

NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050001

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name: Illinois Tool Works** 

Facility Address1: 530 E Gannon Ave

Facility Address2:

City, State & Zip: Zebulon, NC 27597

**Owner Information Details:** 

**Owner Name: Illinois Tool Works** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Title:

530 E Gannon Ave Address1:

Address2:

City, State & Zip: Zebulon, NC 27597

**Work Phone:** 919-269-9634 Fax:

**Email Address:** 

Owner Contact Person(s)

**Title Contact Name Address Phone** <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Address</u> <u>Email</u> **Contact Name Title Phone Fax** 

Tom Gsnas 530 E Gannon Ave, Zebulon, NC 27597 919-269-9634 919-269-7767

Permit Contact Person(s)

**Contact Name Title Address Phone Fax** <u>Email</u>

Tom Gsnas 530 E Gannon Ave, Zebulon, NC 27597 919-269-9634 919-269-7767



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050002

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Rexam Packaging Systems, Inc.

Facility Address1: 1015 County Home Rd

Facility Address2:

City, State & Zip: Hamlet, NC 28345

**Owner Information Details:** 

Owner Name: Rexam Packaging Systems Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Tom Barrett
 Title:

Address1: 1890 N Wilkinson Way

Address2:

City, State & Zip: Perrysburg, OH 43551

Work Phone: 567-336-7178 Fax: 567-336-7900

Email Address: <a href="mailto:tom.barrett@us.o-i.com">tom.barrett@us.o-i.com</a>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

910-582-7301 910-582-7315 Michael.Wenerd@ow

ens-ill.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Greq Germain 1015 County Home Rd, Hamlet, NC 28345 910-582-7273 910-582-7315 gregory.germain@us.

o-i.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050003

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Tyco Electronics Corporation

Facility Address1: 8000 Purfoy Rd

Facility Address2:

City, State & Zip: Fuquay Varina, NC 27526

**Owner Information Details:** 

Owner Name: Tyco Electronics Corporation

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 David Jones
 Title:
 EHS mgr

Address1: 8000 Purfoy Rd

Address2:

City, State & Zip: Fuquay Varina, NC 27526

Work Phone: 919-557-8606 Fax: 919-557-4037

Email Address: <u>dajones@te.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

David Jones EHS mgr 8000 Purfoy Rd, Fuquay Varina, NC 27526 919-557-8442 919-557-8979 ssteiger@TycoElectro

nics.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

David Jones EHS mgr 8000 Purfoy Rd, Fuquay Varina, NC 27526 919-557-8442 919-557-8979 ssteiger@TycoElectro

nic.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050006

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** <u>Elmer's Products, Inc.</u>

Facility Address1: 2020 W Front St

Facility Address2:

City, State & Zip: Statesville, NC 28687

**Owner Information Details:** 

Owner Name: Elmer's Products Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Amy McClure Title:

Address1: 2020 W Front St

Address2:

City, State & Zip: Statesville, NC 28687

Work Phone: 704-872-9511 Ext. 1334 Fax:

Email Address: amcclure@elmers.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Randall Ketchie 2020 W Front St, Statesville, NC 28687 704-872-9511

Ext. 1486

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Ed M Holland PO Box 5099, Statesville, NC 28687 704-872-9511 704-871-1012 Ed\_Mulholland@hunt-

corp.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050007

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Keller Crescent- Charlotte Plant

Facility Address1: PO Box 240007

Facility Address2:

City, State & Zip: Charlotte, NC 28224

**Owner Information Details:** 

Owner Name: Keller Crescent Company

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Thomas SmytheTitle:& CEO Pres

Address1: PO Box 3

Address2:

City, State & Zip: Evansville, IN 47701

**Work Phone:** 812-426-7500 **Fax:** 

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Steven Wise PO Box 240007, Charlotte, NC 28224 704-889-3125

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050009

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: MVP Group International

Facility Address1: 430 Gentry Ln

Facility Address2:

City, State & Zip: Elkin, NC 28621

**Owner Information Details:** 

Owner Name: Mvp Group International

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Sean PetersTitle:of op vp

Address1: 430 Gentry Rd

Address2:

City, State & Zip: Elkin, NC 28621

Work Phone: <u>336-835-6020</u> Fax:

Email Address: speters@mvpgroupint.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Wayne Gentry 430 Gentry Rd, Elkin, NC 28621 336-527-2241 waynegentry@mvpbr

ands.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Wayne Gentry 430 Gentry Rd, Elkin, NC 28621 336-527-2241 waynegentry@mvpbra

nds.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050013

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Textile Rubber and Chemical Company Inc</u>

Facility Address1: 2321 N Davidson St

Facility Address2:

City, State & Zip: Charlotte, NC 28205

**Owner Information Details:** 

Owner Name: <u>Textile Rubber & Chemical Company Inc</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Danny Welch
 Title:

Address1: 1300 Tiarco Dr

Address2:

City, State & Zip: Dalton, GA 30720

Work Phone: 706-277-1300 Fax: 706-277-9039

Email Address: <u>dwelch@tree.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Les Davis 2321 N Davidson St, Charlotte, NC 28205 704-376-3582 704-342-1704 Idavis@trccnc.com

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050015

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Carolina Classic Mftg Incorporated</u>

Facility Address1: 510 E Jones St

Facility Address2:

City, State & Zip: Wilson, NC 27893

**Owner Information Details:** 

Owner Name: <u>Carolina Classic Mftg Inc</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** H P McCoy **Title:** 

Address1: 510 E Jones St

Address2:

City, State & Zip: Wilson, NC 27893

Work Phone: 252-237-9105 Fax: 252-243-0579

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

J N Eason 510 E Jones St, Wilson, NC 27893 252-237-9105 252-243-0579

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050017

Permit Type: <u>Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC</u>

Facility Name: Berry Plastics

Facility Address1: 228 Johnny Mitchell Rd

Facility Address2:

City, State & Zip: Ahoskie, NC 27910

**Owner Information Details:** 

Owner Name: Berry Plastics Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Garry Baker **Title:** 

Address1: 228 Johnny Mitchell Rd

Address2:

City, State & Zip: Ahoskie, NC 27910

Work Phone: <u>252-332-7288</u> **Fax:** 

**Email Address:** <u>garrybaker@berryplastics.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mitzy Benhart 252-332-7288 252-332-2567 mitzybenhardt@berry plastics.com

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050019

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>McKenzie Taxidermy Supplies</u>

Facility Address1: 1910 St Lukes Church Rd

Facility Address2:

City, State & Zip: Salisbury, NC 28146

**Owner Information Details:** 

Owner Name: McKenzie Sports Products

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Dave SachsTitle:& CFO Pres

Address1: PO Box 480

Address2:

City, State & Zip: Granite Quarry, NC 28072

Work Phone: 704-279-8363 Ext. 317 Fax: 704-279-3363

Email Address: dsachs@mckenziesp.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Dave Sachs & CFO Pres PO Box 480, Granite Quarry, NC 28072 704-279-8363 704-279-3363 dsachs@mckenziesp.

Ext. 317 com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Wanda Mills PO Box 480, Granite Qry, NC 28072 704-279-8363 Ext. 239



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050023

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Magna Composites, LLC-Lenoir

Facility Address1: 601 Hibriten Dr SW

Facility Address2:

City, State & Zip: Lenoir, NC 28645

**Owner Information Details:** 

Owner Name: <u>Magna Composites LLC</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Phillip Holjak
 Title:

**Address1:** 601 Hibriten Dr Sw

Address2:

City, State & Zip: Lenoir, NC 28645

Work Phone: <u>828-754-8441</u> **Fax:** 

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Kelli Cook 601 Hibriten Dr, Lenoir, NC 28645 828-754-8441 828-754-3873

Ext. 1379

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Kelli Cook 601 Hibriten Dr, Lenoir, NC 28645 828-754-8441 828-754-3873

Ext. 1379



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050025

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Premtec Incorporated-Rowan</u>

Facility Address1: PO Box 399

Facility Address2:

City, State & Zip: China Grove, NC 28023

**Owner Information Details:** 

Owner Name: <u>Premtec Inc</u>

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:David H CorbinTitle:

Address1: PO Box 399

Address2:

City, State & Zip: China Grove, NC 28023

Work Phone: 704-857-0121 Fax: 704-855-1530

Email Address: david.corbin@nyab.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

David H Corbin PO Box 399, China Grove, NC 28023 704-857-0121 704-855-1530 david.corin@nyab.co

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Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

David H Corbin PO Box 399, China Grove, NC 28023 704-857-0121



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050029

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: 3A Composites USA, Inc.

