

File ID Number: HWCB2016 648

DEQ/DWM/Hazardous Waste Section

NCD/NCR (other) Number: NCD 986 171 197

Facility Name: EXCEL ELECTRONICS

Address: 513 West 24th St City: Charlotte

County: Mecklenburg

File Date Range: 1987 - 2000

Document Type (s)

- Inspection Reports 2000
- *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:

97-278
95-607
91-268

Box ID Number:



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 4
ATLANTA FEDERAL CENTER
61 FORSYTH STREET
ATLANTA, GEORGIA 30303-8960

SEP - 8 2000

4WD-RCRA

Naran Lakhani
Owner
Excel Electronics
513 W. 24th Street
Charlotte, North Carolina 28206

SUBJ: RCRA Compliance Evaluation Inspection for Excel Electronics
(NCD 98 617 1197)

Dear Mr. Lakhani:

On July 24, 2000, the United States Environmental Protection Agency (EPA) and the North Carolina Department of Environment and Natural Resources (NCDENR) conducted a joint hazardous waste compliance inspection at the subject facility in Charlotte, North Carolina.

Enclosed is EPA's Resource Conservation and Recovery (RCRA) Inspection Report which indicates that no violations of RCRA were discovered. A copy of this report has also been forwarded to NDENR, which would be the lead agency for addressing any violations if identified during this inspection.

If you have any questions, please contact Kris Lippert, of my staff, at (404) 562-8605.

Sincerely yours,

Kenneth Lapierre, Chief
North Enforcement & Compliance Section
Waste Management Division

Enclosure

cc: Jill Burton w/encl., NCDENR - Raleigh
Doug Holyfield w/encl., NCDENR - Winston Salem
Joseph Parker w/encl., NCDENR - Mooresville



RCRA Inspection Report

1) Inspector and Author of Report

Kristin A. Lippert, Environmental Engineer
US Environmental Protection Agency, Region 4
Atlanta Federal Center
61 Forsyth Street, S.W.
Atlanta, Georgia 30303
(404) 562-8605

2) Facility Information

Excel Electronics
513 W. 24th Street
Charlotte, North Carolina 28206
NCD 98 617 1197

3) Responsible Official

Naran Lakhani
Owner
Excel Electronics
513 W. 24th Street
Charlotte, North Carolina 28206
#704/376-2800

4) Inspection Participants

Kris Lippert, EPA/RCRA Compliance & Enforcement
Joseph Parker, NCDENR
Naran Lakhani, Excel

5) Date of Inspection

July 24, 2000

6) Applicable Regulations

RCRA §3007; 40 C.F.R. Parts 260, 261, 262, 264, 265, 266, 268, 270 and 279; and
North Carolina Hazardous Waste Management Rules.

7) Purpose of Inspection

To conduct an unannounced joint inspection and determine the facility's compliance with the applicable RCRA hazardous waste regulations.

8) Facility Description

Excel Electronics (Excel) is a manufacturer of custom etched circuit boards and has been operating for twelve (12) years. The facility receives circuit board patterns from various customers for various industries. Excel operates as a small quantity generator and only generates F006 wastewater treatment sludge.

Excel uses copper plated sheets with a fiberglass core. Holes are first drilled into the sheets according to the customer's specifications. The drilled copper sheets are then copper plated again to replace the copper removed from the drilling process. Next, a dry and protective film are laminated onto the sheets by a UV light process. The sheets are again copper and tin plated. After being plated, the sheets are etched to remove the copper. A solder mask, which gives the circuit boards the green appearance, is applied as a protective coating. The sheets are finally silk-screened to apply the lettering which identifies the various parts on the circuit board. After the circuit boards are finished, they are inspected, packaged and shipped.

9) Findings

Excel is located in a building with offices and the process area. No activities are conducted outside. The facility has one (1) satellite accumulation area and one (1) less-than-180-day storage area. Excel generates approximately 1000 pounds of F006 wastewater treatment sludge from its wastewater treatment system. The wastewater treatment system operates twice per week.

At the time of the inspection, there was one (1) partially full 55-gallon drum of F006 listed hazardous waste in the satellite area located in the wastewater treatment room. This container was marked, closed, and in good condition.

The less-than-180-day storage area is located outside the drill room. It is comprised of a one (1) cubic yard bag of F006 listed hazardous waste, which was partially full at the time of the inspection. This bag was dated "6/26/00", labeled "hazardous waste", closed, and in good condition.

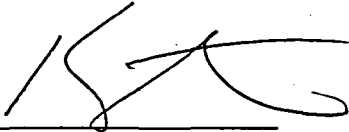
File and Record Review:

The following documents were reviewed at the time of the inspection and found to be adequate: inspection logs, manifests, and the list of emergency numbers. In addition, emergency arrangements have been made with appropriate local authorities and employees are trained yearly in emergency procedures.

10) Conclusion

Excel Electronics operates as a small quantity generator. Based on the inspection, EPA has determined that no violations were identified.

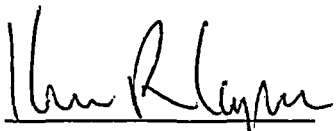
11) Signed



Kristin A. Lippert
Environmental Engineer

9/7/00
Date

12) Concurrence



Kenneth Lapierre, Chief
North Enforcement & Compliance Section
RCRA Enforcement and Compliance Branch

9/8/00
Date

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)


7099 3400 0001 7792 8251

Article Sent To:

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

To **MR NARAN LAKHANI - PRES.**
EXCEL ELECTRONICS
513 WEST 24TH ST
CHARLOTTE NC 28206

PS Form 3811, July 1999 See Reverse for Instructions

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. 	<p>A. Received by (Please Print Clearly) B. Date of Delivery 8-9</p> <p>C. Signature <i>X Naran Lakhani</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>MR NARAN LAKHANI - PRES. EXCEL ELECTRONICS 513 WEST 24TH ST CHARLOTTE NC 28206</p>	
<p>2. Article Number (Copy from service label) 7099 3400 0001 7792 8251</p>	
	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 1999 Domestic Return Receipt 102595-99-M-1789</p>	

Region 4 Compliance Data Entry Form - Side A

(Rev.8/97)

FACILITY INFORMATION: EPA ID Number: <u>NCID986171197</u>	Submittal Information	Initial By- Date -	Corrected By- Date -
	RCRA Comp. Section:	___ / ___ / ___	___ / ___ / ___
	Received:	___ / ___ / ___	___ / ___ / ___
	Entered/Returned:	___ / ___ / ___	___ / ___ / ___

Facility Name: EXCEL ELECTRONICS City: CHARLOTTE

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

Agency: 5 Date: 07 / 24 / 00 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): _____

Continue violation date on Side B if necessary -

*** EPA Region 4 Compliance Data Entry Form -Side B *** (8/97)

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

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

Agency: <input type="checkbox"/>	Type: <input type="checkbox"/>	Date: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	Month Day Year	Seq.# (Data Entry)
Person: <input type="checkbox"/>	Branch: <input type="checkbox"/>	Poll. Prev. Measures: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penalty Data Proposed: \$ <input type="checkbox"/>	1) Payments: \$ <input type="checkbox"/>		Date Paid: <input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	
Settled/Final: \$ <input type="checkbox"/>	2) \$ <input type="checkbox"/>		<input type="checkbox"/> / <input type="checkbox"/> / <input type="checkbox"/>	

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

Cite violations addressed by this 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): _____

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): _____

More violations for this enforcement action on other side ? Yes No

Small Quantity Generator Inspection Report

c = copies made;

* = violation;

P = photo taken

Facility Name: Excel Electronics

Address: 513 West 24th Street, Charlotte, N.C. 28206

EPA ID #: NCD 986 171 197

Inspection Date: July 24, 2000

Last Inspection: July 16, 1997

Contact: Naran Lakhani, Tulsi Lakhani Type of Inspection: CEI

Present at Inspection:

Mr. Joseph Parker - NCDENR Hazardous Waste Section

Ms. Kris Lippert - U.S. EPA Region IV, Waste Management Division

Mr. Naran Lakhani - President, Excel Electronics

Mr. Alex Campos - Safety & Production Manager

Type of Business:

Excel Electronics is a manufacturer of custom etched circuit boards.

Facility Description:

The facility receives film patterns from various customers and these patterns are transferred onto a copper sheet. The sheet is purchased with copper plating on one or both sides of a fiberglass core. Holes are then drilled according to the customer's pattern. This drilled copper sheet is then copper plated to replace the copper removed from the drilling process. Two types of film are then placed on the sheet: a dry film and a protective film. The sheet is then exposed to UV light. The film is then developed which bakes the film onto the sheet except where the UV light passed through the drilled areas on the sheet. The sheet is then copper and tin plated. The sheet is then etched to remove the copper. Etch waste generated in this process is being recycled and is not considered to be a hazardous waste. A solder mask which gives the circuit board the green appearance is then applied as a protective coating for the circuits. The board is then silk-screened which applies lettering to the circuit board which identifies the various parts to be installed on the board.

Waste Generated:

F006 - wastewater treatment sludge from their electroplating operation

Transporters: St. Joseph Motor Lines - PAD 987 358 587

TSDs: World Resources Co. - PAD 981 038 227

Manifests:

Signed Copies? Yes

Filled out correctly? Yes

Treatment Standards? Yes

The facility's 1998, 1999, and 2000 hazardous waste manifests were reviewed. The following shipments have occurred within that time: 558 lbs.(6-6-2000), 602 lbs.(12-21-1999), 636 lbs.(7-6-1999), 907 lbs.(1-20-1999), and 1483 lbs.(8-4-1998). All manifests were found in good order.

Page Two - Small Quantity Generator Inspection Report

Facility Name: Excel Electronics

EPA ID #: NCD 986 171 197 Date: July 24, 2000

Inspection Records:

The facility performs and documents weekly inspections on containers holding hazardous waste in storage and in their satellite accumulation area. These inspections were in good order.

Emergency Contacts:

Emergency Coordinator? Naran Lakhani - President

Info by Phones:

Emergency Coordinator phone? Yes Fire Department phone? Yes
Location of fire/spill equipment? Yes

The facility has developed a Small Quantity Generator Contingency Plan which outlines their emergency coordinators, emergency telephone numbers and locations of fire spill control equipment.

Emergency Arrangements:

The facility's SQG Contingency Plan has been sent to the local emergency agencies.

Personnel Trained:

The facility does provide annual training on emergency procedures for employees.

Annual Report:

The facility just received their invoice and will be sending in their annual fee for Small Quantity Generator status within the month.

Waste Analysis:

The facility does have a copy of their latest waste analysis attached to one of their hazardous waste manifests.

Accumulation Areas: 1

Description:

The facility has one satellite accumulation area that is located at their wastewater treatment area. 1-55 gallon container is used to hold F006 - wastewater treatment sludge generated for this process. The container was found to be in compliance with the regulations at the time of the inspection.

Closed - Yes/Labeled - Yes/Dated - Yes/<55 Gallons - Yes

Evidence of Releases - None

Storage Area:

Description:

Excel Electronics has one hazardous waste storage area (< 180 day) that is located inside the facility. Dried F006 sludge is collected in lined marino bags (cubic yard). During the inspection, the bag was noted as labeled, dated and closed. The

Page Three - Small Quantity Generator Inspection Report

Facility Name: Excel Electronics

EPA ID #: NCD 986 171 197 Date: July 24, 2000

area was found to be in compliance with the regulations at the time of the inspection. Additionally, 4-55 gallon containers holding waste etch material (copper) was noted in this area. The recyclable material was being held for shipment to their recycling facility.

Closed - Yes/Labeled - Yes/Dated - Yes/ < 180 Days - Yes

Good Condition - Yes/Evidence of Releases - None

Less Than 6000 kg on Site - Yes

Communication Device - Yes

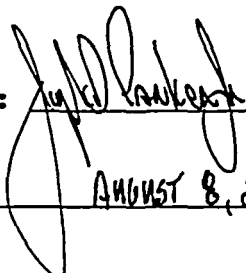
Site Deficiencies:

No Violations. The facility was found in compliance with the Small Quantity Generator requirements.

Comments:

If there are any questions regarding this inspection report, please contact me at the Mooresville Regional Office (704) 663-1699.

Signature: _____



Facility Contact: _____

(CERTIFIED MAIL)

Date: _____

AUGUST 8, 2000



PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Land Recycling and Waste Management
 P.O. Box 8550
 Harrisburg, PA 17105-8550
OFFICIAL PENNSYLVANIA MANIFEST FORM

SQG

Form approved.
 OMB No. 2050-0039
 Expires 9-30-99

2500-FM-LRWM0051 REV. 11/97

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DEP (717) 787-4343

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NCID986171197	Manifest Document No. 02009	2. Page 1 of 1	Information within the blue border is not required by Federal law but may be required by State law.	
3. Generator's Name and Mailing Address EXCEL ELECTRONICS 513 W. 24TH STREET, CHARLOTTE, NC 28206				A. State Manifest Document Number PAE 9422910		
4. Generator's Phone (704) 376-2800				B. State Gen. ID SAME		
5. Transporter 1 Company Name St. Joseph Motor Lines		6. US EPA ID Number PAAD987358587		C. State Trans. ID PA-AH 0390		
7. Transporter 2 Company Name				D. Transporter's Phone (800) 221-2564		
9. Designated Facility Name and Site Address World Resources Company 170 Walnut Lane Pottsville, PA 17901		10. US EPA ID Number PAAD981038227		E. State Trans. ID PA-AH		
				F. Transporter's Phone ()		
				G. State Facility's ID		
				H. Facility's Phone (717) 622-4747		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. RQ, Hazardous waste, solid, n.o.s., (F006), 9, NA3077, III		No. 001 Type BA		1	Y	F006
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
Lab Pack	Physical State	Lab Pack	Physical State	a.	c.	
a. <input type="checkbox"/>	SL	c. <input type="checkbox"/>				
b. <input type="checkbox"/>		d. <input type="checkbox"/>		b.	d.	
15. Special Handling Instructions and Additional Information In Case of an Emergency, Contact CHEMTREC 1-800-424-9300 Company Code "WORR" 24 Hours a day or refer to N.A. Emergency Response Guide #171 PO# 012099 Actual weight for WRC records						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment 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 select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Naran Lakhani			Signature <i>Naran Lakhani</i>		MONTH DAY YEAR 01 20 99	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Joe Winebold			Signature <i>Joe Winebold</i>		MONTH DAY YEAR 01 20 99	
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			Signature		MONTH DAY YEAR	

PAE 9422910

INSTRUCTIONS FOR COMPLETION OF THE PENNSYLVANIA HAZARDOUS WASTE MANIFEST

No reproduction of this official Pennsylvania manifest form may be used as a shipping document for shipment of hazardous waste. All copies of this manifest must be legible.

GENERAL INFORMATION

For all shipments of hazardous waste. The copies of the manifest shall be distributed as indicated at the bottom of each copy.
 If there are more than four different waste streams in a shipment, except for lab packs, complete another Manifest. If there are more than two transporters or if the waste is a lab pack, use the Uniform Hazardous Waste Manifest Continuation Sheet. Continuation Sheets must be purchased commercially.
 If you have any questions concerning the completion of this Manifest, call 717-783-9258.

GENERATOR/SHIPPER

- Item 1.** Generator/Shipper's US EPA ID No. - Enter the twelve digit US EPA Identification Number. Manifest Document No. - Assign a five digit number unique to all others assigned by this Generator/Shipper.
- Item 2.** Page 1 of ___ - Enter the total number of pages used to complete this Manifest counting this Manifest and Continuation Sheets, if any.
- Item 3.** Generator/Shipper's Name and Mailing Address - Enter the complete name of the generator/shipper and the complete mailing address. The address should be the location that will manage the returned Manifest forms.
- Item A.** State Manifest Document Number - This number is pre-printed, do not alter it. This Number must be placed in Item L of each continuation sheet.
- Item B.** State Gen ID - Not required for PA Generators.
- Item 4.** Generator's Phone Number - Enter the area code and telephone number where an authorized agent of the Generator may be contacted.
- Item 5.** Transporter 1 Company Name - Enter the complete company name of the first Transporter who will transport the waste.
- Item 6.** Use EPA ID Number - Enter the twelve digit US EPA Identification Number of the Transporter identified in Item 5.
- Item C.** State Trans. ID - Enter the four digits of the License No. issued by PA DEP.
- Item D.** Transporter's Phone - Enter the area code and the telephone number where an authorized agent of the Transporter may be contacted.
- Item 7.** Transporter 2 Company - If applicable, see item 5.
- Item 8.** US EPA ID Number - If applicable, see Item 6.
- Item E.** State Trans. ID - If applicable, see Item C.
- Item F.** Transporter's Phone - If applicable, see Item D.
- Item 9.** Designated Facility Name and Site Address - Enter the complete company name and complete site address of the facility designated to receive the waste listed on this Manifest. The address must be the site address, which may differ from the mailing address.
- Item 10.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the Designated Facility.
- Item G.** Enter the Facility's State ID Number - Not Required for PA facilities.
- Item H.** Facility's Phone - Enter the area code and phone number where an authorized agent of the Designated Facility may be contacted.
- Item 11.** US DOT Description [Including Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number)] - Enter the US DOT Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number) for each waste as identified in 49 CFR 171 through 177. For wastes not regulated as hazardous materials by DOT, enter a description of the waste. List DOT Hazardous Materials first.
- Item 12.** Containers (No. and Type) - Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.
- Item 13.** Total Quantity - Enter the total quantity of each waste. **Do not use decimals or fractions.**
- Item 14.** Unit (Wt/Vol) - Enter the appropriate abbreviation from Table II (below) for the unit of measure.

Table I - Types of Containers

DM = Metal drums, barrels, kegs
DW = Wooden drums, barrels, kegs
DF = Fiberboard or plastic drums, barrels, kegs
TP = Tanks portable
TT = Cargo tanks (tank trucks)
TC = Tank cars

DT = Dump truck
CY = Cylinders
CM = Metal boxes, cartons, cases (roll-offs, hoppers, gondolas, etc.)
CW = Wooden boxes, cartons, cases, pallets
CF = Fiber or plastic boxes, cartons, cases, pallets
BA = Burlap, cloth, paper or plastic bags

Table II - Units of Measure

G = Gallons (liquid only)
P = Pounds
T = Tons (2000 lbs)
Y = Cubic yards
L = Liters (liquids only)
K = Kilograms
M = Metric tons (1000 kg)
N = Cubic Meters

- Item I.** Waste No. - Enter the Hazardous Waste Number of each waste. Refer to the Department's Regulations for Hazardous Waste Nos. If a waste is not regulated in PA but is regulated by another State, enter that State's waste code. Also, enter in item J or Item 15, "This waste is not a Hazardous Waste according to PA law."
- Item J.** Additional Descriptions for Materials Listed Above - Check the designated box if the waste is a Lab Pack. Enter the physical state of each waste (S-solid, L-liquid, SL-sludge or G-gas)
- Item K.** Handling Codes for Wastes Listed Above - Not required for PA Generators.
- Item 15.** Special Handling Instructions and Additional Information - Use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information. For international shipments, enter the point of departure (City and State). If the waste will be recycled at the designated facility on this manifest, enter a statement to that effect.
- Item 16.** Generator/Shipper's Certification - Read and sign by hand the certification statement. Enter the date (MM/DD/YY) the waste was shipped. If a mode other than highway was used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate mode (e.g., and rail) in the space below the certification statement. Primary exporters shipping hazardous waste to a facility located outside the United States must add to the end of the first sentence of the certification the following words "and conforms to the terms of the EPA Acknowledgement of Consent to the shipment."

TRANSPORTER

- Item 17.** Transporter 1 Acknowledgement of Receipt of Materials - Print or type the name of the person accepting the waste on behalf of the transporter. Sign and enter the date of receipt (MM/DD/YY).
- Item 18.** Transporter 2 Acknowledgement of Materials - If applicable, see Item 17.

DESIGNATED FACILITY

- Item 19.** Discrepancy Indication Space - The Designated Facility's authorized representative must note in this space any significant discrepancy between the waste types or quantities described on the Manifest and those actually received. If waste is rejected, so indicate in this space.
- Item 20.** Facility Owner or Operator: Certification of receipt or rejection of hazardous materials covered by this manifest. Print or type the name of the person accepting or rejecting the waste on behalf of the owner or operator of the facility. Sign and enter the date of the receipt or rejection (MM/DD/YY).

RCRIS

EPA ID #: NCD986171197

FACILITY NAME: Excel Electronics

CITY: Charlotte, NC

EVALUATION DATA:

NEW: X CHANGE: DELETE:

PERSON: 025

BRANCH: 01

AGENCY: STATE

REASON:

SUPERVISOR NOV TRACKING INFO

TYPE: CSE

INITIAL INSPECTION DATE: July 16, 1997

DOCKET: 97-278

REINSP DATE: August 4, 1997

COMMENTS: Facility Determined to be in Compliance w/NOV Docket #97-278

GENERATORS:

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

TRANSPORTERS:

TGR: TMR: TOR: TRR: TWD:

TSD's

DBF: DCH: DCL: DCP: 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: Delete:

1. Agency: State Type: GPT Date Determined: 7/16/97

Class: Priority: Seq#

Returned to Compliance: 8/16/97

Actual Date: August 4, 1997

Req. Description: 40 CFR 262.34(d)(2) ref. 265.173

Comment:

2. Agency: State Type: GPT Date Determined: 7/16/97

Class: Priority: Seq.#

Returned to Compliance: 8/16/97

Actual Date: August 4, 1997

Reg. Description: 40 CFR 262.34(d)(2) ref 265.174

Comment:

RCRA INSPECTION REPORT
REINSPECTION

1. **Facility Information:** Excel Electronics
513 W. 24th Street
Charlotte, N.C. 28206
NCD986171197 Small Generator
2. **Facility Contact:** Mr. Tulsi Lakhani
704-376-2800
3. **Survey Participants:** Jesse Wells
4. **Date of Inspection:** 4 August 1997
5. **Purpose of Inspection:** To determine compliance with NOV Docket #97-278
6. **Facility Description:** Excel Electronics is a manufacturer of custom etched circuit boards. The facility receives film patterns from various customer. The pattern is transferred onto a copper sheet. The sheet is purchased with copper plated on one or both sides of a fiberglass core. Holes are then drilled according to the customer's pattern. The drilled copper sheet is then copper plated to replace the copper removed from the drilling process. Two types of film are then placed on the sheet. A dry film and a protective film. The sheet is then exposed to UV light. The film is then developed which bakes the film onto the sheet except where the UV light passed through the drilled areas on the sheet. The sheet is then copper and tin plated. The sheet is then etched to remove the copper. Etch waste generated is being recycled and is not considered to be hazardous waste. The etch waste is being removed by: **Photo Chemical Systems, 105 Forest Drive, Knightdale, NC 27545 (919)-266-4463**. A solder mask which gives the circuit board the green appearance is then applied as a protective coating for the circuits. The board is then silk-screened which applies lettering to the circuit board which identifies the various parts to be installed on the board.

This facility recently changed to a small quantity generator. The change came about as a result of the etch waste being used as a substitute for feedstock material. The facility installed a new WWT system and generates a F006 hazardous waste. The system was installed in early 1996. The amount of sludge being generated per month is within the amounts allowed for a SQG. The F006 treatment sludge is being removed from the facility by: **World Resource Company, Walnut Lane, RR#5 Box 5553, Pottsville, Pa. 17901 PAD981038227 (717)-622-4747**. The facility is meeting the effluent limits on the facility's discharge to CMUD.

7. **Type Waste:** F006 wastewater treatment sludge
8. **Areas of Inspection**
(Yes = compliance, no=violation, na=not applicable)
-Emergency Preparedness: Yes

Page Two
Excel Electronics
NCD986171197
August 4, 1997

- Inspection Records: Yes
- Contingency Plan: Yes
- Training Records: No
- Manifests/LDR: Yes

-90/180 Day Storage Area: The facility maintains a <180 day storage area inside the facility just outside the plating area. The F006 dried sludge is collected in lined marino bags. At the time of the inspection 1 bag was on-site. The bag was dated and labeled in accordance to the regulations. The bag was open at the time of the inspection and was noted as a violation

-Satellite Accumulation Area: The facility maintains one satellite area for the collection of F006 sludge beneath the sludge press. At the time of the inspection no sludge was accumulated in the area. The contact was informed that the accumulation drum in this area must be properly marked and that the drum must be closed except to add or remove waste. The contact reported that they had been taking pressed sludge and letting it "air" dry in the compressor room. The facility contact was advised to cease this practice. No "air" drying sludge was noted during the inspection.

-External Facility Condition: Good condition

-Other HW Units: NA

-Recommendations:

9. Waste Minimization: Waste generated at this facility will be production driven. The facility did find a source of its etch waste as a feedstock material which allowed the facility to change from LQG to SQG.

10. Site Deficiencies:

1) : 40 CFR 262.34(d)(2) ref 265.173- A container holding hazardous waste must always be closed during storage except when it is necessary to add or remove waste. The marino bag holding F006 treatment sludge was open at the time of the inspection. **(Violation Corrected)**

2) : 40 CFR 262.34(d)(2) ref 265.174)-The facility failed to inspect bags of F006 treatment sludge in storage. The facility must document inspection in accordance with 15A NCAC 13A .0110(i). **(Violation Corrected)**

Page Three
Excel Electronics
NCD986171197
August 4, 1997

Follow Up Inspection: A review of information submitted by the facility dated July 24, 1997 and July 30, 1997 indicates that the facility has complied with the deficiencies noted in NOV Docket # 97-278. Compliance Information Attached.

J. Wells 8/4/97
INSPECTOR (DATE)

Mailed to Facility
FACILITY CONTACT



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

July 24, 1997

CERTIFIED MAIL

Mr. Jesse W. Wells
NCDEHNR
919 N. Main Street
Mooresville, NC 28115

Dear Mr. Wells:

On July 16, 1997, our company (Excel Electronics Inc.) was inspected for compliance with North Carolina Hazardous Waste Management Rules. Below are the violations we received, and our actions to correct these violations.

1. 40 CFR 262.34(d)(2) ref. 265.173

The marino bag holding F006 treatment sludge and the two satellite drums were found open during the inspection. On July 17, 1997, lids were made for these containers and placed over the openings. In addition, the containers were properly marked as containing hazardous waste. Pictures are enclosed.

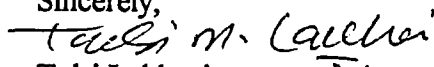
2. 40 CFR 262.34(a)(1) ref. 265.174

Inspection records were not kept for the marino bag or satellite drums. On July 17, 1997, inspection reports for all containers were completed. Copies are enclosed.

Also, copies of the contingency plan information were completed on July 18, 1997 and posted at the telephone. A copy is enclosed with this letter. For the spent etch, the only document found is a schedule of parameters, which is also enclosed.

We appreciate your cooperation in this matter. If you have any questions, please feel free to call or write.

Sincerely,


Tulsi Lakhani

encl:

Excel Electronics, Inc.
513 W. 24th Street
Charlotte, NC 28206

Small Quantity Generator Contingency Plan

EPA# NCD 986171197

I. EMERGENCY COORDINATOR: Naran Lakhani

PHONE NUMBERS: (WORK) 376-2800
(HOME) 549-1208

HOME ADDRESS: 1900 Bonnie Lane
Charlotte, NC 28213

ALTERNATE: Tulsi Lakhani

PHONE NUMBERS: (WORK) 376-2800
(HOME) 532-6310

HOME ADDRESS: 7015 Marlbrook Drive
Charlotte, NC 28212

Our Town Fire Department

Fire Chief: David Carlock
Phone No. 911 or 334-3323

County Rescue Squad
Phone No. 911 or 336-3400

Company Doctor or Local Hospital Emergency Room Carolina Medical Group
Phone No. 598-0515

II. Location of Emergency Response Equipment

Fire Extinguishers: Throught Plant

Absorbent Material Platting Area

Diking or Containment Platting Area
Materials e.g., PIGS

Leak Repair Kit Platting Area- Near Etch Machine

Recycling Schedule of Parameters

Schedule: A Product Code: 19110/19140/19151
 Description of Material: Continuetch 9110/Ultra Etch 20/Ultra Etch 50

Recommended U.S. DOT description as waste for return :RQ Waste Alkaline (Corrosive) Liquid NOS (Cupric Chloride) (EPA D002/D008*) Corrosive Material NA 1719

EPA Waste Number(s): D002/D008* *D008 used when lead
 Applicable State Waste Number(s): CA-123 content 5 ppm.
TX-as specified by the TX Waste Commission

The spent material will be packaged by the Company as follows:

The spent material must be returned in the same container in which the fresh material was received. If the container is not in fit condition for return, call MacDermid, Inc. for instructions.

The returned material by the Company to MacDermid, Inc. must meet the following specifications:

Color: <u>Deep Blue</u>	Physical State at 75°F: <u>Liquid</u>	
pH: <u>7.5-9.5</u>	Specific Gravity at 75°F: <u>1.16 Minimum</u>	
Copper: <u>110 g/l Minimum</u>	Total Alkalinity: <u>7.65 - 11.0 M</u>	
Chloride: <u>4 M Minimum</u>		
Nickel: <u>5 ppm Maximum</u>	Iron: <u>20 ppm Maximum</u>	Lead: <u>100 ppm Maximum</u>
Zinc: <u>1 g/l Maximum</u>	Tin: <u>100 ppm Maximum</u>	

In addition to the parameters above, the Company shall not change the composition of the spent material in any way that would:

1. Cause the EPA Waste Number noted above to be changed, or additional EPA Waste Numbers to be added to those above, or
2. Cause MacDermid, Inc. to have to obtain any new permits, or to expand existing permits, in order to legally and properly receive and/or reclaim the spent material, or treat the effluent from said reclamation, or
3. Cause unforeseen damage to MacDermid, Inc. storage or process equipment, or cause MacDermid, Inc. to have to modify their reclamation process in order to properly reclaim the material.

The minimum fee to be charged by MacDermid, Inc. to the Company, upon rejection of any shipment of spent material, as provided in the attached agreement shall be a minimum of \$10.00/gallon.

In addition to this minimum charge shall be any costs incurred by MacDermid for hazardous waste disposal costs, damage to processes or equipment, or other costs resulting from the contamination of spent material.

**Division of Waste Management
Hazardous Waste Section**

July 28, 1997

Memorandum To: Tulsi Lakhani

From: Jesse W. Wells *JWW*
Waste Management Specialist
 Mooresville Regional Office

Subject: Excel Electronics
F006 Satellite Containers

I have reviewed the picture of the satellite containers holding F006 waste sludge. The tops of the containers must be closed such that if the containers were to be turned or knocked over the sludge would not spill out. It appears that the tops on the containers in the photographs merely sit on the tops of the containers. I would suggest that you obtain an open head drum with a top which has a band that will allow the top to be secured to the top of the drum. If sludge can be spilled by turning the container over or accidentally knocking the container over the container would not be considered closed in accordance with the regulations. Other information submitted was reviewed and found to be satisfactory.

Please notify me if this is not the case of the container tops. I can be contacted at 704/663-1699.

Please advise should you have any questions.



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

July 30, 1997


Mr. Jesse W. Wells
NCDEHNR
919 N. Main Street
Mooresville, NC 28115

Dear Mr. Wells:

On July 28, 1997, we received a fax concerning the tops for the satellite drums. On July 29, 1997, we replaced these drums with a single drum with a securable top. You will find enclosed a photograph of this drum.

We appreciate your cooperation in this matter. If you have any questions, please feel free to call or write.

Sincerely,


Tulsi Lakhani

encl:

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 TULSI LAKHANI
EXCEL ELECTRONICS
513 W 24th STREET
CHARLOTTE NC 28206

4a. Article Number

Z 335 772 695 (07/16/97)

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

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

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X *Tulsi Lakhani*



Thank you for using Return Receipt Service.

RCRIS

EPA ID #: NCD986171197

FACILITY NAME: Excel Electronics

CITY: Charlotte, NC

EVALUATION DATA:

NEW: X CHANGE: DELETE:

PERSON: 025

BRANCH: 01

AGENCY: STATE

REASON:

SUPERVISOR NOV TRACKING INFO

TYPE: CEI

INITIAL INSPECTION DATE: July 16, 1997

DOCKET: 97-278

REINSP DATE:

COMMENTS: Ticket NOV Issued to Facility

GENERATORS:

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

TRANSPORTERS:

TGR: TMR: TOR: TRR: TWD:

TSD's

DBF: DCH: DCL: DCP: 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: Delete:

1. Agency: State Type: GPT Date Determined: 7/16/97

Class: Priority: Seq#

Returned to Compliance: 8/16/97

Actual Date:

Req. Description: 40 CFR 262.34(d)(2) ref. 265.173

Comment:

2. Agency: State Type: GPT Date Determined: 7/16/97

Class: Priority: Seq.#

Returned to Compliance: 8/16/97

Actual Date:

Reg. Description: 40 CFR 262.34(d)(2) ref 265.174

Comment:



WASTE MANAGEMENT DIVISION
HAZARDOUS WASTE SECTION

NOTICE OF VIOLATION

To: Mr. Tulsi Lakhani
Address: Excel Electronics
513 W. 24th Street
Charlotte, N.C. 28206

Docket # 97-278
Inspection Date: July 16, 1997
Facility Type: Small Generator

EPA ID#: NCD 986171197

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 July 16, 1997, Mr. Jesse W. Wells 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 262.34(d)(2) ref. 265.173- A container of hazardous waste must always be closed during storage except when it is necessary to add or remove waste. The marino bag holding F006 treatment sludge was open at the time of the inspection
2. 40 CFR 262.34(a)(1) ref 265.174- The facility failed to inspect bags of F006 treatment sludge in storage. The facility must document inspection of the hazardous waste in accordance to 15A NCAC 13A .0110(i).

**Mail documentation of compliance activities to: NCDEHNR, 919 N. Main Street,
Mooreville, NC 28115-ATTN: Jesse W. Wells**

You are hereby required to comply with the noted violation(s) by August 16, 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 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.

7/14/97
(Date)

Jesse W. Wells
N.C. Hazardous Waste Section

I, Jesse W. Wells, hereby certify that I have personally served a copy of this Notice on: **Mr. Tulsi Lakhani at Excel Electronics**

SENT CERTIFIED MAIL
(Recipient Signature)

copies to: field files
 central files

RCRA INSPECTION REPORT

1. **Facility Information:** Excel Electronics
513 W. 24th Street
Charlotte, N.C. 28206
NCD986171197 Small Generator
2. **Facility Contact:** Mr. Tulsi Lakhani
704-376-2800
3. **Survey Participants:** Tulsi Lakhani, Naran Lakhani, Jesse Wells
4. **Date of Inspection:** 16 July 1997
5. **Purpose of Inspection:** To determine compliance with 40 CFR 262, 265, 268 and 279
6. **Facility Description:** Excel Electronics is a manufacturer of custom etched circuit boards. The facility receives film patterns from various customer. The pattern is transferred onto a copper sheet. The sheet is purchased with copper plated on one or both sides of a fiberglass core. Holes are then drilled according to the customer's pattern. The drilled copper sheet is then copper plated to replace the copper removed from the drilling process. Two types of film are then placed on the sheet. A dry film and a protective film. The sheet is then exposed to UV light. The film is then developed which bakes the film onto the sheet except where the UV light passed through the drilled areas on the sheet. The sheet is then copper and tin plated. The sheet is then etched to remove the copper. Etch waste generated is being recycled and is not considered to be hazardous waste (Attachment 1). The etch waste is being removed by: **Photo Chemical Systems, 105 Forest Drive, Knightdale, NC 27545 (919)-266-4463**. A solder mask which gives the circuit board the green appearance is then applied as a protective coating for the circuits. The board is then silk-screened which applies lettering to the circuit board which identifies the various parts to be installed on the board.

This facility recently changed to a small quantity generator. The change came about as a result of the etch waste being used as a substitute for feedstock material. The facility installed a new WWT system and generates a F006 hazardous waste. The system was installed in early 1996. The amount of sludge being generated per month is within the amounts allowed for a SQG (Attachment 2). The F006 treatment sludge is being removed from the facility by: **World Resource Company, Walnut Lane, RR#5 Box 5553, Pottsville, Pa. 17901 PAD981038227 (717)-622-4747**. The facility is meeting the effluent limits on the facility's discharge to CMUD.

7. **Type Waste:** F006 wastewater treatment sludge
8. **Areas of Inspection**
(Yes = compliance, no=violation, na=not applicable)
 - Emergency Preparedness: Yes
 - Inspection Records: No

Page Two
Excel Electronics
NCD986171197
July 16, 1997

- Contingency Plan: Yes
- Training Records: No
- Manifests/LDR: Yes

-90/180 Day Storage Area: The facility maintains a <180 day storage area inside the facility just outside the plating area. The F006 dried sludge is collected in lined marino bags. At the time of the inspection 1 bag was on-site. The bag was dated and labeled in accordance to the regulations. The bag was open at the time of the inspection and was noted as a violation

-Satellite Accumulation Area: The facility maintains one satellite area for the collection of F006 sludge beneath the sludge press. At the time of the inspection no sludge was accumulated in the area. The contact was informed that the accumulation drum in this area must be properly marked and that the drum must be closed except to add or remove waste. The contact reported that they had been taking pressed sludge and letting it "air" dry in the compressor room. The facility contact was advised to cease this practice. No "air" drying sludge was noted during the inspection.

-External Facility Condition: Good condition

-Other HW Units: NA

-Recommendations:

9. **Waste Minimization:** Waste generated at this facility will be production driven. The facility did find a source of its etch waste as a feedstock material which allowed the facility to change from LQG to SQG.

10. Site Deficiencies:

1) : 40 CFR 262.34(d)(2) ref 265.173- A container holding hazardous waste must always be closed during storage except when it is necessary to add or remove waste. The marino bag holding F006 treatment sludge was open at the time of the inspection.

2) : 40 CFR 262.34(d)(2) ref 265.174)-The facility failed to inspect bags of F006 treatment sludge in storage. The facility must document inspection in accordance with 15A NCAC 13A .0110(i).

Excel Electronics
NCD986171197
July 16, 1997

NOV Docket #97-278 issued to the facility. Mail documentation of compliance activities to:
NCDEHNR, 919 N. Main Street, Mooresville, NC 28115 Attn: Jesse W. Wells

J.W. Wells 7/16/97
INSPECTOR (DATE)

Mailed to Facility
FACILITY CONTACT

Follow Up Inspection:

INSPECTOR (DATE)

FACILITY CONTACT

ATTACHMENT I

Photo Chemical System
July 15, 1996

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



July 15, 1996

Greg Wilson
Photo Chemical Systems, Inc.
105 Forest Drive
Knightdale, North Carolina 27545

Dear Mr. Wilson:

On May 29, 1996 Photo Chemical Systems, Inc. submitted information to Helen Cotton concerning the recycling of waste printed circuit board etchants. The etchants will be used by Micronutrients in Indianapolis for the production of tri-basic cupric chloride (TBCC) to be used as an animal feed additive. 40 CFR 261.2 (e) (1) (i), codified at 15A NCAC 13A .0006, does not consider materials to be solid wastes and therefore not hazardous wastes when they are "used or reused as ingredients in an industrial process to make a product provided the materials are not reclaimed". The information provided on the process used to make TBCC indicates that the materials would meet the provisions of this exclusion and be exempt from regulation under this part.

If you have any questions or comments please contact Jeff Poupart or Linda Culpepper of the Hazardous Waste Section at (919) 733-2178, extensions 206 and 216 respectively.

Sincerely,

James A. Carter, Chief
Hazardous Waste Section

cc: Central Files
Larry Perry
Mike Williford

rc: Dan Bius
Linda Culpepper

Jeff Poupart
Raleigh, North Carolina 27611-7687



FAX 919-715-3605
An Equal Opportunity Affirmative Action Employer
50% recycled/10% post-consumer paper



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

November 18, 1996

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

Attention: Ms. Carol Walker
Hazardous Waste Compliance Specialist

Re: Request for Change of Status from Large Qty to Small Qty Generator
Excel Electronics, Inc.
EPA ID No. 986-171-197
Charlotte, North Carolina

Dear Ms. Walker:

Per our conversations dated November 15, 1996, and as per your directions, Excel Electronics (EXCEL) is pleased to submit the attached EPA Form 8700-12 (Rev. 11-30-93) for a change of status from a large quantity generator to a small quantity generator. This request is due to a change in status of our spent etchant; ET 1405.

EXCEL disposed of process treatment sludge and spent etchant as hazardous waste from the facility. Currently, the treatment process sludge is hauled off-site by World Resource Corporation for disposal. Whereas, the spent etchant is hauled off-site by the etchant manufacturer for reuse. The total quantity of process treatment sludge in six months was approximately 703 pounds with an average sludge production rate of 120 pounds per month. The total amount of spent etchant produced in the above six months period was approximately 4,850 pounds with an average rate of 800 pounds per month. Thus, EXCEL never produced more than 2200 pounds of hazardous waste in any month at the facility.

In addition, the etchant manufacturers and many other disposal contractors had contacted EPA and local State agencies to exclude spent printed circuit board etchant from regulation as hazardous waste. Finally, EPA and the State agencies had accepted their request and granted them that the spent etchant as non-hazardous waste. The spent etchant was excluded as RCRA solid waste under 40 CFR 261.2 (e) 1 (i) and/or (ii). The correspondence from EPA and other State regulatory agencies is provided in the attached Appendix. It is our understanding that Photo Chemical



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

Systems, Inc., the etchant supplier for EXCEL, ships out the spent etchant to Micronutrients, Indianapolis, Indiana for use as ingredient into their industrial process to make a product without first being reclaimed. Thus, EXCEL requests North Carolina Department of Environment, Health, and Natural Resources (NC DEHNR) Hazardous Waste Management Branch, Division of Solid Waste Management to approve the change of status request and grant us a small quantity generator status for the Year 1996 and thereafter.

EXCEL appreciates your cooperation on granting us a small quantity generator status. Please call us if you need additional information on this request.

