: UNION Oil Co. SOUTHEAST TERMINAL EPA I.D. NCD 00060998Z County MECKLENBURG
 Location: Old Mt. Holly Road POWERS CREEK Inspection Date: 8/18/88 Signature of Inspector(s): Adam W. Pritchard
 Compliance Date: _____ Signature of Facility Contact: R. Shambaugh

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

SUBPART A - GENERAL

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

SUBPART B - THE MANIFEST

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

SUBPART C - PRE-TRANSPORT REQUIREMENTS

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

*Cite specific violations of 40 CFR 265 under remarks

SUBPART D - RECORDKEEPING AND REPORTING

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

13. Annual Reporting (262.41)

 submitted (a)(1-6)

 submitted (b)

14. Exception Reporting (262.42)

 transporter contact (a)

 exception report (b)(1)(2)

REMARKS: _____

CONTAINER/TANK INSPECTION FORM - PART 265

UNION OIL COMPANY SOUTHEAST TERMINAL: NCD 00060998Z
 Name of Site

EPA I.D.

8/8/88
 Inspection Date

SUBPART I - USE AND MANAGEMENT OF CONTAINERS

SUBPART J - TANKS

1. Condition Of Containers (265.171)
 - leakage
 - past leakage (evidence)
 - severe rusting
 - structural defect
2. Compatibility Of Waste With Containers (265.172)
 - visual evidence of noncompliance (leakage, corrosion)
3. Management of Containers (265.173)
 - closed (a)
 - improper handling or storage (b)
4. Inspections (265.174)
 - weekly (minimum)
5. Special Requirements For Ignitable or Reactive Waste (265.176)
 - 15m (50 ft)
6. Special Requirements For Incompatible Waste (265.177)
 - mixing (a)
 - unwashed container (b)
 - separation (c)

1. General Operating Requirements (265.192)
 - compatibility (a)(b)
 - uncovered tank precautions (c)
 - overflow prevention (d)
2. Waste Analysis and Trial Tests (265.193)*
 - *Section not applicable to a generator only
 - waste analysis/trial test
3. Inspections (265.194)
 - discharge control equipment (a)(1)
 - monitoring equipment (a)(2)
 - waste level (a)(3)
 - construction material (a)(4)
 - surrounding area (a)(5)
 - assessment schedule/procedures (b)
4. Closure (265.197)
 - plan on-site
5. Special Requirements For Ignitable Or Reactive Waste (265.198)
 - properly stored (a)(1)(2)(3)
 - buffer requirements (b)
6. Special Requirements For Incompatible Wastes (265.199)
 - properly stored (a)
 - tank washed (b)

REMARKS: NO HAZARDOUS WASTE IN STORAGE

UNION OIL Co. Southeast Terminal

~~SEVENTEENTH Terminal~~
Old HT, Holly Road
Paw Creek, N.C.

7/23/87

2

000 609 982

MCCLENNBURG

S. B. GUIN

S. B. GUIN, Keith LEWIS

Paw Creek

2 Generator

NONE

N/A

Southeastern Terminal is a petroleum product storage and distribution center for Gulf and Union 76 petroleum products. Hazardous waste is generated as a result of cleaning out product storage tanks. Tank bottoms are transported by GRIFFITH OIL Co. (GA150011062) to Mitchell Systems, INC. in SPRUCE PINE, N.C.

7-23-87

SOUTHEASTERN TERMINALS

KEITH LEWIS - OPERATOR

S. B. GUIN - Terminal manager

RETURN:
MONDAY AFTERNOON

TRAN: Griffith Oil Co. GAT 150 011 062

DISP: MITCHELL SYSTEMS - NO. SPRUCE PINE NCD 991277724

o 1986 ANNUAL REPORT _____

EVAC OK

o NOTIFY LOCAL AGENCIES _____

GENERATOR INSPECTION FORM - PART 262

UNION OIL Co. SOUTHEAST TERMINAL NCD 000 609 912 MECKLENBURG
 Name of Site EPA I.D. County
Old Mt. Holly Road Raw Creek 7/23/87
 Location Inspection Date
Adam Wipfield
 Signature of Inspector(s)
Sharon B. Lunn
 Signature of Facility Contact
 Compliance Date

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

SUBPART A - GENERAL

1. Hazardous Waste Determination (262.11)

- Subpart D waste (b)
- Subpart C waste (c)(1)(2)

2. EPA Identification Numbers

- EPA generator number (a)
- EPA transporter/facility (c)

SUBPART B - THE MANIFEST

3. General Requirements (262.20)

- proper manifest (a)
- permitted facility (b)

4. Required Information (262.21)

- document number (a)(1)
- generator identification (a)(2)
- transporter identification (a)(3)
- facility identification (a)(4)
- D.O.T. description (a)(5)
- total quantity (a)(6)
- certification (b)

5. Number of Copies (262.22)

- minimum number

6. Use of the Manifest (262.23)

- generator handwritten signature (a)(1)
- transporter signature/date (a)(2)
- retain copy (a)(3)
- copies to transporter (b)

SUBPART C - PRE-TRANSPORT REQUIREMENTS

7. Packaging (262.30)

- D.O.T. compliance

8. Labeling (262.31)

- D.O.T. compliance

9. Marking (262.32)

- D.O.T. compliance (a)
- "HAZARDOUS WASTE" label (b)

10. Placarding (262.33)

- D.O.T. compliance

11. Accumulation Time (262.34)

- Subpart I; J (a)(1)
- accumulation date (a)(2)
- "Hazardous Waste" (a)(3)
- Subpart C; D (a)(4)*
- personnel training (a)(4)*

*Cite specific violations of 40 CFR 265 under remarks

SUBPART D - RECORDKEEPING AND REPORTING

12. Recordkeeping (262.40)

- manifest retention (a)
- annual/exception report (b)
- test/waste analysis (c)

13. Annual Reporting (262.41)

C submitted (a)(1-6)

C submitted (b)

14. Exception Reporting (262.42)

C transporter contact (a)

C exception report (b)(1)(2)

REMARKS: No violations

CONTAINER/TANK INSPECTION FORM - PART 265

UNION OIL Co. SOUTHEAST TERMINAL

NCD000 609 982

7/23/87

Name of Site

EPA I.D.

Inspection Date

SUBPART I - USE AND MANAGEMENT OF CONTAINERS

- 1. Condition Of Containers (265.171)
 - leakage
 - past leakage (evidence)
 - severe rusting
 - structural defect
- 2. Compatibility Of Waste With Containers (265.172)
 - visual evidence of noncompliance (leakage, corrosion)
- 3. Management of Containers (265.173)
 - closed (a)
 - improper handling or storage (b)
- 4. Inspections (265.174)
 - weekly (minimum)
- 5. Special Requirements For Ignitable or Reactive Waste (265.176)
 - 15m (50 ft)
- 6. Special Requirements For Incompatible Waste (265.177)
 - mixing (a)
 - unwashed container (b)
 - separation (c)

SUBPART J - TANKS

- 1. General Operating Requirements (265.192)
 - compatibility (a)(b)
 - uncovered tank precautions (c)
 - overflow prevention (d)
- 2. Waste Analysis and Trial Tests (265.193)*
 - *Section not applicable to a generator only
 - waste analysis/trial test
- 3. Inspections (265.194)
 - discharge control equipment (a)(1)
 - monitoring equipment (a)(2)
 - waste level (a)(3)
 - construction material (a)(4)
 - surrounding area (a)(5)
 - assessment schedule/procedures (b)
- 4. Closure (265.197)
 - plan on-site
- 5. Special Requirements For Ignitable Or Reactive Waste (265.198)
 - properly stored (a)(1)(2)(3)
 - buffer requirements (b)
- 6. Special Requirements For Incompatible Wastes (265.199)
 - properly stored (a)
 - tank washed (b)

REMARKS: No HAZARDOUS WASTE IS STORED ON THE PREMISES
LAST SHIPMENT 1985

N. C. Department of Human Resources
Div. of Health Services

P. O. Box 2091 * Raleigh, North Carolina 27602-2091

James G. Martin, Governor
Philip J. Kirk, Jr., Secretary

Ronald H. Levine, M.D., M.P.H.
State Health Director

May 21, 1985

R. H. MCLAUGHLIN
Union Oil Co Southeast Terminal
PO Box 86
Paw Creek NC 28130
EPA NUMBER: NCD000609982

Dear R. H. MCLAUGHLIN:

The United States Environmental Protection Agency has granted the State of North Carolina Interim Authorization for Phase II Components A and B to operate the State's Hazardous Waste Management Program in lieu of the Federal Program under the RCRA.