Facility Address1: 3480 Taylorsville Hwy

Facility Address2:

City, State & Zip: Statesville, NC 28625

**Owner Information Details:** 

Owner Name: 3 A Composites USA Inc

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

 $(Responsible\ corporate\ officer/principle\ executive\ officer\ or\ ranking\ elected\ official/general\ partner\ or\ proprietor;$ 

or any other person with delegated signatory authority from the legally responsible person.)

Title: Manager Plant

**Owner Affiliation:** Scott Broermann

Address1: 3480 Taylorsville Hwy

Address2:

City, State & Zip: Statesville, NC 28625

Work Phone: <u>704-838-7055</u> Fax: <u>704-838-7038</u>

Email Address: scott.broermann@3acomposites.com

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Craig Roberson EHS Manager 3480 Taylorsville Hwy, Statesville, NC 704-838-7038 craig.roberson@3aco

28625 mposites.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050030

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Wilsonart International</u>

Facility Address1: Cane Creek Industrial Park

Facility Address2:

City, State & Zip: Fletcher, NC 28732

**Owner Information Details:** 

Owner Name: Wilsonart International

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Title:

Owner Affiliation: <u>James Macomson</u>

Address1: PO Box 249

Address2:

City, State & Zip: Fletcher, NC 28732

Work Phone: 828-651-7558 Fax: 828-654-6567

Email Address: <u>macomsj@wilsonart.com</u>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

 James Macomson
 PO Box 249, Fletcher, NC 28732
 828-684-2351
 828-654-6567
 macomsj@wilsonart.c

10 Box 215, Ficting, NC 20752 020 031 0307 International Company of the Company o

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

 James Macomson
 PO Box 249, Fletcher, NC 28732
 828-654-6587
 828-654-6567
 payned2@wilsonart.co



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050032

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Atlas Precision Inc

170 Clayton Rd Facility Address1:

Facility Address2:

City, State & Zip: Arden, NC 28704

**Owner Information Details:** 

**Owner Name: Atlas Precision Inc** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Johann W Hofschuster Title:

170 Clayton Rd Address1:

Address2:

City, State & Zip: Arden, NC 28704

**Work Phone:** 828-687-9900 Fax:

**Email Address:** 

Owner Contact Person(s)

**Title Contact Name Address** <u>Email</u> **Phone** <u>Fax</u>

Facility Contact Person(s)

**Address** <u>Email</u> **Contact Name Title Phone** <u>Fax</u>

Johann W Fair Oaks Rd, Arden, NC 28704 828-687-9900 828-687-2700 jhofschu@charter.net Hofschust

Permit Contact Person(s)

**Contact Name Title Address** <u>Email</u> **Phone** <u>Fax</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050035

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Pactiv Corporation-Greensboro

Facility Address1: 520 Radar Rd

Facility Address2:

City, State & Zip: Greensboro, NC 27410

**Owner Information Details:** 

Owner Name: <u>Pactiv Protective Packaging, Inc.</u>

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

 $(Responsible\ corporate\ officer/principle\ executive\ officer\ or\ ranking\ elected\ official/general\ partner\ or\ proprietor;$ 

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Phebe RobbTitle:Reg env mgr

Address1: 1900 W Field Ct

Address2:

City, State & Zip: Lake Forest, IL 60045

Work Phone: 610-343-7114 Fax: 847-615-6516

Email Address: probb@pactiv.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Ernie Calahan mgr plant 520 Radar Rd, Greensboro, NC 27410 336-852-8123 336-294-4148 ecalahan@pactiv.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Ernie Calahan 520 Radar Rd, Greensboro, NC 27410 336-292-2796 336-294-4148