Sincerely,

EXCEL ELECTRONICS INC.,

Naran Kakhani

Naran Kakhani
President

Attachments: Appendix

ATTACHMENT II

HW GENERATION RATES
PER MONTH



WORLD RESOURCES COMPANY

Recyclable Material Profile

A. Generator Information:		Account/Profile I.D. Number: E4179A	
1. Generator:	<u>Excel Electronics, Incorporated</u>	4. Material EPA Waste Code:	<u>F006</u>
2. Address:	<u>513 West 24th Street</u> <u>Charlotte, NC 28206</u>	5. Generator's EPA ID Number:	<u>NCD986171197</u>
3. Contact:	<u>Mr. Naran Lakhani</u>	6. Generator's State ID Number:	_____
Title:	<u>President</u>		

B. Recyclable Material Characteristics:			
1. Color(s): <u>BROWN</u>	3. Physical State (Ambient): <input checked="" type="checkbox"/> Solid <input type="checkbox"/> Liquid Consistency similar to: <input type="checkbox"/> Sand <input type="checkbox"/> Water <input type="checkbox"/> Powder <input type="checkbox"/> Oil <input type="checkbox"/> Wet Clay <input type="checkbox"/> Honey <input checked="" type="checkbox"/> Other <u>DRY EARTH</u> % Solids: <u>55.00</u>	4. Physical Composition: <input type="checkbox"/> Multi-layered <input type="checkbox"/> Bi-layered <input checked="" type="checkbox"/> Homogeneous	5. Free Liquids Present: (EPA SW 846, Method 9095) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2. Odor: <input type="checkbox"/> None <input checked="" type="checkbox"/> Mild <input type="checkbox"/> Strong Description of Odor: <u>MUSTY</u>			6. Radionuclides: <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> Detected
7. pH Test: (EPA SW 846, Method 9040/9045) pH: <u>8.01</u>	8. Volatile Organics (Ambient): <input checked="" type="checkbox"/> Not Detected <input type="checkbox"/> Detected _____ ppm Type: _____	9. Ignitability: (Ref. 40 CFR §261.21) <input checked="" type="checkbox"/> Not Ignitable <input type="checkbox"/> Ignitable	

C. Analytical Data: (Content on a dry weight basis in ppm or %)			
Constituent *	Content	Constituent *	Content
1. Aluminum ¹	Al <u>50580 ppm</u>	19. Magnesium ²	Mg <u>10092 ppm</u>
2. Antimony ¹	Sb <u>838 ppm</u>	20. Manganese ¹	Mn <u>324 ppm</u>
3. Arsenic ¹	As <u>< 10.6 ppm</u>	21. Mercury ³	Hg <u>< 0.50 ppm</u>
4. Barium ¹	Ba <u>79 ppm</u>	22. Nickel ¹	Ni <u>221 ppm</u>
5. Beryllium ¹	Be <u>0.60 ppm</u>	23. Selenium ¹	Se <u>< 13.0 ppm</u>
6. Bismuth ¹	Bi <u>< 24 ppm</u>	24. Silver ¹	Ag <u>< 5 ppm</u>
7. Cadmium ¹	Cd <u>< 1.4 ppm</u>	25. Thallium ⁴	Tl <u>19.7 ppm</u>
8. Calcium ¹	Ca <u>41740 ppm</u>	26. Tin ¹	Sn <u>8583 ppm</u>
9. Chloride ⁷	Cl <u>0.29 %</u>	27. Zinc ¹	Zn <u>188 ppm</u>
10. Chromium, Hexavalent ⁵	Cr ⁺⁶ <u>< 0.1 ppm</u>		
11. Chromium, Total ¹	Cr <u>24 ppm</u>		
12. Cobalt ¹	Co <u>39 ppm</u>		
13. Copper ¹	Cu <u>27000 ppm</u>		
14. Cyanide, Amenable ⁶	CN <u>ND ppm</u>		
15. Cyanide, Total ⁶	CN <u>< 0.1 ppm</u>		
16. Fluoride ⁷	F <u>< 0.01 %</u>		
17. Iron ¹	Fe <u>466400 ppm</u>		
18. Lead ¹	Pb <u>7160 ppm</u>		

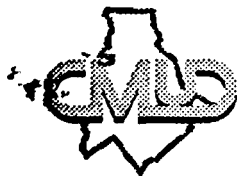
- * Analytical Procedure References:
- 1 EPA Method SW846 3050 / 6010 (Digestion / Analysis)
 - 2 EPA Method SW846 3050 / 7450 or 6010 (Digestion / Analysis)
 - 3 EPA Method SW846 3050 / 11 hydride generation (Digestion / Analysis)
 - 4 EPA Method SW846 3050 / 7840 or 6010 (Digestion / Analysis)
 - 5 EPA Method SW846 1311 / 7196 (Extraction / Analysis)
 - 6 EPA Method SW846 9010 (Distillation / Analysis)
 - 7 HNO₃ or H₂O₂ / EPA Method SW846 9056 (Digestion / Analysis)

D. Certification:

I hereby certify that all information submitted in this profile is complete and accurate to the best of my knowledge and belief.

Signed: [Signature] Date: JUN 16 1997

Title: Laboratory Manager



Charlotte-Mecklenburg Utility Department

5100 Brookshire Boulevard
Charlotte, North Carolina 28216
(704) 399-2551, Fax:(704) 393-2219

July 3, 1997

Mr. Naran Lakhani
Excel Electronics
513 W. 24th St.
Charlotte, NC 28206

Subject: Evaluation of Monitoring Performed, Permit #0451

Dear Mr. Lakhani,

Enclosed are the data summaries reviewed for May 6-9, 1997. As the data summaries show, no violations occurred during this monitoring period.

If you have any questions or need further assistance, please call me at 394-9284 extension 5163. If I am not available, you may contact Angela Moore at 394-9284 extension 5176.

Thank you for your cooperation.

Sincerely,

Pete Watkins

Pete Watkins
Pretreatment Compliance Specialist
System Protection Division

Enclosure: data summaries
cc: file

Joe
This company is
listed as a SOG. They?
should be a large.

Y E



PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Land Recycling and Waste Management
 P.O. Box 8550
 Harrisburg, PA 17105-8550

Form approved.
 OMB No. 2050-0039

2500-FM-LRWMM0051 REV. 12/96

OFFICIAL PENNSYLVANIA MANIFEST FORM

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DEP (717) 787-4343

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NC D 9 8 6 1 7 1 1 9 7	Manifest Document No. 0 2 0 0 4	2. Page 1 of 1	Information within the blue border is not required by Federal law but may be required by State law.
3. Generator's Name and Mailing Address EXCEL ELECTRONICS 513 WEST 24TH STREET, CHARLOTTE, NC 28206				A. State Manifest Document Number PAE 8270231	
4. Generator's Phone (704) 376-2800		6. US EPA ID Number HAZMAT ENVIRONMENTAL GROUP N Y D 9 8 0 7 6 9 9 4 7		B. State Gen. ID SAME	
5. Transporter 1 Company Name		8. US EPA ID Number		C. State Trans. ID PA-AH 0315	
7. Transporter 2 Company Name		10. US EPA ID Number		D. Transporter's Phone (716) 827-7209	
9. Designated Facility Name and Site Address World Resources Company Walnut Lane, RR #5, Box 5553 Pottsville, PA 17901				E. State Trans. ID PA-AH	
				F. Transporter's Phone ()	
				G. State Facility's ID	
				H. Facility's Phone (717) 622-4747	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit Wt/Vol
a. RQ, Hazardous waste, Solid, n.o.s., (F006), 9, NA3077, III			No. 2	2	Y
b.			Type BA		
c.					
d.					
I. Waste No. F006					
J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above		
Lab Pack	Physical State	Lab Pack	Physical State	a.	c.
a. <input type="checkbox"/>	S L	c. <input type="checkbox"/>	<input type="checkbox"/>	b.	d.
b. <input type="checkbox"/>	<input type="checkbox"/>	d. <input type="checkbox"/>	<input type="checkbox"/>		
15. Special Handling Instructions and Additional Information In case of an emergency, contact CHEMTREC 1-800-424-9300, Company Code "WORR" 24 Hours a day or refer to N.A. Emergency Response Guide #171 PO# 9497					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment 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 select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name NARAN LAKHANI			Signature <i>Naran Lakham</i>		MONTH DAY YEAR 09 04 97
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>Emily A. Mantin</i>			Signature <i>Emily A. Mantin</i>		MONTH DAY YEAR 09 04 97
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name			Signature		MONTH DAY YEAR
19. Discrepancy Indication Space Actual Weight for WRC records <u>3232#</u> <u>165.</u> (1.616 TON)					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name <i>Tom Shapell</i>			Signature <i>Tom Shapell</i>		MONTH DAY YEAR 09 05 97

661143
240602
PAE 8270231

INSTRUCTIONS FOR COMPLETION OF THE PENNSYLVANIA HAZARDOUS WASTE MANIFEST

No reproduction of this official Pennsylvania manifest form may be used as a shipping document for shipment of hazardous waste. All copies of this manifest must be legible.

GENERAL INFORMATION

For all shipments of hazardous waste. The copies of the manifest shall be distributed as indicated at the bottom of each copy.

If there are more than four different waste streams in a shipment, except for lab packs, complete another Manifest. If there are more than two transporters or if the waste is a lab pack, use the Uniform Hazardous Waste Manifest Continuation Sheet. Continuation Sheets must be purchased commercially. If you have any questions concerning the completion of this Manifest, call 717-783-9258.

GENERATOR/SHIPPER

- Item 1.** Generator/Shipper's US EPA ID No. - Enter the twelve digit US EPA Identification Number. Manifest Document No. - Assign a five digit number unique to all others assigned by this Generator/Shipper.
- Item 2.** Page 1 of ___ - Enter the total number of pages used to complete this Manifest counting this Manifest and Continuation Sheets, if any.
- Item 3.** Generator/Shipper's Name and Mailing Address - Enter the complete name of the generator/shipper and the complete mailing address. The address should be the location that will manage the returned Manifest forms.
- Item A.** State Manifest Document Number - This number is pre-printed, do not alter it. This Number must be placed in Item L of each continuation sheet.
- Item B.** State Gen ID - Not required for PA Generators.
- Item 4.** Generator's Phone Number - Enter the area code and telephone number where an authorized agent of the Generator may be contacted.
- Item 5.** Transporter 1 Company Name - Enter the complete company name of the first Transporter who will transport the waste.
- Item 6.** Use EPA ID Number - Enter the twelve digit US EPA Identification Number of the Transporter identified in Item 5.
- Item C.** State Trans. ID - Enter the four digits of the License No. issued by PA DEP.
- Item D.** Transporter's Phone - Enter the area code and the telephone number where an authorized agent of the Transporter may be contacted.
- Item 7.** Transporter 2 Company - If applicable, see item 5.
- Item 8.** US EPA ID Number - If applicable, see Item 6.
- Item E.** State Trans. ID - If applicable, see Item C.
- Item F.** Transporter's Phone - If applicable, see Item D.
- Item 9.** Designated Facility Name and Site Address - Enter the complete company name and complete site address of the facility designated to receive the waste listed on this Manifest. The address must be the site address, which may differ from the mailing address.
- Item 10.** US EPA ID Number - Enter the twelve digit US EPA Identification Number of the Designated Facility.
- Item G.** Enter the Facility's State ID Number - Not Required for PA facilities.
- Item H.** Facility's Phone - Enter the area code and phone number where an authorized agent of the Designated Facility may be contacted.
- Item 11.** US DOT Description [Including Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number)] - Enter the US DOT Proper Shipping Name, Hazard Class, and ID Number (UN/NA Number) for each waste as identified in 49 CFR 171 through 177. For wastes not regulated as hazardous materials by DOT, enter a description of the waste. List DOT Hazardous Materials first.
- Item 12.** Containers (No. and Type) - Enter the number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of container.
- Item 13.** Total Quantity - Enter the total quantity of each waste. **Do not use decimals or fractions.**
- Item 14.** Unit (Wt/Vol) - Enter the appropriate abbreviation from Table II (below) for the unit of measure.

Table I - Types of Containers

DM = Metal drums, barrels, kegs	DT = Dump truck
DW = Wooden drums, barrels, kegs	CY = Cylinders
DF = Fiberboard or plastic drums, barrels, kegs	CM = Metal boxes, cartons, cases (roll-offs, hoppers, gondolas, etc.)
TP = Tanks portable	CW = Wooden boxes, cartons, cases, pallets
TT = Cargo tanks (tank trucks)	CF = Fiber or plastic boxes, cartons, cases, pallets
TC = Tank cars	BA = Burlap, cloth, paper or plastic bags

Table II - Units of Measure

G = Gallons (liquid only)	L = Liters (liquids only)
P = Pounds	K = Kilograms
T = Tons (2000 lbs)	M = Metric tons (1000 kg)
Y = Cubic yards	N = Cubic Meters

- Item I.** Waste No. - Enter the Hazardous Waste Number of each waste. Refer to the Department's Regulations for Hazardous Waste Nos. If a waste is not regulated in PA but is regulated by another State, enter that State's waste code. Also, enter in item J or Item 15, "This waste is not a Hazardous Waste according to PA law."
- Item J.** Additional Descriptions for Materials Listed Above - Check the designated box if the waste is a Lab Pack. Enter the physical state of each waste (S-solid, L-liquid, SL-sludge or G-gas).
- Item K.** Handling Codes for Wastes Listed Above - Not required for PA Generators.
- Item 15.** Special Handling Instructions and Additional Information - Use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information. For international shipments, enter the point of departure (City and State). If the waste will be recycled at the designated facility on this manifest, enter a statement to that effect.
- Item 16.** Generator/Shipper's Certification - Read and sign by hand the certification statement. Enter the date (MM/DD/YY) the waste was shipped. If a mode other than highway was used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate mode (e.g., and rail) in the space below the certification statement. Primary exporters shipping hazardous waste to a facility located outside the United States must add to the end of the first sentence of the certification the following words "and conforms to the terms of the EPA Acknowledgement of Consent to the shipment."

TRANSPORTER

- Item 17.** Transporter 1 Acknowledgement of Receipt of Materials - Print or type the name of the person accepting the waste on behalf of the transporter. Sign and enter the date of receipt (MM/DD/YY).
- Item 18.** Transporter 2 Acknowledgement of Materials - If applicable, see Item 17.

DESIGNATED FACILITY

- Item 19.** Discrepancy Indication Space - The Designated Facility's authorized representative must note in this space any significant discrepancy between the waste types or quantities described on the Manifest and those actually received. If waste is rejected, so indicate in this space.
- Item 20.** Facility Owner or Operator: Certification of receipt or rejection of hazardous materials covered by this manifest. Print or type the name of the person accepting or rejecting the waste on behalf of the owner or operator of the facility. Sign and enter the date of the receipt or rejection (MM/DD/YY).



PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Land Recycling and Waste Management
 P.O. Box 8550
 Harrisburg, PA 17105-8550

Form approved.
 OMB No. 2050-0039

2500-FM-LRWM0051 REV. 12/96

OFFICIAL PENNSYLVANIA MANIFEST FORM

In case of an emergency or spill immediately call the National Response Center (800) 424-8802 and the PA DEP (717) 787-4343

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. NCD986171197	Manifest Document No. 02003	2. Page 1 of 1	Information within the blue border is not required by Federal law but may be required by State law.	
3. Generator's Name and Mailing Address EXCEL ELECTRONICS 513 W. 24TH STREET CHARLOTTE NC 28206				A. State Manifest Document Number PAE 8321541		
4. Generator's Phone (704) 376-2800				B. State Gen. ID SAME		
5. Transporter 1 Company Name St. Joseph Motor Lines		6. US EPA ID Number PAD987358587		C. State Trans. ID PA-AH 0390		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (800) 221-2564		
9. Designated Facility Name and Site Address World Resources Company Walnut Lane, RR #5, Box 5553 Pottsville, PA 17901		10. US EPA ID Number PAD981038227		E. State Trans. ID PA-AH		
				F. Transporter's Phone ()		
				G. State Facility's ID		
				H. Facility's Phone (717) 622-4747		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. RQ, Hazardous waste, Solid, n.o.s., (F006), 9, NA3077, III		No. Type 001 BA		1	Y	F006
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
Lab Pack Physical State		Lab Pack Physical State		a. c.		
a. <input type="checkbox"/> SL		c. <input type="checkbox"/>		b. d.		
b. <input type="checkbox"/>		d. <input type="checkbox"/>				
15. Special Handling Instructions and Additional Information In case of an emergency, contact CHEMTREC 1-800-424-9300, Company Code "WORR" 24 Hours a day or refer to N.A. Emergency Response Guide #171 PO# 61097						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment 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 select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name Naran Lakhani			Signature Naran M. Lakhani		MONTH DAY YEAR 06 09 97	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Gene Sager			Signature Gene Sager		MONTH DAY YEAR 06 10 97	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name			Signature		MONTH DAY YEAR	
19. Discrepancy Indication Space Actual Weight for WRC records 1259 #/bs (.630 TON)						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name Salvador Gbalo			Signature Salvador Gbalo		MONTH DAY YEAR 06 12 97	

A661437
7060902

PAE 8321541

INSTRUCTIONS FOR COMPLETION OF THE PENNSYLVANIA HAZARDOUS WASTE MANIFEST

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TRANSPORTER

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DESIGNATED FACILITY

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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 12, 1996

NARAN LAKHANI, PRESIDENT
EXCEL ELECTRONICS INC
513 W 24th St
CHARLOTTE, NC 28206



RE EPA ID NO.: NCD986171197

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 below and notify us of any corrections. We are advising EPA of the changes.

Sincerely,

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

Current Computer Record

'X' indicates operation status of your facility.

<input type="checkbox"/> LARGE GENERATOR	<input type="checkbox"/> STORES	<input type="checkbox"/> TRANSPORTER
<input checked="" type="checkbox"/> SMALL QNTY GENERATOR	<input type="checkbox"/> TREATER	<input type="checkbox"/> SMALL QTY BURNER
<input type="checkbox"/> EXEMPT SMALL QNTY	<input type="checkbox"/> DISPOSER	<input type="checkbox"/> USED OIL
<input type="checkbox"/> LG QNTY. UNIVERSAL		

Company name: EXCEL ELECTRONICS INC
Owner: NARAN LAKHANI
Contact: LAKHANI NARAN, PRESIDENT
Phone number: 704/376-2800
Location address: 513 W 24TH ST
City, St & ZIP: CHARLOTTE, NC 28206-

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

Your EPA ID number is currently active.

cc: ROBIN HEDDING

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 10, 1996

NARAN LAKHANI, PRESIDENT
EXCEL ELECTRONICS INC
513 W 24th St
CHARLOTTE, NC 28206

RE EPA ID NO.: NCD986171197

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

Current Computer Record

'X' indicates operation status of your facility.

<input type="checkbox"/> LARGE GENERATOR	<input type="checkbox"/> STORES	<input type="checkbox"/> TRANSPORTER
<input checked="" type="checkbox"/> SMALL QNTY GENERATOR	<input type="checkbox"/> TREATER	<input type="checkbox"/> SMALL QTY BURNER
<input type="checkbox"/> EXEMPT SMALL QNTY	<input type="checkbox"/> DISPOSER	<input type="checkbox"/> USED OIL
<input type="checkbox"/> LG QNTY. UNIVERSAL		

Company name: EXCEL ELECTRONICS INC
Owner: NARAN LAKHANI
Contact: LAKHANI NARAN, PRESIDENT
Phone number: 704/376-2800
Location address: 513 W 24TH ST
City, St & ZIP: CHARLOTTE, NC 28206-

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

Your EPA ID number is currently active.

cc: ROBIN HEDDING

EPA ID: NCD986171191

DATA ENTRY PERSONNEL
Submitted by: _____ Date: _____
Entered by: _____ Date: _____

Facility Name: Excel Electronics

City: Charlotte

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

Agency: S Date: 08/08/95 No. 09 Day 12 Year 95 Type GEI Control Number Data Entry Personnel
Person: 025 BRANCH 01 REASON CSE

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

Generators	Transporters	TSB's																																																														
GBF GER GGR GEB GMR GOR GPT GRR GSC GSO	TGR TMR TOR TRR TWD	DCF DCH DCL DCP DFR DGS DGH DIN DLB DLF DLT DMC DMR DOR DOT DPP DSI DTR DTT DWP																																																														
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FEA <input type="checkbox"/> CAS <input type="checkbox"/>																																																																

Nov Docket # 95-604

2: Facility determined to be in compliance w/Nov Docket # 95-604

VIOLATION DATA: New: Change: Delete:

#1 Agency: S Type: GMR Date (ndy) 08/08/95 Class:
Priority: Branch: 01 Person: 025 Reg. Number (Data Entry)
Return to Compliance: Scheduled 08/08/95 Actual 08/08/95
Reg. Type: SR Reg. Description (30): 40CFR 262.20(a)

Comment (72):

#2 Agency: S Type: GPT Date (ndy) 08/08/95 Class:
Priority: Branch: 01 Person: 025 Reg. Number (Data Entry)
Return to Compliance: Scheduled 08/08/95 Actual 09/12/95
Reg. Type: SR Reg. Description (30): 40CFR 262.34(a)(1)(i) ref 265.174

Comment (72):

#3 Agency: S Type: GPT Date (ndy) 08/08/95 Class:
Priority: Branch: 01 Person: 025 Reg. Number (Data Entry)
Return to Compliance: Scheduled 09/08/95 Actual 09/12/95
Reg. Type: SR Reg. Description (30): 40CFR 262.34(a)(4) ref 265.16(d)

Comment (72):

Continue violation data if necessary -

Region IV CMLE Form - Side B

EPA ID: [] [] [] [] [] [] [] [] [] []

Submitted by: _____ Date: _____

Entered by: _____ Date: _____

Facility Name: _____ City: _____

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

Agency: [] Type: [] Date: [] / [] / [] 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: _____

4 Agency: [S] Type: [GPT] Date (m/y) Determined: [08] / [08] / [95] Class: []
Priority: [] Branch: [01] Person: [025] Seq. Number (Data Entry) [] [] []
Return to Compliance: [09] / [08] / [95] Actual: [09] / [12] / [95]
Reg. Type: [5R] Reg. Description (30): 40 CFR 262.34(a)(4) ref 265.53b
Comment (72): _____

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

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

Continue violation data if necessary -

RCRA INSPECTION REPORT

X - VIOLATION NOTED NA - NOT APPLICABLE

Facility Name: Excel Electronics
Location: 517 W. 24th Street Charlotte, N.C. 28206
Mailing Address: SAME
EPA ID#: NCD 986 171 197 Phone Number: (704) 376-2800
Contact/Title: Mr. Tushi Lakhani
Inspection Date: August 8, 1995 Last Inspection: 7/18/94
Status: Generator Type of Inspection: CEI
Inspector(s): Jesse W. Wells (025)
Present at Inspection: Mr. Naran Lakhani
Type of Business: Etched circuit board manufacturer
Wastes Generated: Dooz/Dooz waste alkaline, Screen Cleaner
60/40 Tin/Pb Plating, Acid Copper Plating
Manifests: Approved Transporters? Approved TSD?
Filled Out Correctly? Signed Copies?
LDR Notification Attached?

Waste Minimization: Left guidance document at facility concerning development of a formal plan.

Inspection Records:

Evidence that inspections are conducted: Yes - Patel & Tushi conducting inspections - Note we done every seven days last insp. 7/21/95 [7/18 then 7/14/95]

Contingency Plan:

On-Site? Yes

Any changes to facility/processes or Emergency Coordinator since * last review? Emergency coordinator in charge - No notification of changes
* Need job title/description for: Vino Lakhani, James Jackson, Keith Kinard
+ Tushi Lakhani - Gen. handling - 7/29/94

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

Training Records:

Certified Training Documents Available? Yes

New Employees Since Last Inspection? Yes

Evidence of Improper/Inadequate Training? No

Employee Interviews:

Name(s): _____ Trained? 7 year

Annual Report Submitted? Dated 2/24/95 - Date of Delivery - 2/28/95

Emergency Preparedness:

Facility Maintained and Operated to Prevent Releases? Yes

Internal Communications or Alarm Present? Intercom

Portable Fire Extinguishers and/or Fire Control Equipment? Yes

Spill Control Equipment:

Adequate Water Volume, Foam Equipment or Auto Sprinklers? Yes

All Equipment/Alarms Tested and Maintained? Yes

Page Two - RCRA Inspection Report

Facility Name: Excel Electronics

EPA ID#: NC 986 171 197

Inspection Date: August 8, 1995

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

Adequate Aisle Space in Areas of Facility Operation? Yes

Agreements with Emergency Responders? Yes - Facility has sent contingency plan to emergency response.

Satellite Accumulation Area(s):

Location(s): Near Copper etch - equipment - Etch copper out.

Satellite Containers: Closed?

Labeled/Contents Identified?

< 55 Gallons?

Storage Area(s): One Description:

Dryum fiber - 2 drums in storage at the time of inspection.

Containers: Closed? Aisle Space? Labeled?

Dated? Evidence of Release? NO

< 90 Days? _____ Good Condition?

Other HW Units: (Applicable Regulations)

Description of Unit: N/A

External Facility Condition: _____

Site Deficiencies:

1. 40 CFR 262.20(c) - A unique five digit manifest number must be used for each individual manifest

2. 40 CFR 262.34(a)(1) ref 265.174 - Inspection of haz waste storage area must be conducted each seven days

3. 40 CFR 262.34(a)(4) ref 265.53(b) - A revised contingency plan must be sent to emer. response groups to inform of change in emergency coordinators

4. 40 CFR 262.34(d) ref 265.16(c) - Facility personnel must take part in an annual review of emergency training. Tulsii Lakhani was last trained 7/29/94

5. 40 CFR 262.34(a)(4) ref 265.16(d) - A hazardous waste job title & job description must be developed for Vinn Lakhani, James Jackson, Keith Simard & Tulsii Lakhani

(CONT.)

Page Three - RCRA Inspection Report

Facility Name: Excel Electronics

EPA ID#: NCD 986171 199

Inspection Date: August 8, 1995

Site Deficiencies (Continued): Mail documentation of
compliance activities & corrections to:

NCDEHNR
919 N. Main Street
Mooresville, N.C. 28115

Attn: Jesse W. Wells

Recommendations: 1. Contact Meares Reg. Office once filter press
system is on-line.

2. Hazardous waste training must be conducted on or before the
date of the last training.

Jesse W. Wells 8/8/95
Inspector (Date)

+ 7142100 / [Signature] 8-8-95
Facility Contact (Date)

Follow Up Inspection:

Comments: Facility determined to be in compliance per info.
submitted to the MCO

Jesse W. Wells 9/12/95
Inspector (Date)

Facility Contact (Date)

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

SITE SAFETY PLAN (SSP) UPDATE FORM
(Regulated Facility)

(A) Facility Name: Eveel Electronics EPA ID# NC0 986 171 197
Address: 513 West 24th Street Charlotte Phone# _____
Contact: Ms Tulsi Lakhami, Mr. Naray Lakhami Phone# _____
Facility Safety Designee: _____
HWS Staff: Jesse W. Uells Date: August 8, 1995

(B) REVIEW AND CHANGES

SSP Reviewed: SSP Changed: (1) SSP Unchanged:

Comments: No change in process

(1) NOTE: Any changes made in the facility process descriptions or health and safety considerations section of the SSP must be shown on a new SSP.

(C) EMERGENCY INFORMATION

Ambulance: _____ Telephone# 911
Hospital: Mercy Medical Group Telephone# 911
Police: Charlotte Police Dept. Telephone# 911
Fire Dept.: Charlotte Fire Dept Telephone# 911
Fire & Emergency Signals Reviewed: Jesse W. Uells
Site Evacuation Plan Reviewed: Jesse W. Uells

SAFETY OFFICER: Mrs. Lakhami DATE: 8-8-95

Solid Waste Management Division
Hazardous Waste Section

NOTICE OF VIOLATION

To: Excel Electronics
Address: 513 West 24th Street
Charlotte, North Carolina
EPA ID# NCD 986 171 197

Docket # 95-607
Inspection Date August 8, 1995
Facility Type General

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 August 8, 1995, Jesse Wells 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
<u>1. 40CFR 262.20(a)</u>	<u>A unique five digit number must be used for each manifest. Violation corrected at time of inspection. Manifest forwarded to TSD.</u>
<u>2. 40CFR 262.34(a)(4)</u> <u>ref. 265.53(b)</u>	<u>A revised contingency plan must be submitted to emer. response groups to reflect change in primary emergency coordinator - Invisibly certified mail or hand delivered w/ signature of recipient.</u>
<u>3. 40CFR 262.34(a)(4)</u> <u>ref. 265.16(d)</u>	<u>A. job title and job description for haz. waste duties must be developed for Vinn Lakhani, James Jackson, Keith Kinard, & Tulsi Lakhani</u>
<u>4. 40CFR 262.34(a)(4)</u> <u>ref. 265.16(c)</u>	<u>Facility personnel must take part in an annual review of training. Last documented training for Tulsi Lakhani was 7/29/94. Training document Tulsi Lakhani. Jul 8/195 - Tulsi (leave of absence)</u>
<u>5. 40CFR 262.34(a)(1)(i)</u> <u>ref. 265.174</u>	<u>Inspection of 90 day storage area must be done at least every seven days.</u>

You are hereby required to comply with the noted violation(s) by Sept 8, 1995, 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.

August 8, 1995
(Date) Jesse Wells
N.C. Hazardous Waste Section


I, Jesse Wells, hereby certify that I have personally served a copy of this Notice on:
Mr. Naran Lakhani at Excel Electronics
(Name) (Location)
on August 8, 1995.
Naran Lakhani 8-8-95
(Recipient Signature)

copies to: field files
central files
Regional Manager

Division of Solid Waste Management
Hazardous Waste Section

August 31, 1995

Memorandum To: Naran Lakhani

From: Jesse W. Wells 

Subject: Hazardous Waste Job Descriptions

On August 31, 1995, I reviewed the information which you submitted in order to comply with NOV Docket # 95-607. The job descriptions which you submitted need to be revised. The job descriptions must describe the duties SPECIFIC TO HAZARDOUS WASTE ACTIVITIES expected of the employee. As an example, if someone is inspecting the hazardous waste storage area, the description should read "Employee inspects hazardous waste storage area". If an employee dates and labels hazardous waste drums and moves them into the 90 day storage area, this needs to be specified in the job descriptions. The education and training requirements to fill the position must also be specified. I would suggest that you evaluate each employee at the facility as to their role in managing "Hazardous Waste" and develop appropriate job descriptions. I have attached an example job description for your review. Please send me copies of the revised descriptions once they have been developed or fax them to me at (704) 663-6040.

Please contact me at (704) 663-1699 if you should have any questions.



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

August 28, 1995

Mr. Jesse Wells
Waste Management Specialist
Hazard Waste Section
919 North Main Street
Mooresville, NC 28115

RE: EPA ID# NCD 986171197

Dear Mr. Wells,

On August 8, 1995 our company was inspected for compliance with the North Carolina Hazardous Waste Management Rules. Listed below are the violations we received along with what we did to comply with the rules.

CITATION# 40CFR 262.34(a)(4) Ref. 265.53(b)

A revised contingency plan was submitted to emergency response groups: Mercy Medical Group, Charlotte Police Department, Charlotte Fire Department. The primary emergency coordinator had been changed. These revised plans were sent by certified mail or hand delivered. Enclosed are the signatures of the recipients. *Except from Fire Marshal, will be mail when received.*

CITATION# 40CFR 262.34(a)(4) Ref. 265.16(d)

Job titles and job descriptions have been developed for Vinu Lakhani, James Jackson, and Keith Kinard. This includes the dates of their training and the hazard waste duties of each individual.

If you have any questions concerning any of these violations please feel free to contact me.

Thank You,

Naran Lakhani
President

NL/hd
Enclosure

**** Transmit Conf. Report ****

Aug 31 '95 8:30

DEHNR MOORESVILLE RD --> 3767178	
No.	0001
Mode	NORMAL
Time	1'18"
Pages	2 Page(s)
Result	O K



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

August 22, 1995

Mr. Ronnie Stone
Chief of Police
825 East 4th Street
Charlotte, NC 28202

Dear Chief Stone:

You are keeping a Contingency Plan on file for Excel Electronics. I would like to ask that you update the Manual: Section II, Emergency Coordinators, with the enclosed page. Our coordinators have been changed and for emergency purposes we feel you should be informed.

We appreciate your cooperation in this matter. If you have any questions please feel free to call or write.

Sincerely,

Naran Lakhani
President

NL/hd
Enclosure

RECEIVED BY: _____

DATE: _____



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

August 22, 1995

Mr. David Carelock
Fire Marshal
Charlotte Fire Department
600 East 4th Street
Charlotte, NC 28202

Dear Fire Marshal Carelock:

You are keeping a Contingency Plan on file for Excel Electronics. I would like to ask that you update the Manual: Section II, Emergency Coordinators, with the enclosed page. Our coordinators have been changed and for emergency purposes we feel you should be informed.

We appreciate your cooperation in this matter. If you have any questions please feel free to call or write.

Sincerely,

Naran Lakhani
President

NL/hd
Enclosure

RECEIVED BY: _____

DATE: _____



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

August 22, 1995

Ms. Betty Reavis
Office Manager
Mercy Medical Group
5410 North Tryon Street
Charlotte, NC 28214

Dear Ms. Reavis:

You are keeping a Contingency Plan on file for Excel Electronics. I would like to ask that you update the Manual: Section II, Emergency Coordinators, with the enclosed page. Our coordinators have been changed and for emergency purposes we feel you should be informed.

We appreciate your cooperation in this matter. If you have any questions please feel free to call or write.

Sincerely,

Naran Lakhani
President

NL/hd
Enclosure

RECEIVED BY B. Dawson

DATE: 8-22-95

SECTION II: EMERGENCY COORDINATORS

A. First Coordinator

Name: Naran Lakhani
Title: President
Telephone: (704) 549-1208 Home
(704) 376-2800 Work
Address: 1900 Bonnie Lane
Charlotte, NC 28213

B. Second Coordinator

Name: Bharat M. Patel
Title: Machine & Computer Operator
Telephone: (704) 553-1094 Home
(704) 376-2800 Work
Address: 1922 Brookdale Ave.
Charlotte, NC 28210

D. Job description/requirements

First and Second Coordinators are to be able to read, write, and be able to have the skills required to work in a hazardous waste position after training.

12/22/94

P 894 827 535

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)



Sent to	Charlotte Fire Department
Street and No.	600 East 4th Street
P.O., State and ZIP Code	Charlotte, NC 28202
Postage	\$ 55
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.75

PS Form 3800, June 1991



P 894 827 534

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)



Sent to	Ronnie Stone--Chief of Police
Street and No.	825 East 4th Street
P.O., State and ZIP Code	Charlotte, NC 28202
Postage	\$ 35
Certified Fee	1.10
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$ 2.75

PS Form 3800, June 1991



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 Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:
Mr. Ronnie Stone
Chief of Police
825 East 4th Street
Charlotte, NC 28202

4a. Article Number
P 894 827 534

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery

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

5. Signature (Addressee)

6. Signature (Agent)

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

- Addressee's Address
- Restricted Delivery

Consult postmaster for fee.



NAME: vinodray Lakhani

JOB TITLE: Supervisor--Wet Area

JOB DESCRIPTION: Thoroughly familiar with facility's lay-out contingency plan and operations. Compliance with Hazard Communication Standard. Report uncontrolled release of hazardous chemicals to Emergency Co-ordinator. Alert other personnel working in the area to initiate protective measures. Isolate all spills and prevent run-off or leakage. If spill is collected into a plastic drum and label it with: Date
Material Spilled
Name

DATE	SUBJECT	SIGNATURE
12-22-94	Received Training as per Contingency Plan in detail Safety, Lockout-Tagout	Vinodray M. Lakhani
3-15-95	Mangement & minimization of Hazardous Waste under "RCRA"	Vinodray M. Lakhani
5-12-95	Hold Contingency Plan meeting with all employees (See Attached)	Vinodray M. Lakhani
5-12-95	Hazpower Training and Hazard Communication Training	Vinodray M. Lakhani
5-12-95	fire extinguisher Training -- Personal Protection	Vinodray M. Lakhani



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

Certified Letter

August 30, 1995

North Carolina Dept. Of Environment, Health
and Natural Resources.
ATTN: Mr. Jesse W. Wells
Waste Management Specialist
919 North Main Street
 Mooresville, NC 28115



RE: EPA ID# 986171197

Dear Mr. Wells,

Reference is my letter of August 28. Enclosed copy of signature receipt letter
address to Mr. David Carlock, Fire Marshal.

I, think these will conclude our compliance of August 8, violation.

I appreciate your cooperation in this matter, and if you have any further question please
feel free to call or write.

Sincerely,

Naran Lakhani

EXCEL ELECTRONICS, INC.

Enclosure.



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

August 22, 1995

Mr. David Carelock
Fire Marshal
Charlotte Fire Department
600 East 4th Street
Charlotte, NC 28202

Dear Fire Marshal Carelock:

You are keeping a Contingency Plan on file for Excel Electronics. I would like to ask that you update the Manual: Section II, Emergency Coordinators, with the enclosed page. Our coordinators have been changed and for emergency purposes we feel you should be informed.

We appreciate your cooperation in this matter. If you have any questions please feel free to call or write.

Sincerely,

Naran Lakhani

Naran Lakhani
President

NL/hd
Enclosure

RECEIVED BY: *[Signature]*

DATE: *08/29/95*

Excel Electronics, Inc.
513 West 24th Street
Charlotte, NC 28206

Fax Cover Sheet

DATE: September 4, 1995 TIME: 3:11 PM
TO: Mr. Jesse W. Wells PHONE: (704) 663-1699
DEHNR-Waste Management Specialist. FAX: (704) 663-6040
FROM: Naran Lakhani
PHONE: 704-376-2800 FAX: 704-376-7178
RE: Hazardous Waste Job Descriptions

Number of pages including cover sheet: Seven

Message

please find enclose faxed copies of our employees "Hazardous Waste Job Descriptions."

I, would hope they are in proper order and meets your requirements.

If you have any suggestions please call.

Thanks for your kind cooperation.

Sincerely,

Naran Lakhani

Naran Lakhani

Excel Electronics, Inc.
Wet Area:

Employee: Vinodray Lakhani
Title: Supervisor

A. JOB DESCRIPTION AND RESPONSIBILITIES INCLUDE:

1. Operates and/ or assist other employee to operates and maintains equipment on Wet Area.
2. Operates Etcher, Hot Lever, Reflow Etc.
3. Dates and labels hazardous waste drums and help to move them into 90 days storage area.

B. HAZARDOUS WASTE DUTIES:

1. CHECKS Etcher, their spray and sump pump, piping for leaks. if any leak detected repair, clean or replace them immediately.
2. Labels Hazardous Waste Drums.
3. Removes and/ or help to remove full drums to Hazardous Waste 90 Days Storage area.

C: TRAINING:

Received In-house Training On:

1. Spill containment with absorbent material.
2. Hazardous Waste Handling.
3. Hazardous Waste Label.
4. Hazardous Waste Drums.
5. Hazardous Waste Storage.
6. Manifest.

Excel Electronics, Inc.**Wet Area:****Employee:** Vinodray Lakhani**Title:** Supervisor.**C: 7. Management and minimization of Hazardous Waste.**

8. Emergency Alarm.

9. Emergency fire equipment.

10. Spill Prevention Equipment.

11. Fire Extinguishers (Use and Location)

12. HazPower and Hazard Communication Training.

D: EMERGENCY DUTIES:

1. Report to emergency coordinator for instructions on spill containment, minor fire containment and assistance to county emergency responders.

E: EDUCATION AND TRAINING REQUIREMENTS:

1. Two Year College.

Able to read, write and understand instruction in English.

2. Company Contingency Plan.

3. One or more time participation in Contingency company plan.

4. Familiar with facility's lay-out.

Excel Electronics, Inc.
Wet Area:

Employee: James Jackson
Title: Wet Area-Helper

A. JOB DESCRIPTION AND RESPONSIBILITIES INCLUDE:

1. Operates Electroless Line.
2. Replenish plating baths.
3. Remake plating baths.

B. HAZARDOUS WASTE DUTIES:

1. Place Hazardous Drum Caps on Drum.
2. Removes full drums of hazardous waste and transfers drums to hazardous waste to 90 days storage area.
3. Fasten the drums with straps and plastic at storage area.
4. Helps to Load pallet of Hazardous Waste Drums to transport company truck.

C. TRAINING:

Received In-house Training On;

1. Spill containment with absorbent material.
 2. Hazardous Waste Handling
 3. Hazardous Waste Label.
 4. Hazardous Waste Drums.
 5. Hazardous Waste Storage.
-

Excel Electronics, Inc.**Wet Area:****Employee:** James Jackson**Title:** Wet Area-Helper**C: 6. Management and minimization of Hazardous Waste.****7. Emergency Alarm****8. Emergency fire equipment.****9. Spill Prevention Equipment.****10. Fire Extinguishers (Use and Location)****11. HazPower and Hazard Communication Training.****D: EMERGENCY DUTIES:****1. Report to emergency coordinator for instructions on spill containment, minor fire containment and assistance to county emergency responders.****E: EDUCATION AND TRAINING REQUIREMENTS:****1. High School.****Able to read, write and understand instruction in English.****2. Company Contingency Plan.****3. Familiar with facility's lay-out.****4 Familiar with facility's lay-out.**

Excel Electronics, Inc.
Wet Area:

Employee: Keith Kinard
Title: Pattern Plate-Helper

A. JOB DESCRIPTION AND RESPONSIBILITIES INCLUDE:

1. Operates pattern plating line.
2. Repairish plating baths.
3. Remake or make addition to plating baths

B. HAZARDOUS WASTE DUTIES:

1. ~~Remove all hazardous waste from the~~
2. removes all hazardous waste and ~~hazardous~~ reports on hazardous waste to 90 days storage area.

C. TRAINING:

Received In-house Training On:

1. Spill containment with absorbent material
2. Hazardous Waste Handling.
3. Hazardous Waste Label.
4. Hazardous Waste Drum.
5. Hazardous Waste Storage.

EPA ID: NCD986171197

DATA ENTRY PERSONNEL	
Submitted by: _____	Date: _____
Entered by: _____	Date: _____

Facility Name: Excel Electronics

City: Charlotte

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

Agency: S Date: 07/10/94 Mo. 07 Day 10 Year 94

Type: CEI

Control Number	
Data Entry Personnel	

Person: 025 BRANCH 01 REASON

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

Generators	
GBF	
GER	E
GGR	E
GLB	E
GMR	E
GOR	
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	
DCP	
DFR	
DGS	
DGW	
DIN	
DLB	
DLF	
DLT	
DHC	
DHR	
DOR	
DOT	
DPB	
DPP	
DSI	
DTR	
DTT	
DWP	

COMPLIANCE SCHEDULE (TSD, GEN, TRANS.)

FEA CAS

Evaluation Comments: (72) 1

2: Facility determined to be in compliance. - 8/19/94 & 8/12/94

Nov Docket # 94-286 issued on-site

VIOLATION DATA: New: Change: Delete:

#1 Agency: S Type: GPT Date (ndy) Determined: 07/18/94 Class:

Priority: Branch: 01 Person: 025 Seq. Number (Data Entry)

Return to Compliance: 08/18/94 Scheduled Actual 08/12/94

Reg. Type: SR Reg. Description (30): 40CFR 262.34(a)(4) w/ 265.16(c)

Comment (72):

#2 Agency: S Type: GPT Date (ndy) Determined: 07/18/94 Class:

Priority: Branch: 01 Person: 025 Seq. Number (Data Entry)

Return to Compliance: 08/18/94 Scheduled Actual 08/12/94

Reg. Type: SR Reg. Description (30): 40CFR 262.34(a)(4) w/ 265.52(d)

Comment (72):

#3 Agency: S Type: GPT Date (ndy) Determined: 07/18/94 Class:

Priority: Branch: 01 Person: 025 Seq. Number (Data Entry)

Return to Compliance: 08/18/94 Scheduled Actual 08/12/94

Reg. Type: SR Reg. Description (30): 40CFR 262.34(a)(4) w/ 265.54(d)

Comment (72):

Continue violation data if necessary -

Region IV CM&E Form - Side B

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

EPA ID:

Facility Name: _____ City: _____

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

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

Penalty Data

Assessed: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Paid: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date Paid: <input type="text"/> / <input type="text"/> / <input type="text"/>
Settled: \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>

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

Cite violations for this enforcement action below -

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

#4 Agency: S Type: GPT Date (ndy) / / Class:
 Determined: / /
 Priority: Branch: 01 Person: Seq. Number (Data Entry)
 Return to Compliance: / / Actual: /
 Reg. Type: SR Reg. Description (30): 40CFR 262.34(c)(1)(i)
 Comment (72): _____

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

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

Continue violation data if necessary -

State of North Carolina
Department of Environment,
Health and Natural Resources
Mooreville Regional Office

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
Vivian H. Burke, Regional Manager



DIVISION OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE SECTION

August 15, 1994

Excel Electronics
513 W. 24th Street
Charlotte, N.C. 28206

Attn: Mr. Tulsi Lakhani

NCD NCD 986171197

Dear Mr. Lukhani:

Based upon a follow-up inspection conducted on August 3, 1994 and the information submitted on August 9, 1994, Excel Electronics has been determined to be in compliance with the Notice of Violation Docket #94-286. The information that you submitted was reviewed by this Office and found to address the item(s) noted in the Notice.

If you have any questions or need any further assistance concerning this matter, please feel free to contact me at my office between the hours of 8:00 a.m. and 5:00 p.m. at 704/663-1699.