Section 3007(a) authorizes access to facilities which handle hazardous waste. Access is granted to 'duly designated' officers or employees of the EPA (or State, if that State has a hazardous waste program authorized under section 3006 of the Act.)

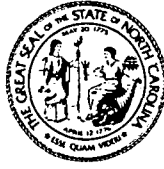
Pursuant to section 3006 and N.C.G.S. 130-166.18, an inspection was conducted 04/26/85 by Mr. ANDREW HENDERSON, Solid and Hazardous Waste Management Branch. No violations were observed. The inspection did not include a review of the Financial or Ground Water monitoring requirements, if applicable. This office wishes to thank you for your cooperation. Please do not hesitate to contact us if we may be of future assistance.

Sincerely,

ORIGINAL SIGNED BY
WILLIAM PAIGE

William Paige
Environmental Engineer
Solid and Hazardous Waste
Management Branch
Environmental Health Section

✓
COPY: ANDREW HENDERSON



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

James G. Martin, Governor
Phillip J. Kirk, Jr., Secretary

Ronald H. Levine, M.D., M.P.H.
State Health Director
919/733-3446

April 29, 1985

R. H. MCLAUGHLIN
Union Oil Co Southeast Terminal
PO Box 86
Paw Creek NC 28130
EPA NUMBER: NCD000609982

Dear R. H. MCLAUGHLIN:

The United States Environmental Protection Agency has granted the State of North Carolina Interim Authorization for Phase II Components A and B to operate the State's Hazardous Waste Management Program in lieu of the Federal Program under the RCRA.

Section 3007(a) authorizes access to facilities which handle hazardous waste. Access is granted to 'duly designated' officers or employees of the EPA (or State, if that State has a hazardous waste program authorized under section 3006 of the Act.)

Pursuant to section 3006 and N.C.G.S. 130-166.18, an inspection was conducted 03/11/85 by Mr. ANDREW HENDERSON Solid and Hazardous Waste Management Branch. The inspection revealed noncompliance in several areas. Attached is a copy of the inspection report which denotes the deficiencies.

A compliance date of 04/25/85 has been established for the correction of these deficiencies. If you have any questions pertaining to this subject, please contact me at (919) 733-2178.

Sincerely,

A handwritten signature in cursive script, appearing to read "W. Paige".

William Paige
Environmental Engineer
Solid and Hazardous Waste
Management Branch
Environmental Health Section

GENERATOR INSPECTION FORM - PART 262

Name of Site Union Oil Co Southeast Terminal	EPA I.D. NCD000609982	County Mecklenburg	
Location Paw Creek	NC 28130	Inspection Date 03 / 11 / 85	Inspector ANDREW HENDERSON
Compliance Date 04 / 25 / 85		Facility Contact R. H. MCLAUGHLIN	

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

SUBPART A - GENERAL

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

SUBPART B - THE MANIFEST

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

SUBPART C - PRE-TRANSPORT REQUIREMENTS

- 7. Packaging (262.30)
 - D.O.T. compliance
- 8. Labeling (262.31)
 - D.O.T. compliance
- 9. Marking (262.32)
 - D.O.T. compliance (a)
 - 'HAZARDOUS WASTE' label (b)
- 10. Placarding (262.33)
 - D.O.T. compliance
- 11. Accumulation Time (262.34)
 - Subpart I; J (a)(1)
 - accumulation date (a)(2)
 - 'Hazardous Waste' (a)(3)
 - X Subpart C; D (a)(4)*
 - X personnel training (a)(4)

SUBPART D - RECORDKEEPING AND REPORTING

- 12. Recordkeeping (262.40)
 - manifest retention (a)
 - biennial/exception report (b)
 - test/waste analysis (c)
- 13. Biennial Reporting (262.41)
 - submitted (a)(1-6)
 - submitted (b)
- 14. Exception Reporting (262.42)
 - transporter contact (a)
 - exception report (b)(1)(2)

Remarks: 265.37(A)(1.4), 265.16(A)(1)(D)(3,4), 265.52(C-E), 265.53



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

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

Date: 4-29-85

Inspector: Mark Anderson

Section I. General Information

COMPANY NAME: Union Oil Co Southeast Term
Charlotte (City)

EPA ID No.: NC00000609982

INSPECTION/ACTION DATE: 4-26-85

CONTACT: P. H. McLaughlin
(print)

Section II. RCRA Classification

() Generator; () Transporter; () Interim Status-TSDF; () Final Status-TSDF

Section III. Inspection/Action Classification

() Initial Annual (Gen, Trans.); () Initial Semi-annual (TSDF); () Re-inspection

Section IV. Action Codes

() Compliance Inspection; () Sampling Inspection; () Compliance Order Inspection; () Non-notifier Inspection; () Overview Inspection; () Complaint Inspection; () Record Review; () Comprehensive Groundwater Evaluation; () Negotiation Meeting; () Informal Settlement Agreement; () State Order - (Consent, Administrative, etc.); () Hearing; () Penalty Assessed; () Penalty Collected; () Civil Action; () Criminal Action

Section V. Compliance Status

() In Compliance; () In Violation; () All Previous Violation Existing; () Previous Violations Corrected - But New Ones Exist; () Previous Violation Existing Along With Additional Ones.

Section VI. Letter Action

() NOV; () CO; () In Compliance; () Penalty; () None

Section VII. Compliance Date

_____ mo/day/yr

Full Compliance

FOR RALEIGH OFFICE USE ONLY:

I. () I II. Compliance Order Date
() G
() F
() C
_____ mo/day/yr

DHS 3218 Rev. 10/84
Solid & Hazardous Waste

INSTRUCTIONS

Purpose

Form DHS 3218 is designed to serve as a summary of a field action. DHS 3218 is completed by a representative of the Solid and Hazardous Waste Management Branch and submitted to the Raleigh office for entry into the computer data base.

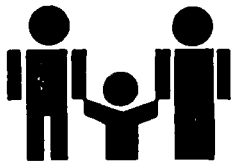
Copy Retention

A copy of DHS 3218 is retained by the inspector and becomes part of a companies permanent record.

Re-order

DHS 3218 can be ordered upon request to:

Solid and Hazardous Waste Management Branch
P.O. Box 2091
Raleigh, N.C 27602



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

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

Fall
Comp 4-26-85

Date: 4-12-85

Inspector: Mark [unclear]

Section I. General Information

COMPANY NAME: Union Oil Co Southeast Texas
Charlotte (City)

EPA ID No.: NC11 000 609 752

INSPECTION/ACTION DATE: 3-11-85

CONTACT: G. H. McLaughlin
(print)

Section II. RCRA Classification

Generator; () Transporter; () Interim Status-TSDF; () Final Status-TSDF

Section III. Inspection/Action Classification

Initial Annual (Gen, Trans.); () Initial Semi-annual (TSDF); () Re-inspection

Section IV. Action Codes

Compliance Inspection; () Sampling Inspection; () Compliance Order Inspection; () Non-notifier Inspection; () Overview Inspection; () Complaint Inspection; () Record Review; () Comprehensive Groundwater Evaluation; () Negotiation Meeting; () Informal Settlement Agreement; () State Order - (Consent, Administrative, etc.); () Hearing; () Penalty Assessed; () Penalty Collected; () Civil Action; () Criminal Action

Section V. Compliance Status

() In Compliance; In Violation; () All Previous Violation Existing; () Previous Violations Corrected - But New Ones Exist; () Previous Violation Existing Along With Additional Ones.

Section VI. Letter Action

NOV; () CO; () In Compliance; () Penalty; () None

Section VII. Compliance Date

4-15-85
mo/day/yr

FOR RALEIGH OFFICE USE ONLY:
I. () I II. Compliance Order Date
() G
() F
() C
mo/day/yr

DHS 3218 Rev. 10/84
Solid & Hazardous Waste

INSTRUCTIONS

Purpose

Form DHS 3218 is designed to serve as a summary of a field action. DHS 3218 is completed by a representative of the Solid and Hazardous Waste Management Branch and submitted to the Raleigh office for entry into the computer data base.

Copy Retention

A copy of DHS 3218 is retained by the inspector and becomes part of a companies permanent record.

Re-order

DHS 3218 can be ordered upon request to:

Solid and Hazardous Waste Management Branch
P.O. Box 2091
Raleigh, N.C 27602

GENERATOR INSPECTION FORM - PART 262

Name of Site: Union Oil Co Southeast Term. EPA I.D.: NEED 000 609 982 County: Mecklenburg
 Location: Old Mt. Holly Rd Inspection Date: 3-11-85 Signature of Inspector(s): Mark Henderson
 Compliance Date: April 25 '85 Signature of Facility Contact: R. Lynn H. M. Young

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

SUBPART A - GENERAL

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

SUBPART B - THE MANIFEST

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

SUBPART C - PRE-TRANSPORT REQUIREMENTS

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

*Cite specific violations of 40 CFR 265 under remarks

SUBPART D - RECORDKEEPING AND REPORTING

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

13. Annual Reporting (262.41)

- submitted (a)(1-6)
- submitted (b)

14. Exception Reporting (262.42)

- transporter contact (a)
- exception report (b)(1)(2)

REMARKS:

265.37(a)(1) Arrangements with fire & police ✓
 265.37(a)(4) Arrangements with hospital ✓
 265.16(a)(1) approval training for emergency responders ✓
 265.16(d)(3) written description of training ○
 265.16(d)(4) document completed training ○
 265.52(d) home address for list of emergency responders ✓
 265.52(a) describe arrangements with fire & police dept & hospital ✓
 265.52(e) list & location of emergency equipment ✓
 265.53 submit plan ✓



LOF

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

DIVISION OF HEALTH SERVICES
WESTERN REGIONAL OFFICE
Building 3
Black Mountain, N.C. 28711
(704) 669-3349

November 30, 1982

TO: O. W. Strickland
Solid & Hazardous Waste Mgt.

FROM: Larry Fox *LOF*
Western Regional Office

RE: RCRA Inspection: Union Oil Company
Southeast Terminal
P. O. Box 86
Old Mt. Holly Road
Paw Creek, NC 28130
EPA ID #NCD000609982
Contact: Ralph H. McLaughlin
Terminal Manager

An RCRA inspection was conducted at the Union Oil Company site on November 18, 1982 and the facility was found to be in full compliance.

LOF/dgh

cc: Rick Doby

1

INSPECTION FORM FOR INTERIM STATUS STANDARDS FOR
OWNER/OPERATOR OF HAZARDOUS WASTE MANAGEMENT
FACILITIES

Union Oil Co. - Southeast Terminal NCD 000609982 Mecklenburg
 Name of Site P.O. Box 86 EPA I.D. Mecklenburg County
Old Mt. Holly Rd., Paw Creek, N.C. 28130 Ralph H. McLaughlin
 Location Signature of Facility Contact
11-18-82 Zany Fox
 Date Signature of Inspector(s)

INSTRUCTIONS: Place a check to indicate Compliance (C), NonCompliance (NC) or Not Applicable (NA). Cite specific violation by Section No.

	<u>C</u>	<u>NC</u>	<u>NA</u>	<u>Violation(s)</u>
1. GENERAL	✓			
2. GENERAL FACILITY STANDARDS	✓			
3. PREPAREDNESS AND PREVENTION	✓			
4. CONTINGENCY PLAN AND EMERGENCY PROCEDURES	✓			
5. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING	✓			
6. GROUND-WATER MONITORING			✓	
7. CLOSURE AND POST-CLOSURE			✓	
8. FINANCIAL REQUIREMENTS			✓	
9. USE AND MANAGEMENT OF CONTAINERS			✓	
10. TANKS			✓	
11. SURFACE IMPOUNDMENTS			✓	
12. WASTE PILES			✓	
13. LAND TREATMENT			✓	
14. LANDFILLS			✓	
15. INCINERATORS			✓	
16. THERMAL TREATMENT			✓	
17. CHEMICAL, PHYSICAL, AND BIOLOGICAL TREATMENT			✓	
18. UNDERGROUND INJECTION			✓	

YES () NO (✓)

Imminent hazard

RCRA INSPECTION REPORT

FACILITY INFORMATION

Union Oil Company
Southeast Terminal
P. O. Box 86
Old Mt. Holly Road
Paw Creek, NC 28130
Mecklenburg County
EPA ID #NCD000609982

RESPONSIBLE OFFICIAL

Ralph H. McLaughlin
Terminal Manager

SURVEY PARTICIPANTS

Ralph H. McLaughlin
Larry Fox

DATE OF INSPECTION

November 18, 1982
10:30 am - 12:30 pm

APPLICABLE REGULATIONS

40 CFR, 262

PURPOSE OF SURVEY

An RCRA inspection was conducted at the Union Oil Company, Southeast Terminal site in Paw Creek by the N. C. Solid & Hazardous Waste Mgt. Branch. The inspection included a site survey and record review. Regulatory requirements covered those contained in 40 CFR, Part 262, Generator Standards.

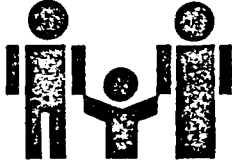
FACILITY DESCRIPTION

Union Oil Company is a petroleum fuel storage and distribution center located at the northwest edge of Charlotte in Paw Creek. Hazardous waste generated is petroleum tank bottoms from cleaning out storage petroleum tanks.

No hazardous waste has been generated by Union Oil Company since RCRA regulations became effective, but one tank containing #2 fuel oil was cleaned out May 5, 1982 by M&W Southeastern, Inc., 806 Talleyrand Ave., Jacksonville, FL (904/355-1524), EPA ID #FLD032383945 (Rick McFernson).

COMPLIANCE

This site was in full compliance as a generator.



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

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

December 7, 1982

Mr. Ralph H. McLaughlin
Union Oil Company
Southeast Terminal
P.O. Box 86
Paw Creek, NC 28130

Dear Mr. McLaughlin:

On November 18, 1982 Mr. Larry Fox of the Solid and Hazardous Waste Management Branch conducted a RCRA inspection of your facility. You were found to be in compliance with the standards.