Sincerely,

A handwritten signature in cursive script, reading 'Jesse W. Wells', is positioned above the typed name.

Jesse W. Wells
Waste Management Specialist
Hazardous Waste Section

cc: Mr. Keith Masters, Western Area Supervisor

RCRA INSPECTION REPORT

X = VIOLATION NOTED NA = NOT APPLICABLE

Facility Name: Excel Electronics
Location: 513 W. 24th Street Charlotte N.C. 28206
Mailing Address: 513 W 24th Street
EPA ID#: NC D 986 171 197 Phone Number: (704) 376-2800
Contact/Title: Mr. Tulsi Lakhani
Inspection Date: July 18, 1994 Last Inspection: 7/14/93
Status: Generator Type of Inspection: CEI
Inspector(s): Jesse W. Wells
Present at Inspection: Mr. Tulsi Lakhani
Type of Business: Etched circuit board manufacture
Wastes Generated: Waste Alkaline D002/D003 characteristic waste
Non-Haz wastewater handled by Heritage Env. Ser.
Manifests: Approved Transporters? Approved TSDF?
Filled Out Correctly? Signed Copies?
LDR Notification Attached?

Waste Minimization: _____

Inspection Records:

Evidence that inspections are conducted: Inspection log is being maintained

Contingency Plan:

On-Site? Yes

Any changes to facility/processes or Emergency Coordinator since last review? Yes

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

Training Records:

*Certified Training Documents Available? No haz. waste

New Employees Since Last Inspection? No

Evidence of Improper/Inadequate Training? No

Employee Interviews:

Name(s):

Trained?

Mr Tulsi Lakhani reportedly is the only person handling waste at the facility.

Annual Report Submitted? Available for Review

Emergency Preparedness:

Facility Maintained and Operated to Prevent Releases? Yes

Internal Communications or Alarm Present? Yes

Portable Fire Extinguishers and/or Fire Control Equipment? Yes

Spill Control Equipment: Yes

Adequate Water Volume, Foam Equipment or Auto Sprinklers? Yes

All Equipment/Alarms Tested and Maintained? _____

Page Two - RCRA Inspection Report

Facility Name: Excel Electronics

EPA ID#: NCD 986 171 197

Inspection Date: July 18, 1994

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

Adequate Aisle Space in Areas of Facility Operation? yes

Agreements with Emergency Responders? yes

Satellite Accumulation Area(s):

Location(s): Etch line - Drum content not identified
x Drum labeled as haz waste

Satellite Containers: Closed? yes

Labeled/Contents Identified? no - (Corrected)

< 55 Gallons? yes

Storage Area(s): 1 Description: Inside Facility

Containers: Closed? ✓ Aisle Space? yes Labeled? yes

Dated? ✓ Evidence of Release? no

< 90 Days? yes Good Condition? _____

Other HW Units: (Applicable Regulations)

Description of Unit: N/A

External Facility Condition: O.K.

Site Deficiencies:

1. 40 CFR 262.34 d 4 ref - 265.16(c) - Hazardous Waste training (annual update could not be documented for Mr Tulsi Bakhani)

2. 40 CFR 262.34(e)(4) ref 265.54(d) - Contingency plan must be amended to reflect alternate emergency coordinator changes

 p 265.52(d) - Home address of emergency coordinators must be specified.

3. 40 CFR 262.34(c)(1)(ii) - Satellite storage drum (etch line) must be labeled as "hazardous waste" or other words which identifies the drums content - Corrected at time of the inspection.

Facility determined to be in compliance - 8/12/94 J.Wells

Page Three - RCRA Inspection Report

Facility Name: Excel Electronics

EPA ID#: NCD 986 171 197

Inspection Date: July 18, 1994

Site Deficiencies (Continued): _____

Recommendations:

1. Send out revisions to contingency plan certified mail.
2. Revise job titles & job descriptions specific to hazardous waste duties.
3. Send revised copy of contingency plan to NCDEHNR
919 N. Main Street, Mooresville N.C. 28115
4. Alternate emergency coordinator must be named (documented) in contingency plan implementation.

Jessie W. Wells 7/18/94
Inspector (Date)

Tulsi M. Laudran 7-18-94
Facility Contact (Date)

Follow Up Inspection:

Comments: Facility determined to be in compliance. Based upon site evaluation 8/3/94 and additional follow up information rec'd in MRU 8/12/94.

Jessie W. Wells 8/16/94
Inspector (Date)

Facility Contact (Date)

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

SITE SAFETY PLAN (SSP) UPDATE FORM
(Regulated Facility)

(A) Facility Name: EXCEL ELECTRONICS, INCORPORATED EPA ID# NCD986171197

Address: 513 WEST 24TH STREET Phone# 704-376-2800

Contact: TULSI M. LAKHANI Phone# 532-6310
NARAN L. LAKHANI Phone# 704-519-1208

Facility Safety Designee: TULSI M. LAKHANI
NARAN L. LAKHANI

HWS Staff: Jesse W. Wells Date: 7/14/93

(B) REVIEW AND CHANGES

SSP Reviewed: SSP Changed: (1) SSP Unchanged:

Comments: No change in waste generated.

No change in waste generated - J. Wells 7/18/94

(1) NOTE: Any changes made in the facility process descriptions or health and safety considerations section of the SSP must be shown on a new SSP.

(C) EMERGENCY INFORMATION

Ambulance: _____ Telephone# 911

Hospital: MERCY MEDICAL GROUP Telephone# 704-598-0515 / 911

Police: CHARLOTTE POLICE DEPARTMENT Telephone# 704-336-3190 / 911

Fire Dept.: CHARLOTTE FIRE DEPARTMENT Telephone# 704-336-2101 / 911

Fire & Emergency Signals Reviewed: Jesse W. Wells

Site Evacuation Plan Reviewed: Jesse W. Wells

SAFETY OFFICER: Naran M. Lakhani / NMA DATE: 7/14/93

[UPDATED SSP/Revised 5/93]

Tulsi M. Lakhani 7-18-94

EMERGENCY RESPONSE TEAM

Put (704) ^{on} on all.

<u>TITLE</u>	<u>NAME</u>	<u>TELEPHONE</u>
Emergency Coordinator		(w) 376-2800
- Primary	<u>TULSI M. LAKHANI</u>	(R) 532-6310
- 1st Alternate	<u>NARAN M. LAKHANI</u>	(w) 376-2800 (R) 549-1208
	(NLE)	
Emergency Medical	<u>MERLY MEDICAL GROUP</u> <u>5410 N. TROYN STREET</u> <u>CHARLOTTE NC. 28214</u>	<u>598-0515</u>
Media Contact	<u>TULSI M. LAKHANI</u>	(R) (704) 532-6310
Maintenance	<u>TULSI M. LAKHANI</u>	(R) (704) 532-6310
Fire Brigade	<u>MR. DAVID CARLELOW</u> <u>(FIRE MARSHAL)</u>	<u>336-2101</u>
Hazardous Materials Responders	<u>TULSI M. LAKHANI</u>	(R) 704-532-6310

Solid Waste Management Division
Hazardous Waste Section

NOTICE OF VIOLATION

To: Excel Electronics
Address: 513 W. 24th Street
Charlotte N.C. 28206
EPA ID# NCD 986 171 197

Docket # 94-286
Inspection Date July 18, 1994
Facility Type Generator

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 July 18, 1994, Jesse Wells 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
<u>1. 40 CFR 262.34(a)(4)</u> <u>14 265.16(c)</u>	<u>Hazardous waste annual update training could not be documented for Mr. Tushi Lakhani.</u>
<u>2. 40 CFR 262.34(a)(4)</u> <u>14 265.52(d)</u>	<u>Home addresses of emergency coordinators must be specified in the contingency plan</u>
<u>3. 40 CFR 262.34(c)(1)</u> <u>14 265.54(d)</u>	<u>Contingency plan must be immediately amended to reflect change in emergency coordinator.</u>
<u>4. 40 CFR 262.34(c)(ii)</u>	<u>Satellite storage drum (H.W.) must be labeled as "hazardous waste or other words that identify contents." - Corrected at time of the inspection</u>

You are hereby required to comply with the noted violation(s) by August 18, 1994, 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.

July 18, 1994
(Date)

Jesse L. Wells
N.C. Hazardous Waste Section

I, Jesse Wells, hereby certify that I have personally served a copy of this Notice on:

Mr. Tushi Lakhani at Excel Electronics

(Name) (Location)
on July 18, 1994. Tushi M. Lakhani 7-18-94
(Recipient Signature)

copies to: field files
central files
Regional Manager

EXCEL ELECTRONICS, INC.
513 WEST 24TH STREET
CHARLOTTE, NC 28206
(704) 376-2800

CONTINGENCY PLAN
FOR
HAZARDOUS MATERIALS AND WASTE CONTROL

JULY 29, 1994



EXCEL ELECTRONICS, INC.
513 WEST 24th STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376-2800

CONTINGENCY PLAN
FOR
HAZARDOUS MATERIALS AND WASTE CONTROL

JULY 29, 1994

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SECTION I: GENERAL PLAN

A. Objective

The objective of this instruction is to facilitate a safe and efficient hazard control procedure, and to provide a chemical emergency plan for the handling of all emergencies involving chemicals of a toxic or hazardous nature including hazardous waste.

B. Scope

A chemical emergency refers to the release of any material (gas, vapor, fume, liquid, or solid) which may pose a hazard to human health or the environment. All releases shall be considered potentially hazardous. Although a release generally refers to a spill or leak, this plan covers all types of releases whether it be by spill, leak, decomposition of another chemical, incompatibility reaction or breakdown due to fire. For ease of communication, the terms "chemical emergency", "Spill", or "leak", may be used interchangeably in this plan.

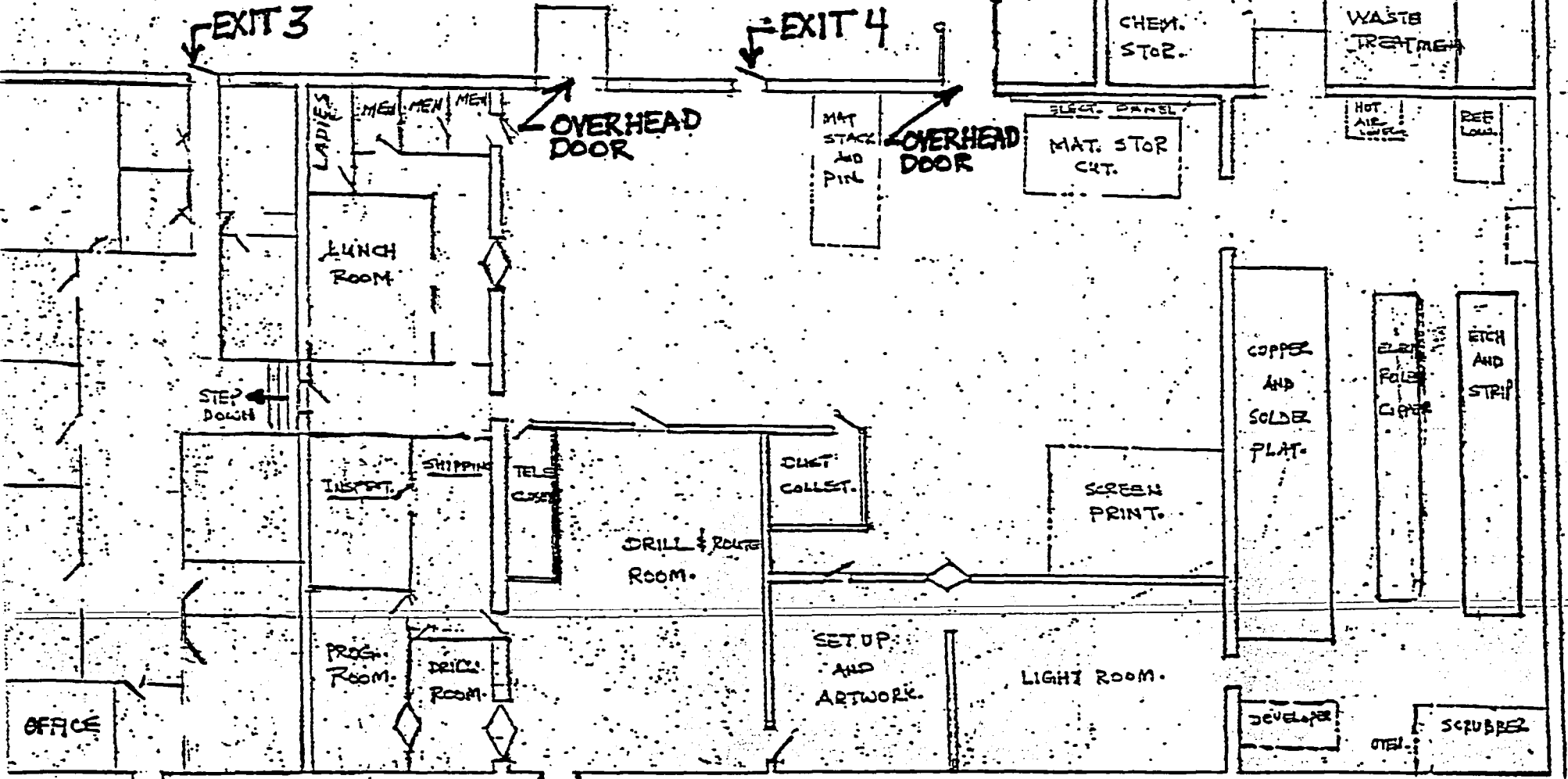
C. Structure

A person known as the Emergency Coordinator shall be responsible for administration and implementation of this plan. The position of Emergency Coordinator will be filled at all times by at least one person who is either on the premises or on call (within a short distance). This person shall be thoroughly familiar with all aspects of the facility's Layout, contingency plan, operations, activities characteristics of all wastes (and chemicals) handled, and the location of all records within the facility. This person shall also have the authority to commit the resources necessary to carry out the contingency plan. All individuals who handle spills shall be trained in procedures for the clean-up and proper disposal of spills.

EXCEL ELECTRONICS
CHARLOTTE, NC
513 WEST 24TH ST.



EXIT 5



32'-0"

60'-0"

50'-0"

27'-0"

74'-4"

38'-8"

190'-0"

EXIT 1

EXIT 2

NOT-TO-SCALE

PAGE 5

SECTION II: EMERGENCY COORDINATORS

A. First Coordinator

Name: Tulsi Lakhani
Title: Vice-President
Telephone: (704) 532-6310 Home
(704) 376-2800 Work
Address: 7015 Marlbrook Drive
Charlotte, NC 28212

B. Second Coordinator

Name: Bharat M. Patel
Title: Machine & Computer Operator
Telephone: (704) 553-7762 Home
(704) 376-2800 Work
Address: 1922 Brookdale Ave.
Charlotte, NC 28210

D. Job description/training records

1. First Coordinator
2. Second Coordinator

NAME: Tulsi Lakhani - Vice President

JOB TITLE First Coordinator - Tulsi Lakhani
Second Coordinator - Bharat Patel
JOB DESCRIPTION In absence of second coordinator assumes all job responsibilities per enclosed Hazardous Waste Duties Inspection, Labling, Moving the the drum, Dating.

DATE	SUBJECT	SIGNATURE
July 29, 1994	Received Training as per attached contingency plan in detail.	
July 29, 1994	Management & Minimization of Hazardous Waste under "RCRA" above to: Tulsi Lakhani Bharat M. Patel	<i>Tulsi Lakhani</i> <i>Bharat M. Patel</i>
July 29, 1994	Held Contingency Plan Meeting with all Employees	See Appendix II
July 29, 1994	HAZWOPER TRAINING 8 hours for Tulsi Lakhani & Bharat M. Patel	

JOB TITLE EMERGENCY COORDINATOR (Second Coordinator)

JOB DESCRIPTION Administration and implementation of plan. Thoroughly familiar with facility's lay-out contingency plan, operations, activities of all records. Compliance with Hazard Communication Standard. Obtaining and maintaining materials safety data sheets and all other duties of an Emergency Coordinator.

DATE	SUBJECT	SIGNATURE
May 21, 1993	Attended all employee meeting	

TRAINING LOG

COMPANY *Excel Electronics* SUBJECT *Hazardous Waste/HAZWOPER*

TRAINING OFFICER *Lee Denham* DATE OF TRAINING *July 29, 1994*

EMPLOYEE NAME	EMPLOYEE NO.	DEPARTMENT	EMPLOYEE SIGNATURE
<i>Bharat M. Patel</i>	<i>0003</i>	<i>Drill</i>	<i>Bharat M. Patel</i>
<i>Tulsi M. Lachari</i>	<i>00034</i>	<i>Drill & Sales</i>	<i>Tulsi M. Lachari</i>

Hazardous Materials 126 F Regulation Training Outline

General Awareness ✓

Employees taught to recognize and respect hazardous materials.

Function Specific ✓

Employees taught to perform hazardous materials tasks specific to their function.

Safety Training ✓

Employees taught to react properly to hazardous materials emergency.

Driver Training

General Awareness
Function Specific
Safety Training
Safe operation of vehicle
Hazmat regulations.

Date of Initial Training July 29, 1994

Signature of trainer [Handwritten Signature]

Signature of employee Tulsi M. Lachan 7-29-94

Hazardous Materials 126 F Regulation Training Outline

General Awareness ✓

Employees taught to recognize and respect hazardous materials.

Function Specific ✓

Employees taught to perform hazardous materials tasks specific to their function.

Safety Training ✓

Employees taught to react properly to hazardous materials emergency.

Driver Training

General Awareness
Function Specific
Safety Training
Safe operation of vehicle
Hazmat regulations.

Date of Initial Training July 29, 1994

Signature of trainer Lee Senhoun

Signature of employee Sharet M. Patel

E. Emergency Coordinator RESPONSIBILITIES:

1. Activate the alarm system.
2. Notify appropriate State and Local Authorities.
3. Identify the character, exact source, amount, and a real extent of any released materials through:
 1. Observation
 2. Facility record review
 3. Manifests
 4. Chemical analysis
4. Assess possible hazards to human health or the environment. (direct and indirect effects)
5. If assessment requires evacuation due to human life being threatened then:
 - a. Notify local authorities.
 - b. Help local officials decide on local area evacuation.
 - c. Notify government officials (on-scene coordinator).
 - d. Enact the applicable regional contingency plan, or the National Response Center and report the following:
 1. Name and telephone number of reporter.
 2. Name and address of facility.
 3. Time and type of incident (e.g., release, fire).
 4. Name and quantity of material (s) involved, to the extent known.
6. Coordinator must take all reasonable measures such as:
 - A. Stopping the processes.
 - B. Collecting and containing released waste.
 - C. Removing or isolating containers to insure that fires, explosions, and releases do not occur.
7. Coordinator must monitor leaks, equipment, etc.
8. Provide for treating, storing, or disposing of the recovered waste.
9. Coordinator must insure that:
 - A. No waste may be incompatible.
 - B. Emergency equipment is cleaned.
 - C. Notify the Regional Administrator, and appropriate State and Local authorities of completed clean-up.

D. Submit a report to the Regional Administrator.

10. Storage

A. Condition of containers.

1. If a leak occurs, the contents must be transferred or managed to comply with a leak proof container.
2. Must be lined if incompatibility occurs with the drum.

B. Management of containers.

1. Must be closed during storage.
2. May not be handled in a manner which may rupture or cause a container leak.

C. Inspection

1. Container areas must be inspected at least weekly for:
 - a. Leaks
 - b. Deterioration

D. Ignitable or reactive storage

1. 50 feet from the facility's property line.

E. Incompatible wastes

1. May not be placed:
 - a. In the same container.
 - b. In an unwashed container which previously held incompatible waste.
 - c. Nearby other container, piles, open tanks, or surface impoundments.
 - d. Unprotected without means of containment such as a dike, beam, wall, or other similar devices.

11. Accumulation time

1. May accumulate hazardous waste on-site for 90 days.
2. Waste is placed in containers are maintained accordingly.
3. The date upon which each period of accumulation begins is clearly marked and visible on each container.
4. Clearly marked hazardous waste.

12. COMPLY WITH PREPAREDNESS AND PREVENTION PLANS. CONTINGENCY PLANS, EMERGENCY PROCEDURES, AND TRAINING REQUIREMENTS FOR HAZARDOUS WASTES.

SECTION III: IMPLEMENTATION OF PLAN

A spill, once observed, shall be reported immediately to the Emergency Coordinator so that prompt action can be taken. The Emergency Coordinator shall assess the severity of the spill.

A. Code 1 spills

A code 1 spill is a spill posing no significant threat to employee or community health and safety, and/or to company property. It is a spill of low volume and/or hazard potential.

B. Code 2 spills

A code 2 spill is a serious spill posing a significant threat to employee or community health and safety and/or to company property. The spill is of high volume and/or hazard potential. Evacuation of major areas of the plant is necessary, and potential for injury is high.

C. First shift procedures:

Code 1 spills:

A code 1 spill on first shift shall be handled by the Emergency Coordinator, operators, chemical make-up, and engineering personnel. The Emergency Coordinator must decide whether or not to upgrade the spill to Code 2.

Code 2 spills:

A code 2 spill on first shift shall be handled by the Emergency Coordinator. The following action must be taken:

1. Evacuate all personnel from the contaminated area, and make every effort to determine that no one has been overcome and remains in the area. Conduct search and rescue.
2. Set up lines of evacuation, to prevent employees from wandering into an evacuated area.

DANGER-SPILL
KEEP OUT

signs shall be strategically posted. Roping or taping off may be required in large open areas.

3. Isolate all spills, and if outside, prevent run-off or leakage.
4. The area shall not be re-entered by operating personnel until evaluated by the supervisor and engineering personnel and all is clear.
5. Notify necessary local, and state authorities as soon as possible. Names, addresses, and phone numbers of these agencies are located in Section V.

D. Night shift procedures:

Spills occurring during non-routine working hours shall be reported to Naran Lakhani, or some other designated person. Efforts shall be made to contact the personnel at their homes when they are not in the plant. If unable to contact these individuals, the operators shall attempt to contact their immediate supervisors, or other personnel familiar with this plan. Section 2 contains emergency phone numbers. Action to be taken will be determined based on the assessment of the emergency by the Emergency Coordinator, supervisors, or lead person involved.

E. Spill clean-up procedures:

1. Acid, caustic, oxidizer, corrosive.
 - A. Sprinkle with neutralizer until bubbling reaction ceases.
 - B. Collect in drum with vacuum or shovel.
 - C. Cover, label, and store in drum storage area.
2. Miscellaneous chemicals
 - A. Vacuum or absorb with absorbent material.
 - B. Collect in drum.
 - C. Cover, label, and store in drum storage area.

3. Solvents: Nonflammable

A. Vacuum or absorb with absorbent.

1. connect vacuum to exhaust system when possible.
2. Do not use absorbent with solvent.

4. Flammables and Combustibles

- A. Prohibit open flames, sparks, or ignition sources from area.
- B. If spill occurs in flammable cabinet, flush to drain.
- C. Otherwise absorb with absorbent.
- D. Collect, label, and store in drum storage area.
- E. Spills of flammable inks, soldermask, etc., should be collected by shoveling.

F. General spill clean-up practice:

1. Never mix materials.
2. Acids should be diluted only after neutralization. NEVER add water to acid - a violent reaction could occur.
3. When transferring a material from a damaged container, always transfer to a cleaned container.
4. Never transport materials in an open container.
5. Thoroughly wash and clean all equipment after use in handling a spill.
6. When handling flammable solvents, be sure there are no open flames or spark-producing equipment in the vicinity (within 50 feet).
7. Never dispose materials unless familiar with waste treatment requirements. Large quantities of materials for disposal should always be brought to the attention of the waste treatment plant prior to disposal.

8. Exercise caution when vacuuming volatile materials. Irritating and/or hazardous vapors, or dusts may be generated and dispersed into the area.
9. If hazardous wastes are generated, try to remain upwind from the source.
10. Leaking drums may be quickly contained by transferring to spare drums.

G. First aid:

1. Whenever a person is injured by a spilled material, flood the affected area with copious amounts of water, and notify the supervisor and the personnel department. All accidents shall be brought to the attention of the personnel department. Personnel will also be informed of the chemical or trade name of the material which caused injury.
2. If caustic, oxidizing or acidic solutions are brought into contact with the body or eyes, remove the involved clothing and immediately wash the area with large amounts of cold water. Eye washes are located throughout the facility.
3. If toxic fumes are inhaled, the person shall be taken to a place where he can breathe fresh air. If breathing has stopped, start artificial respiration immediately.

SECTION IV: EMERGENCY EQUIPMENT

A. Inventory and capabilities of emergency equipment

1. Each month inspections of the spill handling equipment will be completed by the Emergency Coordinator.
2. Check lists for each type of inspection shall be completed and maintained in a log by the Emergency Coordinator.
3. Forms
 - A. Inspection Log of Emergency and Hazardous Waste Equipment (see page 12A)
 - B. Fire Extinguisher Inventory List (see page 12B)

INSPECTION LOG OF EMERGENCY AND HAZARDOUS WASTE EQUIPMENT

<u>ITEM</u>	<u>EMERGENCY EQUIPMENT</u>	<u>LOCATION</u>	<u>INSPECTED DATE</u> ---- <u>BY</u>
1.	Rubber Gloves	Emergency Station	_____
2.	Rubber Boots	Emergency Station	_____
3.	Goggles	Emergency Station	_____
4.	Rubber Apron	Emergency Station	_____
5.	Absorbent Material	Emergency Station	_____
6.	Shovel	Emergency Station	_____
7.	Empty Clean Barrels	Emergency Station	_____
8.	Fire Extinguishers	Throughout Plant	_____
9.	Wet/Dry Vacuum	Emergency Station	_____
10.	Eye Wash Cleaning Center	Emergency Station	_____

FIRE EXTINGUISHER INVENTORY LIST

LOCATION	MANUFACTURER MODEL #	YEAR MFR'D	TYPE	SIZE #	LAST HYDROTEST
Break Rm.	Badger 5-1211	1984	Halon BC	5	5/92
Chemical Storage	Badger 10MB-3H	1986	Dry Chem. ABC	10	5/92
	Badger 5-1211	1986	Halon BC	5	5/92
Drill Rm.	Badger 5-1211	1984	Halon BC	5	5/93
	Amerex 500	1991	Dry Chem. ABC	5	
Light Rm.	Badger 5-1211	1984	Halon BC	5	5/92
	Badger 10MB-3H	1985	Dry Chem. ABC	10	5/92
Office	Badger 10MB-3H	1988	Dry Chem. ABC	10	
Plating Area	Badger 5-1211	1986	Halon BC	5	5/92
	Badger 10MB-3H	1986	Dry Chem. ABC	10	5/92
	Badger 10MB-3H	1988	Dry Chem. ABC	10	
Screening Area	Amerex 500	1991	Dry Chem. ABC	5	
Warehouse	Badger 10MB-3H	1984	Dry Chem. ABC	10	5/92
	Badger 5MB-5H	1988	Halon BC	5	

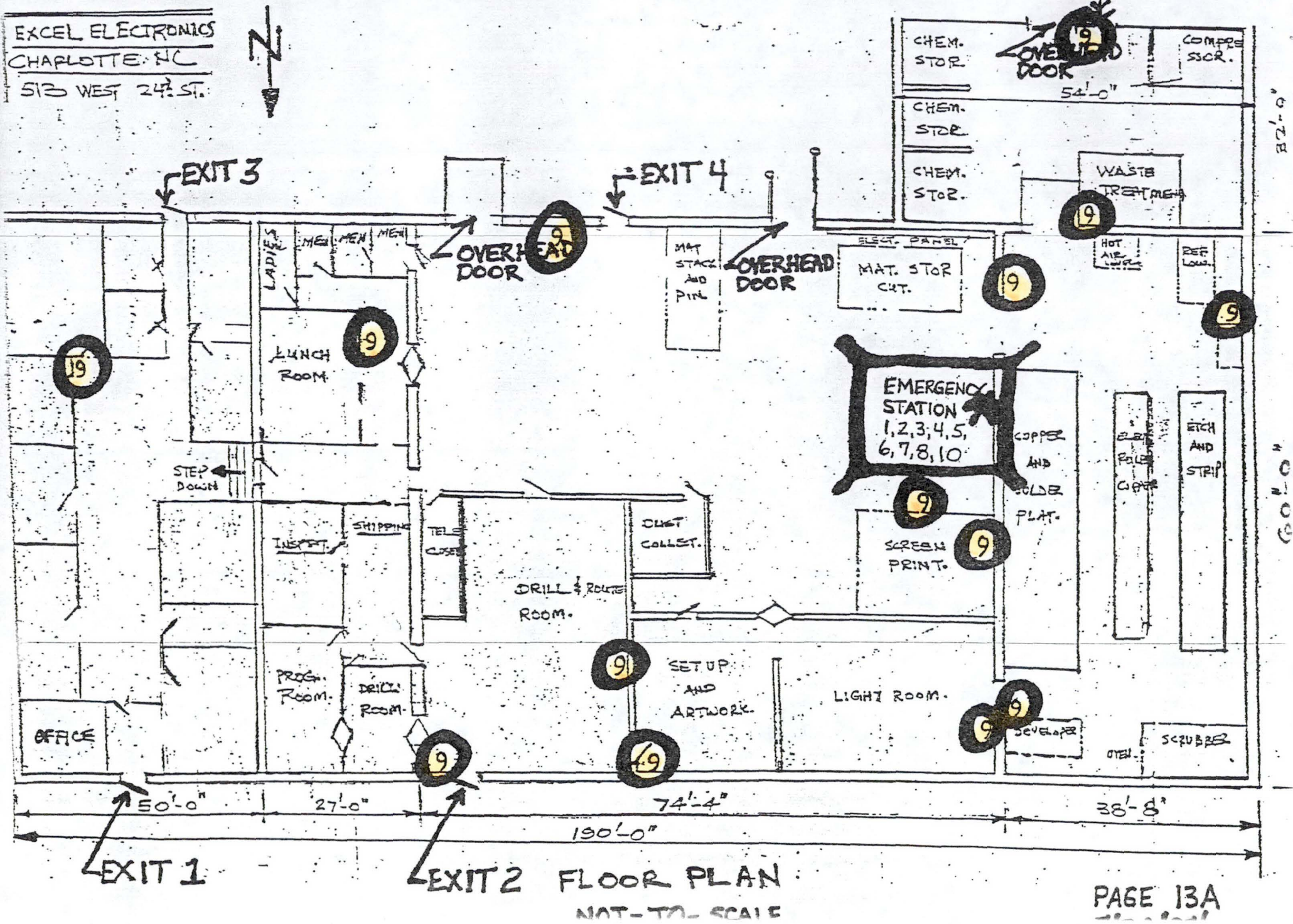
4. Capabilities - equipment use.

- A. Rubber gloves - hand protection
- B. Rubber Boots - foot protection
- C. Respirator - chemical or dust
- D. Goggles - eye protection
- E. Rubber apron - body protection
- F. Absorbent material - absorb spills
- G. Shovel - collect, absorb
- H. Empty, clean barrels - store absorbent
- I. Fire extinguishers - extinguish small fires
- J. Wet/dry vacuum - collect spills

B. Location of emergency equipment
(See page 13A)

- | | | |
|-----|----------------------|-------------------|
| 1. | Rubber gloves | Emergency station |
| 2. | Rubber boots | Emergency station |
| 3. | | |
| 4. | Goggles | Emergency station |
| 5. | Rubber apron | Emergency station |
| 6. | Absorbent material | Emergency station |
| 7. | Shovel | Emergency station |
| 8. | Empty, clean barrels | Emergency station |
| 9. | Fire extinguishers | Throughout plant |
| 10. | Wet/dry vacuum | Emergency station |

LOCATION OF EMERGENCY EQUIPMENT



FLOOR PLAN
 NOT-TO-SCALE

SECTION V: COORDINATION WITH LOCAL AUTHORITIES

A. List of local authorities receiving copies of this plan

1. Charlotte Fire Department
ATTN: David Carelock
Fire Marshall
125 South Davidson Street
Charlotte, NC 28202
(704) 336-2101
2. Charlotte Police Department
ATTN: Ronnie Stone
Chief-of-Police
825 East 4th Street
Charlotte, NC 28202
(704) 336-3190
3. Mercy Medical Group
ATTN: Betty Reavis
Office Manager
5410 North Tryon Street
Charlotte, NC 28214
(704) 598-0515

B. Coordination agreements

1. The Charlotte Police Department will be notified at once that a Code 2 emergency has been declared at Excel Electronics, Inc.. Their function at the scene will be to aid in getting emergency vehicles to the scene, and aid in control of onlookers so that the Fire Department may do their job.
2. The Charlotte Fire Department will respond with information from the Emergency Coordinator. The information should specify whether fire, fumes, dilution of solutions, or chemical spills are happening. The Emergency Coordinator will assist the Fire Department in bringing the situation under control by the use of fans, respirators, water, or standard equipment at their disposal.

SECTION VI: EVACUATION PLAN:

- A. The Emergency Coordinator will alert the company personnel, over the intercom system, to evacuate the plant during a code 2 emergency.
- B. Company personnel shall turn off all equipment, walk to the nearest exit, and get 100 yards from the building.
- C. Evacuation routes (See page 15A).

EVACUATION

AREA

PRIMARY

ALTERNATE

DRILL

2

4, 5, 1, 3

LIGHT SCREEN

4

5, 2, 1, 3

OFFICE

1

3, 4, 2, 5

PLATING

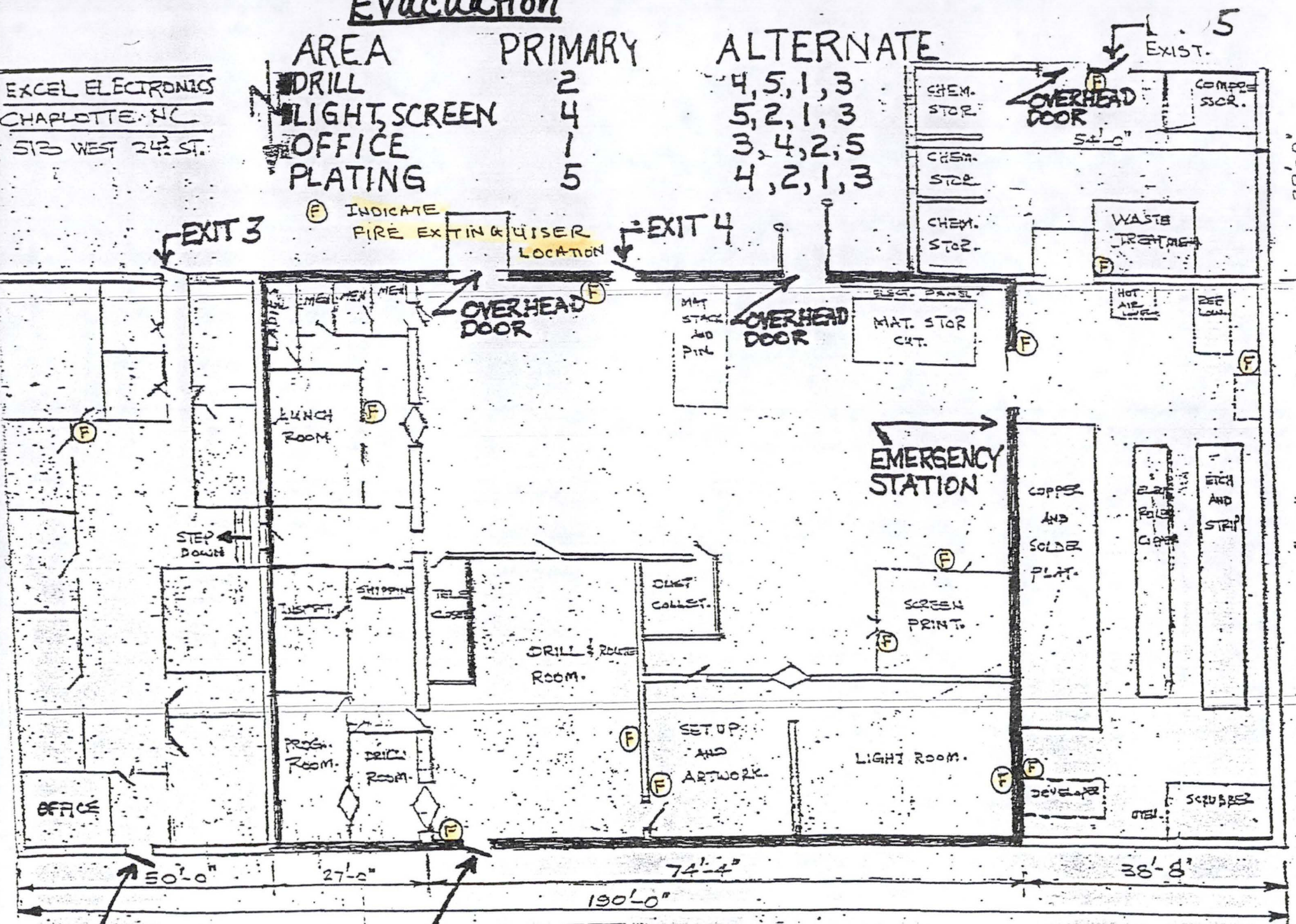
5

4, 2, 1, 3

5
EXIST.

EXCEL ELECTRONICS
CHARLOTTE, NC
513 WEST 24TH ST.

(F) INDICATE FIRE EXTINGUISHER LOCATION



FACILITY SITE PLAN

SECTION VII: SPILL REPORTS:

A. Notification prior to resuming operations

Following a Code 2 emergency, state and local authorities will be notified that the released waste has been treated, stored, or disposed of, and that all emergency equipment is cleaned and ready for use.

B. Report of incident:

Within 15 days of a Code 2 emergency, a spill report must be completed by the Emergency Coordinator for the state health commissioner.
(See page 16A)

SPILL REPORT

Excel Electronics, Inc.
513 W. 24th Street
Charlotte, NC 28206
(704) 376-2800

ITEM

BRIEF DESCRIPTION

ACTION TAKEN

Signature of the reporting person: _____

Date: _____

SECTION VIII: CONTAINER LABELING

Excel Electronics, Inc. will verify that all containers received for use will:

Be clearly labeled as to the contents.
Note the appropriate hazard warning.
List the name and address of the manufacturer/importer/or responsible party.

It is a policy of Excel Electronics, Inc. that no container will be released for use until the above data is verified.

All secondary containers will be labeled with either an extra copy of the original manufacturer's label or with a generic label having a block for identity and blocks for the hazard warning.

All labels will be legible, in English, and prominently displayed on the container. No label is to be defaced or removed unless the container is immediately marked with the required information. No employee should remove any label unless specifically directed to do so by his/her supervisor. Any container without a label should be reported immediately to the work area supervisor.

Signs, placards, process sheets, batch tickets, operating procedures may be used for stationary process containers rather than individually labeling each piece of equipment. These alternatives will contain the same information as labels and will always be readily accessible to employees.

The Hazard Communication Standard does not require a label to be placed on portable containers into which hazardous chemicals are transferred from labeled containers, and which are intended only for the immediate use of the employee who performs the transfer. However, if you do label the portable container appropriately you can help prevent the accidental misuse of the material by others.

The identity of the material that appears on the manufacturer's label or the in-house label will be the same name used to identify the material on the Chemical Inventory List and will be the same as on the substance's material safety data sheet.

SECTION IX: EMPLOYEE TRAINING

A. Employee training information

Excel Electronic's Inc. will inform and train employees who are exposed to hazardous chemicals. Training will be provided at time of initial assignment. Retraining will be provided whenever a new hazard is introduced into the work area.

The following specific information will be transmitted to employees:

1. Requirements of the Hazard Communication Standard.
2. Information about operations in their work area where hazardous chemicals are present.
3. Location of the following written hazard communication materials:
 - A. Lists of hazardous chemicals
 - B. Material Safety Data Sheets
 - C. Written hazard communication program

Training will also include:

1. Methods and observations to detect the presence of a hazardous chemical in the work area (visual appearance or smell)
2. Specific information about physical and health hazards of the chemicals in the work area (by specific chemical or by categories of hazards)
3. Measures employees may use to protect themselves from hazards
4. Specific protective procedures implemented by the employer (i.e., personal protective equipment)
5. Explanation of the hazard communication program, how to read and interpret material safety data sheets and labels
6. Physical and chemical characteristics of the hazardous chemicals
7. Physical hazards (potential for fire, explosion, etc.)
8. Known acute and chronic health effects and related health information
9. Primary routes of entry into the body
10. Information on exposure limits

11. Whether hazardous chemical is considered a carcinogen by OSHA, the International Agency for Research on Cancer or The National Toxicology Program
12. Precautions for safe handling
13. Generally acceptable control measures (engineering controls, work practices, personal protective equipment)
14. Emergency and first aid procedures
15. Date of MSDS preparation or last change
16. Name, address and phone number of party responsible for preparing or distributing the MSDS

B. Material safety data sheets (MSDS)

Copies of material safety data sheets (MSDS) for all hazardous chemicals to which employees of Excel Electronics, Inc. may be exposed will be kept and filed and readily accessible to any employee in the work area at any time during the work shift. Acceptable formats include manuals, files and computer terminals.

If the material safety data sheet (MSDS) is not provided with a shipment, the company will obtain one from the manufacturer, importer, or distributor as soon as possible. The material safety data sheet (MSDS) will be the most current one provided or supplied.

Material safety data sheets (MSDS) shall also be made readily available, upon request, to designated representatives, North Carolina Occupational Safety and Health and the director, National Institute for Occupational Safety and Health.

Information on a basic material safety data sheet (MSDS) includes the following:

1. The identity used on the label

Single substance: chemical and common name

Mixtures tested as a whole: Chemical and common names of all ingredients which are health hazards and which are in concentrations of 1% or more

Mixtures untested as whole: Chemical and common names of all ingredients which are health hazards and which are in concentrations of 1% or greater; carcinogens in concentration of 0.1% or more

2. Physical and chemical characteristics of the hazardous chemicals

3. Physical hazards (potential for fire, explosion, etc.)

4. Known acute and chronic health effects and related health information

5. Primary routes of entry into the body
6. Information on exposure limits
7. Whether hazardous chemical is considered a carcinogen by OSHA, the International Agency for Research on Cancer or the National Toxicology Program
8. Precautions for safe handling
9. Generally acceptable control measures (engineering controls, work practices, personal protective equipment)
10. Emergency and first aid procedures
11. Date of MSDS preparation or last change
12. Name, address and phone number of party responsible for preparing or distributing the MSDS

C. Hazardous non-routine task

Hazardous non-routine tasks will be given special attention. Prior to starting work on such projects, each affected employee will be given information by their supervisor about hazardous chemicals to which they may be exposed during such activity.

This information will include:

1. Specific chemical hazards
2. Protective/safety measures the employee can take
3. Measures the company has taken to lessen the hazards including ventilation, respirators, etc.

When work activities are performed by employees in areas where chemicals are transferred through unlabeled pipes, prior to starting work in these areas, the employee shall contact his/her immediate supervisor for information.

It is the responsibility of Excel Electronics, Inc. to provide contractors with employees the following information:

1. Hazardous chemicals to which they may be exposed while on the job site
2. Precautions the employees may take to lessen the possibility of exposure by usage of appropriate protective measures

SECTION X: RESPONSIBLE PERSONS FOR COMPLIANCE WITH THE HAZARD COMMUNICATION STANDARD

ENSURING IN-PLANT LABELING

TULSI LAKHANI _____

LABELING CONTAINERS TO BE SHIPPED

TULSI LAKHANI _____

UPDATING LABEL INFORMATION

TULSI LAKHANI _____

OBTAINING AND MAINTAINING MATERIAL SAFETY DATA SHEETS

NARAN LAKHANI _____

TULSI LAKHANI _____

CONDUCTING INITIAL TRAINING

NARAN LAKHANI _____

Format consists of a combination of classroom instruction and audiovisual program

CONDUCTING ONGOING TRAINING AS NECESSARY

Bharat PATEL/TULSI LAKHANI _____



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

August 11, 1994

Mr. Ronnie Stone
Chief-of-Police
825 East 4th Street
Charlotte, NC 28202

Dear Chief Stone:

The enclosed revised manual is being sent to you in compliance with Hazardous Waste Regulations for our company. Please keep it on file for emergency purposes. We appreciate your cooperation in this matter.