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

Sincerely,

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

OWS:nlc

cc: Mr. Larry Fox
Mr. Rick Doby

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

FORM EPA U.S. ENVIRONMENTAL PROTECTION AGENCY
GENERAL INFORMATION
 Consolidated Permits Program
 (Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER
 F. NCT000609982

II. FACILITY NAME
 III. FACILITY MAILING ADDRESS
 IV. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

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.

III. 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"			SPECIFIC QUESTIONS	MARK "X"		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a public 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 facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		NO*	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		YES	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
 GULF OIL CORPORATION / UNION OIL SOUTHEAST

IV. FACILITY CONTACT
 A. NAME & TITLE (last, first, & title)
 B. PHONE (area code & no.)
 VINES DAVID M PLANT MANAGER 704 399 5689

V. FACILITY MAILING ADDRESS
 A. STREET OR P.O. BOX
 B. CITY OR TOWN
 C. STATE
 D. ZIP CODE
 P O BOX 67
 PAW CREEK NC 28130

VI. FACILITY LOCATION
 A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER
 B. COUNTY NAME
 C. CITY OR TOWN
 D. STATE
 E. ZIP CODE
 F. COUNTY CODE (if known)
 SOLD MOUNT HOLLY RD 7300
 MECKLENBURG NC 28130

X NPDES PERMIT EXPIRATION 30 JUN 84

7 5 1 7 1 (specify)	PETROLEUM BULK STATION	(specify)
(specify)		(specify)

VIII. OPERATOR INFORMATION

A. NAME	B. Is the name listed Item VIII-A also owner?
SOUTHEAST TERMINALS	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other" specify)	D. PHONE (area code & no)
F. FEDERAL S. STATE P. PRIVATE M. PUBLIC (other than federal or state) O. OTHER (specify)	P (specify) PRIVATE A 704 399 3371

E. STREET OR P.O. BOX
P O BOX 86

F. CITY OR TOWN	G. STATE	H. ZIP CODE	IX. INDIAN LAND
PAW CREEK	NC	28130	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	B. PSD (Air Emissions from Proposed Sources)
9 N NC 0021971	9 P
C. UIC (Underground Injection of Fluids)	D. OTHER (specify)
9 U	
E. RCRA (Hazardous Wastes)	F. OTHER (specify)
9 R	

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

REDISTRIBUTION TERMINAL FOR PETROLEUM PRODUCTS

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
R. E. WOHLGEMUTH VICE PRESIDENT-NORTHERN REGION	<i>R. E. Wohlgemuth</i>	NOV. 07 1980

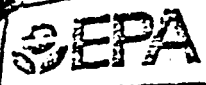
COMMENTS FOR OFFICIAL USE ONLY

Type in the unshaded areas only
 and spaced for elite type, i.e., 12 characters/inch).

U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
 Consolidated Permits Program
 (This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F	N	C	T	0	0	0	6	0	9	9	8	2
---	---	---	---	---	---	---	---	---	---	---	---	---



FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr, mo, & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

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

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

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

2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr, mo, & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

YR.	MO.	DAY
8	4	7
73	74	75

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

YR.	MO.	DAY
73	74	75

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
<u>Storage:</u>		
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
<u>Disposal:</u>		
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
<u>Treatment:</u>		
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.

13 14 15

13	14	15
DUP	1	

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S02	600	G		5				
X-2	T03	20	E		6				
1	S01	0 TO 3,200	G		7				
2	S02	0 TO 2,000	G		8				
3	T01	0 TO 2,000	G		9				
4					10				

DESIGN CAPACITY

2- API SEPERATORS 2000 GALLONS / DAY
 2- API SEPERATOR SLOP OIL TANKS 1000 GALLONS EACH
 DRUM STORAGE OF LEADED TANK SLUDGE 2000 GALLONS

SEE ATTACHMENT FOR OPERATING PLAN

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 wastes: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
 For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
 Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).
2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

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

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

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

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K054	900	P	T03D80	
X-2	D002	400	P	T03D80	
X-3	D001	100	P	T03D80	
X-4	D002				included with above

EPA I.D. NUMBER (enter from page 1)

FOR OFFICIAL USE ONLY

W N C T 0 0 0 6 0 9 9 8 Z

W DUP 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)				2. PROCESS DESCRIPTION (If a code is not entered in D(1))						
1	K049	0 TO 2000	G	S02	T01					SLOP OIL FROM API SEPERATOR				
2	K051	0 TO 1000	G	S01	S02					TEMPORARY DRUM STORAGE API SEPERATOR SLUDGE				
3	K052	0 TO 2000	G	S01						TEMPORARY DRUM STORAGE OF LEADED TANK BOTTOM				
4														
5														
6														
7														
8														
9														
10														
11														
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23														
24														
25														
26														

EPA I.D. NO. (enter from page 1)														
F	N	C	T	0	0	0	6	0	9	9	8	2	T/A	C
												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)										
	3	6	0	4	0	5	N		0	7	9	5	5	2	3	W
	63	64	67	68	69	70		72	73	74	75	76	77	78	79	

VIII. FACILITY OWNER

A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER										2. PHONE NO. (area code & no.)					
GULF OIL CORPORATION										804-358-840					
3. STREET OR P.O. BOX					4. CITY OR TOWN					5. ST.		6. ZIP CODE			
P.O. Box 11287					RICHMOND					VA		23230			

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) R. E. WOHLGEMUTH VICE PRESIDENT-NORTHERN REGION		B. SIGNATURE <i>R. E. Wohlgemuth</i>		C. DATE SIGNED NOV. 07 1980	
---	--	---	--	--------------------------------	--

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

A. NAME (print or type)		B. SIGNATURE		C. DATE SIGNED	
-------------------------	--	--------------	--	----------------	--

OPERATION PLAN

The problems with this facility that are covered by RCRA are the disposal of leaded tank sludge, the disposal of API separator sludge, the disposal of chemical additive residue inside steel drums, the temporary storage of leaded tank sludge and/or API Separator sludge in steel drums, and the temporary storage of steel drums that have chemical additive residue inside them.

Leaded Tank Sludge - Due to the release of a recent EPA Regulation Information Memorandum (RIM) the storage tanks are not considered to be storage facilities for leaded tank sludge. In the event a tank is removed from service and requires the removal of leaded tank sludge; the leaded tank sludge will be:

- A. If hazardous carrier services are available and an approved disposal site is available, the leaded tank sludge will be shipped to the disposal site in accordance with RCRA provisions.
- B. If either hazardous carrier services or an approved disposal site is not available, the leaded tank sludge will be placed in steel drums for temporary storage until the requirements for off-site permanent disposal can be fulfilled. These drums will be stored on the "temporary storage" area on-site and above ground.

API Separator Sludge - The sludge from the API separator will be handled in the same manner as the leaded tank sludge.

The recovered product from the API separator is temporarily stored in a 1,000 gallon underground tank. Because surface active agents are kept from the API separator, there is never an emulsion of oil and water formed. This makes the recovery of product from the API separator very easy. The recovered product is blended into the next pipeline receipt of the appropriate product.

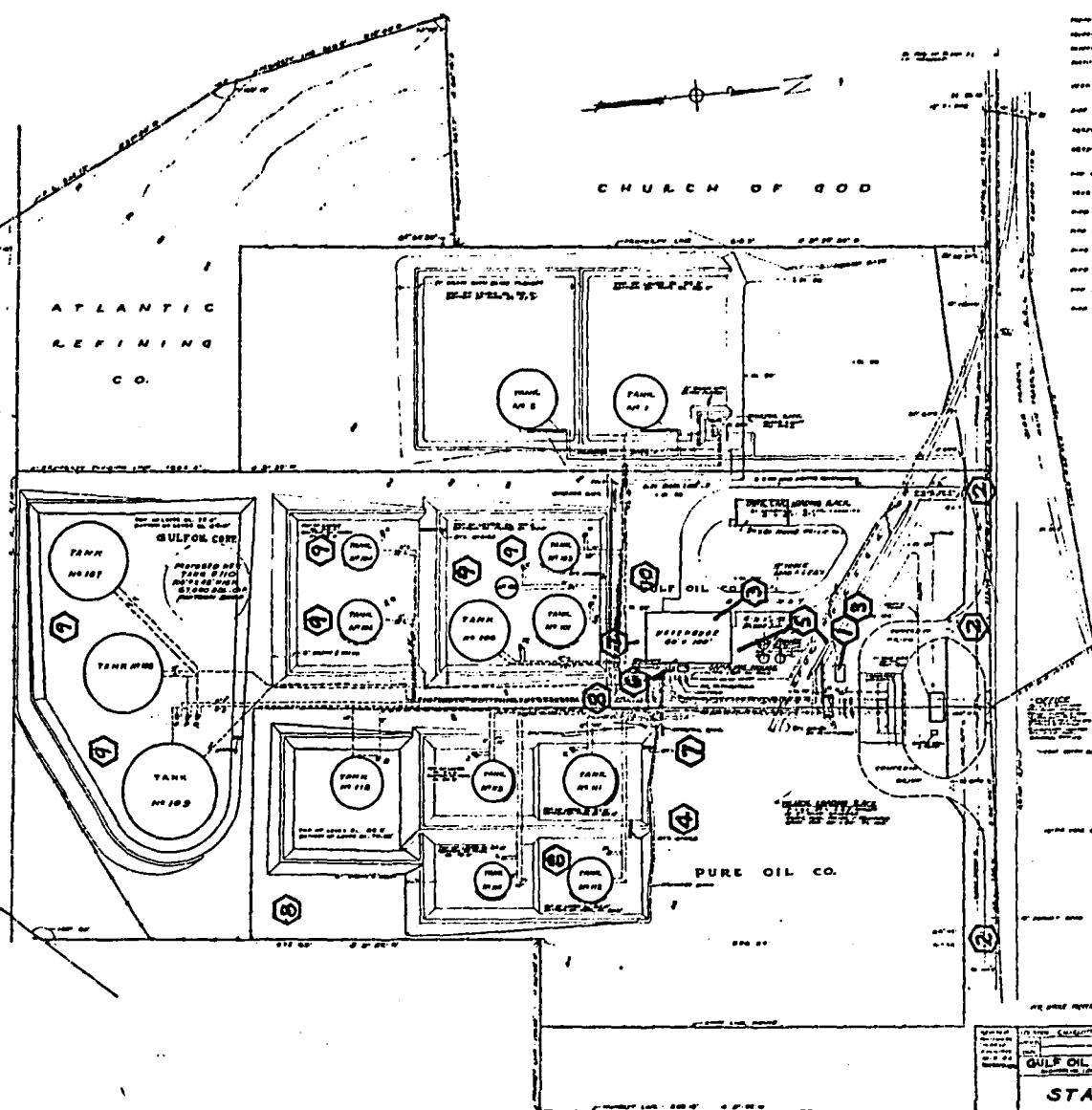
Temporary Storage Site - A temporary storage site will be provided on-site for drums containing either leaded tank sludge, API separator sludge, and/or drums with chemical residue. All drums will be stored above grade. Every effort will be made to store them in a manner that will prevent deterioration of the drums.

ATTACHMENT A
CITY DRAWING (see page 4)

TANK SCHEDULE									
TANK NO.	TYPE	SIZE	LOCATION	STATUS	DATE	REMARKS			
101	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
102	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
103	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
104	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
105	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
106	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
107	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
108	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
109	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
110	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
111	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
112	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
113	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
114	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
115	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
116	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
117	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
118	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
119	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
120	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
121	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
122	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
123	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
124	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				
125	ST. STEEL	100' DIA.	WATER	ST. STEEL	1922				

PUMP SCHEDULE (REVISED 3-31-50)				
NO.	REMARKS	DESCRIPTION	CONTROLLED BY	REMARKS
1				
2				
3				
4				
5				
6				
7				
8				
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29				
30				

SEE ATTACHED KEY



NOTES

1. ALL TANKS ARE TO BE MAINTAINED IN GOOD WORKING ORDER AT ALL TIMES.

2. THE LOCATION OF EACH TANK IS SHOWN ON THIS PLAN.

3. THE SIZE OF EACH TANK IS SHOWN IN THE TANK SCHEDULE.

4. THE TYPE OF EACH TANK IS SHOWN IN THE TANK SCHEDULE.

5. THE DATE OF EACH TANK'S CONSTRUCTION IS SHOWN IN THE TANK SCHEDULE.

6. THE STATUS OF EACH TANK IS SHOWN IN THE TANK SCHEDULE.

7. THE REASON FOR EACH TANK'S STATUS IS SHOWN IN THE TANK SCHEDULE.

8. THE LOCATION OF EACH TANK IS SHOWN ON THIS PLAN.

9. THE SIZE OF EACH TANK IS SHOWN IN THE TANK SCHEDULE.

10. THE TYPE OF EACH TANK IS SHOWN IN THE TANK SCHEDULE.

11. THE DATE OF EACH TANK'S CONSTRUCTION IS SHOWN IN THE TANK SCHEDULE.

12. THE STATUS OF EACH TANK IS SHOWN IN THE TANK SCHEDULE.

13. THE REASON FOR EACH TANK'S STATUS IS SHOWN IN THE TANK SCHEDULE.

GULF OIL CORP. - GULF REFINING CO.

STATION PLAN

DATE: 1/17/54

BY: [Signature]

SCALE: 1" = 100'

TERMINAL KEY

1. Office
2. Plant Entrance
3. Boilers
4. Drum Storage Area
5. Sewage Treatment (Septic Tank)
6. Sewage Outfall (Septic Field)
7. API Separators
8. API Separators - Outfall
9. Disposal Sites - Old
10. Storage Site - Porposed (Waste)
11. Water Holding Ponds or Areas
12. Water Wells

NOTE: Numbers shown on key that do not appear on the drawing do not exist.

Gulf Oil Company - U. S.

VIRGINIA-NORTH CAROLINA DISTRICT OFFICE

P. O. Box 11287
Richmond, VA 23230

D. B. Waters
DISTRICT MANAGER

R. Vassar, Jr.
SALES MANAGER

L. M. Sutter
FINANCIAL MANAGER

W. Crunk
FACILITIES & DISTRIBUTION MGR.

J. E. Huccaby
PRICING & PLANNING MGR.

J. B. Mylum
SERVICES ADMINISTRATOR

November 14, 1980

Environmental Protection Agency
Region IV
RCRA Activities
345 Courtland, NE
Atlanta, GA 30300

Attn: Mr. Ray Cozart
Hazardous Waste Permit Contact

RE: SOUTHEAST TERMINALS DIVISION
UNION OIL CO. OF CALIFORNIA
NCT 000609982
NCT 000609974

Dear Mr. Cozart:

The two facilities covered by these permit applications are jointly owned by Gulf Oil Corporation and Union Oil. Both facilities are operated by Southeast Terminals, a subsidiary of Union Oil.

Union Oil has taken the position that they are a generator of hazardous materials only and do not require a permit to continue their operations. Gulf Oil has taken a more conservative attitude and has applied for a permit that would allow a continuation of operations, if hazardous waste removal should be required but could not be implemented - thereby requiring temporary storage of hazardous waste.