Sincerely Yours,

Tulsi M. Lakhani

Tulsi Lakhani
Vice President

TL/hd
Enclosure

RECEIVED BY: *Carol P. Baker*

DATE: 8-12-94



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

August 11, 1994

Mr. David Carelock
Fire Marshal
Charlotte Fire Department
600 East 4th Street
Charlotte, NC 28202

Dear Fire Marshal Carelock:

The enclosed revised manual is being sent to you in compliance with Hazardous Waste Regulations for our company. Please keep it on file for emergency purposes. We appreciate your cooperation in this matter.

Sincerely yours,

Tulsi M. Lakhani

Tulsi Lakhani
Vice President

TML/hed
Enclosure

RECEIVED BY: _____

A. M. Goldin

DATE: _____

8-12-94



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

August 11, 1994

Ms. Betty Reavis
Office Manager
Mercy Medical Group
5410 North Tryon Street
Charlotte, NC 28214

Dear Ms. Reavis:

The enclosed revised manual is being sent to you in compliance with Hazardous Waste Regulations for our company. Please keep it on file for emergency purposes. We appreciate your cooperation in this matter.

Sincerely Yours,

Tulsi M. Lakhani
Tulsi Lakhani
Vice President

TL/hd
Enclosure

RECEIVED BY: Melissa Rowe

DATE: Aug. 12 - 1994

SECTION II: EMERGENCY COORDINATORS

A. First Coordinator

Name: Tulsi Lakhani
Title: Vice-President
Telephone: (704) 532-6310 Home
(704) 376-2800 Work
Address: 7015 Marlbrook Drive
Charlotte, NC 28212

B. Second Coordinator

Name: Bharat M. Patel
Title: Machine & Computer Opperator
Telephone: (704) 553-7762 Home
(704) 376-2800 Work
Address: 1922 Brookdale Ave.
Charlotte, NC 28210

D. Job description/requirements

First and Second Coordinators are to be able to read, write, and be able to have the skills required to work in a hazardous waste position after training.

7/29/94

NAME: **Tulsi Lakhani** - Vice-President

JOB TITLE **First Coordinator**
JOB DESCRIPTION Administration and implementation of plan.
Thoroughly familiar with facility's lay-out contingency plan, operations,
activities of all records. Compliance with Hazard Communication Standard.
Obtaining and maintaining materials safety data sheets.
Hazardous Waste Duties: Inspection, Labeling, Moving the Drum, & Dating

DATE	SUBJECT	SIGNATURE
July 29, 1994	Received Training as per attached contingency plan in detail	
July 29, 1994	Management & Minimization of Hazardous Waste under "RCRA" above to: Tulsi Lakhani Bharat Patel	Tulsi Lakhani Bharat m. Patel
July 29, 1994	Held Contingency Plan Meeting with all Employees	See Appendix II
July 29, 1994	Hazwoper Training 8 hours for Tulsi Lakhani Bharat Patel	

signs shall be strategically posted. Roping or taping off may be required in large open areas.

3. Isolate all spills, and if outside, prevent run-off or leakage.
4. The area shall not be re-entered by operating personnel until evaluated by the supervisor and engineering personnel and all is clear.
5. Notify necessary local, and state authorities as soon as possible. Names, addresses, and phone numbers of these agencies are located in Section V.

D. Night shift procedures:

Spills occurring during non-routine working hours shall be reported to Tuisi Lakhani, or some other designated person. Efforts shall be made to contact the personnel at their homes when they are not in the plant. If unable to contact these individuals, the operators shall attempt to contact their immediate supervisors, or other personnel familiar with this plan. Section 2 contains emergency phone numbers. Action to be taken will be determined based on the assessment of the emergency by the Emergency Coordinator, supervisors, or lead person involved.

E. Spill clean-up procedures:

1. Acid, caustic, oxidizer, corrosive.
 - A. Sprinkle with neutralizer until bubbling reaction ceases.
 - B. Collect in drum with vacuum or shovel.
 - C. Cover, label, and store in drum storage area.
2. Miscellaneous chemicals
 - A. Vacuum or absorb with absorbent material.
 - B. Collect in drum.
 - C. Cover, label, and store in drum storage area.

FIRE EMERGENCY

In case of a fire the Emergency Coordinator should take the following action:

1. If the fire is small and can be handled by the coordinator and causes no threat to the employees then the Emergency Coordinator should use a fire extinguisher to extinguish the fire.
2. If the fire is a threat to employees then the Emergency Coordinator needs to evacuate all personnel from the building and call the fire department.



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

FAX COVER PAGE

TO:

FROM:

FAX # 704-663-6040

FAX # (704) 376-7178

NAME: Dept. of Environment
Attn: Jesse W. Wells.

NAME: Naran Lakhani

PHONE # 704-663-1699

PHONE # (704) 376-2800

DATE: 8-9-94

TIME: 5:45 pm.

TOTAL PAGES 8

COVER PAGE MESSAGE:

Mr. Wells.

Here are copies of the
contingency plan we revised for
your approval.

Please let us know if
this okay.

The pages are in the order
of your 1-5 comments.

Thank You!

State of North Carolina
Department of Environment,
Health and Natural Resources
Mooresville Regional Office

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
Vivian H. Burke, Regional Manager



DIVISION OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE SECTION

August 8, 1994

MEMORANDUM

TO: Tulsi Lakhani
FROM: Jesse W. Wells
SUBJECT: Contingency Plan

A review has been conducted on the contingency plan submitted and received in this Office on August 5, 1994. The following comments address deficiencies noted in the plan received:

1. Sign off sheet for Charlotte Fire Department acknowledging receipt of the plan was not received.
2. The plan does not describe the action that facility personnel will take in case of fire. Must be specific as to the action facility personnel will take. (Spill response is adequately addressed).
3. On page 10, section D. reference is made to Mr. Naran Lakhani. It was my understanding that Mr. Naran Lakhani is no longer at the facility.
4. Need to be more specific for the job description of Mr. Bharat Patel. What exactly are his hazardous waste duties as second coordinator in the absence of the first coordinator?
5. Job descriptions must also list the skills, education requirements to work in a hazardous waste management position at the facility.

Please make the above revisions and send out revised sections to emergency response personnel. Should you have any questions do not hesitate to contact me at (704) 663-1699.

**EXCEL ELECTRONICS, INC.**

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

July 29, 1994

Mr. David Carelock
Fire Marshal
Charlotte Fire Department
600 East 4th Street
Charlotte, NC 28202

Dear Fire Marshal Carelock:

The enclosed revised manual is being sent to you in compliance with Hazardous Waste Regulations for our company. Please keep it on file for emergency purposes. We appreciate your cooperation in this matter.

Sincerely yours,

Tulsi M. Lakhani

Tulsi Lakhani
Vice President

TML/hed
Enclosure

RECEIVED BY: *AS Soldner* Assistant Fire MarshalDATE: *8-4-94*

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2. Miscellaneous chemicals
 - A. Vacuum or absorb with absorbent material.
 - B. Collect in drum.
 - C. Cover, label, and store in drum storage area.

NAME: Tulsi Lakhani - Vice-PresidentJOB TITLE First CoordinatorJOB DESCRIPTION Administration and implementation of plan.

Thoroughly familiar with facility's lay-out contingency plan, operations, activities of all records. Compliance with Hazard Communication Standard.

Obtaining and maintaining materials safety data sheets.

Hazardous Waste Duties: Inspection, Labeling, Moving the Drum, & Dating

DATE	SUBJECT	SIGNATURE
July 29, 1994	Received Training as per attached contingency plan in detail	
July 29, 1994	Management & Minimization of Hazardous Waste under "RCRA" above to: Tulsi Lakhani Bharat Patel.	<i>Tulsi Lakhani</i>
July 29, 1994	Held Contingency Plan Meeting with all Employees	See Appendix II
July 29, 1994	Hazwoper Training 8 hours for Tulsi Lakhani Bharat Patel.	

NAME: Bharat M. Patel

JOB TITLE EMERGENCY COORDINATOR (Second Coordinator)

JOB DESCRIPTION Administration and implementation of plan. Thoroughly familiar with facility's lay-out contingency plan, operations, activities of all records. Compliance with Hazard Communication Standard. Obtaining and maintaining materials safety data sheets and all other duties of an Emergency Coordinator. In the absence of the First Coordinator he will be responsible for the duties on page 6A.

DATE	SUBJECT	SIGNATURE
July 29, 1994	Attended all employee meeting	

SECTION II: EMERGENCY COORDINATORS

A. First Coordinator

Name: Tulsi Lakhani
Title: Vice-President
Telephone: (704) 532-6310 Home
(704) 376-2800 Work
Address: 7015 Marlbrook Drive
Charlotte, NC 28212

B. Second Coordinator

Name: Bharat M. Patel
Title: Machine & Computer Opperator
Telephone: (704) 553-7762 Home
(704) 376-2800 Work
Address: 1922 Brookdale Ave.
Charlotte, NC 28210

D. Job description/requirements

First and Second Coordinators are to be able to read, write, and be able to have the skills required to work in a hazardous waste position after training.

7/29/94



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
 CHARLOTTE, NORTH CAROLINA 28206
 (704) 376 2800 FAX (704) 376-7178

FAX COVER PAGE

TO:

FROM:

FAX # 704-663-6040

FAX # (704) 376-7178

NAME: DEHN R

NAME: Naran Lakhani / Tulsii

Att: MR. Jesse W. Wells

Naran's Brother

PHONE # 704-663-1699

PHONE # (704) 376-2800

DATE: 8-12-94

TIME: 1:46 PM

TOTAL PAGES 9

COVER PAGE MESSAGE:

Dear MR. Wells;

Please acknowledge the copies of
 the paper I sent you today with "UPS RED"

please let us know if this is okay.

Enclosure: 5- Pages of change.

3- letters copy from
 each Dept.

Thank you very much

Tulsii

**EXCEL ELECTRONICS, INC.**

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

August 11, 1994

Mr. Ronnie Stone
Chief-of-Police
825 East 4th Street
Charlotte, NC 28202

Dear Chief Stone:

The enclosed revised manual is being sent to you in compliance with Hazardous Waste Regulations for our company. Please keep it on file for emergency purposes. We appreciate your cooperation in this matter.

Sincerely Yours,

Tulsi M. Lakhani

Tulsi Lakhani
Vice President

TL/hd
Enclosure

RECEIVED BY:

Camel P. Baker

DATE:

8-12-94

**EXCEL ELECTRONICS, INC.**

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

August 11, 1994

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Charlotte Fire Department
600 East 4th Street
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Sincerely yours,

Tulsi M. Lakhani

Tulsi Lakhani
Vice President

TML/hed
Enclosure

RECEIVED BY: *A. Y. Goldin*DATE: 8-12-94

**EXCEL ELECTRONICS, INC.**

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

August 11, 1994

Ms. Betty Reavis
Office Manager
Mercy Medical Group
5410 North Tryon Street
Charlotte, NC 28214

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Tulsi M. Lakhani

Tulsi Lakhani
Vice President

TL/hd
Enclosure

RECEIVED BY: Melissa RoweDATE: Aug. 12 - 1994

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 - A. Vacuum or absorb with absorbent material.
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 - C. Cover, label, and store in drum storage area.

Diagram 11-10001

JOB TITLE	EMERGENCY COORDINATOR (Second Coordinator)
JOB DESCRIPTION	Administration and implementation of plan. Thoroughly familiar with facility's lay-out contingency plan, operations, activities of all records. Compliance with Hazard Communication Standard. Obtaining and maintaining materials safety data sheets and all other duties of an Emergency Coordinator. In the absence of the First Coordinator he will be responsible for the duties on page 6A.

DATE	SUBJECT	SIGNATURE
July 29, 1994	Attended all employee meeting	

NAME: Tulsi Lakhani - Vice-President

JOB TITLE: First Coordinator

JOB DESCRIPTION: Administration and implementation of plan.

Thoroughly familiar with facility's lay-out contingency plan, operations, activities of all records. Compliance with Hazard Communication Standard.

Obtaining and maintaining materials safety data sheets.

Hazardous Waste Duties: Inspection, Labeling, Moving the Drum, & Dating

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July 29, 1994	Management & Minimization of Hazardous waste under "RCRA" above to: Tulsi Lakhani Bharat Patel	<i>Tulsi Lakhani</i> <i>Bharat m. Patel</i>
July 29, 1994	Held Contingency Plan Meeting with all Employees	See Appendix II
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SECTION II: EMERGENCY COORDINATORS**A. First Coordinator**

Name: Tulsi Lakhani
Title: Vice-President
Telephone: (704) 532-6310 Home
(704) 376-2800 Work
Address: 7015 Marlbrook Drive
Charlotte, NC 28212

B. Second Coordinator

Name: Bharat M. Patel
Title: Machine & Computer Operator
Telephone: (704) 553-7762 Home
(704) 376-2800 Work
Address: 1922 Brookdale Ave.
Charlotte, NC 28210

D. Job description/requirements

First and Second Coordinators are to be able to read, write, and be able to have the skills required to work in a hazardous waste position after training.

7/29/94

State of North Carolina
Department of Environment,
Health and Natural Resources
Mooresville Regional Office

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
Vivian H. Burke, Regional Manager



DIVISION OF SOLID WASTE MANAGEMENT
HAZARDOUS WASTE SECTION

August 8, 1994

MEMORANDUM

TO: Tulsi Lakhani
FROM: Jesse W. Wells
SUBJECT: Contingency Plan

A review has been conducted on the contingency plan submitted and received in this Office on August 5, 1994. The following comments address deficiencies noted in the plan received:

1. Sign off sheet for Charlotte Fire Department acknowledging receipt of the plan was not received.
2. The plan does not describe the action that facility personnel will take in case of fire. Must be specific as to the action facility personnel will take. (Spill response is adequately addressed).
3. On page 10, section D. reference is made to Mr. Naran Lakhani. It was my understanding that Mr. Naran Lakhani is no longer at the facility.
4. Need to be more specific for the job description of Mr. Bharat Patel. What exactly are his hazardous waste duties as second coordinator in the absence of the first coordinator?
5. Job descriptions must also list the skills, education requirements to work in a hazardous waste management position at the facility.

Please make the above revisions and send out revised sections to emergency response personnel. Should you have any questions do not hesitate to contact me at (704) 663-1699.

FAX TRANSMITTAL COVER SHEET



**STATE OF NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES**

FROM: Name: Jesse Wells

Division: _____

Section: _____

**MOORESVILLE REGIONAL OFFICE
919 North Main Street**

Mooreville, North Carolina 28115

Phone 704/663-1699

FAX 704/663-6040

DATE: Aug. 8, 1994

TO: Tulsi Bakhani

FAX NUMBER: _____

SUBJECT: Contingency Plan

NUMBER OF PAGES (Including Cover): 2



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

July 29, 1994

North Carolina Department of Environment
Attn: Jesse W. Wells
919 North Main Street
Mooresville, NC 28115

Dear Mr. Wells:

The enclosed revised manual is being sent to you in compliance with Hazardous Waste Regulations for our company. Please keep it on file for emergency purposes. We appreciate your cooperation in this matter.

Sincerely Yours,

Tulsi M. Lakhani

Tulsi Lakhani
Vice President

TL/hd
Enclosure

RECEIVED BY: _____

DATE: _____



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

July 29, 1994

Ms. Betty Reavis
Office Manager
Mercy Medical Group
5410 North Tryon Street
Charlotte, NC 28214

Dear Ms. Reavis:

The enclosed revised manual is being sent to you in compliance with Hazardous Waste Regulations for our company. Please keep it on file for emergency purposes. We appreciate your cooperation in this matter.

Sincerely Yours,

Tulsi M. Lakhani

Tulsi Lakhani
Vice President

TL/hd
Enclosure

RECEIVED BY: *Betty Reavis*

DATE: 8-4-94



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

July 29, 1994

Mr. Ronnie Stone
Chief-of-Police
825 East 4th Street
Charlotte, NC 28202

Dear Chief Stone:

The enclosed revised manual is being sent to you in compliance with Hazardous Waste Regulations for our company. Please keep it on file for emergency purposes. We appreciate your cooperation in this matter.

Sincerely Yours,

Tulsi M. Lakhani

Tulsi Lakhani
Vice President

TL/hd
Enclosure

RECEIVED BY: *J. Karam*

DATE: *8-4-94*



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

July 29, 1994

Ms. Betty Reavis
Office Manager
Mercy Medical Group
5410 North Tryon Street
Charlotte, NC 28214

Dear Ms. Reavis:

The enclosed revised manual is being sent to you in compliance with Hazardous Waste Regulations for our company. Please keep it on file for emergency purposes. We appreciate your cooperation in this matter.

Sincerely Yours,

Tulsi M. Lakhani

Tulsi Lakhani
Vice President

TL/hd
Enclosure

RECEIVED BY: *Betty Reavis*

DATE: 8-4-94



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

APPENDIX II

MEMO

DATE: May 21, 1993

TO: ALL EMPLOYEES

FROM: Naran Lakhani *NML*
First Emergency Coordinator

REFERENCE: Contingency Plan for Hazardous Materials and
Hazardous Waste Control in the event of
accidental release or spillage

An all employee meeting will be held at 8:00 AM, Wednesday, May 26, 1993 in the break room. The purpose of this meeting is to review the item referenced.

POST: Employee Bulletin Board
Remove 5/27/93

<u>Attendees :</u>	<u>Date</u>
<u>Mulson M. Lalha</u>	<u>5-26-93</u>
<u>Tulsi M. Lathia</u>	<u>5-26-93</u>
<u>Bharat M. Patel</u>	<u>5/26/93</u>
<u>Lee Thor</u>	<u>5/26/93</u>
<u>KA Yang</u>	<u>5/26/93</u>
<u>Ronald M. Davis</u>	<u>5/26/93</u>
<u>Jagdish S. Patel</u>	<u>5-26-93</u>

EPA ID: N C D 9 8 6 1 7 1 1 9 7

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

Facility Name: Excel Electronics City: Charlotte

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

Agency: S Date: Mo. 07 / Day 14 / Year 93 Type: CEI Control Number Data Entry Personnel

Person: 025 Reason:

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

Generators	Transporters	TSD's		
GER <input type="checkbox"/>	TGR <input type="checkbox"/>	DCH <input type="checkbox"/>	DLB <input type="checkbox"/>	DPB <input type="checkbox"/>
GGR <input type="checkbox"/>	TMR <input type="checkbox"/>	DCL <input type="checkbox"/>	DLF <input type="checkbox"/>	DPP <input type="checkbox"/>
GLB <input type="checkbox"/>	TOR <input type="checkbox"/>	DCP <input type="checkbox"/>	DLT <input type="checkbox"/>	DSI <input type="checkbox"/>
GSO <input type="checkbox"/>	TRR <input type="checkbox"/>	DFR <input type="checkbox"/>	DMC <input type="checkbox"/>	DTR <input type="checkbox"/>
GMR <input type="checkbox"/>	TWD <input type="checkbox"/>	DGS <input type="checkbox"/>	DMR <input type="checkbox"/>	DTT <input type="checkbox"/>
GOR <input type="checkbox"/>		DGW <input type="checkbox"/>	DOR <input type="checkbox"/>	DWP <input type="checkbox"/>
GPT <input type="checkbox"/>		DIN <input type="checkbox"/>	DOT <input type="checkbox"/>	
GRR <input type="checkbox"/>				
GSC <input type="checkbox"/>				

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

Evaluation Comments:

(72) 1: Facility determined to be in compliance
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 -

RCRA INSPECTION REPORT

- 1) Facility Name: *Excel Electronics*
ID Number: *NCD 986 171 197*
Type of facility: *Etching circuit board manufacturing fac. Large generator*
Ownership: *Corporate.*
Contact: *Mr. John Hamilton*
Phone number: *(704) 376-2800*
Facility location (address): *513 W 24th Street*
City, state, zip: *Charlotte, N.C 28206*
- 2) Survey Participants: *Mr. John Hamilton*
Mr. Jesse Wells
- 3) Date of Inspection: *July 14, 1993*
- 4) Purpose of Inspection: *Unannounced facility audit & records review to*
determine compliance with 40 CFR 262, 265 & 268
- 5) Facility Description:
Processes: *Waste generated from cleaning operation from etching*
process
** Non haz. rinse water from plating operation is being sent to Heritage*
Env Service
Type Waste: *D002/D008 waste alkaline liquid*

Transporters: *Photo Chemical Systems NCD 000 831 065*

TSD's: *CP Chemicals SCD 070 371 895*

Accumulation areas: *One satellite acc. area near etching process*

Storage areas: *One 90 day storage area.*

** Facility required to cease discharge to CMUD of plating
rinse water due to permit violations (pH, heavy metals)
This occurred on or about Nov. 1992. Facility was closed
from November 1992-April 1993*

6) Waste Minimization:

7) Site Deficiencies: *None noted during time of inspection*

8) Recommendations: *Training update required for Mr. Keith Kinard
Review waste minimization handouts & develop written plan.
Info. Material was made available to facility contact.*

Signed:

Jesse W. Wells
Inspector/Reviewer

July 14, 1993
Date

John A. Hamilton
Facility Contact

RCRA INSPECTION FIELD NOTES- GENERATOR

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

Facility Name: Excel Electronics NRD 7/14/93 # 93-318
Address: _____
ID #: _____
Inspection Date: _____ Last Inspection 8/31/92
Contact: John Hamilton Type of Inspection CEI
Present at Inspection: _____

Lois Faucette
Type of business: _____
Processes: _____
Wastes Generated: D002/D008

Transporters: Photo Chemical TSD's CP Chemicals SCD 070 371875
NRD 000 831 065

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

Inspection Records: Being maintained #

Contingency Plan:
 Actions for spills/fires? Agreements with emergency contacts?
 Em. coords updated? Name, address, phone for em. coords?
 Emerg equip/location/alarms? Report on use of conting. plan?
 Evacuation plan/signals/primary/secondary?
Naman Lakhani 1st, Tulsi Lakhani, Third Jagdish Patel

Training Records: 5/26/93
Last training? Em coord.s and appropriate people trained?
Job Title? Job description?
Content? Sign off?
O.K.

Annual Report: 1992 - 3/1/93
Waste analysis (TCLP): _____
Accumulation Areas: Description: 4 drums in storage - located in area near dock for pick up.

Closed/labeled/dated/< 55 gallons?
Storage Areas: Description: _____

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

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

SECTION X: RESPONSIBLE PERSONS FOR COMPLIANCE
WITH THE HAZARD COMMUNICATION
STANDARD

ENSURING IN-PLANT LABELING

TULSI LAKHANI _____

LABELING CONTAINERS TO BE SHIPPED

TULSI LAKHANI _____

UPDATING LABEL INFORMATION

TULSI LAKHANI _____

OBTAINING AND MAINTAINING MATERIAL SAFETY DATA
SHEET

NARAN LAKHANI _____

TULSI LAKHANI _____

CONDUCTING INITIAL TRAINING

NARAN LAKHANI _____

Format consists of a combination of classroom
instruction and audiovisual program

CONDUCTING ONGOING TRAINING AS NECESSARY

VINU LAKHANI/TULSI LAKHANI _____

5/20/94



EXCEL ELECTRONICS, INC.

SEP 18 1992

Printed Circuit Boards

September 14, 1992

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

Docket # 92-405
EPA ID # NCD 986171197

Certified Mail

Mr. Stephen Phibbs
Waste Management Specialist
N C Dept. of Environment, Health and Natural Resources
310 East Third Street Suite 200
Winston-Salem, NC 27106

Re: Compliance With Notice of Violation

Dear Mr. Phibbs:

In referencer to the above Docket Number I submit herewith:

A. Job Descriptions for the following employees: James Jackson, Lee Thor, Thao Tong and Keith Kinard.

B. Photo copy of Annual Report.

I hope that this compliance meet with satisfaction to remove the violation.

Sincerely,


Naran Lakhani
President

Enclosuer.
RT

Lee Thor

Job Title: Helper

Job Description:

1. Report uncontrolled release of hazardous chemicals to Emergency Co-Ordinator.
2. Alert other personnel working in the area to initiate protective measures.
3. Barricade areas to prevent entrance. Isolate all spills and if, outside, prevent run-off or leakage.
4. Wear your protective gear:
 - A) Respirator
 - B) Gloves
 - C) Safety glasses or Goggles
5. Add the neutralization agent, start at the outside edges and work in ward. Most neutralizers will also change color to tell you when its safe.
6. Read your directions on the neutralizer you are using.
7. Mix the material carefully to make sure it,s all reacted.
8. When acid is neutralized and cool, scoop it into a plastic drum and label it with.
 - . Date
 - . Material spilled
 - . Your Name
9. When transferring a material from a damaged container, always transfer to a cleaned container.
10. Never transport materials in an open container.
11. Thoroughly wash and clean all equipment after use in handling a spill.
12. Exercise caution when vacuuming volatile materials.

Thao Tong

Job Title: Helper

Job Description:

1. Report uncontrolled release of hazardous chemicals to Emergency Co-Ordinator.
2. Alert other personnel working in the area to initiate protective measures.
3. Barricade areas to prevent entrance. Isolate all spills and if, outside, prevent run-off or leakage.
4. Wear your protective gear:
 - A) Respirator
 - B) Gloves
 - C) Safety glasses or Goggles
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 - . Material spilled
 - . Your Name
9. When transferring a material from a damaged container, always transfer to a cleaned container.
10. Never transport materials in an open container.
11. Thoroughly wash and clean all equipment after use in handling a spill.
12. Exercise caution when vacuuming volatile materials.

Keith Kinard

Job Title: Helper

Job Description:

1. Report uncontrolled release of hazardous chemicals to Emergency Co-Ordinator.
2. Alert other personnel working in the area to initiate protective measures.
3. Barricade areas to prevent entrance. Isolate all spills and if, outside, prevent run-off or leakage.
4. Wear your protective gear:
 - A) Respirator
 - B) Gloves
 - C) Safety glasses or Goggles
5. Add the neutralization agent, start at the outside edges and work in ward. Most neutralizers will also change color to tell you when its safe.
6. Read your directions on the neutralizer you are using.
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 - . Date
 - . Material spilled
 - . Your Name
9. When transferring a material from a damaged container, always transfer to a cleaned container.
10. Never transport materials in an open container.
11. Thoroughly wash and clean all equipment after use in handling a spill.
12. Exercise caution when vacuuming volatile materials.

COPY

RECEIVED

OMB#: 2050-0024 Expires 8/30/92

MAR 05 1992

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Excel Electronics, Inc.
513 W. 24th Stl Charlotte, NC 28206

EPA ID NO. NICID | 91816 | 11711 | 11917



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1991 Hazardous Waste Report

ENTERED
IDENTIFICATION AND
CERTIFICATION

MAR 26 1992

FORM
IC

INSTRUCTIONS: Read the detailed instructions beginning on page 6 of the 1991 Hazardous Waste Report booklet before completing this form.

SEC. I Site name and location address. Complete items 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 6

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or →		B. County <u>Mecklenburg</u>	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1989? <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 checked="" type="checkbox"/> or →			
F. City, town, village, etc. Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/>	H. Zip Code Same as label <input checked="" type="checkbox"/>

SEC. II Mailing address of site. Instruction page 6

A. Is the mailing address the same as the location address? <input checked="" type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input type="checkbox"/> 2 No (GO TO BOX 8)	
B. Number and street name of mailing address	
C. City, town, village, etc.	E. Zip Code

SEC. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instruction page 6

A. Please print: Last name <u>Patel</u>	First name <u>Paresh</u>	M.I. <u>R</u>	B. Title <u>President</u>	C. Telephone <u>(710) 437-2800</u> Extension <u> </u>
--	-----------------------------	------------------	------------------------------	--

SEC. IV Enter the Standard Industrial Classification (SIC) Code that describes the principal products, group of products, produced or distributed, or the services rendered at the site's physical location. Enter more than one SIC Code only if no one industry description includes the combined activities of the site. Instruction page 7

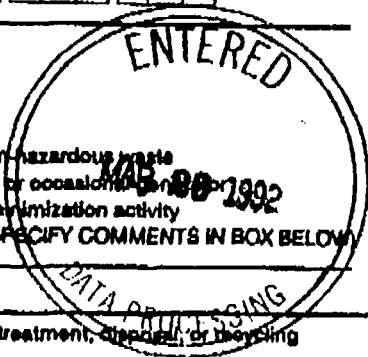
A. <u>3672</u>	B. <u> </u>	C. <u> </u>	D. <u> </u>
----------------	----------------	----------------	----------------

SEC. V "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 <u>Patel</u>	First name <u>Paresh</u>	M.I. <u>R</u>	B. Title <u>President</u>
C. Signature <u>Paresh Patel</u>			D. Date of signature <u>012</u> / <u>216</u> / <u>912</u> MO. DAY YR.

Page 1 of 1

Sec. VI - Generator Status		EPA ID NO. <u>NCD</u> <u>9,8,6</u> <u>1,7,1</u> <u>1,9,7</u>
<p>A. RCRA generator status Instruction page 7 (CHECK ONE BOX BELOW)</p> <p><input checked="" type="checkbox"/> 1 LOG <input type="checkbox"/> (SKIP TO SEC. VII) <input type="checkbox"/> 2 BOG <input type="checkbox"/> <input type="checkbox"/> 3 CESQG <input type="checkbox"/> <input type="checkbox"/> 4 Non generator (CONTINUE TO BOX B)</p>	<p>B. Reason for not generating Page 9 (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. VII - On-Site Waste Management Status		
<p>A. RCRA permitted or interim status storage Instruction page 10</p> <p style="text-align: center;"><input checked="" type="checkbox"/> 1</p>	<p>B. RCRA permitted or interim status treatment, disposal, or recycling Page 10</p> <p style="text-align: center;"><input type="checkbox"/> 1</p>	<p>C. RCRA-exempt treatment, disposal, or recycling Page 11</p> <p style="text-align: center;"><input type="checkbox"/> 1</p>

Sec. VIII - Waste Minimization Activity during 1990 or 1991		
<p>A. Did this site begin or expand a source reduction activity during 1990 or 1991? Instruction page 11</p> <p><input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No</p>	<p>B. Did this site begin or expand a recycling activity during 1990 or 1991? Page 12</p> <p><input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No</p>	<p>C. Did this site systematically investigate opportunities for source reduction or recycling during 1990 or 1991? Page 12</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 1990 or 1991?
Page 12
(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
<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
<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
<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
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	e.	Technical limitations of the production processes	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	f.	Permitting burdens	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
<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
<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
<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
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	j.	Other (SPECIFY COMMENTS IN BOX BELOW)	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2

E. Did any of the factors listed below delay or limit this site's ability to initiate new or additional on-site or off-site recycling activities during 1990 or 1991?
Page 12
(CHECK YES OR NO FOR EACH ITEM)

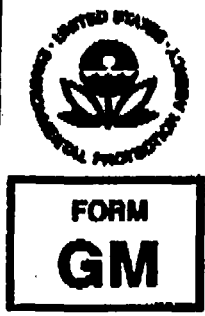
Yes	No				
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	a.	Insufficient capital to install new recycling equipment or implement new recycling practice	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	b.	Lack of technical information on recycling techniques applicable to this site's specific production processes	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	c.	Recycling 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
<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
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	e.	Requirements to manifest wastes inhibit shipments off site for recycling	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
<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
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	g.	Technical limitations of production processes inhibit shipments off site for recycling	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
<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
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	i.	Permitting burdens inhibit recycling	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
<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
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	k.	Unable to identify a market for recyclable materials	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2
<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
<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
<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
<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	o.	Other (SPECIFY COMMENTS IN BOX BELOW)	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME Excel Electronics, Inc.
513 W. 24th St. Charlotte, NC 28206

EPA ID NO. N1C1D 91816 11711 1197



U.S. ENVIRONMENTAL PROTECTION AGENCY

1991 Hazardous Waste Report

ENTERED

MAR 26 1992

WASTE GENERATION AND MANAGEMENT

DATA PROCESSING

INSTRUCTIONS: Read the detailed instructions beginning on page 13 of the 1991 Hazardous Waste Report booklet before completing this form.

Sec. I A. Waste description
Instruction Page 15

Spent acid with Metals

B. EPA hazardous waste code
Page 15 D1008 D002

C. State hazardous waste code
Page 15

D. SIC code
Page 18 3672

E. Origin code
Page 18 1
System type MI 1809

F. Source code
Page 17 A127

G. Point of measurement
Page 17 1

H. Form code
Page 17 B1103

I. RCRA-radioactive mbrd
Page 17 2

J. Reported TRI constituent
Page 15 1

K. CAS numbers
Page 18 1. _____ 2. _____
3. _____ 4. _____ 5. _____

Sec. II A. Quantity generated in 1991
Instruction Page 18 492100

B. Quantity generated in 1991
Page 18 27600

C. UOM Density
Page 18 1 1 1
 1 lbs/gal 2 kg

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 18
 1 Yes (CONTINUE TO SYSTEM 1)
 2 No (SKIP TO SEC. III)

ON-SITE SYSTEM 1
On-site system type
Page 18 MI
Quantity treated, disposed or recycled on site in 1991 _____

ON-SITE SYSTEM 2
On-site system type
Page 18 MI
Quantity treated, disposed or recycled on site in 1991 _____

Sec. III A. Was any of this waste shipped off site in 1991?
Instruction Page 20 1 Yes (CONTINUE TO BOX B)
 2 No (SKIP TO SEC. IV)

Site 1 B. EPA ID No. of facility waste was shipped to
Page 20 S C D 0 7 0 3 7 1 8 8 5

C. System type shipped to
Page 20 MI 0 4 1

D. Off-site availability code
Page 21 0

E. Total quantity shipped in 1991
Page 21 27600

Site 2 B. EPA ID No. of facility waste was shipped to
Page 20 _____

C. System type shipped to
Page 20 MI _____

D. Off-site availability code
Page 21 _____

E. Total quantity shipped in 1991
Page 21 _____

Sec. IV A. Did new activities in 1991 result in minimization of this waste?
Instruction Page 22 1 Yes (CONTINUE TO BOX B)
 2 No (THIS FORM IS COMPLETE)

B. Activity
Page 22 W _____ W _____
W _____ W _____

C. Other effects
Page 22 1 Yes
 2 No

D. Quantity recycled in 1991 due to new activities
Page 23 _____

E. Activity/production index
Page 23 _____

F. 1991 Source reduction quantity
Page 24 _____

Comments:



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

July 18, 1991

Docket# 91-268
EPA ID# NCD 986171197

M. Scott Readling
Waste Management Specialist
Solid Waste Management Division
Hazardous Waste Section
216 Forsyth St.
Thomasville, NC 27360

Re: Compliance with the Notice of Violence.

Dear Mr. Readling:

Please refer to the Notice of Violations served on us on 6/25/91. We submit herewith the Contingency Plan manual which has incorporated all requirements as per the Notice, which are:

A. (1) Job title for all Hazardous Waste Personnel. Because of management changes, we have included Mr. P. Patel, Mr. R. Savani, and Mr. J. Patel.

(2) Job description for all Hazardous Waste Personnel listed above. *(pull boxes?)*

(3) List of all emergency equipments indicating locations, descriptions, and capacities. Telephone system is being used to announce any emergency. The codes are specified in the Manual.

(4) A schedule showing evacuation plan. *Alternate*

B. Land disposal restriction notification for waste manifest is being used. *See copy*

C. Manifest has been prepared as per the instruction.

We hope that this compliance will satisfy to remove the violations.

Thank you. *Road around facility*

Sincerely,
For, Excel Electronics, Inc.

Paresh Patel

Paresh Patel
President

Enclosure.

- Contingency
- Manifest

7

6/25/91 EXCEL ELECTRONICS, INC.
 NCD986171197

Contingency plan

265.52(e)

Specific locations of Emergency Equipment
 and specific (in amounts & size) Eyewash & Showers

Contingency plan should show the following:

- ① location of raw & Haz. WASTE MATERIALS
- ② ROADS AROUND FACILITY
- ③ HOW TO ACCESS

SIGNAL OR INSTRUCTIONS TO BE COMMUNICATED

265.52(f)

EVACUATION system using Telephone PA, Alarm Boxes
 fire hose, sprinkler system

- routes for evacuation primary & alternate routes

MANIFEST

262.20(a)

00016
00015

Waste Alkaline (Corrosive) liquid (D002/D008)

photo Chemical Systems NCD000831065

CP Chemicals, Inc. SCN 070371885

Hwy 155

SUNTER SC 29150

5/6/91 Units Lb used Discrepancy over 10% ^{only} ISO not sending

268.7(a)(1)

00016 LDR WASTE CODES NOT SHOWN

4/8/91 " " " "

00015 LDR WASTE CODES NOT SHOWN

3/4/91 " " " "

00014 LDR WASTE CODES NOT SHOWN

2/4/91

00013 NOT UNITS USED Greater than 10% ^{NOT Bulk}
LDR WASTE CODES?

12/18/90 00012 NOT UNIT Vol. used
No transportation sign #2
NO LDR

11/26/90 00011 units of Vol LBS
NO LDR

10/29/90 00010 NO LDR (units)

10/01/90 units ~~NO LDR~~ 00009 NO WASTE CODES

9/4/90 units LDR 0008 WASTE CODES

→ 7/30/90 units 00007

7/2/90 units 00006

6/4/90 units 00005

4/30/90 no units 00004

3/12/90 units 00003

Weekly Inspections - OK

TRAINING

Amit P. Patel 4/4/90 265-16 (d)(1)

NARAN Lakhani 10/17-18/90 265-16 (d)(2)

Anil Savani 4/10-11/90

Rohit Savani 4/18-19/91

Solid Waste Management Division
Hazardous Waste Section

NOTICE OF VIOLATION

TO: EXCEL ELECTRONIC INC.

Docket # 91-268

Address: 513 W. 24TH STREET
CHARLOTTE, N.C. 28206

Inspection Date 6/25/91

EPA ID# NCD986171197

Facility Type GENERATOR

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 6/25/91, Scott Reading, 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:

- 262.20(a) Specifics
PREPARE MANIFEST IN ACCORDANCE WITH INSTRUCTIONS (re volume)
- 262.34(a)(4) 265.16(d)(1) Job title needed for all Hazardous Waste Management Personnel
- 265.16(d)(2) Written Job description needed for all Hazardous Waste Mang. Personnel
- 265.52(e) All emergency equipment identified including locations, descriptions & capacity
- 265.52(f) Evacuation plan must describe signals used and evacuation routes.
- 265.7(a)(1) Low Disposal Restriction Notification for waste manifested off-site.

You are hereby required to comply with the noted violation(s) by 7/23/91, 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.

6/25/91
(Date)

Scott Reading
N.C. Hazardous Waste Section

I, Scott Reading, hereby certify that I have personally served a copy of this Notice on:

MR. PAREESH PATEL
EXCEL ELECTRONIC INC., at 513 W. 24TH STREET, CHARLOTTE, NC

(Name)
on 6/25, 1991

(Location)
Pareesh Patel

(Recipient Signature)

copies to: field files
central files
Regional Office

Robin Bawson
 (803) 481-8585
 CP Chemicals
 Form 1, page 1

CP CHEMICALS, INC.
 Notification of Land Disposal Restrictions. Form 1: Restricted Wastes.

Generator: Excel Ele. INC EPA ID No: NC D 986171197
 Facility: _____ Manifest No: NC D 00831065 Date: 7/1/91

EPA WASTE CODE	WASTE SUBCATEGORY	TREATMENT STANDARDS CONSTITUENT	CONCENTR. mg/lt	TREATM. TECHN.	REFERENCE 40CFR PARTS
D002	<input type="checkbox"/> Acid based on 40CFR261.22(a)1	---	---	DEACT	-----
D002	<input type="checkbox"/> Alkaline based on 40CFR261.22(a)1	---	---	DEACT	-----
D002	<input checked="" type="checkbox"/> Other corrosive by 40CFR261.22(a)2	---	---	DEACT	-----
D004	<input type="checkbox"/> NA	Arsenic	<input type="checkbox"/> WW <input type="checkbox"/> non-WW 5.0 5.0	NS	268.41&268.43
D005	<input type="checkbox"/> NA	Barium	<input type="checkbox"/> WW <input type="checkbox"/> non-WW 100 100	NS	268.41&268.43
D006	<input type="checkbox"/> NA	Cadmium	<input type="checkbox"/> WW <input type="checkbox"/> non-WW 1.0 1.0	RTHRM (batteries)	268.41&268.43
D007	<input type="checkbox"/> NA	Chromium(total)	<input type="checkbox"/> WW <input type="checkbox"/> non-WW 5.0 5.0	NS	268.41&268.43
D008	<input checked="" type="checkbox"/> NA	Lead	<input checked="" type="checkbox"/> WW <input type="checkbox"/> non-WW 5.0 5.0	RLEAD (batteries)	268.41&268.43
D009	<input type="checkbox"/> Low mercury <260ppm	Mercury	<input type="checkbox"/> WW <input type="checkbox"/> non-WW 0.20 0.20	NS	268.41&268.43
D009	<input type="checkbox"/> High mercury >or=260 ppm	Mercury	<input type="checkbox"/> WW <input type="checkbox"/> non-WW 0.20 NA	(see note 1)	268.43

PH-8 to 9

68 ppm

Note 1 (D009 high mercury only): Treatment technologies are as follows:

- WW No technology specified.
- non-WW IMERC or RMERC (waste is not incinerator residue and contains organics)
- non-WW RMERC (waste contains inorganics. Includes residues from incinerators and from RMERC technology)

8/31/92
 Talked to:
 Stan Ray
 checking WW box
 the EPA definition of waste
 on definition of waste
 waters.
 Steve.

EPA WASTE CODE	WASTE SUBCATEGORY	CONSTITUENT	CONCENTR.mg/lt	TREATM. TECHN.	REFERENCE 40CFR PARTS
D010	<input type="checkbox"/> NA	Selenium	<input type="checkbox"/> WW <input type="checkbox"/> non-WW 1.0 5.7	NS	268.41&268.43
D011	<input type="checkbox"/> NA	Silver	<input type="checkbox"/> WW <input type="checkbox"/> non-WW 5.0 5.0	NS	268.41&268.43
F006	<input type="checkbox"/> NA	Cadmium	<input type="checkbox"/> WW <input type="checkbox"/> non-WW 1.6 0.066	NS	268.41&268.43
		Chromium(total)	0.32 5.2		
		Lead	0.040 0.51		
		Nickel	0.44 0.32		
		Silver	NA 0.072		
		Cyanides(total)	1.2 590		
		Cyanides(free)	0.86 30		
F007	<input type="checkbox"/> NA	Cadmium	<input type="checkbox"/> WW <input type="checkbox"/> non-WW NA 0.066	NS	268.41&268.43
		Chromium(total)	0.32 5.2		
		Lead	0.040 0.51		
		Nickel	0.44 0.32		
		Silver	NA 0.072		
		Cyanides(total)	1.9 590		
		Cyanides(free)	0.1 30		
K062	<input type="checkbox"/> NA	Chromium(total)	<input type="checkbox"/> WW <input type="checkbox"/> non-WW 0.32 0.094	NS	268.41&268.43
		Lead	0.04 0.37		
		Nickel	0.44 NA		

Parekh Patel
Signature of Authorized Representative

PARESH K PATEL PRESIDENT
Printed Name and Title of Representative

**Contingency Plan for Hazardous Materials And Hazardous Waste
Control In the Event of Accidental Release or Spillage**

**Excel Electronics, Inc.
513 W. 24th St.
Charlotte, NC 28206
(704)376-2800**

General Outline

I General Plan

- A. Objectives
- B. Scope
- C. Structure
- D. Facility Site Plan

II Emergency Coordinators

III. Implementation of Plan

- A. Code 1 spills
- B. Code 2 spills
- C. First Shift Procedure
- D. Night Shift Procedure
- E. Spill Cleanup Procedure
- F. General Spill Cleanup Practice
- G. First Aid

IV Emergency Equipment

- A. Inventory and Capabilities of Emergency Equipment
- B. Location of Emergency Equipment

V Coordination with Local Authorities

- A. List of Local authorities receiving copies of this plan
- B. Coordination agreement

VI Evacuation Plan

VII Spill Reports

- A. Notification prior to resuming operation
- B. Report of Incident

Appendix I: Facility Site Plan

Appendix II: Inspection Log of Emergency and Hazardous Waste Equipment

Appendix III: Spill Report

Section I: General Plan

A. Objective:

The objective of this instruction is to facilitate a safe and efficient hazard control procedure, and to provide a chemical emergency plan for the handling of all emergencies involving chemicals of a toxic or hazardous nature including hazardous waste.