Officials from Union Oil and Southeast Terminals have, therefore, declined to sign the enclosed forms.

Every effort has been made to provide complete information as the circumstances will allow. The attachments will be complete, less the aerial photographs which have been ordered from USGS. They will be forwarded, when they are received.

Yours truly,

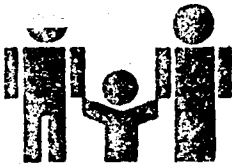
GULF OIL COMPANY - U. S.


W. Crunk

Facilities & Distribution Mgr.



BLS/sf



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

DIVISION OF HEALTH SERVICES
WESTERN REGIONAL OFFICE
Building 3
Black Mountain, N.C. 28711
(704) 669-3349

November 30, 1982

TO: O. W. Strickland
Solid & Hazardous Waste Mgt.

FROM: Larry Fox *LOF*
Western Regional Office

RE: RCRA Inspection: Union Oil Company
Southeast Terminal
P. O. Box 86
Old Mt. Holly Road
Paw Creek, NC 28130
EPA ID #NCD000609982
Contact: Ralph H. McLaughlin
Terminal Manager

An RCRA inspection was conducted at the Union Oil Company site on November 18, 1982 and the facility was found to be in full compliance.

LOF/dgh

cc: Rick Doby

1

INSPECTION FORM FOR INTERIM STATUS STANDARDS FOR
OWNER/OPERATOR OF HAZARDOUS WASTE MANAGEMENT
FACILITIES

Union Oil Co. - Southeast Terminal NC D 000609982 Mecklenburg
 Name of Site P.O. Box 86 EPA I.D. 8 County
Old Mt. Holly Rd, Paw Creek, N.C. 28130 Ralph H. McLaughlin
 Location Signature of Facility Contact
11-18-82 Zany Fox
 Date Signature of Inspector(s)

INSTRUCTIONS: Place a check to indicate Compliance (C), NonCompliance (NC) or Not Applicable (NA). Cite specific violation by Section No.

	<u>C</u>	<u>NC</u>	<u>NA</u>	<u>Violation(s)</u>
1. GENERAL	✓			
2. GENERAL FACILITY STANDARDS	✓			
3. PREPAREDNESS AND PREVENTION	✓			
4. CONTINGENCY PLAN AND EMERGENCY PROCEDURES	✓			
5. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING	✓			
6. GROUND-WATER MONITORING			✓	
7. CLOSURE AND POST-CLOSURE			✓	
8. FINANCIAL REQUIREMENTS			✓	
9. USE AND MANAGEMENT OF CONTAINERS			✓	
10. TANKS			✓	
11. SURFACE IMPOUNDMENTS			✓	
12. WASTE PILES			✓	
13. LAND TREATMENT			✓	
14. LANDFILLS			✓	
15. INCINERATORS			✓	
16. THERMAL TREATMENT			✓	
17. CHEMICAL, PHYSICAL, AND BIOLOGICAL TREATMENT			✓	
18. UNDERGROUND INJECTION			✓	

YES NO
 () ()
 Imminent hazard

RCRA INSPECTION REPORT

FACILITY INFORMATION

Union Oil Company
Southeast Terminal
P. O. Box 86
Old Mt. Holly Road
Paw Creek, NC 28130
Mecklenburg County
EPA ID #NCD000609982

RESPONSIBLE OFFICIAL

Ralph H. McLaughlin
Terminal Manager

SURVEY PARTICIPANTS

Ralph H. McLaughlin
Larry Fox

DATE OF INSPECTION

November 18, 1982
10:30 am - 12:30 pm

APPLICABLE REGULATIONS

40 CFR, 262

PURPOSE OF SURVEY

An RCRA inspection was conducted at the Union Oil Company, Southeast Terminal site in Paw Creek by the N. C. Solid & Hazardous Waste Mgt. Branch. The inspection included a site survey and record review. Regulatory requirements covered those contained in 40 CFR, Part 262, Generator Standards.

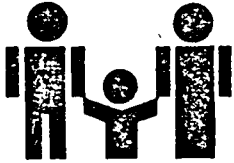
FACILITY DESCRIPTION

Union Oil Company is a petroleum fuel storage and distribution center located at the northwest edge of Charlotte in Paw Creek. Hazardous waste generated is petroleum tank bottoms from cleaning out storage petroleum tanks.

No hazardous waste has been generated by Union Oil Company since RCRA regulations became effective, but one tank containing #2 fuel oil was cleaned out May 5, 1982 by M&W Southeastern, Inc., 806 Talleyrand Ave., Jacksonville, FL (904/355-1524), EPA ID #FLD032383945 (Rick McFernson).

COMPLIANCE

This site was in full compliance as a generator.



Rick

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

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

December 7, 1982

Mr. Ralph H. McLaughlin
Union Oil Company
Southeast Terminal
P.O. Box 86
Paw Creek, NC 28130

Dear Mr. McLaughlin:

On November 18, 1982 Mr. Larry Fox of the Solid and Hazardous Waste Management Branch conducted a RCRA inspection of your facility. You were found to be in compliance with the standards.

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

Sincerely,

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

OWS:nlc

cc: Mr. Larry Fox
Mr. Rick Doby

GENERATORS CHECKLIST

Union Oil

Name Union Oil EPA I.D. _____ County _____

Location _____ Contact Person Ralph McLaughlin Date 11-18-82

Field Investigator _____

INSTRUCTIONS: In the space provided, check the appropriate response.

	YES	NO
1. EPA identification number, if applicable (262.12)	()	()
2. Waste Volume (261.5)		
a. *Small Generator (<1000 kg/Mo) <input type="checkbox"/>		
b. *Large Generator (>1000 kg/Mo) <input type="checkbox"/>		
(*Note: <u>Special limits on 261.33(e) list</u>)		
3. Briefly describe the plant operations and the type of waste generated. (Volume, form) _____		
4. Where is the waste currently being disposed? <u>Troy C Griffith Co. (10-20-81)</u> <u>200 cgs wt = 14,800</u> <u>Kerron-wash & Sludge</u> <u>M & W. Southeastern</u> <u>Jacksonville, Fla</u> <u>Rick McFerson</u> <u>904-3556</u> <u>() 1929 ()</u>		
5. Check Manifest (262.20 - 262.23)		
a. identification (I.D. code, name, address, date)		
b. waste information (shipping description, hazard class, quantity and unit)	()	()
c. emergency information (immediate response information, special handling instructions, phone no.)	()	()
d. certification: "This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA".	()	()
6. Check Containers (262.30)		
a. proper construction	()	()
b. leaks or corrosion	()	()
c. heat generation from incompatible wastes	()	()

- Continued

	<u>YES</u>	<u>NO</u>
7. Labeling practices and marking (262.31 - 262.32)		
a. DOT shipping description	()	()
b. Label saying: HAZARDOUS WASTE - Federal Law Prohibits Improper Disposal. If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency.		
Generator's Name and Address _____		
Manifest Document Number _____	()	()
8. Placards for transport (262.33)	()	()
9. Check accumulation time of wastes: (262.34)		
a. check records and dates	()	()
b. check containers	()	()
10. Personnel training records: (265.16)		
a. job titles (265.16(d)(1))	()	()
b. description of training (265.16(d)(2))	()	()
c. records of training (265.16(d)(3))	()	()
11. <u>Preparedness and Prevention</u>		
<u>Subpart C: (265.30 - 265.37)</u>		
1. Maintenance and operation of facility: (265.31) ✓		
a. evidence of fire, explosion, or contamination of the environment	()	()
2. Required equipment: (265.32)		
a. alarm system (265.32(a))	()	()
b. telephone or 2-way radio (265.32(b))	()	()
c. portable fire extinguishers, fire control, spill control equipment and decontamination equipment (265.32(c))	()	()
d. water of adequate volume for hoses, sprinklers or water spray system (265.32(d))	()	()
3. Testing and maintenance of equipment (265.33)		
a. testing and maintenance procedures	()	()
b. condition of equipment	()	()

- Continued

	<u>YES</u>	<u>NO</u>
4. Access to communications or alarm systems (265.34) (unless exempt under 265.32)	()	()
5. Required aisle space (265.35)	()	()
6. Arrangements with local authorities (265.37) (Note 265.37(b))		
a. Attempted arrangements (265.37(a))	()	()
b. Agreement with state emergency response teams (265.37(Q)(3))	()	()
12. <u>Contingency Plan and Emergency Procedures</u> <u>Subpart D: (265.50 - 265.56)</u>		
1. Content of contingency plan (265.52)		
a. Does facility have a contingency plan (265.52)	(✓)	()
b. Local agreements (265.52(c))	(✓)	()
c. Emergency coordinator(s) (265.52(d)) (Phone No./qualifications)	(✓)	()
d. Emergency equipment list (265.52(e))	(✓)	()
e. Evacuation Plan (265.52(f))	(✓)	()
2. Copies of contingency plan (265.53)	(✓)	()
3. Emergency coordinator (265.55)		
a. identify emergency coordinator	(✓)	()
b. ensure qualifications of coordinator	(✓)	()
4. Emergency procedures (265.56)	(✓)	()
13. Recordkeeping practices:		
a. manifests (262.40)	(✓)	()
b. test results (262.40)	()	()
c. annual reports (262.41)	()	()
d. exception reports (262.42)	()	()
14. International shipments (262.50)	()	()

- Continued

W C 0021971

15. Permit information:

a. Check all applicable permits held by the generator:

- NPDES Permit SPCC Plan ___ State Permit (Specify) _____
- Air Permits ___ Local Permit ___ RCRA Disposer
- ___ RCRA Storer ___ RCRA Treater
- ___ Other (Specify) _____

b. In compliance Yes ___ No ___ Unknown ___ with respect to: _____
Regulation Name/#

16. Past regulatory actions:

- None _____
- Yes ___ If yes, summarize: _____

17. Inspection activity (past or on-going):

- None _____
 - Yes ___
- | | | |
|---------------------------------|--------------------|-----------------|
| Date of
Past
Action _____ | Performed by _____ | Describe: _____ |
| | | _____ |
| | | _____ |

18. Remedial activity (past or on-going): (Check)

- None _____
 - Yes ___
- Describe: _____
- _____
- _____

INSPECTION FORM FOR INTERIM STATUS STANDARDS FOR
OWNER/OPERATOR OF HAZARDOUS WASTE MANAGEMENT
FACILITIES

Union Oil Co. - Southeast Terminal NC D 000609982 Mecklenburg
 Name of Site EPA I.D. County
P.O. Box 86
Old Mt. Holly Rd., Paw Creek, N.C. 28130 Ralph H. McLaughlin
 Location Signature of Facility Contact
11-18-82 [Signature] Fox
 Date Signature of Inspector(s)

INSTRUCTIONS: Place a check to indicate Compliance (C), NonCompliance (NC) or Not Applicable (NA). Cite specific violation by Section No.

	<u>C</u>	<u>NC</u>	<u>NA</u>	<u>Violation(s)</u>
1. GENERAL	✓	—	—	_____
2. GENERAL FACILITY STANDARDS	✓	—	—	_____
3. PREPAREDNESS AND PREVENTION	✓	—	—	_____
4. CONTINGENCY PLAN AND EMERGENCY PROCEDURES	✓	—	—	_____
5. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING	✓	—	—	_____
6. GROUND-WATER MONITORING	—	—	✓	_____
7. CLOSURE AND POST-CLOSURE	—	—	✓	_____
8. FINANCIAL REQUIREMENTS	—	—	✓	_____
9. USE AND MANAGEMENT OF CONTAINERS	—	—	✓	_____
10. TANKS	—	—	✓	_____
11. SURFACE IMPOUNDMENTS	—	—	✓	_____
12. WASTE PILES	—	—	✓	_____
13. LAND TREATMENT	—	—	✓	_____
14. LANDFILLS	—	—	✓	_____
15. INCINERATORS	—	—	✓	_____
16. THERMAL TREATMENT	—	—	✓	_____
17. CHEMICAL, PHYSICAL, AND BIOLOGICAL TREATMENT	—	—	✓	_____
18. UNDERGROUND INJECTION	—	—	✓	_____

YES
 ()
 Imminent hazard

NO
 (✓)

TROY L. GRIFFITH OIL, INC.

RFD 2

JEFFERSON, GA. 30549

404/367-5484 - 9697

REGISTRATION

OCT 26 1981

HAZARDOUS WASTE MANIFEST
STATE OF GEORGIA

DIV. DIST. DEPT.

Manifest Document No.
GA 02

EPA ID NO. IDENTIFICATION INFORMATION

Generator	NAME	MAILING ADDRESS	TELEPHONE
Generator	Union Oil Co.	P.O. Box 86 - Paw Creek, N.C. 28130	704-399-3371
Transporter #1 Tanker # 6	TROY L. GRIFFITH OIL INC.	RFD 2 Jefferson, GA. 30549	367-5484 367-9697
Transporter #2			
TSDF*			

WASTE INFORMATION

Containers		DOT Shipping Name, Class & I D Number	Total Quantity	Weight	EPA Hazardous Waste	
No.	Type				Number	Code
1	Tank	KERO- WASH & SLUDGE	2000	1A, 800	KO-51	U

EMERGENCY INFORMATION

NATIONAL RESPONSE CENTER: 1-800-424-8802
 GENERATOR: (704) 399-3371
 GEORGIA ENVIRONMENTAL PROTECTION DIVISION: (404) 656-4300
 DISPOSER: (404) 367-5484

COMMENTS - SPECIAL HANDLING

WASH water & Sludge, (Will NOT BURN)

CERTIFICATIONS

This is to certify that the above-named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation, the U.S. Environmental Protection Agency, and the Georgia Department of Natural Resources.

Authorized Representative of Generator: H.C. Vanhook (SO) Signature Date: 10-20-81
 This is to certify acceptance of the hazardous waste shipment described above.
 Authorized Representative or Transporter-1: Charles M. Steep Signature Date: 10-20-81
 Authorized Representative or Transporter-2: _____ Signature _____ Date _____
 This is to certify acceptance of the hazardous waste shipment described above for T S D
 Authorized Representative of TSDF: Griffith Oil Co. Signature Griffith Oil Co. Date 10-21-81

* Treatment, Storage or Disposal Facility

Name UNION OIL CO. OF CALIF Phone No. 1-704-399-3371

Pickup Address (Street Address) _____

Type of Process which Generated Waste STORAGE OF PETROLEUM PRODUCTS

DESCRIPTION OF WASTE: (Must be checked by generator)

- acid solution
- paint sludge
- Other (specify) _____
- alkaline solution
- tank bottom sediment
- pesticide, insecticide
- waste oil sludge

COMPONENTS: (Examples: sulfuric acid, metals (list), solvents (list), cyanide)

	Concentration		%	ppm
	Upper	Lower		
1. <u>OIL</u>	_____	_____	<u>10%</u>	_____
2. <u>WATER</u>	_____	_____	<u>90%</u>	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

PROPERTIES OF WASTE: (Check appropriate boxes)

- solid
- liquid
- sludge
- ph N/A

Requirements of Section 3001 of the Resource Conservation and Recovery Act as published in the Federal Register dated May 19, 1980, have been reviewed and it has been determined that these wastes are not considered hazardous as defined therein because:

- Materials being disposed of or their constituents are not listed as hazardous and do not qualify as having characteristics of a hazardous waste.
- Materials have been treated, etc. to render them non-hazardous.