B. Scope:

A chemical emergency refers to the release of any material (gas, vapor, fume, liquid, or solid) which may pose a hazard to human health or the environment. All releases shall be considered potentially hazardous. Although a release generally refers to a spill or leak, this plan covers all

types of release whether it be by spill, leak, decomposition of another chemical, incompatibility, the terms "chemical emergency," "spill," of "leak" may be used interchangeably in this plan.

C. Structure:

A person known as Emergency Coordinator shall be responsible for administration and implementation of this plan. The position of person who is either on the premises or on call (within a short distance). This person shall be thoroughly familiar with all aspects of the facility's layout, contingency plan, operations, activities, of all records within the facility. This person shall also have the authority to commit the resources necessary to carry out the contingency plan. All individuals who handle spills shall be trained in procedure for the clean up and proper disposal of spills.

D. Facility site plan

Section II: Emergency Coordinators:

A. Name: Rohit Savani
Title: Vice-President
Telephone (704) 537-3828 HOME
(704) 376-2800 WORK
Address: 4615 #16 Central Ave.
Charlotte, NC 28213

B. Name: Paresh Patel
Title: President
Telephone: (704) 537-8446 HOME
(704) 376-2800 WORK
Address: 2305 J Ginger Ln.
Charlotte, NC 28213

C. Name: Jagdish Patel
Title: Director
Telephone: (704) 531-7712 HOME
(704) 376-2800 WORK
Address: 4909 #3 Central Ave.
Charlotte, NC 28205

A spill, once observed, shall be reported immediately to the Emergency Coordinator so that prompt action can be taken. The Emergency Coordinator shall assess severity of the spill:

A Code 1 Spills:

A code 1 spill is a spill posing no significant threat to employee or community health and safety, and/or to company property. It is a spill of low volume and/or hazard potential.

B. Code 2 spills:

A code 2 spill is a serious spill posing a significant threat to employee or community health and safety and /or to company property. the spill is of high volume and/or hazard potential Evacuation of major areas of the plant is necessary, and potential for injury is high.

C. First shift procedures:

Code 1 spills:

A code 1 spill on first shift shall be handled by the Emergency Coordinator, operator, chemical make-up and engineering personnel. The Emergency Coordinator must decide whether or not to upgrade the spill to Code 2.

Code 2 spills:

A code 2 spill on first shift shall be handled by the Emergency Coordinator, engineering personnel, and plating supervisor. The following action must be taken:

A. Evacuate all personnel from the contaminated area, and make every effort to determine that no one has been overcome and remains in the area. Conduct search and rescue.

B. Set up lines of evacuation. To prevent employees from wandering into a evacuated area,

Danger-Spill

Keep out

sign shall be strategically posted. Roping or taping off may be required in large open areas.

C. Isolate all spills and, if outside, prevent run-off or leakage.

D. The area shall not be re-entered by operating personnel until evaluated by the supervisor and engineering personnel and all is clear.

E. Notify necessary local and state authorities' as soon as possible. Name and addresses and phone numbers of these agencies are located in Section V.

D. Night shift procedure:

Spills occurring during non-routine working hours shall be reported to Rohit Savani or some other designated person. Efforts shall be made to contact the personnel at their homes when they are not in the plant. If unable to contact these individuals, the operators shall attempt to contact their immediate supervisors, or other personnel familiar with this plan. Section 2 contains emergency phone numbers. Action to be taken will be determined based on the assessment of the emergency by the Emergency Coordinator supervisor, or lead person involved.

E. spill cleanup procedure:

1. Acid, Caustic, Oxidizer, corrosive

A. Sprinkle with neutralizer until bubbling reaction ceases

B. Collect in drum with vacuum or shovel

C. Cover, label, and store in drum storage area

2. Miscellaneous chemicals

A. Vacuum or absorb with absorbent

B. Collect in drum

C. Cover, label, and store in drum storage area

3. Solvents: Non-flammable

A. Vacuum or absorb with absorbent

- Connect a vacuum to exhaust system when possible
 - Do not use absorbent with solvent
 - B. Collect, label, and store in drum storage area
 - 4. Flammables and combustibles
 - A. Prohibit open flames, sparks, or ignition sources from area
 - B. If spill occurs in flammable cabinet, flush to drain
 - C. Otherwise absorb with absorbent
 - D. Collect, label, and store in drum storage area.
 - E. Spills of flammable inks, soldermask, etc. should be collected by shoveling.
 - F. General spill cleanup practice:
 - 1. Never mix material
 - 2. Acids should be diluted only after neutralization. NEVER add water to acid- a violent reaction could occur.
 - 3. when transferring a material from a damaged container, always transfer to a cleaned container.
 - 4. Never transport materials in an open container
 - 5. Thoroughly wash and clean all equipment after use in handling a spill
 - 6. When handling flammable solvents, be sure there are no open flames or sparks-producing equipment in the vicinity (within 50 feet).
 - 7. Never dispose materials unless familiar with waste treatment requirements. Large quantities of materials for disposal should always be brought to the attention of the Waste treatment plant prior to disposal.
 - 8. Exercise caution when vacuuming volatile materials. Irritating and /or hazardous vapors or dusts may be generated and dispersed into the area.
 - 9. If hazardous wastes are generated, try to remain upwind from the source.
 - 10. Leaking drums may be quickly contained by transferring to spare drums.
 - G. First Aid:
 - 1. Whenever a person is injured by a spilled material, flood the affect area with copius amounts of water, and notify the supervisor and the personnel department. All accidents shall be brought to the attention of the personnel departments. Personnel will also be informed of the chemical or trade name of the material which caused the injury.
 - 2. If caustic, oxidizing or acidic solutions are brought into contact with the body or eyes, remove the involved clothing and immediately wash the are with large amounts of cold water. Eye washes are located throughout the facility.
 - 3. If toxic fumes are inhaled, the person shall be taken to a place where he can breathe fresh air. If breathing has stopped, start artificial respiration immediately.
- Section IV: Emergency Equipment
- A. Inventory and capabilities of emergency equipment.
 - 1. Each month inspections of the spill handling equipment will be completed by the Emergency Coordinator.

2. Check lists for each type of inspection shall be completed and maintained in a log by the Emergency Coordinator.

3. A copy of this form may be found in Appendix II

4. Capabilities- equipment use

A. rubber gloves-hand protection

B. rubber boots-foot protection

C. respirator- chemical or dust

D. goggles-eye protection

E. rubber apron -body protection

F. absorbent material-absorb spills

G. shovel- collect absorb

H. empty, clean barrels- extinguish small fire

J. wet/dry vacuum-collect spills

Section V: Coordination with Local authorities

A. List of local authorities receiving copies of this plan

1. Charlotte fire Department

Attn: Mr. David Carelock

Fire Marshall

125 South Davidson Street

Charlotte, NC 28202

(704) 336-2101

2. Promedical Physician Care Center

5401 Tryon Street

Charlotte, NC

Mon-Fri 8.00am-8.00pm

(704) 598-0515

B. Coordination agreements

1. The Charlotte Police Department will be notified at once that a code 2 emergency has been declared at Excel Electronics, Inc. Their function at the scene will be to aid in getting emergency vehicles to the scene, and aid in control of onlookers so that the fire department may do their job.

2. The Charlotte Fire Department will respond with information from the Emergency Coordinator. The information should specify whether fire, fumes, dilution of solutions, of chemical spills are happening. The Emergency Coordinators will assist the Fire Department in bringing the situation under control by the use of fans, respirators, water, or standard equipment at their disposal.

Section VI: Evacuation plan:

A. The emergency coordinator will alert the company personnel over intercom system to evacuate the plant during a code 2 emergency.

B. Company personnel shall turn off all equipment, walk to the nearest exit, and get 100 yard from the building.

C. Evacuation routes are shown in appendix I.

Section VII: Spill Reports;

A. Notification prior to resuming operation:

Following a code 2 emergency, state and local authorities will be notified that the released waste has been treated stored or disposed of, and that all emergency equipment is cleaned and ready for use.

B. report of incident:

within 15 days of a code 2 emergency, a spill report must be completed by the Emergency Coordinator for the State health commissioner. A copy of this form appears in Appendix III.

Appendix II Inspection Log of Emergency and Hazardous Waste Equipment.

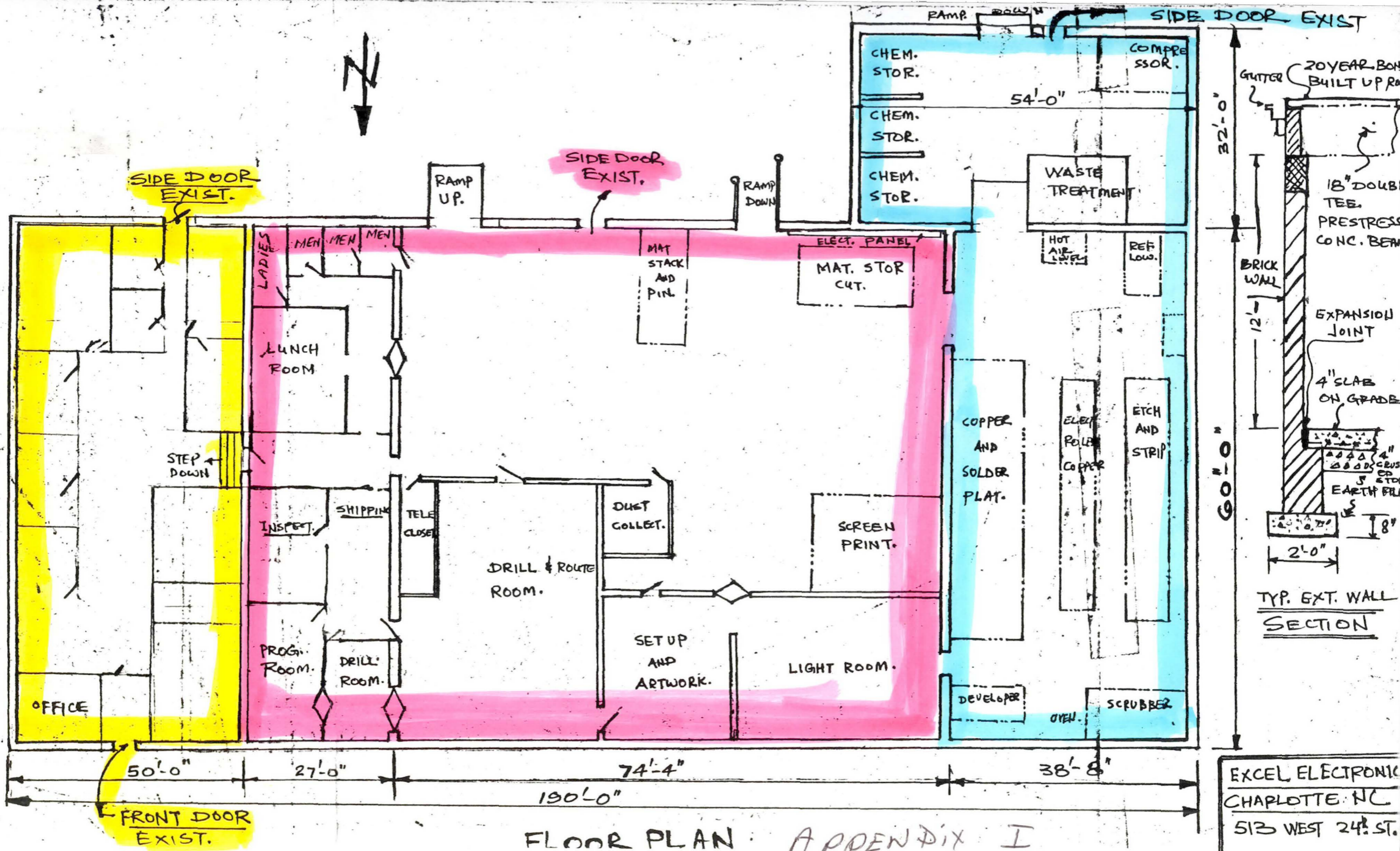
Item	Emergency Equipment	Location	Dt. Inspected	Sign
1.	rubber gloves	office		
2.	rubber boots	plating area		
3.	respirator	office		
4.	goggles	office		
5.	rubber apron	office		
6.	absorbent material	plating area		
7.	shovel	plating area		
8.	empty clean barrels	plating area		
9.	fire extinguishers	plating area		
10.	wet/dry vacuum	plating area		
11.	Emergency Eye Wash cleaning center-	Plating area wall		
12.	Fire Extinguishers	- See attached list.		

Excel Electronics, Inc.
513 W. 24th St.
Charlotte, NC 28206
(704) 376-2800

Spill Report

Item	Brief Description	Action taken
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Signature of the reporting person. _____



FLOOR PLAN APPENDIX I

EXCEL ELECTRONIC
 CHARLOTTE, NC
 513 WEST 24th ST.

Appendix II Inspection Log of Emergency and Hazardous Waste Equipment.

Item	Emergency Equipment	Location	Dt. Inspected	Sign
1.	rubber gloves	office		
2.	rubber boots	plating area		
3.	respirator	office		
4.	goggles	office		
5.	rubber apron	office		
6.	absorbent material	plating area		
7.	shovel	plating area		
8.	empty clean barrels	plating area		
9.	fire extinguishers	plating area		
10.	wet/dry vacuum	plating area		
11.	Emergency Eye Wash cleaning center-	Plating area wall		
12.	Fire Extinguishers	- See attached list.		

Charlotte Fire & Safety Equipment Co.
202 N. Hoskins Rd.
Charlotte, NC 28216
704-391-1838

App II Contd.

Inspection Service Report

Date: 05/07/91

Client: Excel Electronics

Number	Size	Type	Manufacturer	Year Mfr'd.	Last Hydrotest	Comments
Office	10 #	ABC	Badger	1988		
Break Room	5 #	Halon	Badger	1984		6 yr. due
Drill Room	5 #	Halon	Badger	1984		6 yr. due
Back Wall	2.5#	BC	General	1971	Due	
Shipping	10 #	ABC	Badger	1984		6 yr. due
Screening Room	2.5#	BC	General	1971	Due	
Screening Room	2.5#	BC	General	1971	Due	
Screening Room	5 #	ABC	Badger	1988		
Plating Area	10 #	ABC	Badger	1986		
Plating Area	10 #	ABC	Badger	1988		
Plating Area	5 #	Halon	Badger	1986		
Warehouse South	5 #	BC	Badger	1986		
Warehouse North	10 #	ABC	Badger	1985		6 yr. due
Engineering	5 #	Halon	Badger			6 yr. due
Light Room	2.5#	BC	General	1971	Due	
Light Room	10 #	ABC	Badger	1986		

Excel Electronics, Inc.
513 W. 24th St.
Charlotte, NC 28206
(704) 376-2800

Spill Report

Item	Brief Description	Action taken
------	-------------------	--------------

Signature of the reporting person. _____

Appendix III

JOB TITLE - Emergency Coordinator (Vice President) First Coordinator

JOB DESCRIPTION - Administration and implementation of plan. Thoroughly familiar with facility's lay-out contingency plan, operations, activities of all records and have authority to commit the resources necessary to carry out the above responsibilities and train old and new employees.

DATE	SUBJECT	SIGNATURE
3-11-91	Received training as per the attached	<i>RSavani</i>
	3-page report	
3-12-91	Trained following persons: James	<i>James Jackson</i>
	Jackson, Keith Kinard, and Jagdish	<i>Keith E Kinard</i>
	Patel.	<i>Jagdish S. Patel</i>
4-18-91 and	"Management and Minization of Hazardous	<i>RSavani</i>
4-19-91	Waste under "RCRA" attended seminar.	<i>RSavani</i>

THE EMERGENCY COORDINATOR (OR DESIGNEE IF ON CALL)
MUST DO THE FOLLOWING:

- A. Activate the alarm system.
- B. Notify appropriate State and Local Authorities.
- C. Identify the character, exact source, amount, and a real extent of any released materials through:
 - (1) Observation
 - (2) Facility record review
 - (3) Manifests
 - (4) Chemical analysis
- D. Assess possible hazards to human health or the environment. (direct or indirect effects)
- E. If assessment requires evacuation due to human life being threatened then:
 - (1) Notify local authorities.
 - (2) Help local officials decide on local area evacuation.
 - (3) Notify government officials (on-scene coordinator).
 - (4) Enact the applicable regional contingency plan, or the National Response Center and report the following:
 - i. Name and telephone number of reporter.
 - ii. Name and address of facility.
 - iii. Time and type of incident (e.g., release, fire).
 - iv. Name and quantity of material (s) involved, to the extent known.
- F. Coordinator must take all reasonable measures such as:
 - (1) Stopping the processes.
 - (2) Collecting and containing released waste.
 - (3) Removing or isolating containers to insure that fires, explosions, and releases do not occur.
- G. Coordinator must monitor leaks, equipment, etc.
- H. Provide for treating, storing, or disposing of the recovered waste.
- I. Coordinator must insure that:
 - (1) No waste may be incompatible.
 - (2) Emergency equipment is cleaned.
 - (3) Notify the Regional Administrator, and appropriate State and Local authorities of completed clean-up.
 - (5) Submit a report to the Regional Administrator.

J. STORAGE

A. Condition of containers.

- (1) If a leak occurs, the contents must be transferred or managed to comply with a leak proof container.
- (2) Must be lined if incompatibility occurs with the drum.

B. Management of containers.

- (1) Must be closed during storage.
- (2) May not be handled in a manner which may rupture or cause a container leak.

C. Inspection

- (1) Container areas must be inspected at least weekly for:
 - i. Leaks
 - ii. Deterioration

D. Ignitable or reactive storage

50 feet from the facility's property line.

E. Incompatible wastes

- (1) May not be placed:
 - i. In the same container.
 - ii. In an unwashed container which previously held incompatible waste.
 - iii. Nearby other container, piles, open tanks, or surface impoundments.
 - iv. Unprotected without means of containment such as a dike, beam, wall, or other similar devices.

ACCUMULATION TIME

May accumulate hazardous waste on-site for 90 days.

Waste is placed in containers are maintained accordingly.

The date upon which each period of accumulation begins is clearly marked and visible on each container.

Clearly marked hazardous waste.

Comply with preparedness and Prevention Plans.
Contingency Plans, Emergency Procedures, and
training requirements for hazardous wastes.

CONTAINER LABELING

Excel Electronics Inc. will verify that all containers received for use will:

Be clearly labeled as to the contents.

Note the appropriate hazard warning.

List the name and address of the manufacturer/
importer/or responsible party.

It is the policy of Excel Electronics, Inc. that no container will be released for use until the above data is verified.

All secondary containers will be labeled with either an extra copy of the original manufacturer's label or with a generic label having a block for identity and blocks for the hazard warning.

All labels will be legible, in English, and prominently displayed on the container. No label is to be defaced or removed unless the container is immediately marked with the required information. No employee should remove any label unless specifically directed to do so by his/her supervisor. Any container without a label should be reported immediately to the work area supervisor.

Signs, placards, process sheets, batch tickets, operating procedures may be used for stationary process containers rather than individually labeling each piece of equipment. These alternatives will contain the same

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The Hazard Communication Standard does not require a label to be placed on portable containers into which hazardous chemicals are transferred from labeled containers, and which are intended only for the immediate use of the employee who performs the transfer. However, if you do label the portable container appropriately you can help prevent the accidental misuse of the material by others.

The identity of the material that appears on the manufacturer's label or the in-house label will be the same name used to identify the material on the Chemical Inventory List and will be the same as on the substance's material safety data sheet.

MATERIAL SAFETY DATA SHEETS (MSDS)

Copies of material safety data sheets for all hazardous chemicals to which employees of Excel Electronics, Inc. may be exposed will be kept and filed and readily accessible to any employee in the work area at any time during the work shift. Acceptable formats include manuals, files and computer terminals.

If the material safety data sheet is not provided with a shipment, the company will obtain one from the manufacturer, importer, or distributor as soon as possible. The material safety data sheet will be the most current one provided or supplied.

Material safety data sheets shall also be made readily available, upon request, to designated representatives, North Carolina Occupational Safety and Health and the Director, National Institute for Occupational Safety and Health.

Information on a basic material safety data sheet includes the following:

a. The identity used on the label

Single substance: chemical and common names

Mixtures tested as a whole: chemical and common names of all ingredients which are health hazards and which are in concentrations of 1% or more

Mixtures untested as whole: chemical and common names of all ingredients which are health hazards and which are in concentrations of 1% or greater; carcinogens in concentration of 0.1% or more

- b. Physical and chemical characteristics of the hazardous chemicals
- c. Physical hazards (potential for fire, explosion, etc.)
- d. Known acute and chronic health effects and related health information
- e. Primary routes of entry into the body
- f. Information on exposure limits
- g. Whether hazardous chemical is considered a carcinogen by OSHA, the International Agency for Research on Cancer or the National Toxicology Program
- h. Precautions for safe handling
- i. Generally acceptable control measures (engineering controls, work practices, personal protective equipment)
- j. Emergency and first aid procedures
- k. Date of MSDS preparation or last change
- l. Name, address and phone number of party responsible for preparing or distributing the MSDS

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Excel Electronics, Inc. will inform and train employees who are exposed to hazardous chemicals. Training will be provided at time of initial assignment. Retraining will be provided whenever a new hazard is introduced into the work area.

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- b. Information about operations in their work area where hazardous chemicals are present
- c. Location of the following written hazard communication materials:
 1. Lists of hazardous chemicals
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Training will also include:

- a. Methods and observations to detect the presence of a hazardous chemical in the work area (visual appearance or smell)
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- c. Measures employees may use to protect themselves from hazards
- d. Specific protective procedures implemented by the employer (i.e., personal protective equipment)
- e. Explanation of the hazard communication program, how to read and interpret material safety data sheets and labels

Hazardous nonroutine tasks will be given special attention. Prior to starting work on such projects, each affected employee will be given information by their supervisor about hazardous chemicals to which they may be exposed during such activity.

This information will include:

Specific chemical hazards

Protective/safety measures the employee can take

Measures the company has taken to lessen the hazards including ventilation, respirators, etc.

When work activities are performed by employees in areas where chemicals are transferred through unlabeled pipes, prior to starting work in these areas, the employee shall contact his/her immediate supervisor for information.

It is the responsibility of Excel Electronics, Inc. to provide contractors with employees the following information:

Hazardous chemicals to which they may be exposed while on the job site

Precautions the employees may take to lessen the possibility of exposure by usage of appropriate protective measures

In compliance with the Hazard Communication Standard:

Ensuring in-plant labeling

Jagdish. S. Patel

Labeling containers to be shipped

Jagdish. S. Patel

Updating label information

Jagdish. S. Patel

Obtaining and maintaining material safety data sheets

Jagdish. S. Patel

Conducting initial training

Jagdish. S. Patel

Format consists of a combination of classroom instruction and audiovisual program.

Conducting ongoing training as necessary

Jagdish. S. Patel



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter) Form Approved. OMB No 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST	1 Generator's U.S. EPA ID No NC D 91861171197990117	Manifest Document No.	2 Page 1 of 1	Information in the shaded areas is not required by Federal law, but is by State law
---	--	-----------------------	---------------	---

3. Generator's Name and Mailing Address EXCEL ELCTRONICS, INC. 513 WEST 24TH STREET, CHARLOTTE NC 28206	A. State Manifest Document Number
4. Generator's Phone (704) 376-2800	B. State Generator's ID
5. Transporter 1 Company Name PHOTO CHEMICAL SYSTEMS	6. U.S. EPA ID Number NC D 000831065
7. Transporter 2 Company Name PHOTO CHEMICAL SYSTEMS	8. U.S. EPA ID Number 000079193579
9. Designated Facility Name and Site Address CP CHEMICALS, INC. HWY 15 south SUMTER, SC 29150	10. U.S. EPA ID Number SC D 070371885
	C. State Transporter's ID
	D. Transporter's Phone (919) 266-4463
	E. State Transporter's ID
	F. Transporter's Phone (919) 266-4463
	G. State Facility's ID
	H. Facility's Phone (803) 481-8528

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	13. Total Quantity	14. Unit Wt/Wd	15. Waste Number
a. Waste Alkaline (Corrosive) Liquid NOS. Corrosive Material NA1719 (D002/D008)	012	04800	P	D002 D008
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above	K. Handling Codes for Wastes Listed Above
a. <u>CR-CAC00-10146</u>	c. []-[]-[]
b. []-[]-[]	d. []-[]-[]

15. Special Handling Instructions and Additional Information

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 11 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering existing data, reviewing and reporting the data, reviewing the instructions, gathering existing data, and reviewing and reporting the data. Send comments regarding this burden estimate, including suggestions for reducing the burden, to Chief, Information Policy Branch, PM-223 (HS) Environmental Protection Agency, 401 M St, SW Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment 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 and the laws of the State of South Carolina.

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 select the best waste management method that is available to me and that I can afford.

Printed/Typed Name PARESH PATEL	Signature <i>Pareesh Patel</i>	Month Day Year 10/7/19/19
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17. Transporter 1 Acknowledgement of Receipt of Materials	Printed/Typed Name <i>JERRY TURNER</i>	Signature <i>Jerry Turner</i>	Month Day Year 10/7/19/19
---	---	----------------------------------	------------------------------

18. Transporter 2 Acknowledgement of Receipt of Materials	Printed/Typed Name	Signature	Month Day Year
---	--------------------	-----------	----------------

19. Discrepancy Indication Space

a. 6000 lbs. c. [] lbs.

b. [] lbs. d. [] lbs.

20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.	Printed/Typed Name CLARENCE JAMES	Signature <i>Clarence James</i>	Month Day Year 10/3/19
--	--------------------------------------	------------------------------------	---------------------------

CONTAINER LABELING

Excel Electronics Inc. will verify that all containers received for use will:

Be clearly labeled as to the contents.

Note the appropriate hazard warning.

List the name and address of the manufacturer/
importer/or responsible party.

It is the policy of Excel Electronics, Inc. that no container will be released for use until the above data is verified.

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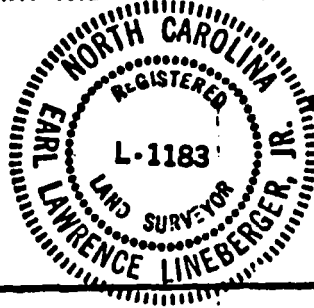
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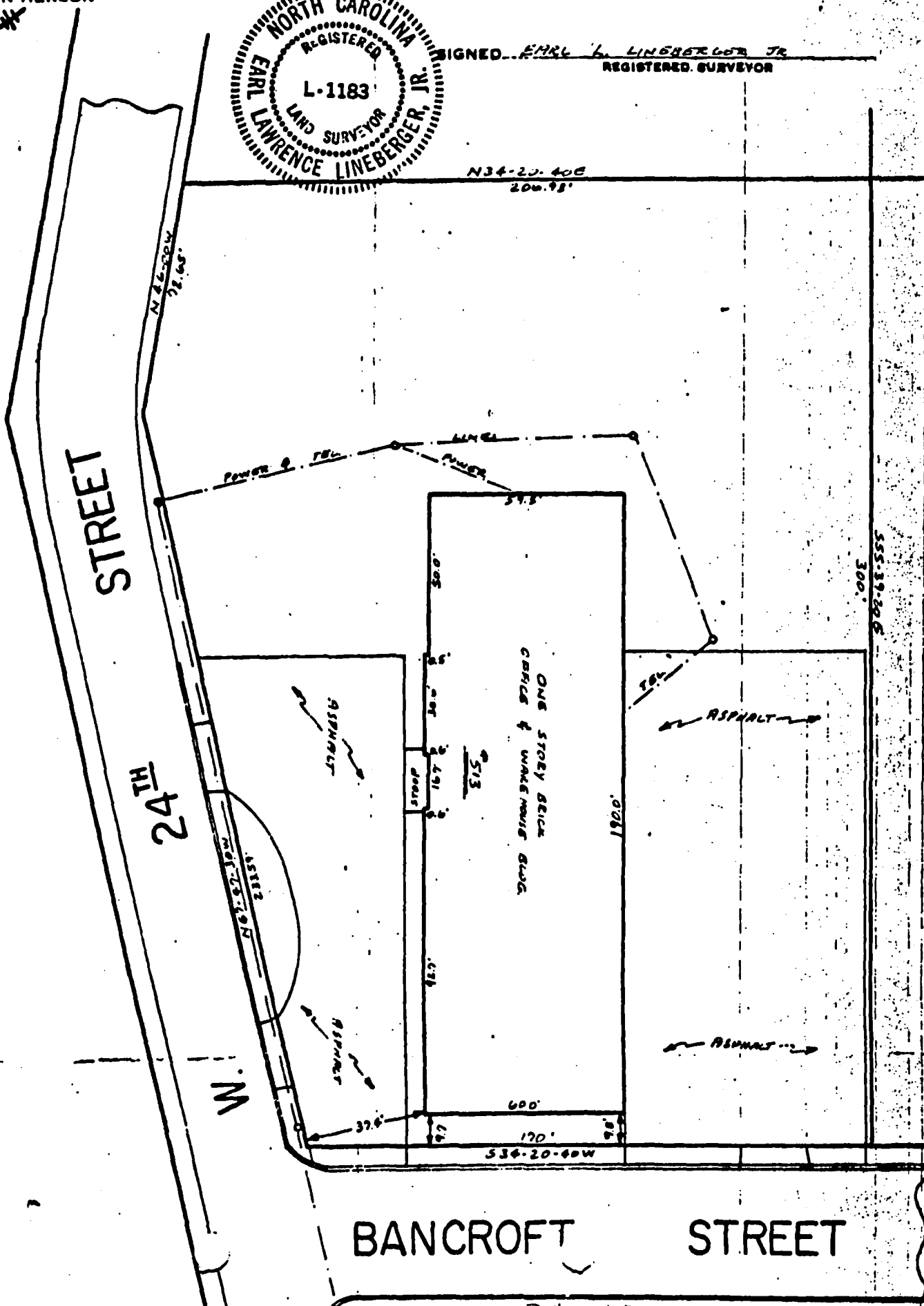
Hazardous chemicals to which they may be exposed while on the job site

Precautions the employees may take to lessen the possibility of exposure by usage of appropriate protective measures

THIS IS TO CERTIFY THAT ON THE 13TH DAY OF MARCH 1961, I SURVEYED THE PROPERTY SHOWN ON THIS PLAN, AND THAT THE TITLE LINES AND THE WALLS OF THE BUILDINGS IF ANY ARE SHOWN HEREON



SIGNED EARL L. LINEBERGER JR.
REGISTERED SURVEYOR



BANCROFT STREET



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

Docket# 91-268
EPA ID# NCD986171197

July 31, 1991

M. Scott Readling
Waste Management Specialist
Solid Waste Management Division
Hazardous Waste Section
216 Forsyth St.
Thomasville, NC 27360

Re: Compliance with the Notice of Violence.

Dear Mr. Readling:

Please refer to my earlier letter of July 18, 1991. In addition to that letter and as per our discussion, the following documents are submitted:

- 1) Updated Appendix II showing location of emergency equipments.
- 2) Updated Appendix I showing primary and alternative emergency exits.
- 3) A copy of Notification of Land Disposal Restrictions Form:1 for manifest No: 0017 dtd.7/1/91.
- 4) A copy of ground map showing location of building.

We hope that this compliance will satisfy to remove the violations.

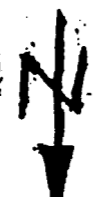
Thanking you.

Sincerely,
For, Excel Electronics, Inc.

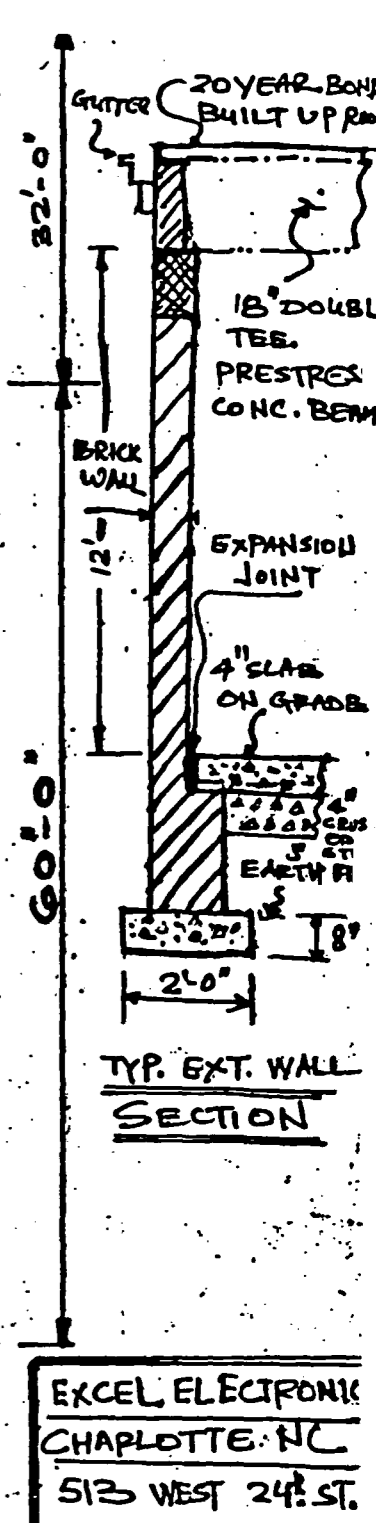
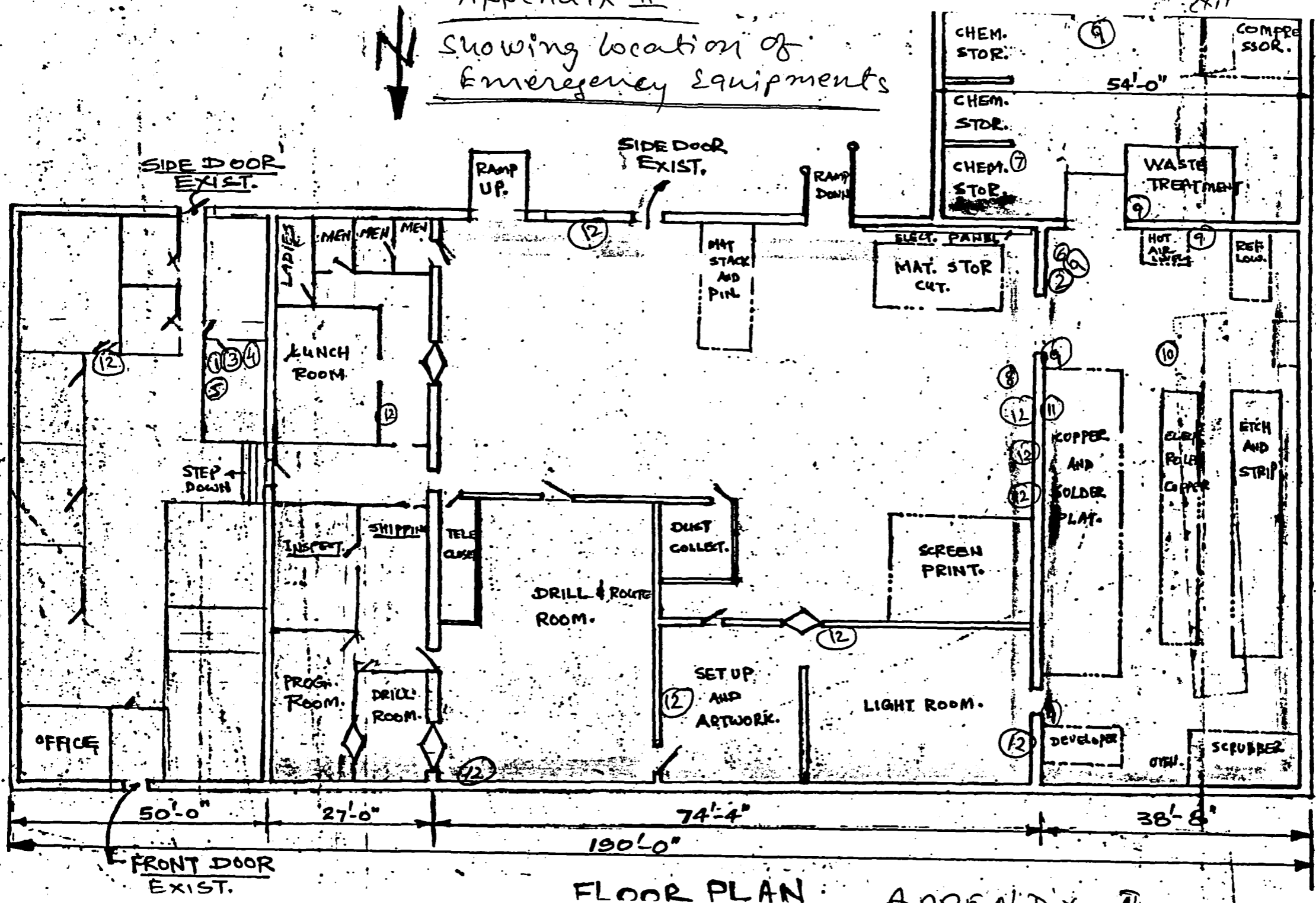
Paresh Patel
President

Enclosures.

Appendix II



Showing location of
Emergency Equipments



FLOOR PLAN Appendix II

EXCEL ELECTRONIC
CHARLOTTE, NC
513 WEST 24th ST.

EMERGENCY Exit- Appendix I

PRIMARY# ALTERNATE #

2	1-3-4
1	2-3-4
3	1-2-4

PLATING
LIGHT, DRILLING
SCREEN
OFFICE



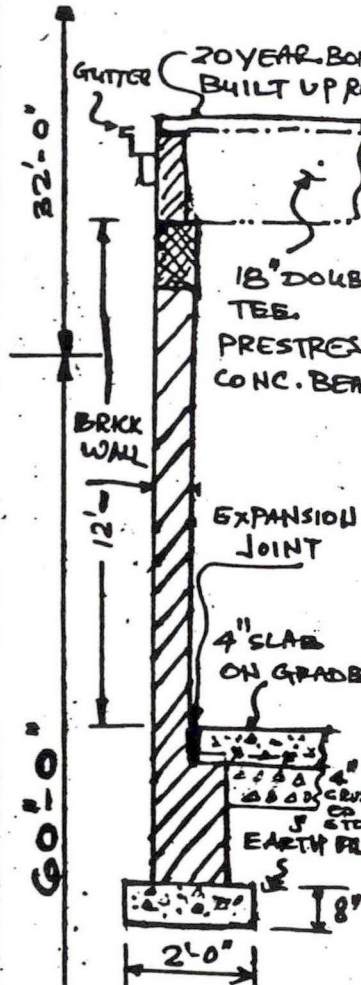
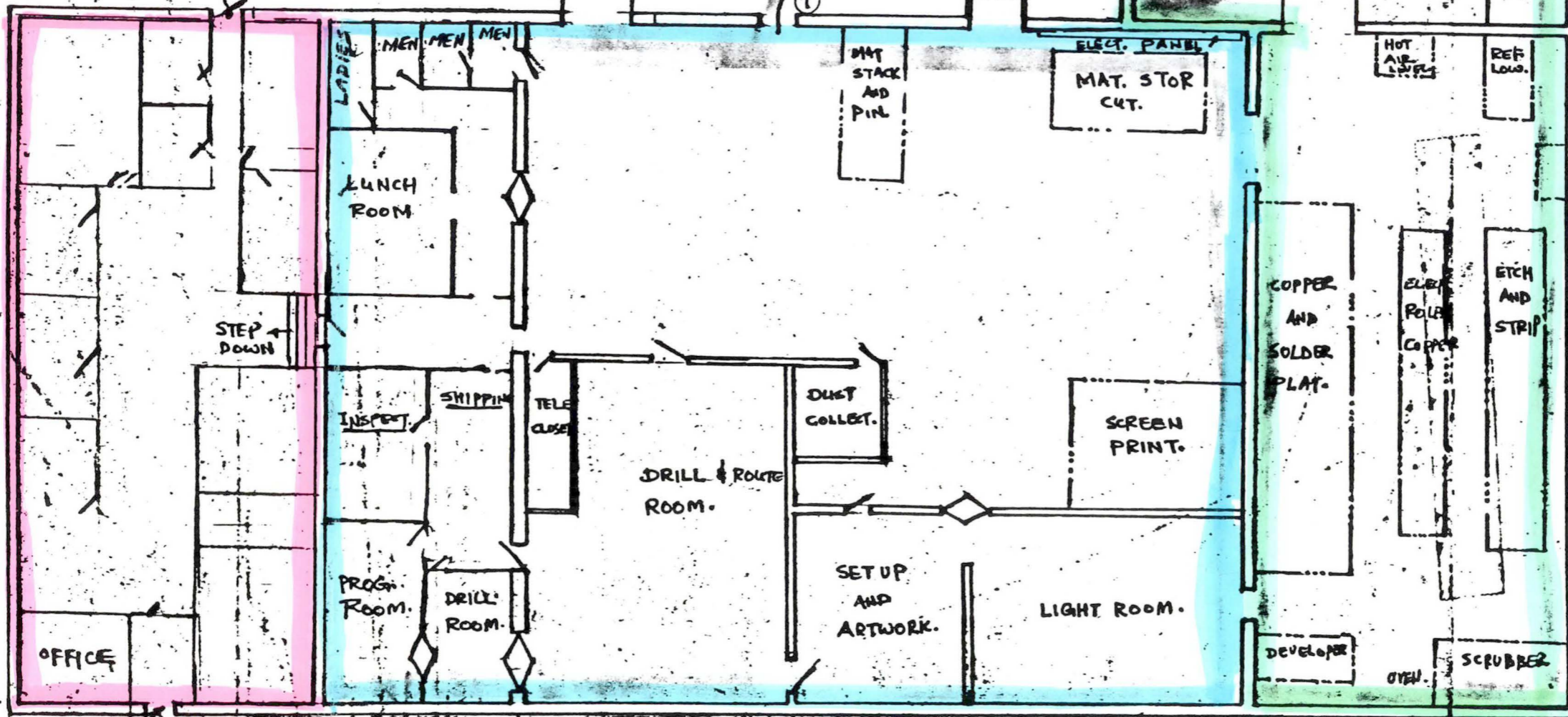
③
SIDE DOOR
EXIST.

RAMP
UP.

SIDE DOOR
EXIST.

RAMP
DOWN

Exit ②



50'-0" 27'-0" 74'-4" 38'-8" 190'-0"

④
FRONT DOOR
EXIST.

FLOOR PLAN Appendix I

EXCEL ELECTRONIC
CHAPLOTTE, NC
513 WEST 24th ST.

State Of North Carolina

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF SOLID WASTE MANAGEMENT
P.O. BOX 27687 RALEIGH, NC 27611-7687

February 6, 1991

EXCEL ELECTRONICS INCORPORATED
3601 NORTH GRAHAM STREET
CHARLOTTE NC 28206

RE: EPA ID No.: NCD113335582

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 inactive.

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 has been inactivated.

Sincerely,



R. F. Edwards, Administrative Officer
Hazardous Waste Section

CC:

EPA Region IV
Mecklenburg County Health Department

Region IV CM&E Form - Side A

EPA ID:

N	C	D	9	8	6	1	7	1	1	9	7
---	---	---	---	---	---	---	---	---	---	---	---

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

Facility Name: Excel Electronics Inc City: Charlotte

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

Agency: <table border="1" style="display: inline-table;"><tr><td>S</td></tr></table>	S	Date: <table border="1" style="display: inline-table;"><tr><td>0</td><td>7</td></tr></table> / <table border="1" style="display: inline-table;"><tr><td>2</td><td>5</td></tr></table> / <table border="1" style="display: inline-table;"><tr><td>9</td><td>1</td></tr></table>	0	7	2	5	9	1	Type: <table border="1" style="display: inline-table;"><tr><td>C</td><td>S</td><td>E</td></tr></table>	C	S	E	Control Number Data Entry Personnel <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
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Person:

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

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GSC	<table border="1" style="width: 20px; height: 20px;"></table>																																																																							
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TMR	<table border="1" style="width: 20px; height: 20px;"></table>																																																																							
TOR	<table border="1" style="width: 20px; height: 20px;"></table>																																																																							
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DCL	<table border="1" style="width: 20px; height: 20px;"></table>	DLF	<table border="1" style="width: 20px; height: 20px;"></table>	DPP	<table border="1" style="width: 20px; height: 20px;"></table>																																																																			
DCP	<table border="1" style="width: 20px; height: 20px;"></table>	DLT	<table border="1" style="width: 20px; height: 20px;"></table>	DRR	<table border="1" style="width: 20px; height: 20px;"></table>																																																																			
DFR	<table border="1" style="width: 20px; height: 20px;"></table>	DMC	<table border="1" style="width: 20px; height: 20px;"></table>	DSI	<table border="1" style="width: 20px; height: 20px;"></table>																																																																			
DGS	<table border="1" style="width: 20px; height: 20px;"></table>	DMR	<table border="1" style="width: 20px; height: 20px;"></table>	DTR	<table border="1" style="width: 20px; height: 20px;"></table>																																																																			
DGW	<table border="1" style="width: 20px; height: 20px;"></table>	DOR	<table border="1" style="width: 20px; height: 20px;"></table>	DTT	<table border="1" style="width: 20px; height: 20px;"></table>																																																																			
DIN	<table border="1" style="width: 20px; height: 20px;"></table>	DOT	<table border="1" style="width: 20px; height: 20px;"></table>	DWP	<table border="1" style="width: 20px; height: 20px;"></table>																																																																			
<p>Compliance Schedule: FEA <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table> CAS <table border="1" style="display: inline-table;"><tr><td> </td><td> </td></tr></table></p>																																																																								

VIOLATION DATA: New: Change: Delete:

Agency:

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 Type:

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 Date (mdy) Determined:

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 /

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 /

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 Class:

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Priority:

--

 Branch:

--	--

 Person:

--	--	--

 Seq. Number (Data Entry)

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

Reg. Type:

--	--

 Reg. Description (30): _____

Comment (72): _____

Agency:

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 Type:

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 Date (mdy) Determined:

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 /

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 /

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 Class:

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Priority:

--

 Branch:

--	--

 Person:

--	--	--

 Seq. Number (Data Entry)

--	--	--	--

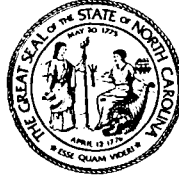
Return to Compliance: -- Scheduled -- / / --- Actual --- / /

Reg. Type:

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 Reg. Description (30): _____

Comment (72): _____



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

July 25, 1991

Mr. Paresh Patel
Excel Electronics, Incorporated
513 W. 24th Street
Charlotte, North Carolina 28206
NCD986171197

Dear Mr. Patel:

Attached is a copy of the follow-up inspection audit to the Notice of Violation Docket #91-268. The information that you submitted was reviewed by this office. Based on this review no violations were noted, the attached copy of this audit inspection form is to inform you of this and for your records.

If you have any questions or need any further assistance concerning this matter please feel free to contact me at my office between the hours of 8:00 a.m. and 5:00 p.m. at (704) 663-1699.

Sincerely,

A handwritten signature in cursive script, appearing to read "Scott Readling".

Mr. Scott Readling,
Waste Management Specialist
Hazardous Waste Section

cc Mr. Keith Masters, Western Area Supervisor
Raleigh Office files

RCRA INSPECTION REPORT

1) Facility Information

Excel Electronic, Incorporated
513 W, 24th Street
Charlotte, North Carolina 28206

NCD986171197

2) Facility Contact

Mr. Paresh Patel, President
(704) 376-2800

3) Survey Participants

Participation through correspondence received and reviewed

4) Date(s) of Inspection

Monday, July 25, 1991

5) Purpose of the Survey

Followup facility audit in order to determine RCRA compliance specifically with the Notice of Violation Docket #91-268

6) Facility Description

No changes

8) Waste Minimization

No changes

9) Site Deficiencies

None

10) Recommendations

None

11) Signed

Note: Copy was mailed to Mr. Paresh Patel on July 25, 1991



Inspectors/Reviewer

Facility Contact

7/25/91
Date(s)

Company Name: Excel Electronics
EPA ID # NCD 986 171 197

IN Compliance:
F1 F1

FACILITY RATING

KNOWN FACILITY MANAGEMENT

<u>Nature of Waste (from Annual Report)</u>	<u>Score</u>
-Corrosive	①
-Ignitable	2
-Reactive	2
-Toxicity Characteristic	②
-Listed Toxic	2
-Acute (> 50 lbs.)	3
<u>Volume of Waste (tons from Annual Report)</u>	
-<500	①
-500-1000	2
->1000	3
<u>Uniformity, Similarity of Waste Streams</u>	
-<5	①
-5-20	2
->20	3
<u>Reclamation (credit given)</u>	
-Pretreatment for off-site reclamation	-1
-On-site reclamation	-2
<hr/>	
Total Score	<u>5</u>

<u>Total Score</u>	<u>Rating</u>
<1 - 8	① I
8 - 16	II
>16	III

RISK FACTORS

Site Location

- Residential
- Rural
- Industrial

Score

3
2
1

Emergency Response (credit given)

- Off-site capabilities
- On-site capabilities
- Advanced applicable equipment
- Familiarity with wastestreams
- Specialized Emergency Training

-1
-2
-1
-1
-2

Area Water Supplies

- Groundwater
- Public

2
1

Community Makeup (within 1/2 mile)

- Schools
- Residential
- Commercial
- Industrial
- Residential Care/Hospital

3
3
2
1
3

Facility Conditions (credit given)

- Adequate facility (well maintained)
- Specialized remodeling
- Enclosed structures
- Secondary containment
- Raw product storage maintenance

-1
-1
-1
-1
-1

Total Score

0

Total Score

Rating

<1 - 4
4 - 8
>8

I
II
III

OVERALL FACILITY RATING

MATRIX

Facility Rating

		I	II	III
<u>Risk</u>	I	I	I	II
<u>Factors</u>	II	I	II	III
	III	II	III	III

Overall Facility Rating I

Overall Facility Rating

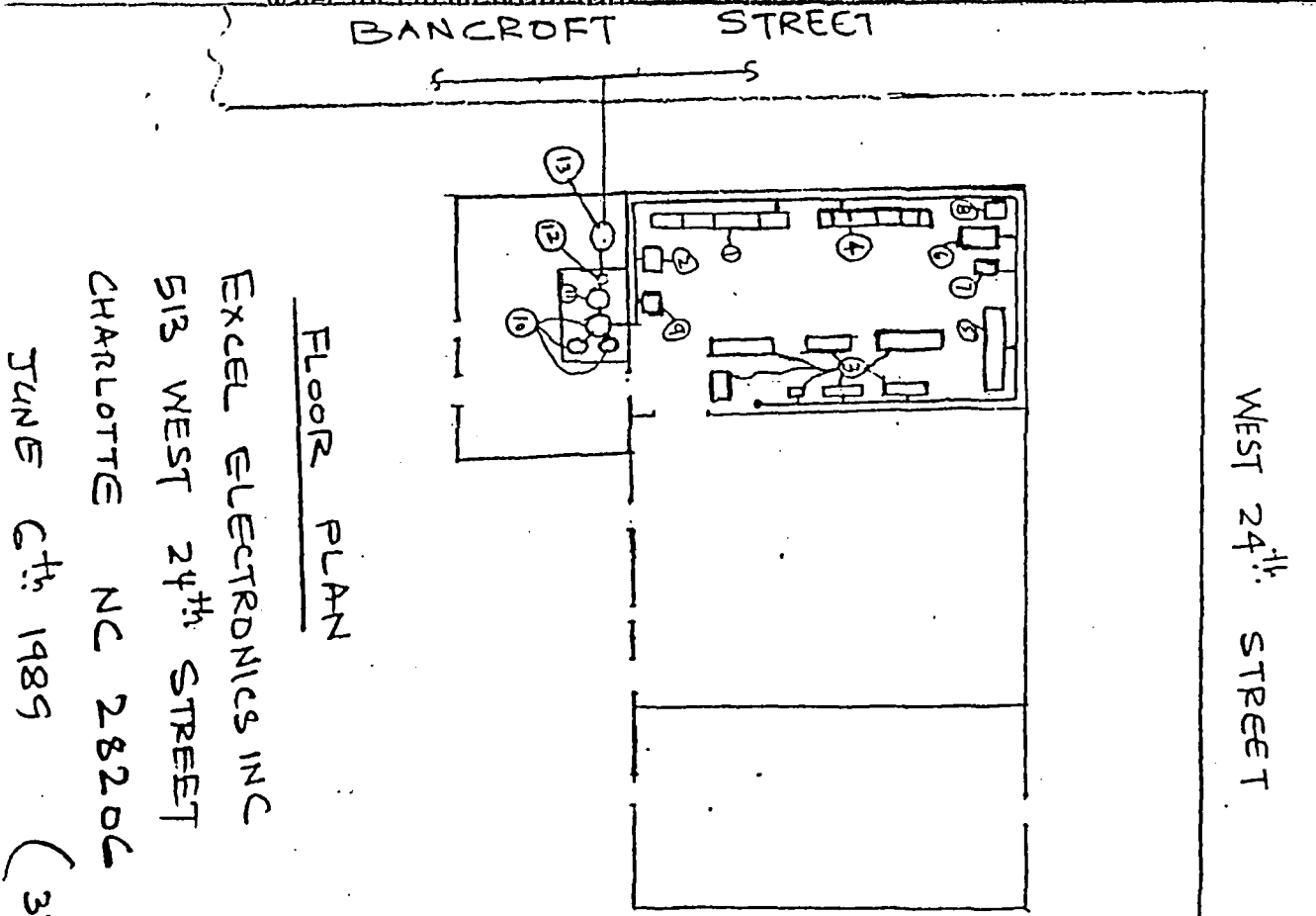
- I No inspection next fiscal year
- II Marginal facility, may be inspected
- III Will be inspected

00589

PART I. EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Description of Discharges

Pipe	Description
001	Copper plating rinse water, tin-lead plating rinse water, exposed developer water and wash water for circuit board parts



FLOOR PLAN

EXCEL ELECTRONICS INC
 513 WEST 24th STREET
 CHARLOTTE NC 28206

JUNE 6th 1989 (376-2800)

WEST 24th STREET

CMUDD-IV DIV.

RECEIVED
 JAN 3 1990

- ① ETCH LINE
- ② REFLOW LINE
- ③ ELECTRO PLATING LINE
- ④ ELECTRO LESS LINE
- ⑤ DEVELOPER
- ⑥ DEBER MACHINE
- ⑦ SCRUBBER MACHINE
- ⑧ COPPER EATER
- ⑨ VOSS HOTAIR LEVELER
- ⑩ IN THE GROUND LOW LEVEL WASTE WATER HOLDING TANK
- ⑪ ON THE GROUND HIGH LEVEL WASTE WATER TREATMENT CONNECTED WITH PH METE
- ⑫ TREATED WASTE WATER HOLDING TANK
- ⑬ TREATED WASTE WATER DRAINING CITY SEWER

Region IV CM&E Form - Side A

EPA ID: NC 0906171197

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

Facility Name: Excel Electronics Inc. City: Charlotte, N.C.

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

Agency: S Date: Mo. 08 Day 31 Year 92 Type: CEL Control Number Data Entry Personnel
 Person: 008 Reason:

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

Generators		Transporters		TSD's					
GER	E	TGR		DCH		DLB		DPB	
GGR	E	TMR		DCL		DLF		DPP	
GLB	E	TOR		DCP		DLT		DSI	
GLO	E	TRR		DFR		DMC		DTR	
GMR	E	TWD		DGS		DMR		DTT	
GOR	E			DGW		DOR		DWP	
GPT	E			DIN		DOT			
GRR	E								
GSQ	E								

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

VIOLATION DATA: New: Change: Delete:

1 Agency: S Type: GPT Date (mdy) Determined: 08/31/92 Class: 2
 Priority: 1 Branch: 01 Person: 008 Seq. Number (Data Entry)
 Return to Compliance: 09/16/92 Scheduled Actual
 Reg. Type: 5A Reg. Description (30): 262.34(a)(4) re frequency of 265.16(d)(2)
 Comment (72): Written job description required for four employees

_____ 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 -

Solid Waste Management Division
Hazardous Waste Section

NOTICE OF VIOLATION

To: Excel Electronics Inc.

Address: 513 W. 24th St.
Charlotte, N.C.

EPA ID# NC0986171197

Docket # 92-405

Inspection Date 8/31/92

Facility Type Generator

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 Aug. 31, 1992, Steve Hubbs 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:

26234(1)(A) -> 265.16(d)(2) Specific Job descriptions required for the following employees:
James Jackson, Lee Ho, Thao Tong, Keith Linnard

You are hereby required to comply with the noted violation(s) by Sept. 16, 1992 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.

8/31/92
(Date)

Steve Hubbs
N.C. Hazardous Waste Section

I, Steve Hubbs, hereby certify that I have personally served a copy of this Notice on:

Excel Electronics, at 513 W. 24th St., Charlotte, N.C.

(Name) on Aug. 31, 1992, 19 92. X rec'd on John
(Location) (Recipient Signature)

copies to: field files
central files

RCRA INSPECTION REPORT

1) Facility Information

Excel Electronics Inc.
513 W. 24th Street
Charlotte, N.C. 28206
NCD986/71197

2) Facility Contact

Naran Jakhani, President
(704)376-2800

3) Survey Participants

Naran Jakhani, Excel Electronics Inc.
Steve Hillier, N.C.D.E.H. N.R.

4) Date of Inspection

August 31, 1992

5) Purpose of Survey

RCRA Generator Compliance inspection in accordance with
40 CFR Part 262, Generator Standards and applicable
sections of Part 265 and Part 268.

6) Facility Description

Excel Electronics operates an etching circuit board
manufacturing facility. The hazardous waste generated at
this facility consist of waste alkaline liquids from a
cleaning operation (D005/D008) from the etching process. This
hazardous waste stream is transported by Photo Chemical
Systems (NCD 000831065) to C.P. Chemicals (SCD 070371885) in

Summer, S.C. for reprocessing/recovery.

There were five (5) 55-gallon drums of hazardous wastes on-site during the inspection. One drum was located in a satellite accumulation area (catching area in back of plant).

7) Waste Minimization

None

8) Site Deficiencies

A) 265.16(d)(2) - a written job description is required for Lee Chen, James Jackson, Phao Tong, Keith Kinnard.

9) Recommendations

None

10) Signed

Steve Hillier
Inspector/Reviewer

Walter M. Hillier
Facility Contact

8/31/92
Date

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

SITE SAFETY PLAN (SSP) UPDATE FORM

(A) Facility name: Excel Electronics Inc. EPA ID# NCDA936171197
Address: 513 W. 27th St., Charlotte, NC Phone# (704) 376-2000
Contact: Naran Lohani Phone# Same
Facility safety designee: Naran Lohani
HWS Staff: Steve Hinkle Date: 8/1/92

(B) REVIEW AND CHANGES

SSP Reviewed: SSP Changed: (1) SSP Unchanged:

Comments: _____

(1) NOTE: Any changes made in the facility process descriptions or health and safety considerations section of the SSP must be shown on a new SSP.

(C) EMERGENCY INFORMATION

Ambulance: No change Telephone# No change
Hospital: _____ Telephone# _____
Police: _____ Telephone# _____
Fire Department: _____ Telephone# _____
Fire and Emergency Signals reviewed: yes / Intercom system
Site Evacuation plan reviewed: yes

SAFETY OFFICER: _____ DATE: _____

Region IV CM&E Form - Side A

EPA ID: NCN986171192

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

Facility Name: Excel Electronics, Inc. City: Charlotte N.C.

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

Agency: 5 Date: Mo: 07 / Day: 18 / Year: 92 Type: 5E
Control Number Data Entry Personnel:

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Person: 003 Reason:

--	--

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

Generators

GER	
GGR	
GLB	
GSQ	
GMR	
GOR	E
GPT	
GRR	
GSC	

Transporters

TGR	
TMR	
TOR	
TRR	
TWD	

TSD's

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: Violation corrected
2: _____

VIOLATION DATA: New: Change: Delete:

1 Agency: 5 Type: 20R Date (mdy) Determined: 08 / 21 / 92 Class: 2
Priority: Branch: 01 Person: 608 Seq. Number (Data Entry):

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Return to Compliance: 09 / 16 / 92 --- Scheduled --- Actual: 09 / 18 / 92
Reg. Type: ER Reg. Description (30): 262.34(a)(4) Retention of 2.5.16(d)(2)
Comment (72): written up descriptions for hazardous waste removal

_____ 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):

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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

Expat Electronics Inc.
513 W. 24th St
Charlotte, N.C. 28206
NCD 936171197

2) Facility Contact

Naran Lakshmi
(704) 376-2800

3) Survey Participants

Naran Lakshmi
Paul Hubbs

4) Date of Inspection

September 18, 1992

5) Purpose of Survey

RCRA Compliance audit in accordance with Notice
of Violation #192-405
i

6) Facility Description

No change

7) Waste Minimization

No change

8) Site Deficiencies

*Violations corrected per information supplied by
Mr. Sakhami*

9) Recommendations

None

10) Signed

[Signature]

Inspector/Reviewer

9/18/72

Date

[Signature]

Facility Contact

EPA ID: NC D 9 8 6 1 7 1 1 9 7

Submitted by: _____ Date: _____

Entered by: _____ Date: _____

Facility Name: EXCEL ELECTRONICS, INC. City: CHARLOTTE, NC

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

Agency: S Date: 06/25/91 Type: CEI Control Number Data Entry Personnel

Person: 021 Reason:

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

Generators GER GGR GLB GLO GMR GOR GPT GRR GSC <input type="checkbox"/>	Transporters TGR TMR TOR TRR TWD <input type="checkbox"/>	TSD's DCH DCL DCP DFR DGS DGW DIN <input type="checkbox"/>	DLB DLF DLT DMC DMR DOR DOT <input type="checkbox"/>	DPB DPP DSI DTR DTT DWP <input type="checkbox"/>
--	--	---	---	--

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

Evaluation Comments:

(72) 1: VIOLATIONS NOTED
2: _____

VIOLATION DATA: New: Change: _____ Delete: _____

#1 Agency: S Type: CEI Date (mdy) Determined: 06/25/91 Class: 2
 Priority: Branch: 011 Person: 021 Seq. Number (Data Entry)
 Return to Compliance: / / Scheduled / / Actual / /
 Reg. Type: SR Reg. Description (30): 262.20(a) Manifest not properly
 Comment (72): completed according to the manifest instructions

#2 Agency: S Type: CEI Date (mdy) Determined: 06/25/91 Class: 2
 Priority: Branch: 011 Person: 021 Seq. Number (Data Entry)
 Return to Compliance: / / Scheduled / / Actual / /
 Reg. Type: SR Reg. Description (30): 262.34(a)(4) reference 265.52(e) capabilities
 Comment (72): all emergency equipment not identified in contingency plan, descriptions of

#3 Agency: S Type: CEI Date (mdy) Determined: 06/25/91 Class: 2
 Priority: Branch: 011 Person: 021 Seq. Number (Data Entry)
 Return to Compliance: / / Scheduled / / Actual / /
 Reg. Type: SR Reg. Description (30): 262.34(a)(4) reference 265.52(f)
 Comment (72): Evacuation plan does not describe alternate system used, signals to be used

Continue violation data on Side B if necessary -
or evacuation routes.

Region IV CM&E Form - Side B

Submitted by: _____ Date: _____

EPA ID: NC0986171197

Entered by: _____ Date: _____

Facility Name: Excel Electronics Inc.

City: Charlotte NC

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

Agency: Type: Date: Month /Day /Year Number (Data Entry)

Person: Branch: Comment (72): VIOLATIONS NOTED

Penalty Data Assessed: \$ <input type="checkbox"/>	Paid: \$ <input type="checkbox"/>	Date Paid: <input type="checkbox"/>
Settled: \$ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Cite violations for this enforcement action below -

VIOLATION DATA: New: Change: Delete:

#4 Agency: Type: Date (mdy) Determined: / / Class:
Priority: Branch: Person: Seq. Number (Data Entry)
Return to Compliance: Scheduled Actual
Reg. Type: Reg. Description (30): 262.34(a)(4) referenced 265.16(d)(1)
Comment (72): Job titles needed for Haz. waste personnel

#5 Agency: Type: Date (mdy) Determined: / / Class:
Priority: Branch: Person: Seq. Number (Data Entry)
Return to Compliance: Scheduled Actual
Reg. Type: Reg. Description (30): 262.34(a)(4) referenced 265.16(d)(2)
Comment (72): Job descriptions need for all Haz waste personnel

#6 Agency: Type: Date (mdy) Determined: / / Class:
Priority: Branch: Person: Seq. Number (Data Entry)
Return to Compliance: Scheduled Actual
Reg. Type: Reg. Description (30): 268.7(a)(1)
Comment (72): Specific treatment standards not shown for manifested

Continue violation data on Side A if necessary - ^{shipments} identified as unrestricted wastes.

RCRA INSPECTION REPORT

1) Facility Information

EXCEL ELECTRONICS INCORPORATED
513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
NCD 986 171197

2) Facility Contact

MR. NARAN LAKHANI, PRESIDENT
(704) 376-2860

3) Survey Participants

MR. PARESH PATEL, EXCEL ELECTRONICS INC.
MR. SCOTT READING, NCDEHR

4) Date of Inspection

TUESDAY, JUNE 25, 1991

5) Purpose of Survey

ANNOUNCED FACILITY AUDIT IN ORDER TO DETERMINE RCRA COMPLIANCE SPECIFICALLY 40 CFR PARTS 262, 265 AND 268 GENERATOR STANDARDS.

6) Facility Description

EXCEL ELECTRONICS INCORPORATED LOCATED IN CHARLOTTE IS AN ETCHING CIRCUIT BOARD OPERATION. HYDROCHLORIC ACID AND AMMONIA ARE USED FOR THE ETCHING. ONLY ONE HAZARDOUS WASTE STREAM IS GENERATED BY THE PROCESSES CONSISTING OF A WASTE ALKALINE LIQUID (D002/D008). THE WASTE IS TRANSPORTED BY PHOTO CHEMICAL SYSTEMS NCD 000831065 & FID 079193579 TO CP CHEMICALS SCD 070371885 IN SUMTER, SOUTH CAROLINA FOR RECLAMATION.

7) Waste Minimization

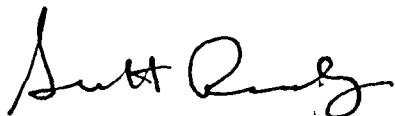
NONE

8) Site Deficiencies

- ① 262.20(a) MANIFESTS NOT PREPARED ACCORDING TO THE INSTRUCTIONS SPECIFICALLY UNITS USED FOR MANIFEST # 00016 - 00003 SHIPMENTS
- ② 262.34(a)(4) REFERENCED 265.52(e) EMERGENCY EQUIPMENT LOCATIONS AND DESCRIPTIONS SHOWN INCLUDING ALARM SYSTEMS, TELEPHONE, FIRE HOSES, EYEWASH & SHOWERS
- ③ 262.34(a)(4) REFERENCED 265.52(f) EVACUATION PLAN MUST INCLUDE ALTERNATE SYSTEM USED FOR EVACUATION NOTIFICATION (ALARM SYSTEM) SIGNALS DESCRIBED AND BOTH PRIMARY & ALTERNATE EVACUATION ROUTES.
- ④ 262.34(a)(4) REFERENCED 265.16(d)(1) JOB TITLES NEEDED FOR HAZARDOUS WASTE MANAGEMENT PERSONNEL SPECIFICALLY FOR MR. PATEL, LAKHANI, R. SAVANI AND A. SAVANI.
- ⑤ 262.43(a)(4) REFERENCED 265.16(d)(2) JOB DESCRIPTIONS FOR THOSE INDIVIDUALS LISTED ABOVE.
- ⑥ 268.7(a)(1) LAND DISPOSAL RESTRICTION NOTIFICATION NEEDED FOR ALL FUTURE SHIPMENT - VIOLATION WITH MANIFEST # 00016 - 00008 IN THAT WASTE WAS SHOWN TO BE UNRESTRICTED LDR FORM DID NOT SHOW WASTE CODES.

9) Recommendations

10) Signed



Inspector/Reviewer

6/25/91

Date(s)



Facility Contact



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter)

Form Approved. OMB No. 2050-0039 Expires 9-30-

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's U.S. EPA ID No N C D 9 8 6 J 7 J J 9 7 0 0 0 1 1 6	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is by State law	
GENERATOR	3. Generator's Name and Mailing Address EXCEL ELCETRONICS, INC. 513 WEST 24TH STREET, CHARLOTTE NC 28206			A. State Manifest Document Number		
	4. Generator's Phone (704) 376-2800			B. State Generator's ID		
	5. Transporter 1 Company Name PHOTO CHEMICAL SYSTEMS		6. U.S. EPA ID Number N C D 0 0 0 8 3 1 0 6 5	C. State Transporter's ID		
	7. Transporter 2 Company Name PHOTO CHEMICAL SYSTEMS		8. U.S. EPA ID Number 1 0 1 0 7 9 1 0 3 5 7 9	D. Transporter's Phone (919) 266-4463		
RECEPTOR	9. Designated Facility Name and Site Address CP CHEMICALS, INC. HWY 15 south SUMTER, SC 29150		10. U.S. EPA ID Number S C D 0 7 0 3 7 1 8 8 5	E. State Transporter's ID		F. Transporter's Phone (919) 266-4463
	G. State Facility's ID			H. Facility's Phone (803) 481-8528		
	11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	1. Waste Number
	a. Waste Alkaline (Corrosive) Liquid NOS. Corrosive Material NA1719 (D002/D008)		0 0 1 4	0 1 1 6 1 0	6	0 0 0 2 0 0 0 8
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
a. K P J - K A C 1 0 0 - 1 0 1 4 6		c. - -				
b. -		d. -				
15. Special Handling Instructions and Additional Information				<small>The reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and minutes for treatment storage and disposal facilities. This includes the time for reviewing instructions, gathering existing data, reviewing and collecting the data, reviewing comments regarding the burden estimates, and suggestions for reducing the burden. Send comments to Chief Information and Branch, PM 223 115 Environmental Protection Agency, 401 M St, S Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, (Mail Stop 018) Department of Management and Budget, Washington, D.C. 20503</small>		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment 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 at the laws of the State of South Carolina. 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 economical, 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 select the best waste management method that is available to me and that I can afford.						
Printed/Typed Name ROHIT SAVANI		Signature R Savani		Month Day Year 10 5 0 6 19 1		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name Jerry Turner		Signature Jerry Turner		Month Day Year 10 5 0 6 19 1		
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space 19a unit code should be "G" or "P"						
a. 6 0 1 2 1 0 1 0		b.		c. lbs. d. lbs.		
20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name SERRY Cox		Signature Serry Cox		Month Day Year 0 5 0 7 9 1		

NOTIFICATION OF RESTRICTED WASTE

Generator Excel Electronics, Inc.
 State Street /
 DP C P Chemical System

EPA ID NCD 986171197
 Manifest # 00016
 Date 5/6/91

I. Restricted Waste Notification

This is to notify you that this shipment of hazardous waste contains a waste that is restricted from land disposal and requires treatment prior to land disposal. This notification is provided in fulfillment of 40 CFR Part 268 Subpart A, Section 268.7. The information below pertains to the restricted waste in this shipment.

- A. Liquid hazardous waste, including free liquids associated with any solid or sludge, containing free cyanides at concentrations greater than or equal to 1000 mg/l.
- B. Liquid hazardous waste, including free liquids associated with any solid or sludge, containing the following metals (or elements) at concentrations greater than or equal to those specified below.

- arsenic (D004) and/or compounds (as AS) 500 mg/l
- cadmium (D006) and/or compounds (as Cd) 100 mg/l
- chromium VI (D007) and/or compounds (as Cr VI) 500 mg/l
- lead (D008) and/or compounds (as Pb) 500 mg/l
- mercury (D009) and/or compounds (as Hg) 20 mg/l
- nickel and/or compounds (as Ni) 134 mg/l
- selenium (D010) and/or compounds (as Se) 100 mg/l
- thallium and/or compounds (as Tl) 130 mg/l

- C. Liquid hazardous waste with a pH less than or equal to two (2.0).
- D. Liquid hazardous waste containing poly-chlorinated biphenyls (PCB's) at concentrations greater than or equal to 50 ppm.
- E. Liquid hazardous wastes containing halogenated organic compounds (HOC's) in total concentration greater than 10,000 mg/l.
- F. P006 (NON-WASTEWATER)

TREATMENT STANDARDS	MG/L
Cd	0.066
Cr	5.2
Pb	0.51
Ni	0.37
Ag	0.072

- G. K062
- | | |
|----|-------|
| Cr | 0.094 |
| Pb | 0.37 |

II. Restricted Waste Variance

This is to notify you that this shipment of hazardous waste contains a waste that is restricted from land disposal. However, a nationwide variance from the restriction exists, exempting the waste from the land disposal restrictions. This variance applies to liquid wastes containing HOC's in total concentration greater than or equal to 10,000 mg/l and non-liquid wastes containing HOC's in total concentrations exceeding 1000 mg/kg.

III. Unrestricted Waste Notification

This is to notify you that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004 (d).

This notification must be attached to the manifest for shipment. Please attach waste analysis data, if available.

I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

R. Savani
 Signature of Authorized Representative

ROHIT SAVANI PLANT MANAGER
 Printed Name and Title of Representative

South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter)

Form Approved. OMB No. 2050-0039 Expires 9-30-

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No NC D 9 8 6 1 7 1 9 7 0 0 0 1 5		2. Page 1 of 1		3. Information in the shaded areas is not required by Federal law, but is by State law	
3. Generator's Name and Mailing Address EXCEL ELCTRONICS, INC. 513 WEST 24TH STREET, CHARLOTTE NC 28206				A. State Manifest Document Number			
				4. Generator's Phone (704) 376-2800			
5. Transporter 1 Company Name PHOTO CHEMICAL SYSTEMS		6. U.S. EPA ID Number NC D 0 0 0 8 3 1 0 6 5		C. State Transporter's ID		D. Transporter's Phone (919) 266-4463	
7. Transporter 2 Company Name PHOTO CHEMICAL SYSTEMS		8. U.S. EPA ID Number FD 1 0 7 9 1 9 3 5 7 9		E. State Transporter's ID		F. Transporter's Phone (919) 266-4463	
9. Designated Facility Name and Site Address CP CHEMICALS, INC. HWY 15 south SUMTER, SC 29150		10. U.S. EPA ID Number SC D 0 7 0 3 7 1 8 8 5		G. State Facility's ID		H. Facility's Phone (803) 481-8528	
11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
a. Waste Alkaline (Corrosive) Liquid NOS. Corrosive Material NA1719 (D002/D008)				0 0 1 8	0 3 2 1 0 0	Lb	D 0 0 2 D 0 0 8
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above			
a. CP-CAC00-011416				c. []-[]-[]			
b. []-[]-[]				d. []-[]-[]			
15. Special Handling Instructions and Additional Information				Printed reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 4 minutes for treatment, storage, and disposal facilities. This includes the reviewing instructions, gathering data and reviewing the information, reviewing the form, the reviewing instructions, gathering data and reviewing the information, and reviewing the instructions. For more information regarding our burden reduction initiatives, contact the Office of Management and Budget, Paperwork Project Director, (202) 419-0151, or the Office of Management and Budget, Paperwork Project Director, (202) 419-0151.			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment 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 as the laws of the State of South Carolina. 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 select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name ROHIT SAVANI		Signature <i>R Savani</i>		Month Day Year 10 14 1991			
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name <i>Serry Turner</i>		Signature <i>Serry Turner</i>		Month Day Year 10 12 1991			
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name <i>Serry Turner</i>		Signature <i>Serry Turner</i>		Month Day Year 10 12 1991			
19. Discrepancy Indication Space <i>14a. Unit Volume code should be "P"</i>							
				a. 4000	b. 1000	c. []	d. []
20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name SCRAY COX		Signature <i>Scray Cox</i>		Month Day Year 10 12 1991			

GENERATOR NOTIFICATION OF RESTRICTED WASTE

Generator Excel Electronics, Inc.
 Waste Stream / C P Chemical System
 MSD C P Chemical System

EPA ID NCD 986171197
 Manifest 1 00015
 Date 4/8/91

I. Restricted Waste Notification

This is to notify you that this shipment of hazardous waste contains a waste that is restricted from land disposal and requires treatment prior to land disposal. This notification is provided in fulfillment of 40 CFR Part 268 Subpart A, Section 268.7. The information below pertains to the restricted waste in this shipment.

- A. Liquid hazardous waste, including free liquids associated with any solid or sludge, containing free cyanides at concentrations greater than or equal to 1000 mg/l.
- B. Liquid hazardous waste, including free liquids associated with any solid or sludge, containing the following metals (or elements) at concentrations greater than or equal to those specified below.

- arsenic (D004) and/or compounds (as As) 500 mg/l
- cadmium (D006) and/or compounds (as Cd) 100 mg/l
- chromium VI (D007) and/or compounds (as Cr VI) 500 mg/l
- lead (D008) and/or compounds (as Pb) 500 mg/l
- mercury (D009) and/or compounds (as Hg) 20 mg/l
- nickel and/or compounds (as Ni) 134 mg/l
- selenium (D010) and/or compounds (as Se) 100 mg/l
- thallium and/or compounds (as Tl) 130 mg/l

- C. Liquid hazardous waste with a pH less than or equal to two (2.0).
- D. Liquid hazardous waste containing poly-chlorinated biphenyls (PCB's) at concentrations greater than or equal to 50 ppm.
- E. Liquid hazardous wastes containing halogenated organic compounds (HOC's) in total concentration greater than 10,000 mg/l.
- F. P006 (NON-WASTEWATER)

TREATMENT STANDARDS	MG/L
Cd	0.066
Cr	5.2
Pb	0.51
Ni	0.32
Ag	0.072

- G. K062
- | | |
|----|-------|
| Cr | 0.094 |
| Pb | 0.37 |

II. Restricted Waste Variance

This is to notify you that this shipment of hazardous waste contains a waste that is restricted from land disposal. However, a nationwide variance from the restriction exists, exempting the waste from the land disposal restrictions. This variance applies to liquid wastes containing HOC's in total concentration greater than or equal to 10,000 mg/l and non-liquid wastes containing HOC's in total concentrations exceeding 1000 mg/kg.

III. Unrestricted Waste Notification

This is to notify you that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004 (d).

This notification must be attached to the manifest for shipment. Please attach waste analysis data, if available.

I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

R. Savani
 Signature of Authorized Representative

ROHIT SAVANI PLANT MANAGER
 Printed Name and Title of Representative



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803) 253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter) Form Approved. OMB No. 2050-0039 Expires 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No <u>N C D 9 1 8 6 1 1 7 1 1 9 7 0 0 1 1 4</u>		Manifest Document No. <u>1</u>		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is by State law					
3. Generator's Name and Mailing Address EXCEL ELCETRONICS, INC. 513 WEST 24TH STREET, CHARLOTTE NC 28206						A. State Manifest Document Number							
4. Generator's Phone (704) 376-2800						B. State Generator's ID							
5. Transporter 1 Company Name PHOTO CHEMICAL SYSTEMS			6. U.S. EPA ID Number <u>N C D 0 0 0 8 3 1 0 6 5</u>			C. State Transporter's ID							
7. Transporter 2 Company Name PHOTO CHEMICAL SYSTEMS			8. U.S. EPA ID Number <u>F I D 0 7 9 1 9 3 5 7 9</u>			D. Transporter's Phone (919) 266-4463							
9. Designated Facility Name and Site Address CP CHEMICALS, INC. HWY 15 south SUMTER, SC 29150						E. State Transporter's ID							
						F. Transporter's Phone (919) 266-4463							
						G. State Facility's ID							
						H. Facility's Phone (803) 481-8528							
11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste Number	
a. Waste Alkaline (Corrosive) Liquid NOS. Corrosive Material NA1719 (D002/D008)						0 10 14 1 DF		0 1 1 6 1 0 1 0 LB		LB		D 0 0 2 J	
												D 0 0 8 J	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
a. <u>CP - CAC 10 10 - 0 1 1 4 1 6</u>						c. - -							
b. -						d. -							
15. Special Handling Instructions and Additional Information						<small>Public reporting burden for this collection of information is estimated to average 37 minutes for generation, 15 minutes for transportation, and 15 minutes for treatment, storage and disposal facilities. This includes the time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding this burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM 223 US Environmental Protection Agency, 401 M St, SW Washington, DC 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.</small>							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment 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 at the laws of the State of South Carolina.													
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 economical, 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 select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name <u>ROHIT SAVANI</u>				Signature <u>R Savani</u>				Month Day Year <u>10 31 19 91</u>					
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name <u>Terry Turner</u>				Signature <u>Terry Turner</u>				Month Day Year <u>12 31 19 91</u>					
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name <u>Terry Turner</u>				Signature <u>Terry Turner</u>				Month Day Year <u>12 31 19 91</u>					
19. Discrepancy Indication Space <u>14a. Unit, Wt should be 4P+</u>						a. <u>0 0 0 0</u> lbs. c. b. lbs. d.							
20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name <u>Jerry Cox</u>				Signature <u>Jerry Cox</u>				Month Day Year <u>03 05 91</u>					

NOTIFICATION OF RESTRICTED WASTE

Generator Excel Electronics, Inc.
 Waste Stream / C P Chemical System
 MSDP C P Chemical System

EPA ID NCD 986171197
 Manifest # 00014
 Date 3/14/91

I. Restricted Waste Notification

This is to notify you that this shipment of hazardous waste contains a waste that is restricted from land disposal and requires treatment prior to land disposal. This notification is provided in fulfillment of 40 CFR Part 268 Subpart A, Section 268.7. The information below pertains to the restricted waste in this shipment.

- A. Liquid hazardous waste, including free liquids associated with any solid or sludge, containing free cyanides at concentrations greater than or equal to 1000 mg/l.
- B. Liquid hazardous waste, including free liquids associated with any solid or sludge, containing the following metals (or elements) at concentrations greater than or equal to those specified below.
 - arsenic (D004) and/or compounds (as As) 500 mg/l
 - cadmium (D006) and/or compounds (as Cd) 100 mg/l
 - chromium VI (D007) and/or compounds (as Cr VI) 500 mg/l
 - lead (D008) and/or compounds (as Pb) 500 mg/l
 - mercury (D009) and/or compounds (as Hg) 20 mg/l
 - nickel and/or compounds (as Ni) 124 mg/l
 - selenium (D010) and/or compounds (as Se) 100 mg/l
 - thallium and/or compounds (as Tl) 130 mg/l
- C. Liquid hazardous waste with a pH less than or equal to two (2.0).
- D. Liquid hazardous waste containing poly-chlorinated biphenyls (PCB's) at concentrations greater than or equal to 50 ppm.
- E. Liquid hazardous wastes containing halogenated organic compounds (HOC's) in total concentration greater than 10,000 mg/l.
- F. P006 (NON-WASTEWATER)

TREATMENT STANDARDS	MG/L
Cd	0.066
Cr	5.2
Pb	0.51
Ni	0.32
Ag	0.072

G. K062

Cr	0.094
Pb	0.37

II. Restricted Waste Variance

This is to notify you that this shipment of hazardous waste contains a waste that is restricted from land disposal. However, a nationwide variance from the restriction exists, exempting the waste from the land disposal restrictions. This variance applies to liquid wastes containing HOC's in total concentration greater than or equal to 10,000 mg/l and non-liquid wastes containing HOC's in total concentrations exceeding 1000 mg/kg.

III. Unrestricted Waste Notification

This is to notify you that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004 (d).

This notification must be attached to the manifest for shipment. Please attach waste analysis data, if available.