(One of the two above blocks must be checked or materials will not be accepted.)

Bulk Volume 7000 gals. gal. tons other (specify) _____

Containers _____ drums cartons bags other (specify) _____

Special Handling Instructions/First Aid Information: _____

I certify (or declare) that the foregoing is true and correct to the best of my knowledge and belief.

W.C. Barlow - Manager Date MAY 5, 1982
Signature of Authorized Agent and Title

TRANSPORTER OF WASTE (Must be filled by Transporter—print or type)

Name M+W SOUTHEASTERN, INC. FLDD 323 83945

Business Address 806 VALLEY ROAD AVE. JACKSONVILLE, FL.

Telephone Number 1-904 355 1524 Pick-up _____ Time _____ A.M. / P.M.

Vehicle _____ (Number) vacuum truck flatbed tanker
Other (specify) _____

The described waste was transported by me to the City's Energy Processing Tank Landfill Facility and was accepted.

I certify (or declare) that the foregoing is true and correct to the best of my knowledge and belief.

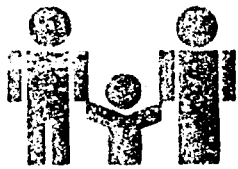
Calvin Smith Date MAY 5, 1982
Signature of Authorized Agent and Title

DISPOSER OF WASTE

Quantity Measured at Site _____ Fee Charged _____

Grab Sample Taken? Yes No

Jim A. Border
Signature of Landfill Supervisor



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

DIVISION OF HEALTH SERVICES
WESTERN REGIONAL OFFICE
Building 3
Black Mountain, N.C. 28711
(704) 669-3349

November 30, 1982

TO: O. W. Strickland
Solid & Hazardous Waste Mgt.

FROM: Larry Fox *LOF*
Western Regional Office

RE: RCRA Inspection: Union Oil Company
Southeast Terminal
P. O. Box 86
Old Mt. Holly Road
Paw Creek, NC 28130
EPA ID #NCD000609982
Contact: Ralph H. McLaughlin
Terminal Manager

An RCRA inspection was conducted at the Union Oil Company site on November 18, 1982 and the facility was found to be in full compliance.

LOF/dgh

cc: Rick Doby

INSPECTION FORM FOR INTERIM STATUS STANDARDS FOR
OWNER/OPERATOR OF HAZARDOUS WASTE MANAGEMENT
FACILITIES

Union Oil Co. - Southeast Terminal NC D 000609982 Mecklenburg
 Name of Site P.O. Box 86 EPA I.D. 8 County
Old Mt. Holly Rd., Paw Creek, N.C. 28130 Ralph H. McLaughlin
 Location Signature of Facility Contact
11-18-82 Zany Fox
 Date Signature of Inspector(s)

INSTRUCTIONS: Place a check to indicate Compliance (C), NonCompliance (NC) or Not Applicable (NA). Cite specific violation by Section No.

	<u>C</u>	<u>NC</u>	<u>NA</u>	<u>Violation(s)</u>
1. GENERAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. GENERAL FACILITY STANDARDS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. PREPAREDNESS AND PREVENTION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. CONTINGENCY PLAN AND EMERGENCY PROCEDURES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. GROUND-WATER MONITORING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. CLOSURE AND POST-CLOSURE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8. FINANCIAL REQUIREMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. USE AND MANAGEMENT OF CONTAINERS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. TANKS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. SURFACE IMPOUNDMENTS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. WASTE PILES	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
13. LAND TREATMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
14. LANDFILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
15. INCINERATORS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
16. THERMAL TREATMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
17. CHEMICAL, PHYSICAL, AND BIOLOGICAL TREATMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
18. UNDERGROUND INJECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

YES NO
 () ()

Imminent hazard

RCRA INSPECTION REPORT

FACILITY INFORMATION

Union Oil Company
Southeast Terminal
P. O. Box 86
Old Mt. Holly Road
Paw Creek, NC 28130
Mecklenburg County
EPA ID #NCD000609982

RESPONSIBLE OFFICIAL

Ralph H. McLaughlin
Terminal Manager

SURVEY PARTICIPANTS

Ralph H. McLaughlin
Larry Fox

DATE OF INSPECTION

November 18, 1982
10:30 am - 12:30 pm

APPLICABLE REGULATIONS

40 CFR, 262

PURPOSE OF SURVEY

An RCRA inspection was conducted at the Union Oil Company, Southeast Terminal site in Paw Creek by the N. C. Solid & Hazardous Waste Mgt. Branch. The inspection included a site survey and record review. Regulatory requirements covered those contained in 40 CFR, Part 262, Generator Standards.

FACILITY DESCRIPTION

Union Oil Company is a petroleum fuel storage and distribution center located at the northwest edge of Charlotte in Paw Creek. Hazardous waste generated is petroleum tank bottoms from cleaning out storage petroleum tanks.

No hazardous waste has been generated by Union Oil Company since RCRA regulations became effective, but one tank containing #2 fuel oil was cleaned out May 5, 1982 by M&W Southeastern, Inc., 806 Talleyrand Ave., Jacksonville, FL (904/355-1524), EPA ID #FLD032383945 (Rick McFernson).

COMPLIANCE

This site was in full compliance as a generator.

November 19, 1982

Memorandum

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

From: Zany Fox
Environmental Chemist

Subject: RCRA Inspection
Union Oil Company
Southeast Terminal

P.O. Box 86

Old Mt. Holly Rd.

Paw Creek, N.C. 28130

E.P.A. ID# NCD 000609982

Contact: Ralph H. McLaughlin, Terminal Mgr.

A RCRA inspection was conducted at the Union Oil Company site on November 18, 1982. The facility was found to be in full compliance.

CC: Rick Dohy

R C R A Inspection Report

Facility Information

Union Oil Company
Southeast Terminal
P.O. Box 86
Old Mt. Holly Rd
Paw Creek, N.C. 28130
Mecklenburg County
E.P.A. ID# NCD000609982

Responsible Official

Ralph H. McLaughlin, Terminal Manager

Survey Participants

Ralph H. McLaughlin, Terminal Manager
Zamy Fox, Environmental Chemist, DHS

Date of Inspection

November 18, 1982
10:30 AM - 12:30 PM

Applicable Regulations

40 CFR 262

Purpose of Survey

A R C R A inspection was conducted at the Union Oil Company - Southeast Terminal site in Paw Creek by the N.C. Solid & Hazardous Waste Manag. Branch. The inspection included a site

Union Oil Co.

Page 2

survey and record review. Regulatory requirements covered those contained in 40 CFR, Part 262, Generator Standards.

Facility Description

Union Oil Company is a petroleum fuel storage and distribution center located at N.W. edge of Charlotte in Paw Creek. Hazardous waste generated is petroleum tank bottoms from cleaning out storage petroleum tanks.

No hazardous waste has been generated by Union Oil Company since RCRA regulations became effective but one tank containing #2 fuel oil was cleaned out May 5, 1982 by M & W Southeastern, Inc., 806 Talleyrand Ave., Jacksonville, FL. (904) 355-1524 EPA ID# FLD 032383945. (Rick McFerson)

Compliance

This site was in full compliance as a generator.