I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

R. Savani
 Signature of Authorized Representative

ROHIT SAVANI PLANT MANAGER
 Printed Name and Title of Representative





South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter)

Form Approved. OMB No. 2050-0039 Expires 9-30-97

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's U.S. EPA ID No. N C D 9 1 8 6 1 1 7 1 1 9 7 0 0 0 1 1 3	Manifest Document No. 1 3	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is by State law		
3. Generator's Name and Mailing Address EXCEL ELCTRONICS, INC. 513 WEST 24TH STREET, CHARLOTTE NC 28206				A. State Manifest Document Number			
4. Generator's Phone (704) 376-2800				B. State Generator's ID			
5. Transporter 1 Company Name PHOTO CHEMICAL SYSTEMS		6. U.S. EPA ID Number N C D 0 0 0 8 3 1 0 6 5		C. State Transporter's ID			
7. Transporter 2 Company Name PHOTO CHEMICAL SYSTEMS		8. U.S. EPA ID Number F I D 0 7 9 1 1 9 3 5 7 9		D. Transporter's Phone (919) 266-4463			
9. Designated Facility Name and Site Address CP CHEMICALS, INC. HWY 15 south SUMTER, SC 29150		10. U.S. EPA ID Number S C D 0 7 0 3 7 1 8 8 5		E. State Transporter's ID			
				F. Transporter's Phone (919) 266-4463			
				G. State Facility's ID			
				H. Facility's Phone (803) 481-8528			
11. U.S. DOT Description (including Proper Shipping Name, Hazrd Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	1. Waste Number	
a. Waste Alkaline (Corrosive) Liquid NOS. Corrosive Material NA1719 (D002/D008)			0,08	0,32,0,0		D002 D008	
b.						_ _ _ _	
c.						_ _ _ _	
d.						_ _ _ _	
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above			
a. CP-CAC00-0146				c. _ _ - _ _ _ _ - _ _ _ _			
b. _ _ - _ _ _ _ - _ _ _ _				d. _ _ - _ _ _ _ - _ _ _ _			
15. Special Handling Instructions and Additional Information				Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 15 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M.S.L.S.W. Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment 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 and the laws of the State of South Carolina. 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 select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name NARAN LAKHANI			Signature <i>Naran Lakhani</i>			Month Day Year 02/04/97	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name Jerry Turner			Signature <i>Jerry Turner</i>			Month Day Year 02/04/97	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name Jerry Turner			Signature <i>Jerry Turner</i>			Month Day Year 02/04/97	
19. Discrepancy Indication Space 14a. Unit Volume Code missing							
				a. 4600 lbs.		c. _ _ _ _ lbs.	
				b. _ _ _ _ lbs.		d. _ _ _ _ lbs.	
20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name Jerry Cox			Signature <i>Jerry Cox</i>			Month Day Year 02/05/97	



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter)

Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's U.S. EPA ID No NC D 9 8 6 1 1 7 1 1 9 7 0 0 0 1 2		Manifest Document No. 12		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is by State law.			
3. Generator's Name and Mailing Address EXCEL ELCETRONICS, INC. 513 WEST 24TH STREET, CHARLOTTE NC 28206						A. State Manifest Document Number					
4. Generator's Phone (704) 376-2800						B. State Generator's ID					
5. Transporter 1 Company Name PHOTO CHEMICAL SYSTEMS			6. U.S. EPA ID Number NC D 0 0 0 8 3 1 0 6 5			C. State Transporter's ID					
7. Transporter 2 Company Name PHOTO CHEMICAL SYSTEMS			8. U.S. EPA ID Number FD 0 7 9 1 9 3 5 7 9			D. Transporter's Phone (919) 266-4463					
9. Designated Facility Name and Site Address CP CHEMICALS, INC. HWY 15 south SUMTER, SC 29150			10. U.S. EPA ID Number SC D 0 7 0 3 7 1 8 8 5			E. State Transporter's ID					
						F. Transporter's Phone (919) 266-4463					
						G. State Facility's ID					
						H. Facility's Phone (803) 481-8528					
11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Weight	15. Waste Number
a. Waste Alkaline (Corrosive) Liquid NOS. Corrosive Material NA1719 (D002/D008)						904 DP		91,600 lbs			D002 D008
b.											
c.											
d.											
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above					
a. CIP-CAC00-0146						c. []-[]-[]					
b. []-[]-[]						d. []-[]-[]					
15. Special Handling Instructions and Additional Information						<small>Public reporting burden for this collection of information is estimated to average 37 minutes for generation, 15 minutes for transporters, and 1 minute for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St. S.W. Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503</small>					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment 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 and the laws of the State of South Carolina. 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 select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name NARAN LAKHANI				Signature <i>Naran Lakhani</i>				Month Day Year 11/21/89			
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name WILLIAM J. DAVIS				Signature <i>William J. Davis</i>				Month Day Year 11/21/89			
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space											
19a. No Transporter #2 Name + Signature 19b. Missing Unit Volume/wt Code 2000 lbs a. [] lbs. c. [] lbs. b. [] lbs. d. [] lbs.											
20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name JERRY COX				Signature <i>Jerry Cox</i>				Month Day Year 11/20/89			



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter)

Form Approved. OMB No. 2050-0039 Expires 9-30-9*

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's U.S. EPA ID No. N C D 9 8 6 1 7 1 1 9 7 0 0 9 1 1	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is by State law	
3. Generator's Name and Mailing Address EXCEL ELCETRONICS, INC. 513 WEST 24TH STREET, CHARLOTTE NC 28206				A. State Manifest Document Number		
4. Generator's Phone (704) 376-2800				B. State Generator's ID		
5. Transporter 1 Company Name PHOTO CHEMICAL SYSTEMS		6. U.S. EPA ID Number N C D 0 0 0 8 3 1 0 6 5		C. State Transporter's ID		
7. Transporter 2 Company Name PHOTO CHEMICAL SYSTEMS		8. U.S. EPA ID Number F I D 0 7 9 1 9 3 5 7 9		D. Transporter's Phone (919) 266-4463		
9. Designated Facility Name and Site Address CP CHEMICALS, INC. HWY 15 south SUMTER, SC 29150		10. U.S. EPA ID Number S C D 0 7 0 3 7 1 8 8 5		E. State Transporter's ID		
				F. Transporter's Phone (919) 266-4463		
				G. State Facility's ID		
				H. Facility's Phone (803) 481-8528		
11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number	
a. Waste Alkaline (Corrosive) Liquid NOS. Corrosive Material NA1719 (D002/D008)		0,08	0,32,00	lbs	D002 D008	
b.					_ _ _ _ _ _ _ _	
c.					_ _ _ _ _ _ _ _	
d.					_ _ _ _ _ _ _ _	
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above		
a. <u>CP-CAC1010-011416</u>		c. _ _ - _ _ _ - _ _ _				
b. _ _ - _ _ _ - _ _ _		d. _ _ - _ _ _ - _ _ _				
15. Special Handling Instructions and Additional Information				Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 15 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St, SW Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503		
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Printed/Typed Name NARAN LAKHANI		Signature <i>naran m. lakhani</i>		Month Day Year 11/26/90		
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name <i>Jerry Turner</i>		Signature <i>Jerry Turner</i>		Month Day Year 11/26/90
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name <i>Jerry Turner</i>		Signature <i>Jerry Turner</i>		Month Day Year 11/26/90
19. Discrepancy Indication Space				a. <u>4000</u> lbs. c. _ _ _ _ lbs. b. _ _ _ _ lbs. d. _ _ _ _ lbs.		
20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name <i>Erny Cox</i>		Signature <i>Erny Cox</i>		Month Day Year 11/26/90		



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803) 253-6488

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Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's U.S. EPA ID No. N C D 9 8 6 1 7 1 1 9 7 0 0 0 1 0		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is by State law.				
3. Generator's Name and Mailing Address EXCEL ELCTRONICS, INC. 513 WEST 24TH STREET, CHARLOTTE NC 28206						A. State Manifest Document Number						
4. Generator's Phone (704) 376-2800						B. State Generator's ID						
5. Transporter 1 Company Name PHOTO CHEMICAL SYSTEMS			6. U.S. EPA ID Number N C D 0 0 0 8 3 1 0 6 5			C. State Transporter's ID						
7. Transporter 2 Company Name PHOTO CHEMICAL SYSTEMS			8. U.S. EPA ID Number F I D 0 7 9 1 9 3 5 7 9			D. Transporter's Phone (919) 266-4463						
9. Designated Facility Name and Site Address CP CHEMICALS, INC. HWY 15 south SUMTER, SC 29150			10. U.S. EPA ID Number S C D 0 7 0 3 7 1 8 8 5			E. State Transporter's ID						
						F. Transporter's Phone (919) 266-4463						
						G. State Facility's ID						
						H. Facility's Phone (803) 481-8528						
11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	15. Waste Number	
a. Waste Alkaline (Corrosive) Liquid NOS. Corrosive Material NA1719 (D002/D008)						0,04 DF		0,1,600		lbs	D002 D008	
b.												
c.												
d.												
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above						
a. CP-CAC00-0146						c. []-[]-[]						
b. []-[]-[]						d. []-[]-[]						
15. Special Handling Instructions and Additional Information						Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 1 minute for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, whether suggestions for reducing the burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W. Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503						
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Printed/Typed Name NARAN LAKHANI				Signature Naran M. Lakhani				Month Day Year 11 0 3 9 9 0				
17. Transporter 1 Acknowledgement of Receipt of Materials												
Printed/Typed Name JERRY TURNER				Signature Jerry Turner				Month Day Year 11 0 2 9 9 0				
18. Transporter 2 Acknowledgement of Receipt of Materials												
Printed/Typed Name JERRY TURNER				Signature Jerry Turner				Month Day Year 11 0 2 9 9 0				
19. Discrepancy Indication Space						a. 2000 lbs. c. [] lbs.						
14 - INCORRECT UNIT CODE						b. [] lbs. d. [] lbs.						
20. Facility Owner or Operator; Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.												
Printed/Typed Name JERRY COX				Signature Jerry Cox				Month Day Year 11 0 3 1 9 0				

GENERATOR

TRANSPORTER

FACILITY



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 731-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter) Form Approved. OMB No. 2050-0039 Expires 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's U.S. EPA ID No. NC D 91 81 61 11 71 11 91 70 0 0 0 9	Manifest Document No. 10	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is by State law.
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3. Generator's Name and Mailing Address EXCEL ELECTRONICS, INC. 513 WEST 24TH STREET, CHARLOTTE NC 28206		A. State Manifest Document Number
4. Generator's Phone (704) 376-2800		B. State Generator's ID
5. Transporter 1 Company Name PHOTO CHEMICAL SYSTEMS	6. U.S. EPA ID Number NC D 0 0 0 8 3 1 0 6 5	C. State Transporter's ID
7. Transporter 2 Company Name PHOTO CHEMICAL SYSTEMS		D. Transporter's Phone (919) 266-4463
8. U.S. EPA ID Number FD 0 7 9 1 9 3 5 7 9		E. State Transporter's ID
9. Designated Facility Name and Site Address CP CHEMICALS, INC. HWY 15 south SUMTER, SC 29150		F. Transporter's Phone (919) 266-4463
10. U.S. EPA ID Number SC D 0 7 0 3 7 1 8 8 5		G. State Facility's ID
		H. Facility's Phone (803) 481-8528

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	13 Total Quantity	14 Unit Wt/Vol	1. Waste Number
a. Waste Alkaline (Corrosive) Liquid NOS. Corrosive Material NA1719 (D002/D008)	0.04	0.1600	lbs	D002 D008
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above	K. Handling Codes for Wastes Listed Above
a. CIP - CACIO - 0146	
b.	
c.	
d.	

15. Special Handling Instructions and Additional Information

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Printed/Typed Name NARAN LAKHANI	Signature Naran M. Lakhani	Month Day Year 10/01/90
-------------------------------------	-------------------------------	----------------------------

17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name Jerry Turner	Signature Jerry Turner	Month Day Year 10/01/90

18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name Jerry Turner	Signature Jerry Turner	Month Day Year 10/01/90

19. Discrepancy Indication Space

11a. RA must appear in description.

a. 2.000 lbs. c. _____ lbs.
b. _____ lbs. d. _____ lbs.

20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		
Printed/Typed Name Jerry Cox	Signature Jerry Cox	Month Day Year 10/03/90

GENERATOR NOTIFICATION OF RESTRICTED WASTE

For Excel Electronics, Inc.
 Site Street /
 DF C P Chemical System

EPA ID NCD 986171197
 Manifest # 20009
 Date 10-1-90

I. Restricted Waste Notification

This is to notify you that this shipment of hazardous waste contains a waste that is restricted from land disposal and requires treatment prior to land disposal. This notification is provided in fulfillment of 40 CFR Part 268 Subpart A, Section 268.7. The information below pertains to the restricted waste in this shipment.

- A. Liquid hazardous waste, including free liquids associated with any solid or sludge, containing free cyanides at concentrations greater than or equal to 1000 mg/l.
- B. Liquid hazardous waste, including free liquids associated with any solid or sludge, containing the following metals (or elements) at concentrations greater than or equal to those specified below.
 - arsenic (D004) and/or compounds (as As) 500 mg/l
 - cadmium (D006) and/or compounds (as Cd) 100 mg/l
 - chromium VI (D007) and/or compounds (as Cr VI) 500 mg/l
 - lead (D008) and/or compounds (as Pb) 500 mg/l
 - mercury (D009) and/or compounds (as Hg) 20 mg/l
 - nickel and/or compounds (as Ni) 134 mg/l
 - selenium (D010) and/or compounds (as Se) 100 mg/l
 - thallium and/or compounds (as Tl) 130 mg/l
- C. Liquid hazardous waste with a pH less than or equal to two (2.0).
- D. Liquid hazardous waste containing poly-chlorinated biphenyls (PCB's) at concentrations greater than or equal to 50 ppm.
- E. Liquid hazardous wastes containing halogenated organic compounds (HOC's) in total concentration greater than 10,000 mg/l.
- F. F006 (NON-HAUSTIC WATER)

TREATMENT STANDARDS	MG/L
Cd	0.066
Cr	5.2
Pb	0.51
Ni	0.32
Hg	0.072

G. K062

Cr	0.094
Pb	0.37

II. Restricted Waste Variance

This is to notify you that this shipment of hazardous waste contains a waste that is restricted from land disposal. However, a nationwide variance from the restriction exists, exempting the waste from the land disposal restrictions. This variance applies to liquid wastes containing HOC's in total concentration greater than or equal to 10,000 mg/l and non-liquid wastes containing HOC's in total concentrations exceeding 1000 mg/kg.

III. Unrestricted Waste Notification

This is to notify you that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004 (d).

This notification must be attached to the manifest for shipment. Please attach waste analysis data, if available.

I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Naran M. Lakhani
 Signature of Authorized Representative

Naran Lakhani, President
 Printed Name and Title of Representative





South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter) Form Approved. OMB No. 2050-0039 Expires 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's U.S. EPA ID No. N C D 9 8 6 1 1 7 1 1 9 7 0 0 0 8		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is by State law.	
3. Generator's Name and Mailing Address EXCEL ELCETRONICS, INC. 513 WEST 24TH STREET, CHARLOTTE NC 28206				A. State Manifest Document Number			
4. Generator's Phone (704) 376-2800				B. State Generator's ID			
5. Transporter 1 Company Name PHOTO CHEMICAL SYSTEMS		6. U.S. EPA ID Number N C D 9 0 0 8 3 1 0 6 5		C. State Transporter's ID			
7. Transporter 2 Company Name PHOTO CHEMICAL SYSTEMS		8. U.S. EPA ID Number N C D 9 7 9 1 9 3 5 7 9		D. Transporter's Phone (919) 266-4463			
9. Designated Facility Name and Site Address CP CHEMICALS, INC. HWY 15 south SUMTER, SC 29150		10. U.S. EPA ID Number S C D 9 7 0 3 7 1 8 8 5		E. State Transporter's ID			
				F. Transporter's Phone (919) 266-4463			
				G. State Facility's ID			
				H. Facility's Phone (803) 481-8528			
11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14 Unit Wt/Vol	I. Waste Number	
a. Waste Alkaline (Corrosive) Liquid NOS. Corrosive Material NA1719 (D002/D008)			008	13,200	lbs	0002 0008	
b.						_____	
c.						_____	
d.						_____	
J. Additional Descriptions for Materials Listed Above				K. Handling Codes for Wastes Listed Above			
a. CIP - CACIO - 01416				c. _____			
b. _____				d. _____			
15. Special Handling Instructions and Additional Information				The reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 15 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W. Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503			
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Printed/Typed Name NARAN LAKHANI		Signature Naran M. Lakhani		Month Day Year 10 9 1990			
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Jerry Turner		Signature Jerry Turner		Month Day Year 10 10 1990	
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name Jerry Turner		Signature Jerry Turner		Month Day Year 10 10 1990	
19. Discrepancy Indication Space 11a. RQ must be in description.				a. 3200 lbs. c. _____ lbs. b. _____ lbs. d. _____ lbs.			
20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		Printed/Typed Name Clarence James		Signature Clarence James		Month Day Year 10 9 1990	

GENERATOR NOTIFICATION OF RESTRICTED WASTE

Generator Excel Electronics, Inc.
Waste Stream / CP Chemical System
TSDF

EPA ID NCD 986171197
Manifest 00008
Date 09-04-1990

I. Restricted Waste Notification

This is to notify you that this shipment of hazardous waste contains a waste that is restricted from land disposal and requires treatment prior to land disposal. This notification is provided in fulfillment of 40 CFR Part 268 Subpart A, Section 268.7. The information below pertains to the restricted waste in this shipment.

A. Liquid hazardous waste, including free liquids associated with any solid or sludge, containing free cyanides at concentrations greater than or equal to 1000 mg/l.

B. Liquid hazardous waste, including free liquids associated with any solid or sludge, containing the following metals (or elements) at concentrations greater than or equal to those specified below.

- arsenic (D004) and/or compounds (as As) 500 mg/l
- cadmium (D006) and/or compounds (as Cd) 100 mg/l
- chromium VI (D007) and/or compounds (as Cr VI) 500 mg/l
- lead (D008) and/or compounds (as Pb) 500 mg/l
- mercury (D009) and/or compounds (as Hg) 20 mg/l
- nickel and/or compounds (as Ni) 134 mg/l
- selenium (D010) and/or compounds (as Se) 100 mg/l
- thallium and/or compounds (as Tl) 130 mg/l

C. Liquid hazardous waste with a pH less than or equal to two (2.0).

D. Liquid hazardous waste containing poly-chlorinated biphenyls (PCB's) at concentrations greater than or equal to 50 ppm.

E. Liquid hazardous wastes containing halogenated organic compounds (HOC's) in total concentration greater than 10,000 mg/l.

F. P006 (NON-WASTEWATER)

TREATMENT STANDARDS

	MG/L
Cd	0.066
Cr	5.2
Pb	0.51
Ni	0.32
Ag	0.072

G. K062

Cr	0.094
Pb	0.37

II. Restricted Waste Variance

This is to notify you that this shipment of hazardous waste contains a waste that is restricted from land disposal. However, a nationwide variance from the restriction exists, exempting the waste from the land disposal restrictions. This variance applies to liquid wastes containing HOC's in total concentration greater than or equal to 10,000 mg/l and non-liquid wastes containing HOC's in total concentrations exceeding 1000 mg/kg.

III. X Unrestricted Waste Notification

This is to notify you that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004 (d).

This notification must be attached to the manifest for shipment. Please attach waste analysis data, if available.

I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Naran M. Lakhani 9/4/90
Signature of Authorized Representative

Naran Lakhani, President
Printed Name and Title of Representative



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
 2600 Bull Street, Columbia, SC 29201
 Phone: (803) 734-5200
 Emergency & Holidays: (803)253-6488

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. Manifest Document No.
 NC D 91 81 61 11 71 11 91 70 0 0 0 27

2. Page 1 of 1 Information in the shaded areas is not required by Federal law, but is by State law.

GENERATOR

3. Generator's Name and Mailing Address EXCEL ELCETRONICS, INC. 513 WEST 24TH STREET, CHARLOTTE NC 28206		A. State Manifest Document Number
4. Generator's Phone (704) 376-2800		B. State Generator's ID
5. Transporter 1 Company Name PHOTO CHEMICAL SYSTEMS	6. U.S. EPA ID Number NC D 00 00 83 10 65	C. State Transporter's ID
7. Transporter 2 Company Name PHOTO CHEMICAL SYSTEMS	8. U.S. EPA ID Number FD D 07 91 93 57 9	D. Transporter's Phone (919) 266-4463
9. Designated Facility Name and Site Address CP CHEMICALS, INC. HWY 15 south SUMTER, SC 29150		E. State Transporter's ID
		F. Transporter's Phone (919) 266-4463
		G. State Facility's ID
		H. Facility's Phone (803) 481-8528
		10. U.S. EPA ID Number SC D 07 03 71 88 5

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	1. Waste Number
a. Waste Alkaline (Corrosive) Liquid NOS. Corrosive Material NA1719 (D002/D008)	004	1,600	lbs	0002 0008
b.				
c.				
d.				

J. Additional Descriptions for Materials Listed Above	K. Handling Codes for Wastes Listed Above
a. CP-CAC100-011416	c. <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>
b. <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>	d. <input type="checkbox"/> - <input type="checkbox"/> - <input type="checkbox"/>

15. Special Handling Instructions and Additional Information

Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 15 minutes for transporters, and 11 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St. SW Washington, D.C. 20460, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment 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 and the laws of the State of South Carolina.

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 select the best waste management method that is available to me and that I can afford.

Printed/Typed Name NARAN LAKHANI	Signature <i>Naran M. Lakhani</i>	Month Day Year 07 30 90
--	--------------------------------------	-----------------------------------

TRANSPORTER

17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name <i>Jerry Turner</i>	Signature <i>Jerry Turner</i>	Month Day Year 07 30 90

18. Transporter 2 Acknowledgement of Receipt of Materials		
Printed/Typed Name <i>Jerry Turner</i>	Signature <i>Jerry Turner</i>	Month Day Year 07 30 90

19. Discrepancy Indication Space <i>11a. RA must appear in description.</i>	a. <input type="checkbox"/> lbs. c. <input type="checkbox"/> lbs. b. <input type="checkbox"/> lbs. d. <input type="checkbox"/> lbs.
--	--

20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.		
Printed/Typed Name <i>Serny Cox</i>	Signature <i>Serny Cox</i>	Month Day Year 08 01 90

NOTIFICATION OF RESTRICTED WASTE

Excel Electronics, Inc.

EPA ID NCD 986171197
Manifest # 00007
Date 07-30-90

Site Street /
DP C P Chemical System

I. Restricted Waste Notification

This is to notify you that this shipment of hazardous waste contains a waste that is restricted from land disposal and requires treatment prior to land disposal. This notification is provided in fulfillment of 40 CFR Part 268 Subpart A, Section 268.7. The information below pertains to the restricted waste in this shipment.

- A. Liquid hazardous waste, including free liquids associated with any solid or sludge, containing free cyanides at concentrations greater than or equal to 1000 mg/l.
- B. Liquid hazardous waste, including free liquids associated with any solid or sludge, containing the following metals (or elements) at concentrations greater than or equal to those specified below.
 - arsenic (D004) and/or compounds (as As) 500 mg/l
 - cadmium (D006) and/or compounds (as Cd) 100 mg/l
 - chromium VI (D007) and/or compounds (as Cr VI) 500 mg/l
 - lead (D008) and/or compounds (as Pb) 500 mg/l
 - mercury (D009) and/or compounds (as Hg) 20 mg/l
 - nickel and/or compounds (as Ni) 134 mg/l
 - selenium (D010) and/or compounds (as Se) 100 mg/l
 - thallium and/or compounds (as Tl) 130 mg/l
- C. Liquid hazardous waste with a pH less than or equal to two (2.0).
- D. Liquid hazardous waste containing poly-chlorinated biphenyls (PCB's) at concentrations greater than or equal to 50 ppm.
- E. Liquid hazardous wastes containing halogenated organic compounds (HOC's) in total concentration greater than 10,000 mg/l.
- F. P006 (NON-WASTEWATER)

TREATMENT STANDARDS	MG/L
Cd	0.066
Cr	5.2
Pb	0.51
Ni	0.32
Ag	0.072

- G. K062

TREATMENT STANDARDS	MG/L
Cr	0.094
Pb	0.37

II. Restricted Waste Variance

This is to notify you that this shipment of hazardous waste contains a waste that is restricted from land disposal. However, a nationwide variance from the restriction exists, exempting the waste from the land disposal restrictions. This variance applies to liquid wastes containing HOC's in total concentration greater than or equal to 10,000 mg/l and non-liquid wastes containing HOC's in total concentrations exceeding 1000 mg/kg.

III. Unrestricted Waste Notification

This is to notify you that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste is not restricted as specified in 40 CFR 268, Subpart D and all applicable prohibitions set forth in 40 CFR 268.32 or RCRA Section 3004 (d).

This notification must be attached to the manifest for shipment. Please attach waste analysis data, if available.

I believe that the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting a false certification, including the possibility of a fine and imprisonment.

Niran M. Lachani
Signature of Authorized Representative

Naran Lakhani, President
Printed Name and Title of Representative





South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE

(Form designed for use on elite [12-pitch] typewriter)

Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No.

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law, but is by State law.

NC D 9 8 6 1 7 1 1 9 7 0 0 0 0 3

3. Generator's Name and Mailing Address

EXCEL ELCTRONICS, INC.
513 WEST 24TH STREET, CHARLOTTE NC 28206

A. State Manifest Document Number

B. State Generator's ID

4. Generator's Phone (704) 376-2800

5. Transporter 1 Company Name

PHOTO CHEMICAL SYSTEMS

6. U.S. EPA ID Number

NC D 0 0 0 8 3 1 0 6 5

C. State Transporter's ID

D. Transporter's Phone (919) 266-4463

7. Transporter 2 Company Name

PHOTO CHEMICAL SYSTEMS

8. U.S. EPA ID Number

FI D 0 7 9 1 9 3 5 7 9

E. State Transporter's ID

F. Transporter's Phone (919) 266-4463

9. Designated Facility Name and Site Address

CP CHEMICALS, INC.
HWY 15 south
SUMTER, SC 29150

10. U.S. EPA ID Number

SC D 0 7 0 3 7 1 8 8 5

G. State Facility's ID

H. Facility's Phone (803) 481-8528

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers No. Type

13. Total Quantity

14. Unit Wt/Vol

1. Waste Number

a. Waste Alkaline (Corrosive) Liquid NOS.
Corrosive Material NA1719 (D002/D008)

0112	DF	4,800	lb.	D002
				D008

J. Additional Descriptions for Materials Listed Above

a. CP-CAC00-011416
b. - - - - -
c. - - - - -
d. - - - - -

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment 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 and the laws of the State of South Carolina.

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 select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

NARAN LAKHANI

Signature

Naran M. Lakhani

Month Day Year

10/31/90

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JERRY TURNER

Signature

Jerry Turner

Month Day Year

10/31/90

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

JERRY TURNER

Signature

Jerry Turner

Month Day Year

10/31/90

19. Discrepancy Indication Space

11a. RQ must appear in description.

a. 4800 lbs. c. _____ lbs.
b. _____ lbs. d. _____ lbs.

20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

JERRY COX

Signature

Jerry Cox

Month Day Year

10/31/90



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6488

PLEASE PRINT or TYPE (Form designed for use on elite [12-pitch] typewriter) Form Approved. OMB No. 2050-0039 Expires 9-30-9

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's U.S. EPA ID No. N C D 9 1 8 6 1 1 7 1 1 9 7 0 0 0 0 4		Manifest Document No. 0 0 0 0 4		2. Page 1 of 1		Information in the shaded areas is not required by Federal law, but is by State law.			
3. Generator's Name and Mailing Address EXCEL ELCETRONICS, INC. 513 WEST 24TH STREET, CHARLOTTE NC 28206							A. State Manifest Document Number				
4. Generator's Phone (704) 376-2800							B. State Generator's ID				
5. Transporter 1 Company Name PHOTO CHEMICAL SYSTEMS				6. U.S. EPA ID Number N C D 0 0 0 8 3 1 0 6 5		C. State Transporter's ID					
7. Transporter 2 Company Name PHOTO CHEMICAL SYSTEMS				8. U.S. EPA ID Number N C D 0 0 0 7 9 1 9 3 5 7 9		D. Transporter's Phone (919) 266-4463					
9. Designated Facility Name and Site Address CP CHEMICALS, INC. HWY 15 south SUMTER, SC 29150				10. U.S. EPA ID Number S C D 0 7 0 3 7 1 8 8 5		E. State Transporter's ID					
						F. Transporter's Phone (919) 266-4463					
						G. State Facility's ID					
						H. Facility's Phone (803) 481-8528					
11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	15. Waste Number
a. Waste Alkaline (Corrosive) Liquid NOS. Corrosive Material NA1719 (D002/D008)						916 DF		16400			D002 D008
b.											_ _ _ _
c.											_ _ _ _
d.											_ _ _ _
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above					
a. CIP - C I A C 10 10 - 0 1 1 4 1 6						c. _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _					
b. _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _						d. _ _ _ _ _ - _ _ _ _ _ - _ _ _ _ _					
15. Special Handling Instructions and Additional Information						Public reporting burden for this collection of information is estimated to average 37 minutes for generators, 18 minutes for transporters, and 11 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W. Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment 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 and the laws of the State of South Carolina. 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 select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name NARAN LAKHANI				Signature Naran M. Lakhani				Month Day Year 10 23 09			
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name JERRY TURNER				Signature Jerry Turner				Month Day Year 10 23 09			
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name JERRY TURNER				Signature Jerry Turner				Month Day Year 10 23 09			
19. Discrepancy Indication Space											
11a. RD must appear in description						a. 6400 lbs. c. _ _ _ _ _ lbs.		b. _ _ _ _ _ lbs. d. _ _ _ _ _ lbs.			
20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name SERRY COX				Signature Serry Cox				Month Day Year 05 02 96			



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-6200
Emergency & Holidays: (803) 253-6488

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Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's U.S. EPA ID No. <u>NC D 91 81 61 11 71 11 91 71 01 00 15</u>	Manifest Document No. <u>15</u>	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is by State law.
3. Generator's Name and Mailing Address <u>EXCEL ELCETRONICS, INC.</u> <u>513 WEST 24TH STREET, CHARLOTTE NC 28206</u>		A. State Manifest Document Number		
4. Generator's Phone (<u>704</u>) <u>376-2800</u>		B. State Generator's ID		
5. Transporter 1 Company Name <u>PHOTO CHEMICAL SYSTEMS</u>		C. State Transporter's ID		
6. U.S. EPA ID Number <u>NC D 0 0 0 8 3 1 0 6 5</u>		D. Transporter's Phone (<u>919</u>) <u>266-4463</u>		
7. Transporter 2 Company Name <u>PHOTO CHEMICAL SYSTEMS</u>		E. State Transporter's ID		
8. U.S. EPA ID Number <u>NC D 0 7 9 1 9 3 5 7 9</u>		F. Transporter's Phone (<u>919</u>) <u>266-4463</u>		
9. Designated Facility Name and Site Address <u>CP CHEMICALS, INC.</u> <u>HWY 15 south</u> <u>SUMTER, SC 29150</u>		G. State Facility's ID		
10. U.S. EPA ID Number <u>SC D 0 7 0 3 7 1 8 8 5</u>		H. Facility's Phone (<u>803</u>) <u>481-8528</u>		

11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	1. Waste Number
a. Waste Alkaline (Corrosive) Liquid NOS. Corrosive Material NA1719 (D002/D008)	0, 1, 2	4,800	lbs	D002 D008
b.				_ _ _
c.				_ _ _
d.				_ _ _

J. Additional Descriptions for Materials Listed Above

a. CP-CACIOO-01146 c. |_|_|-|_|_|-|_|_|

b. |_|_|-|_|_|-|_|_| d. |_|_|-|_|_|-|_|_|

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

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Printed/Typed Name: NARAN LAKHANI Signature: Naran M. Lakhani Month Day Year: 10 6 91

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name: WILLIAM JI DAVIS Signature: William J Davis Month Day Year: 10 6 91

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name: _____ Signature: _____ Month Day Year: _____

19. Discrepancy Indication Space

11a. RW must appear in description. a. 4800 lbs. c. |_|_|_|_| lbs.

b. |_|_|_|_| lbs. d. |_|_|_|_| lbs.

20. Facility Owner or Operator; Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name: George Hunter Signature: George Hunter Month Day Year: 10 6 91



South Carolina Department of Health Environmental Control

Bureau of Solid & Hazardous Waste Mgt
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803)253-6486

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UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's U.S. EPA ID No. NC D 9 8 6 1 7 1 9 7 0 0 0 0 6
Manifest Document No. NC D 9 8 6 1 7 1 9 7 0 0 0 0 6

2. Page 1 of 1

Information in the shaded areas is required by Federal law, but is by State

3. Generator's Name and Mailing Address
EXCEL ELCETRONICS, INC.
513 WEST 24TH STREET, CHARLOTTE NC 28206

A. State Manifest Document Number
B. State Generator's ID

4. Generator's Phone (704) 376-2800

5. Transporter 1 Company Name
PHOTO CHEMICAL SYSTEMS

C. State Transporter's ID
D. Transporter's Phone (919) 266-446

6. U.S. EPA ID Number NC D 9 8 6 1 7 1 9 7 0 0 0 0 6
7. Transporter 2 Company Name
PHOTO CHEMICAL SYSTEMS

E. State Transporter's ID
F. Transporter's Phone (919) 266-44

8. U.S. EPA ID Number NC D 9 8 6 1 7 1 9 7 0 0 0 0 6

9. Designated Facility Name and Site Address
CP CHEMICALS, INC.
HWY 15 south
SUMTER, SC 29150

G. State Facility's ID
H. Facility's Phone (803) 481-8528

10. U.S. EPA ID Number SC D 9 7 0 3 7 1 8 8 5
11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)
a. Waste Alkaline (Corrosive) Liquid NOS.
Corrosive Material NA1719 (D002/D008)

12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste Number
0108	3200	lbs	D002 D008

12. Containers No. Type
13. Total Quantity
14. Unit Wt/Vol
15. Waste Number

J. Additional Descriptions for Materials Listed Above
a. CP-CAC100-011416
b.
c.
d.
K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classed, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations...
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Printed/Typed Name
NARAN LAKHANI

Signature Naran M. Lakhani Month Day Y 07 02 9

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name
William J. Davis

Signature William J. Davis Month Day Y 07 02 9

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name

Signature Month Day Y

19. Discrepancy Indication Space
a. 200 lbs. b.
c.
d.
e.
f.
g.
h.
i.
j.
k.
l.
m.
n.
o.
p.
q.
r.
s.
t.
u.
v.
w.
x.
y.
z.

20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name
A.O.M. ENTIRE

Signature A.O.M. ENTIRE Month Day Y 07 03 9

GENERATOR
TRANSPORTER
FACILITY

Contingency Plan for Hazardous Materials
And Hazardous Waste Control
In The Event of Accidental Release or Spillage

Excel Electronics, Inc.
513 West 24th Street
Charlotte, NC 28206
(704) 376-2800

GENERAL OUTLINE

- I. General Plan
 - A. Objective
 - B. Scope
 - C. Structure
 - D. Facility Site Plan
- II. Emergency Coordinators
- III. Implementation of Plan
 - A. Code 1 spills
 - B. Code 2 spills
 - C. First Shift Procedures
 - D. Night Shift Procedures
 - E. Spill Cleanup Procedures
 - F. General Spill Cleanup Practice
 - G. First Aid
- IV. Emergency Equipment
 - A. Inventory and Capabilities of Emergency Equipment
 - B. Location of Emergency Equipment
- V. Coordination with Local Authorities
 - A. List of Local authorities receiving copies of this plan
 - B. Coordination agreement
- VI. Evacuation Plan
- VII. Spill Reports
 - A. Notification prior to resuming operation
 - B. Report of Incident

Appendix I: Facility Site Plan

Appendix II: Inspection Log of Emergency and Hazardous Waste Equipment

Appendix III: Spill Report

Section I: GENERAL PLAN

A. Objective

The objective of this instruction is to facilitate a safe and efficient hazard control procedure, and to provide a chemical emergency plan for the handling of all emergencies involving chemicals of a toxic or hazardous nature including hazardous waste.

B. Scope

A chemical emergency refers to the release of any material (gas, vapor, fume, liquid, or solid) which may pose a hazard to human health or the environment. All releases shall be considered potentially hazardous. Although a release generally refers to a spill or leak, this plan covers all types of releases whether it be by spill, leak, decomposition of another chemical, incompatibility reaction, or breakdown due to fire. For ease of communication, the terms "chemical emergency", "spill", or "leak" may be used interchangeably in this plan.

C. Structure

A person known as the Emergency Coordinator shall be responsible for administration and implementation of this plan. The position of Emergency Coordinator will be filled at all times by at least one person who is either on the premises or on call (within a short distance). This person shall be thoroughly familiar with all aspects of the facility's layout, contingency plan, operations, activities, characteristics of all wastes (and chemicals) handled, and the location of all records within the facility. This person shall also have the authority to commit the resources necessary to carry out the contingency plan. All individuals who handle spills shall be trained in procedures for the clean-up and proper disposal of spills.

D. Facility site plan

Section II: EMERGENCY COORDINATORS

A. First Coordinator

Name:Naran Lakhani
Title:President
Telephone(704) 549-1208 (Home)
(704) 376-2800 (Work))(
Address:1900 Bonnie Lane; Charlotte, NC 28213

B. Second Coordinator

Name:Tulsi Lakhani
Title:Vice-President
Telephone(704) 532-6310 (Home)
(704) 376-2800 (Work)
Address:7015 Marlbrook Drive Charlotte, NC 28212

C. Third Coordinator

Name: Anil L. Savani
Title: Director
Phone: (704) 598-2642 (Home)
(704) 376-2800 (Work)
Address:811 Pace Oaks University Ridge
Charlotte, NC 28213

A spill, once observed, shall be reported immediately to the Emergency Coordinator so that prompt action can be taken. The Emergency Coordinator shall assess the severity of the spill:

A. Code 1 spills:

A code 1 spill is a spill posing no significant threat to employee or community health and safety, and/or to company property. It is a spill of low volume and/or hazard potential.

B. Code 2 spills:

A code 2 spill is a serious spill posing a significant threat to employee or community health and safety and/or to company property. The spill is of high volume and/or hazard potential. Evacuation of major areas of the plant is necessary, and potential for injury is high.

C. First shift procedures:

Code 1 spills:

A code 1 spill on first shift shall be handled by the Emergency Coordinator, operators, chemical make-up, and engineering personnel. The Emergency Coordinator must decide whether or not to upgrade the spill to Code 2.

Code 2 spills:

A code 2 spill on first shift shall be handled by the Emergency Coordinator, engineering personnel, and plating supervisor. The following action must be taken:

- A. Evacuate all personnel from the contaminated area, and make every effort to determine that no one has been overcome and remains in the area. Conduct search and rescue.
- B. Set up lines of evacuation. To prevent employees from wandering into a evacuated area,

DANGER - SPILL
KEEP OUT

signs shall be strategically posted. Roping or taping off may be required in large open areas.

- C. Isolate all spills and, if outside, prevent run-off or leakage.
- D. The area shall not be re-entered by operating personnel until evaluated by the supervisor and engineering personnel and all is clear.
- E. Notify necessary local, and state authorities as soon as possible. Names, addresses, and phone numbers of these agencies are located in Section V.

D. Night shift procedures:

Spills occurring during non-routine working hours shall be reported to David Luedke, or some other designated person. Efforts shall be made to contact the personnel at their homes when they are not in the plant. If unable to contact these individuals, the operators shall attempt to contact their immediate supervisors, or other personnel familiar with this plan. Section 2 contains emergency phone numbers. Action to be taken will be determined based on the assessment of the emergency by the Emergency Coordinator, supervisors, or lead person involved.

E. Spill cleanup procedures:

1. Acid, caustic, oxidizer, corrosive.

- A. Sprinkle with neutralizer until bubbling reaction ceases
- B. Collect in drum with vacuum or shovel
- C. Cover, label, and store in drum storage area

2. Miscellaneous chemicals

- A. Vacuum or absorb with absorbent
- B. Collect in drum
- C. Cover, label, and store in drum storage area

3. Solvents: non-flammable

- A. Vacuum or absorb with absorbent
 - Connect vacuum to exhaust system when possible
 - Do not use absorbent with solvent
- B. Collect, label, and store in drum storage area

4. Flammables and combustibles

- A. Prohibit open flames, sparks, or ignition sources from area
- B. If spill occurs in flammable cabinet, flush to drain
- C. Otherwise absorb with absorbent
- D. Collect, label, and store in drum storage area
- E. Spills of flammable inks, soldermask, etc., should be collected by shoveling

F. General spill cleanup practice:

1. Never mix materials
2. Acids should be diluted only after neutralization. NEVER add water to acid - a violent reaction could occur.
3. When transferring a material from a damaged container, always transfer to a cleaned container.
4. Never transport materials in an open container.
5. Thoroughly wash and clean all equipment after use in handling a spill.
6. When handling flammable solvents, be sure there are no open flames or spark-producing equipment in the vicinity (within 50 feet).
7. Never dispose materials unless familiar with waste treatment requirements. Large quantities of materials for disposal should always be brought to the attention of the waste treatment plant prior to disposal.
8. Exercise caution when vacuuming volatile materials. Irritating and/or hazardous vapors or dusts may be generated and dispersed into the area.
9. If hazardous wastes are generated, try to remain upwind from the source.
10. Leaking drums may be quickly contained by transferring to spare drums.

G. First Aid:

1. Whenever a person is injured by a spilled material, flood the affected area with copious amounts of water, and notify the supervisor and the personnel department. All accidents shall be brought to the attention of the personnel department. Personnel will also be informed of the chemical or trade name of the material which caused the injury.
2. If caustic, oxidizing or acidic solutions are brought into contact with the body or eyes, remove the involved clothing and immediately wash the area with large amounts of cold water. Eye washes are located throughout the facility.
3. If toxic fumes are inhaled, the person shall be taken to a place where he can breathe fresh air. If breathing has stopped, start artificial respiration immediately.

Section IV: EMERGENCY EQUIPMENT

A. Inventory and Capabilities of Emergency Equipment

1. Each month inspections of the spill handling equipment will be completed by the Emergency Coordinator.
2. Check lists for each type of inspection shall be completed and maintained in a log by the Emergency Coordinator.
3. A copy of this form may be found in Appendix II.
4. Capabilities - equipment use
 - A. rubber gloves - hand protection
 - B. rubber boots - foot protection
 - C. respirator - chemical or dust
 - D. goggles - eye protection
 - E. rubber apron - body protection
 - F. absorbent material - absorb spills
 - G. shovel - collect absorb
 - H. empty, clean barrels - store absorbant
 - I. fire extinguishers - extinguish small fire
 - J. wet/dry vacuum - collect spills

B. Location of Emergency Equipment

- | | |
|-------------------------|--------------|
| 1. rubber gloves | office |
| 2. rubber boots | plating area |
| 3. respirator | office |
| 4. goggles | office |
| 5. rubber apron | office |
| 6. absorbent material | plating area |
| 7. shovel | plating area |
| 8. empty, clean barrels | plating area |
| 9. fire extinguishers | plating area |
| 10. wet/dry vacuum | plating area |

Section V: Coordination with Local Authorities

A. List of local authorities receiving copies of this plan

1. Charlotte Fire Department
Attn: Mr. David Carelock
Fire Marshall
125 South Davidson Street
Charlotte, NC 28202
(704) 336-2101
2. Humana Medfirst Care
5401 Tryon street
Charlotte, NC
Mon-Sat. 8:00am-8:00pm
Sun. 9:am-5:00pm
Phone: (704)598-0515

B. Coordination agreements

1. The Charlotte Police Department will be notified at once that a Code 2 emergency has been declared at Excel Electronics, Inc. Their function at the scene will be to aid in getting emergency vehicles to the scene, and aid in control of onlookers so that the fire department may do their job.
2. The Charlotte Fire Department will respond with information from the Emergency Coordinator. The information should specify whether fire, fumes, dilution of solutions, or chemical spills are happening. The Emergency Coordinator will assist the Fire Department in bringing the situation under control by the use of fans, respirators, water, or standard equipment at their disposal.

Section VI: Evacuation Plan:

- A. The emergency coordinator will alert the company personnel to evacuate the plant during a code 2 emergency.
- B. Company personnel shall turn off all equipment, walk to the nearest exit, and get 100 yards from the building.
- C. Evacuation routes are shown in Appendix I.

Section VII: Spill Reports:

- A. Notification prior to resuming operation:

Following a Code 2 emergency, state and local authorities will be notified that the released waste has been treated, stored, or disposed of, and that all emergency equipment is cleaned and ready for use.

- B. Report of incident:

Within 15 days of a Code 2 emergency, a spill report must be completed by the Emergency Coordinator for the state health commissioner. A copy of this form appears in Appendix III.

*Scott R.
file*

State Of North Carolina

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
DIVISION OF SOLID WASTE MANAGEMENT
P.O. BOX 27687 RALEIGH, NC 27611-7687

January 29, 1991

Excel Electronics Incorporated
3601 North Graham Street
Charlotte NC 28206

RE: EPA ID No.: NCD113335582

Dear Sir:

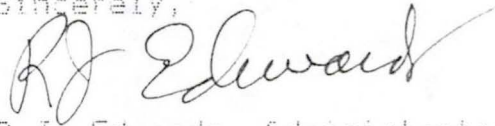
Based on information supplied by you for the site identified with the above EPA ID number, the state has accepted and processed the change in RCRA listing or information that you requested.

Your EPA ID number is inactive.

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 has been inactivated.

Sincerely,



R. J. Edwards, Administrative Officer
Hazardous Waste Section

CC: SPRING ALLEN
EPA Region IV
Mecklenburg County Health Department

Department of Envir., Health & Natural Resources
Division of Solid Waste Management
Hazardous Waste Section

APPLICATION FOR CHANGE IN CLASSIFICATION UNDER RCRA

DATE: 4/30/91

COMPANY NAME: EXCEL ELECTRONICS, INCORPORATED

COMPANY ADDRESS: 3601 NORTH GRAHAM STREET
CHARLOTTE, NC 28206

EPA ID NUMBER: NCD 113335 582

Mr. R. J. Edwards III
Hazardous Waste Section
Department of Envir., Health &
Natural Resources
PO Box 27687
Raleigh, NC 27611-7687

Our company requests the following change in its classification under RCRA (check all that apply):

<u>Add As</u>	<u>Delete As</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/> Generator
<input type="checkbox"/>	<input type="checkbox"/> Transporter
<input type="checkbox"/>	<input type="checkbox"/> Treater
<input type="checkbox"/>	<input type="checkbox"/> Storer
<input type="checkbox"/>	<input type="checkbox"/> Disposer
<input type="checkbox"/>	<input type="checkbox"/> Small Quantity Generator
<input type="checkbox"/>	<input type="checkbox"/> Conditionally Exempt SQG.

The reason for this request is: FACILITY MOVED IN 1989
FROM THIS LOCATION - NEW LOCATION HAS SINCE RECEIVED
ID#

NOTES:

- 1) Be specific. Give all pertinent information. This may be a change in your process; a change in your handling procedures; new analysis, of the like.
- 2) This is not a delisting petition with respect to a listed waste.
- 3) If you are requesting deletion as a treater, storer, or disposer, our Section will immediately institute steps to terminate your interim status. The termination process will include a public notice in your local paper to the effect that interim status has been terminated for this plant. Thus, in this case we must insist that your request be signed by a major corporate office.
- 4) If this request involves a small generator status, it must include an accurate statement of your present and anticipated waste generation.

If your request would remove your plant from the regulated system, but you wish to retain an EPA ID number, please give your reasons: _____

I understand that my company must supply information about any changes in its operations which might change its status again to your office on its own initiative.

I certify that the information supplied is accurate and correct to the best of my knowledge and belief.

I am authorized to make this request on behalf of my company at the location given. (Refer again to notes 3 and 4 before signing.)

Name (printed or typed) _____

Signature: _____

Company Title: _____

Approved 4/30/91 *Scott R...*

Received 4-15-91



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

April 2, 1991

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

NOTICE OF VIOLATION
DOCKET #91-157

NCD 113 335 582
Mr. R. David
Excel Electronics, Incorporated
3601 North Graham Street
Charlotte, North Carolina 28206

*CANCELLED
PREVIOUS MANAGER*

513 W 24TH STREET

(704) 376-2800

Dear Mr. David:

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. Excel Electronics, Incorporated, Charlotte, North Carolina is classified as a generator of hazardous waste and is subject to the requirements of the North Carolina Hazardous Waste Management Rules.

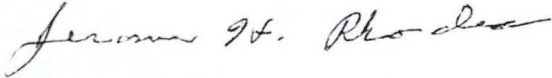
By letters dated January 7, 1991, and March 11, 1991, you were notified that on or before March 1, 1991, each generator, of hazardous waste in North Carolina must submit an annual report to the Hazardous Waste Section. To date, we have not received your annual report. Therefore, you are in violation of the following hazardous waste management rule:

15A NCAC 13A .0001(b)(3) as authorized by N.C.G.S. 130A-294(c), requires generators, of hazardous waste to submit an annual report to the department, describing the kind of hazardous waste generated, the method of handling the hazardous waste, and its ultimate disposition and other relevant information.

By April 22, 1991, comply with 15A NCAC 13A .0001(b)(3), in that Excel Electronics, Incorporated submit its 1990 annual report to: Jerome H. Rhodes, Chief, Hazardous Waste Section, Solid Waste Management Division, P.O. Box 27687, Raleigh, NC 27611-7687.

If the requirement above is not met, enforcement action including administrative penalty of up to \$25,000 per day for each violation of the hazardous waste provisions of the act and rules may be imposed for continued violations of the hazardous waste law or rules.

Sincerely,



Jerome H. Rhodes, Chief
Hazardous Waste Section

JHR/dd/DH344

cc: Central File
Doug Holyfield
Jim Edwards

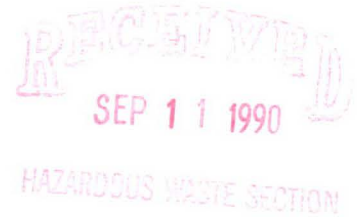


EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

September 7, 1990



R. J. Edwards, Administrative Officer
State Of North Carolina
Dept. Of Environ., Health, & Natural Resources
Division Of Solid Waste Management
P. O. Box 27687
Raleigh, NC 27611-7687

Dear Mr. Edwards:

We have received two invoices from your office dated August 16, 1990. One bears the address of 513 West 24th Street, which is where the business relocated to over a year ago. We paid this invoice on 8/24/1990, with check # 5999, the amount of 500.50 was applied to cover ID #NCD986171197.

The second invoice we received on that day was addressed to the old address of 3601 North Graham Street, and the charge on it was for 504.00. The number on this sheet was ID #NCD113335582. Please update your records to show the move of this business from the old location over one year ago. Thank you.

If there are any further questions, please feel free to call 376-2800.

Sincerely,

Naran Lakhani
President

NL/rt

Copies enclosed



EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 W. 24TH STREET
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800 FAX (704) 376-7178

September 4, 1990

NC Dept. of Environment, Health
and Natural Resources
Attn: Mr. Stephen E. Phibbs
Waste Management Specialist
310 East Third Street
Winston-Salem, NC 27101

Dear Mr. Phibbs:

Please find enclosed with this note the hazardous waste management procedures and responsibilities of coordinators. I have tried to spell out as much as I can. If they are not complete, please advise us.

Thanks for your cooperation.

Sincerely,

Naran m. Lakhani
Naran Lakhani
President

Enclosures

NL/rt

THE EMERGENCY COORDINATOR (OR DESIGNEE IF ON CALL)
MUST DO THE FOLLOWING:

- A. Activate the alarm system.
- B. Notify appropriate State and Local Authorities.
- C. Identify the character, exact source, amount, and a real extent of any released materials through:
 - (1) Observation
 - (2) Facility record review
 - (3) Manifests
 - (4) Chemical analysis
- D. Assess possible hazards to human health or the environment. (direct or indirect effects)
- E. If assessment requires evacuation due to human life being threatened then:
 - (1) Notify local authorities.
 - (2) Help local officials decide on local area evacuation.
 - (3) Notify government officials (on-scene coordinator).
 - (4) Enact the applicable regional contingency plan, or the National Response Center and report the following:
 - i. Name and telephone number of reporter.
 - ii. Name and address of facility.
 - iii. Time and type of incident (e.g., release, fire).
 - iv. Name and quantity of material (s) involved, to the extent known.
- F. Coordinator must take all reasonable measures such as:
 - (1) Stopping the processes.
 - (2) Collecting and containing released waste.
 - (3) Removing or isolating containers to insure that fires, explosions, and releases do not occur.
- G. Coordinator must monitor leaks, equipment, etc.
- H. Provide for treating, storing, or disposing of the recovered waste.
- I. Coordinator must insure that:
 - (1) No waste may be incompatible.
 - (2) Emergency equipment is cleaned.
 - (3) Notify the Regional Administrator, and appropriate State and Local authorities of completed clean-up.
 - (5) Submit a report to the Regional Administrator.

J. STORAGE

A. Condition of containers.

- (1) If a leak occurs, the contents must be transferred or managed to comply with a leak proof container.
- (2) Must be lined if incompatibility occurs with the drum.

B. Management of containers.

- (1) Must be closed during storage.
- (2) May not be handled in a manner which may rupture or cause a container leak.

C. Inspection

- (1) Container areas must be inspected at least weekly for:
 - i. Leaks
 - ii. Deterioration

D. Ignitable or reactive storage

50 feet from the facility's property line.

E. Incompatible wastes

- (1) May not be placed:
 - i. In the same container.
 - ii. In an unwashed container which previously held incompatible waste.
 - iii. Nearby other container, piles, open tanks, or surface impoundments.
 - iv. Unprotected without means of containment such as a dike, beam, wall, or other similar devices.

ACCUMULATION TIME

May accumulate hazardous waste on-site for 90 days.

Waste is placed in containers are maintained accordingly.

The date upon which each period of accumulation begins is clearly marked and visible on each container.

Clearly marked hazardous waste.

Comply with preparedness and Prevention Plans.
Contingency Plans, Emergency Procedures, and
training requirements for hazardous wastes.

Mecklenburg County

DEPARTMENT OF ENVIRONMENT, HEALTH, AND NATURAL RESOURCES
 SOLID WASTE MANAGEMENT DIVISION
 P.O. BOX 27687 RALEIGH, NORTH CAROLINA 27611-7687
 401 OBERLIN ROAD

DOCKET # 90-133

INSPECTION AND EVALUATION REPORT

EPA ID: # NC0986171197 FACILITY NAME: Excel Electronics, Inc.
 ADDRESS: 513 W. 24th St. CITY: Charlotte, N.C.
 NEW: UPDATE: DATE OF INITIAL EVALUATION: 3-1-90 STAFF ID: 08

RESPONSIBLE AGENCY S S = STATE E = EPA X = OVERSITE O OTHER

TYPE OF EVALUATION 5 1= COMPLIANCE EVAL. INSP. (CEI) 7= PART B CALL - IN
 COVERED BY THIS 2= SAMPLING INSPECTION 8= WITHDRAWAL CAND.
 REPORT: ENTER ONE 3= RECORD REVIEW 9= CLOSED FACILITY
 4= COMP. GWM EVAL. (CME) 10= GENERAL
 5= COMPLIANCE SCHED. (FOLLOW UP) 11= CASE DEVELOPMENT
 6= CITIZEN COMPLAINT 80= INFORMAL MEETING

DATE OF EVALUATION COVERED BY THIS REPORT: 8-29-90

CLASS OF VIOLATION				VIOLATIONS/RELEASES					
CLASS	GWM	C/CP	FIN	PT.B	CMPL. SCH	MNFST	LB	OT	WM
I								0	
II								0	
ACCEPTABLE CODES									
X	S	X	S	X	S	X	S	X	S
Z	O	Z	O	Z	O	Z	O	Z	O
H		H		I* B*	H	C B	H	H	
			H	H	H	H			

KEY X = VIOLATIONS 0 = NO VIOLATION Z = PENDING
 B = VIOL. & SPECIALITY; S = SAME VIOL./SPEC.
SPECIALTIES I = NO INSURANCE ONLY; C = CA SCHED. VIOL.
 H = HPV VIOLATIONS PRESENT; * CLASS I ONLY

ENFORCEMENT ACTIONS: (AREA OF VIOL./RISE.=GW, CP, PR, PB, CS, MA, OT, LB, OR A)

CLASS	AREA OF VIOL.	TYPE CODE	DATE ACTION TAKEN	COMPLIANCE DATES		PENALTY ASSES. COLL.	RES AC
				SCHED.	ACTUAL		

CODES FOR TYPES OF ENFORCEMENT ACTIONS:
 03 = WARNING LETTER/NOV
 04 = ADMIN. COMPLAINT
 05 = FINAL ADMIN. ORDER
 10 = INFORMAL
 11 = FILED CIVIL ACTION
 12 = FILED CRIMINAL ACTION
 13 = CIVIL REFERRAL TO AG
 90 = HEARING

COMMENTS: _____

RCRA INSPECTION REPORT

1) Facility Information

Excel Electronics
513 W. 27th St.
Charlotte, N.C. 28206
NCD 986171197

2) Facility Contact

Naran Lakhani

3) Survey Participants

Naran Lakhani, Steve Pribbs

4) Date of Inspection

August 29, 1990

5) Purpose of Survey

Reinspection as a generator in accordance with
Notice of Violation #96-133

6) Facility Description

Excel Electronics is an etching circuit board operation. Hydrochloric acid and ammonia are used for etching. The hazardous waste consist of waste alkaline liquids (D002/D008). The transporters are Photo Chemical Systems (NCD000831065 & FID079193579) to CP Chemicals (NSCP070371885) in Sumter, S.C. as TSP facility.

7) Waste Minimization

No change

8) Site Deficiencies

Violations corrected

9) Recommendations

None

10) Signed

Steve P. Hubbs

Inspector/Reviewer

8/29/98

Date

x Marom M. Kaban

Facility Contact



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

April 18, 1990

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

NOTICE OF VIOLATION
Docket # 90-133

Mr. Naran Lakhani
Excel Electronics, Inc.
513 W. 24th Street
Charlotte, North Carolina 28206

NCD 986 171 197

Dear Mr. Lakhani:

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. Excel Electronics, Inc., Charlotte, North Carolina is classified as a generator of hazardous waste and is subject to the requirements of 40 CFR 262 codified at 10 NCAC 10F .0030.

On March 1, 1990, 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:

- A. 40 CFR 262.34(a)(1), codified at 10 NCAC 10F .0033, 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 waste is placed in containers and the generator complies with Subpart I of 40 CFR Part 265, or the waste is placed in tanks and the generator complies with Subpart J of 40 CFR Part 265.

40 CFR Part 265.174 (Subpart I), codified at 10 NCAC 10F .0033, states that the owner or operator must inspect areas where containers are stored, at least weekly, looking for leaks and for deterioration caused by corrosion or other factors. A log of inspections must be kept for at least three years from the date of the inspection.

O.K. ✓

Excel Electronics, Inc. is in violation of 40 CFR 262.34(a)(1), codified at 10 NCAC 10F .0030, referenced at 40 CFR 265.174, codified at 10 NCAC 10F .0033, in that it did not maintain a log of the hazardous waste storage area for three years from the date of the inspection.

- B. 40 CFR 262.34(a)(2), 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 date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.

O.K. Excel Electronics, Inc. is in violation of 40 CFR 262.34(a)(2), codified at 10 NCAC 10F .0030, in that it accumulates hazardous waste on-site without a permit or without having interim status, and the date upon which each period of accumulation began was not clearly marked and visible for inspection on each container. Eleven hazardous waste containers stored on-site at the time of the inspection were not clearly marked with the accumulation start date.

- C. 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 and D in 40 CFR Part 265 and with Section 265.16.

1. 40 CFR 265.16(d)(1), codified at 10 NCAC 10F .0033, states that the owner or operator must maintain the following documents and records at the facility:

The job title for each position at the facility related to hazardous waste management, and the name of the employee filling each job;

Excel Electronics, Inc. is in violation of 40 CFR 262.34(a)(4), codified at 10 NCAC 10F .0030, referenced at 40 CFR 265.16(d)(1), codified at 10 NCAC 10F .0033, in that it did not maintain job titles for each position relating to hazardous waste management and the name of the person filling each job.

2. 40 CFR 265.16(d)(2), codified at 10 NCAC 10F .0033, states that the owner or operator must maintain the following documents and records at the facility:

A written job description for each position listed under paragraph (d)(1) of this Section. This description may be consistent in its degree of specificity with descriptions for the other similar positions in the same company location or bargaining unit, but must include the requisite skill, education, or other qualifications, and duties of facility personnel assigned to each position.

Excel Electronics, Inc. is in violation of 40 CFR 262.34(a)(4), codified at 10 NCAC 10F .0030, referenced at 40 CFR 265.16(d)(2), codified at 10 NCAC 10F .0033, in that it did not maintain a written job description for each position listed under paragraph (d)(1) of this Section at the facility.

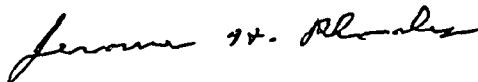
COMPLIANCE SCHEDULE

By May 18, 1990, you shall comply with the following requirements:

- A. *D.K.* Comply with 40 CFR 262.34(a)(1), codified at 10 NCAC 10F .0030, by inspecting areas where containers are stored at least weekly, looking for leaks and for deterioration caused by corrosion or other factors and maintain a log of these inspections for at least three years from the date of the inspection as required by 40 CFR 265.174 (Subpart I), codified at 10 NCAC, 10F .0033.
- B. *D.K.* Comply with 40 CFR 262.34(a)(2), codified at 10 NCAC 10F .0030, by clearly marking the date upon which each period of accumulation begins and made visible for inspection on each container of hazardous waste.
- C. Comply with 40 CFR 262.34(a)(4), codified at 10 NCAC 10F .0030, by:
- (1) Maintaining job titles for each position at the facility related to hazardous waste management, and the name of the employee filling each job, as required by 40 CFR 265.16(d)(1), codified at 10 NCAC 10F .0033.
 - (2) Maintaining a written job description for each position listed under paragraph (d)(1) of this Section, as required by 40 CFR 265.16(d)(2), codified at 10 NCAC 10F .0033.

If the requirements 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,



Jerome H. Rhodes, Chief
Hazardous Waste Section
Solid Waste Management Division

JHR/dd/KM43

cc: Keith Masters
Central Files
Adam Wipfiled ✓
Steve Reid

RCRA INSPECTION REPORT

1) Facility Information

EXCEL ELECTRONICS INC.
513 W. 24TH ST.
CHARLOTTE, N.C.
NCD 986171197

2) Facility Contact

NARAN LAKHANL

3) Survey Participants

NARAN LAKHANL
ADAM WIPFIELD

4) Date of Inspection

3-1-90

6) Purpose of Survey

A RCRA INSPECTION INCLUDING A SITE SURVEY AND RECORDS REVIEW. REGULATOR REQUIREMENTS COVERED THOSE CONTAINED IN 40CFR 262.

7) Facility Description

Excel Electronics manufactures printed circuit boards. Processes include an etchant spray tank, copper plating and tin/lead plating. Rinse water goes into an on-site ~~and~~ waste water treatment system where the pH is adjusted prior to discharge into the city sewer. Hazardous wastes generated are: 0 0002/0008 etchant (an ammonium chloride compound), transported by Photochemical Systems to CP Chemicals, Inc. in Sumter, S.C. ~~Waste water treatment system was also operated~~

Excel vacated its old location completely in SEPT. 89. One satellite accumulation area is located in the area of the etchant system machine.

8) Waste Minimization

a TIN/lead plating process has been replaced by an all-copper/tin process; eliminating the D008 WASTESTREAM.

9) Site Deficiencies

- ① 265.16(d)(1) - Job titles are NOT listed in the contingency plan for each partition related to hazardous waste management.
- ② 265.16(d)(2) - Job descriptions are NOT listed in the contingency plan for each partition related to hazardous waste management.
- ③ 265.174 - Container inspections are NOT documented since July 1989.
- ④ 262.34(a)(2) - 11 hazardous waste containers (D002) do NOT have accumulation start dates.
- ⑤ 265.171 - one container of D002 hazardous waste has leaked its contents onto the asphalt parking lot. *

10) Recommendations

* This waste stream has a pH of 10 and is not really a RCRA hazardous waste by definition. It was recommended that the spill residue be CLEANED UP.

11) Signed

Adam Wipfield
Inspector/Reviewer
3-1-90
Date

Nancy M. Kuhn
Facility Contact

actual move completed SEPT. 1989

9/6/89 last manifest from old location

pH of waste: 10

waste alkaline cleavid D002/D008

itrap - photo chemical systems

T&D C P chemicals - Inc. Sumter, S.C.

annual reports for both locations

city of Charlotte wastewater discharge permit

training - 12/8/89 emergency procedures + 3/9/89 for old building

CONT. Plan:

ERC: Naran Lakhani, 2ND TULSI LAKHANI

equipment listed \checkmark location \checkmark ^{old} bldg

signal OK local agencies OK copies - of new plan will be submitted

emergency notes for new bldg

penciled in, will make final draft.

- ⊗ JOB TITLES & descriptions - ONLY THE ERC & ACT. have HAZ waste involvement. NO JT & desc. are documented.
Both need to attend H/W course.

- ⊗ inspection log - 1988, NOT SINCE IN NEW BLDG (JULY 1988)

12 drums - black plastic ⊗ 1 has a date / ⊗ 1 has spilled contents onto
11 do not / asphalt parking lot

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

MR. NARAN LAKHANI
EXCEL ELECTRONICS INC.
513 W 24th ST.
CHARLOTTE, N.C. 28206

RE: NCD 986 171 197

NOTICE OF VIOLATION

DOCKET # _____

Dear Mr. LAKHANI:

STANDARD LEAD-IN IP

DATE OF INSPECTION: 3-1-90

- A. 40 CFR 262.34(a)(2), 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 date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.

EXCEL ELECTRONICS, is in violation of 40 CFR 262.34(a)(2), codified at 10 NCAC 10F .0030, in that it accumulates hazardous waste on-site without a permit or without having interim status, and the date upon which each period of accumulation began was not clearly marked and visible for inspection on each container. ELEVEN hazardous waste containers stored on-site at the time of the inspection were not clearly marked with the accumulation start date.

COMPLIANCE Schedule

A. **MARKING** Comply with 40 CFR 262.34(a)(2), codified at 10 NCAC 10F .0030. ~~Academy Steel Drum shall, for its hazardous waste accumulated on site without a permit or without having interim status, mark~~ the date upon which each period of accumulation begins clearly and visible for inspection on each container *of HAZARDOUS waste*. by

B. Comply with 40 CFR 262.34(a)(4), codified at 10 NCAC 10F .0030.

(1) **EXCEL ELECTRONICS** shall, for its hazardous waste generated on-site without a permit or without interim status, maintain the job title for each position at the facility related to hazardous waste management, and the name of the employee filling each

job, as required by 40 CFR 265.16(d)(1), codified at 10 NCAC 10F .0033.

(2) **EXCEL ELECTRONICS** shall, for its hazardous waste generated on-site without a permit or without interim status, maintain a written job description for each position listed under paragraph (d)(1) of this Section, as required by 40 CFR 265.16(d)(2), codified at 10 NCAC 10F .0033.

C.) **EXCEL ELECTRONICS** shall inspect areas where containers are stored at least weekly, looking for leaks and for deterioration caused by corrosion or other factors. Academy Steel Drum shall keep a log of inspections for at least three years from the date of the inspection as required by 40 CFR 265.174 (Subpart I), codified at 10 NCAC 10F .0033.

STANDARD closing TP

GENERAL INFORMATION

FACILITY NAME: EXCEL ELECTRONICS CONTACT: NARAN LAKHANI

DIRECTIONS TO FACILITY: (Attach map if possible)

TAKE N. GRAHAM ST. OUT OF CHARLOTTE TO 24TH ST. TURN RIGHT; EXCEL IS TWO
BLOCKS DOWN ON THE RIGHT.

SPECIAL ACCESS REQUIREMENTS: NONE

EMERGENCY INFORMATION

AMBULANCE: <u>city of charlotte</u>	TELEPHONE: <u>911</u>
HOSPITAL: <u>MED FIRST</u>	TELEPHONE: <u>598-0515</u>
POLICE: <u>CITY OF CHARLOTTE</u>	TELEPHONE: <u>911</u>
FIRE DEPARTMENT: <u>CITY OF CHARLOTTE</u>	TELEPHONE: <u>911</u>
SITE FIRE EVACUATION SIGNALS: <u>INTERCOM</u>	

INFORMATION SOURCES

PART B:	STATE:	CONTINGENCY PLAN: <input checked="" type="checkbox"/>
ESD:	RFA:	CLOSURE PLAN: <input type="checkbox"/>
SWMU QUESTIONNAIRE:	PART A:	OTHER: <u>ERC</u>

PERMITS

HAZARDOUS WASTE: <u>NONE</u>	STATUS: <u>N/A</u>	OTHER:
WATER: <u>CITY OF CHARLOTTE POTW</u>	AIR: <u>NONE</u>	
<u>DISCHARGE</u>		

SUMMARY OF REGULATED UNITS AND SWMUS: (Indicate number of units)

LANDFILLS:	INCINERATORS:	STORAGE AREAS:
WASTE PILES:	OTHER TREATMENT:	OTHER:
SURFACE IMPROVEMENTS:	TANK FARMS:	SWMUS: <u>1 SATELLITE, 1 90-DAY</u>

FACILITY PROCESS DESCRIPTION:

manufactures printed circuit boards using a COPPER/TIN electroplating
process.

PERSONAL PROTECTIVE EQUIPMENT

(List equipment needed in addition to safety glasses, hard hat, and steel toed boots)

<u>HEAD AND EYE:</u>	Check if Needed	Needed throughout entire facility? (If no, list area(s) or task(s) where needed.)
FACE SHIELD	_____	_____
GOGGLES	_____	_____
NOISE PROTECTION	_____	_____
OTHER <i>Gloves</i>	<input checked="" type="checkbox"/>	<i>WORKERS IN PLATING AREA</i>

<u>RESPIRATORY:</u>	TYPE	
APR	_____	_____
APR CARTRIDGE	_____	_____
ESCAPE MASK	_____	_____
OTHER	_____	_____

<u>CLOTHING:</u>		
TYVEK COVERALL	_____	_____
SARANEX COVERALL	_____	_____
COTTON COVERALL	_____	_____
SPLASH SUIT	_____	_____
OVERBOOTS	_____	_____
RAIN GEAR	_____	_____
OTHER	_____	_____

<u>MISCELLANEOUS:</u>		
_____	_____	_____
_____	_____	_____
_____	_____	_____

<u>LEVEL A OR B NEEDED?</u>	<u>Contractor or ESD?</u>	<u>Areas/tasks where needed</u>
LEVEL A <i>N/O</i>	_____	_____
LEVEL B <i>N/O</i>	_____	_____

<u>AIR MONITORING TYPE</u>	<u>Conducted by:</u>	<u>Areas/tasks where needed</u>
TOXIC <i>NONE</i>	_____	_____
EXPLOSIVE/OXYGEN <i>NONE</i>	_____	_____
RADIATION <i>NONE</i>	_____	_____
NONE _____	_____	_____

PREVIOUS RELEASES/ACCIDENTS OR COMPLAINTS:

(Corrected? YES/NO)

AIR NONE

SOIL NONE

SURFACE WATER NONE

INDUSTRIAL ACCIDENTS NONE

COMPLAINTS NONE

HEALTH AND SAFETY HAZARDS

Briefly indicate hazard type. Attach additional pages if necessary.

EXPLOSION/OXYGEN DEFICIENCY HAZARDS:

NONE (Circle if applicable)

RADIATION HAZARDS:

NONE (Circle if applicable)

TOXIC HAZARDS:

ISOPROPYL ALCOHOL, H₂SO₄, NaOH
TIN/LEAD PLATING BATH, ALKALINE PLATING BATH

NONE (Circle if applicable)

Briefly summarize chemicals handled on site: Add attachment if necessary.

Indicate if these exist in a controlled state. Refer to Part A Application if list is extensive.

Copper sulfate

UNUSUAL PHYSICAL HAZARDS:

NONE (Circle if applicable)

UNUSUAL BIOLOGICAL HAZARDS:

NONE (Circle if applicable)

CHECK IF PROBLEM EXPECTED: NOISE _____ HEAT STRESS _____ COLD STRESS _____

OVERALL HAZARD RATING: (CIRCLE ONE)

VERY HIGH
(LEVEL A)
(ASSISTANCE NECESSARY)

HIGH
(LEVEL B)
(ASSISTANCE NECESSARY)

MEDIUM
(LEVEL C)
(MONITORING REQUIRED)

LOW
(LEVEL D)

FACILITY INFORMATION

Excel Electronics Inc.
3601 N. GRAHAM ST.
CHARLOTTE, N.C.

DATE OF INSPECTION

3-1-88

APPLICABLE REGULATIONS:

40CFR 26.2

EPA ID NUMBER:

NCD 113 335 582

MECKLENBURG COUNTY

RESPONSIBLE OFFICIAL: NARAN LAKHANI, OWNER

SURVEY PARTICIPANTS: ADAM WIPFIELD, NARAN LAKHANI

PURPOSE OF SURVEY: A RCRA inspection was conducted at this site in CHARLOTTE, 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 26.2 Generator Standards.

DOCUMENTATION OF SITE DEFICIENCIES: NONE

COMPLIANCE SCHEDULE AND RECOMMENDATIONS:

N/A

FACILITY DESCRIPTION: Excel Electronics manufactures printed circuit boards. They notified as a generator in August 1987. Two wastestreams are produced: ① Etchant, a corrosive Ammonium Chloride compound, (D002, D008) which is transported by Photo Chemical Systems (NCD 000831065) to C.P. Chemicals, Inc. in Sumter, S.C. (501 070 371 885) for disposal; and ② Tin-Lead micro etch (D002, D008), transported by NACPI trucking (WJD 000813477) to Chem Clear, Balto., Md. (MDP 980 555 189).
A wastewater treatment system is also operated onsite to adjust the pH of acidic wash water prior to discharge into the municipal sewer system. CMUD samples this discharge periodically.

1-4-88

Excel Electronics
3601 N. GRAYM ST.

Printed Circuit boards Mfg.

Potassium Au504 - PLATING

alkaline cleaner bath

Began 2 yrs ago but only recently in volume

Notified Aug 87

376-2800

ARRAN LARKMAN
President

① ETCHANT Cu Ammonium Chloride (etch) Corrosive D008
11-4-87 4 DF 1600 lb 11-4-87

To: CP Chemicals, Inc.

Qty 155

SUMTER SC 50D 070371885

TRANS: Photo chemical systems NCD 000831065

8-5-87 12 DF 4800 lbs Cu NH₄Cl

5-22-87 18 DF 8854 lbs "

② Tin-lead micro etch and Au504
2/3 gal/mo 48 gal/year
400 lbs

56-P6

* D008 Waste Corrosive Liquid, NOS
9-24-87: Edams (55 gal x 3) D002 US 1760

#15343

To: Chem Clear MDD 980 555 189

Balta, Ind. 1910 Russell St. 21230

By: NAPPI TACKING NTD 000813477

PREVIOUS 3 years
* Accumulation...
MIXED w/ Au504
NOT NORMALLY MIXED
w/ anything

10-5-87 Idam, name as above

Total this production anticipated for 1988:

① 24,000 lbs

② 400 lbs

③ Cu504 - Idam/year (400 lbs)

24,400 lbs

+ 400
24,800 lbs TOTAL

400
600

NO SIGNED COPY

3/1/88

EXCEL ELECTRONICS

① FROM ETCHING PROCESS

11-04-87 SHIPMENT TO CP CHEMICAL waste alkaline liquid NA1719
NO SIGNED COPY rec'd by D002, D008
GENERATOR

↓
CP Chemicals, Inc. SCD 070 371885
SUMTER, S.C.

TRANS: Photo Chemical systems NCD 000831065

② Tin-lead to Chem clear, Balto.

waste water H_2SO_4 , $CuSO_4$, micro etch - pH adjusted,
discharged to sewer

GENERATOR INSPECTION FORM - PART 262

Excel Electronics, Inc. NCD 113 335 582 WICKLENBURG
Name of Site EPA I.D. County
3601 N. GRAHAM ST. CHARLOTTE 3-1-88 [Signature]
Location Inspection Date Signature of Inspector(s)
[Signature]
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)

CONTAINER/TANK INSPECTION FORM - PART 265

EXCEL ELECTRONICS, INC. NCD 113335582

3-1-88

Name of Site

EPA I.D.

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 CONTAINER violations

EXCEL ELECTRONICS, INC.

Printed Circuit Boards

513 West 24th Street

~~3601 N GRAHAM STREET~~
CHARLOTTE, NORTH CAROLINA 28206
(704) 376 2800

N C Dept. of Human Resources
Attn: Mr. William Paige, Environmental Engineer
Solid & Hazardous Waste Management Branch

June 16, 1989

Dear Mr. Paige:

Our Landlord have indicated that end of Lease Term is not going to renew lease at 3601 North Graham Street.

Therefore we are relocating our shop to 513 West 24th Street. Charlotte, NC 28206. Our EPA ID No. at 3601 North Graham Street is NCD 113335582.

We will be generating Waste on or after July 30, 1989.

Please find enclose application for New location and there is no change of any kind at New Location.

If you need more information, Please call or write.

Your co operation will be highly appreciated.

Sincerely,
Naran Lakhani
Naran Lakhani
President



*Notice on door - moved as of 6-3-89
3 drums waste alkaline liquid at 3601*

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SECTION

REPORT OF INVESTIGATION OR INSPECTION OF _____

Place visited _____ Date _____ 19____

Address _____ Time spent _____

By whom _____

Persons contacted _____
(Owner, agent, tenant, manager, other)

Reason for visit _____

Copies to:

7/28/89
REPORT: THIS WAS THE LAST DAY OF OPERATION AT THE OLD SITE. MOST OF THE BUILDING HAD BEEN VACATED, BUT ONE OPERATION WAS STILL IN PROGRESS. TWO DRUMS OF HAZARDOUS WASTE WERE STILL ON SITE.

8/15/89
Building is closed & locked. A backhoe has dug out the waste-water treatment system TANK in the back of the building.

United States Environmental Protection Agency
Washington, DC 20460

EPA Notification of Hazardous Waste Activity

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

For Official Use Only

	Comments										
C											
C											

Installation's EPA ID Number	Approved	Date Received	
		(yr. mo. day)	
C			
F	986171197		

T/A C
1

I. Name of Installation

EX	CEL	ELE	CTRON	ICS	INC	OR	POR	AT	ED
----	-----	-----	-------	-----	-----	----	-----	----	----

II. Installation Mailing Address

Street or P.O. Box											
C	5	1	3	W	E	S	T	2	4	T	H
3										S	T
										E	E
										T	
City or Town								State	ZIP Code		
C	C	H	A	R	L	O	T	T	E	N	C
4										2	8
										2	0
										6	

III. Location of Installation

Street or Route Number											
C	S	A	M	E							
5											
City or Town								State	ZIP Code		
C											
6											

IV. Installation Contact

Name and Title (last, first, and job title)									Phone Number (area code and number)									
C	N	A	R	A	N	L	A	K	7	0	4	3	7	6	2	8	0	0
2																		

V. Ownership

A. Name of Installation's Legal Owner										B. Type of Ownership (enter code)	
C	S	A	M	E						P	
R											

VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity <input checked="" type="checkbox"/> 1a. Generator <input type="checkbox"/> 1b. Less than 1,000 kg/mo. <input type="checkbox"/> 2. Transporter <input type="checkbox"/> 3. Treater/Storer/Disposer <input type="checkbox"/> 4. Underground Injection <input type="checkbox"/> 5. Market or Burn Hazardous Waste Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner	B. Used Oil Fuel Activities <input type="checkbox"/> 6. Off-Specification Used Oil Fuel (enter 'X' and mark appropriate boxes below) <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner <input type="checkbox"/> 7. Specification Used Oil Fuel Marketer (or On site Burner) Who First Claims the Oil Meets the Specification
--	--

VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices.)

<input type="checkbox"/> A. Utility Boiler	<input type="checkbox"/> B. Industrial Boiler	<input type="checkbox"/> C. Industrial Furnace
--	---	--

VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es))

<input type="checkbox"/> A. Air	<input type="checkbox"/> B. Rail	<input type="checkbox"/> C. Highway	<input type="checkbox"/> D. Water	<input type="checkbox"/> E. Other (specify)
---------------------------------	----------------------------------	-------------------------------------	-----------------------------------	---

IX. First or Subsequent Notification

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

<input type="checkbox"/> A. First Notification	<input checked="" type="checkbox"/> B. Subsequent Notification (complete item C)
--	--

C. Installation's EPA ID Number
XXXXXXXXXXXX

C													T/A	C
W														1

X. Description of Hazardous Wastes (continued from front)

A. Hazardous Wastes from Nonspecific Sources. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Use additional sheets if necessary.

1				2				3				4				5				6			
F	0	0	1	F	0	0	2	F	0	0	3	F	0	0	5	F	0	0	6	D	0	0	2
7				8				9				10				11				12			
D	0	0	8																				

B. Hazardous Wastes from Specific Sources. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Use additional sheets if necessary.

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

C. Commercial Chemical Product Hazardous Wastes. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

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

D. Listed Infectious Wastes. Enter the four-digit number from 40 CFR Part 261.34 for each hazardous waste from hospitals, veterinary hospitals, or medical and research laboratories your installation handles. Use additional sheets if necessary.

49				50				51				52				53				54			

E. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 — 261.24)

 1. Ignitable
(D001)

 2. Corrosive
(D002)

 3. Reactive
(D003)

 4. Toxic
(D000)
XI. 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.

Signature



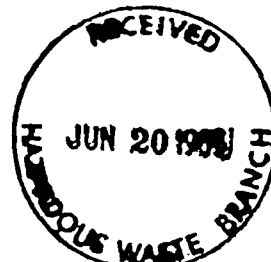
Name and Official Title (type or print)

Naran Lakhani, President

Date Signed

June 16, 1989

EPA Form 8700-12 (Rev. 11-85) Reverse





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

August 7, 1989

Excel Electronics Incorporated
513 West 24th Street
Charlotte NC 28206

RE: EPA ID No.: NCD986171197

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a generator, you should be familiar with 10 NCAC 10F North Carolina Hazardous Waste Management Rules .0002 Definitions; .0029 Identification and Listing of Hazardous Waste - Part 261; .0030 Standards for Hazardous Waste Generators - Part 262; .0033 paragraph, (b) subparagraph 265.16 Personnel Training, paragraph (c) Preparedness and Prevention, paragraph (d) Contingency Plan and Emergency Procedure; paragraph (i) Use and Management of Containers, and paragraph (j) Provision for Tanks.

Effective January 1, 1986, all handlers of hazardous waste were required by administrative rule 10 NCAC 10C .0701 through .0704 to pay an annual fee. The above rules were adopted November 13, 1985 as authorized by G.S 130A-294(a)(7) which was ratified July 3, 1985. A copy of the adopted rules is included in this billing.

The annual fee for this year is due within 30 days of the date of this notification. The amount of your fee is included on the attached invoice. Checks should be made payable to the Division of Health Services and mailed to R.J. Edwards, Hazardous Waste Management Branch, P.O. Box 2091, Raleigh, North Carolina 27602-2091.

The Hazardous Waste Management Branch contains a Technical Assistance Unit which is available to answer questions. The Unit can be reached by contacting the Branch Office at (919) 733-2178.

NCSU provides a training program for generators which you may want to attend. To receive a brochure on RCRA training programs, please contact Dora Shell or Pat Hillsgrove (919) 737-2261 at NCSU Division of Lifelong Education, Box 7401, Raleigh, North Carolina 27695-7401.

You will be inspected at a future date to insure compliance with the above rules, a copy of which is attached. To obtain a complete copy of the North Carolina rules contact the Hazardous Waste Management Branch, Division of Health Services, Box 2091, Raleigh N.C. 27602. There is a \$12.00 printing charge for a complete copy of the rules.

Sincerely,

A handwritten signature in black ink, appearing to read "R.J. Edwards". The signature is written in a cursive style with a large, stylized initial "R".

R.J. Edwards
Technical Assistance Unit
Hazardous Waste Management Branch
Solid Waste Management Section

cc: ADAM WIPFIELD

Attachment

FACILITY INFORMATION:

DATE OF INSPECTION

Excel Electronics Inc.

2-10-89

3601 N. GRAHAM ST.

CHARLOTTE

EPA ID NUMBER:

MECKLENBURG COUNTY

NCD 113 335 582

RESPONSIBLE OFFICIAL: NARAN LAKHANI, PRESIDENT

SURVEY PARTICIPANTS: Adam WIMFIELD, MR. LAKHANI

DOCUMENTATION OF SITE DEFICIENCIES: NONE

FACILITY DESCRIPTION:

No change since last inspection. The only hazardous waste stream generated in 1988 was the D002, D008 etchant, transported by photochemical systems to CP Chemicals, Inc. in Sumter, S.C. for disposal.

EXCEL ELECTRONICS

2-10-89

NARAN LAKHANI

① waste alkaline corrosive D002, D008 by Photochemical systems
(ETCHANT)

To CP Chemicals, Inc.
SUMTER, S.C.

↑

only waste stream in 1988

CONT PLAN OK ANNUAL REPORT OK TRAINING 2/88 EMPLOY OK

GENERATOR INSPECTION FORM - PART 262

EXCEL ELECTRONICS INC. NCID 113 335 592 MECKLENBURG
 Name of Site EPA I.D. County
3601 N. GRAHAM ST. CHARLOTTE 2-10-89 [Signature]
 Location Inspection Date Signature of Inspector(s)
[Signature]
 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

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)*
 - SATELLITE ACCUMULATION*
- *Cite specific violations of 40 CFR 265 under remarks

5. Number of Copies (262.22)

- minimum number

SUBPART D - RECORDKEEPING AND REPORTING

12. Recordkeeping (262.40)

- manifest retention (a)
- annual/exception report (b)
- test/waste analysis (c)

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)

CONTAINER/TANK INSPECTION FORM - PART 265

Excel Electronics

NCD 113335582

2-10-89

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 the time of the inspection

DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH SERVICES
ENVIRONMENTAL HEALTH SECTION

REPORT OF INVESTIGATION OR INSPECTION OF _____

Place visited Excel ELECTRONICS Date JAN 4 1988

Address 3601 N. GRAHAM ST. CHARLOTTE _____

By whom ADAM WIPFIELD

Persons contacted NARAN LAKHANI - PRESIDENT
(Owner, agent, tenant, manager, other)

Reason for visit TECHNICAL ASSISTANCE

REPORT: A visit was made to the above-mentioned facility for the purpose of familiarizing company management with the requirements of RCRA regulations pertaining to their operations. Topics of discussion included: use of the hazardous waste manifest, personnel training requirements, elements of the contingency plan, requirements for hazardous waste storage, and equipment needed for preparedness and prevention of fires or spills.

Based on information gathered from company records and discussions with company officials, it has been decided to maintain their status as a large generator.

A RCRA inspection will be conducted at this site in the future to verify compliance with the regulations.

<u>HAZARDOUS WASTE</u>	<u>ESTIMATED ANNUAL QUANTITY</u>
① COPPER AMMONIUM CHLORIDE (ETCHANT) D002	24,000 lbs
② TIN-LEAD SOLUTION D008	400 lbs
③ COPPER SULFATE	400 lbs



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

August 25, 1987

Excel Electronics Incorporated
3601 North Graham Street
Charlotte NC 28206

RE: EPA ID No.: NCD113335582

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a generator, you should be familiar with 10 NCAC 10F North Carolina Hazardous Waste Management Rules .0002 Definitions; .0029 Identification and Listing of Hazardous Waste - Part 261; .0030 Standards for Hazardous Waste Generators - Part 262; and .0033 paragraph (b) subparagraph 265.16 Personnel Training, paragraph (c) Preparedness and Prevention, paragraph (d) Contingency Plan and Emergency Procedures, paragraph (i) Use and Management of Containers, and paragraph (j) Provisions for Tanks.

Effective January 1, 1986, all handlers of hazardous waste were required by administrative rule 10 NCAC 10C .0701 through .0704 to pay an annual fee. The above rules were adopted November 13, 1985 as authorized by G.S 130A-294(a)(7) which was ratified July 3, 1985. A copy of the adopted rules is included in this billing.

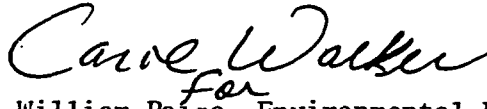
The annual fee for this year is due within 30 days of the date of this notification. The amount of your fee is included on the attached invoice. Checks should be made payable to the Division of Health Services and mailed to William L. Meyer, Solid & Hazardous Waste Management Branch, P.O. Box 2091, Raleigh, North Carolina 27602-2091.

The Solid and Hazardous Waste Management Branch contains a Technical Assistance Unit which is available to answer questions. The unit can be reached by contacting the Branch office at (919) 733-2178.

NCSU provides a training program for generators which you may want to attend. To receive a brochure on RCRA training programs, please contact Dora Shell or Pat Hillsgrove (919) 737-2261 at NCSU Division of Lifelong Education, Box 7401, Raleigh, North Carolina 27695-7401.

You will be inspected at a future date to insure compliance with the above rules, a copy of which is attached. To obtain a complete copy of the North Carolina rules contact the Solid & Hazardous Waste Management Branch, Division of Health Services, Box 2091, Raleigh N.C. 27602. There is a \$5.00 printing charge for a complete copy of the rules.

Sincerely,

A handwritten signature in cursive script that reads "Carol Walker".

for
William Paige, Environmental Engineer
Supervisor for Technical Assistance
Solid & Hazardous Waste Management Branch
Environmental Health Section

cc: ADAM WIPFIELD ✓

Attachment