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050036

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Stony Point Plant</u>

Facility Address1: 8510 NC Hwy 90 E

Facility Address2:

City, State & Zip: Stony Point, NC 28678

**Owner Information Details:** 

Owner Name: Shurtape Technologies, LLC

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Mark E Hawes
 Title:
 dir ehs of

Address1: PO Box 1530

Address2:

City, State & Zip: Hickory, NC 28603-1530

 Work Phone:
 828-267-8428
 Fax:
 877-859-9746

Email Address: <a href="mailto:mhawes@shurtape.com">mhawes@shurtape.com</a>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mark E Hawes dir ehs of PO Box 1530, Hickory, NC 28603-1530 828-267-8428 877-859-9746 mhawes@shurtape.c

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Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mark E Hawes dir ehs of PO Box 1530, Hickory, NC 28603-1530 828-267-8428 877-859-9746 mhawes@shurtape.c

om

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mark E Hawes dir ehs of PO Box 1530, Hickory, NC 28603-1530 828-267-8428 877-859-9746 mhawes@shurtape.co



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050037

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Shurtape Tech Incorporated-Hickory

Facility Address1: 1620 Highland Ave NE

Facility Address2:

City, State & Zip: Hickory, NC 28603

**Owner Information Details:** 

Owner Name: Shurtape Technologies, LLC

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Mark E Hawes
 Title:
 dir ehs of

Address1: PO Box 1530

Address2:

City, State & Zip: Hickory, NC 28603-1530

 Work Phone:
 828-267-8428
 Fax:
 877-859-9746

Email Address: <u>mhawes@shurtape.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mark E Hawes dir ehs of PO Box 1530, Hickory, NC 28603-1530 828-267-8428 877-859-9746 mhawes@shurtape.c

om

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mark E Hawes dir ehs of PO Box 1530, Hickory, NC 28603-1530 828-267-8428 877-859-9746 mhawes@shurtape.c

om

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mark E Hawes dir ehs of PO Box 1530, Hickory, NC 28603-1530 828-267-8428 877-859-9746 mhawes@shurtape.co



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050038

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Flambeau, Inc.

Facility Address1: 100 Grace Dr

Facility Address2:

City, State & Zip: Weldon, NC 27890

**Owner Information Details:** 

Owner Name: Flambeau Inc

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:David PrattTitle:

Address1: 100 Grace Dr

Address2:

City, State & Zip: Weldon, NC 27890

**Work Phone:** 919-536-2171 **Fax:** 

Email Address: <u>dpratt@flambeau.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050041

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Plastics Color Corporation Of NC

Facility Address1: 1134 Hwy 49 S

Facility Address2:

City, State & Zip: Asheboro, NC 27203

**Owner Information Details:** 

Owner Name: Plastics Color Corp Of NC

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Robert LackayeTitle:

Address1: PO Box 1717

Address2:

City, State & Zip: Asheboro, NC 27203

Work Phone: 336-629-9184 Fax: 336-629-8234

Email Address: <u>rlackaye@plasticscolor.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Robert W Lackaye & Corp Environmental PO Box 1717, Asheboro, NC 27203 908-347-6503 rlackaye@plasticscolo

Health Mgr Safety r.com

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Robert Lackaye PO Box 1717, Asheboro, NC 27203 910-629-9184



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050047

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Magna Composites-Newton</u>

Facility Address1: 1400 Burris Rd

Facility Address2:

City, State & Zip: Newton, NC 28658

**Owner Information Details:** 

Owner Name: <u>Magna Composites</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Brian DuivesteynTitle:

Address1: 6701 Staesville Blvd

Address2:

City, State & Zip: Salisbury, NC 28147

Work Phone: <u>704-645-2150</u> **Fax:** 

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Kelli Cook 601 Hibriten Dr, Lenoir, NC 28645 828-754-8441 kelli.cook@magna.co

Ext. 137 m

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Kelli Cook 601 Hibriten Dr, Lenoir, NC 28645 828-754-8441 kelli.cook@magna.co

Ext. 137 m



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050048

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Prodelin Catawba Molding Facility</u>

Facility Address1: Long Is And Joe Johns

Facility Address2:

City, State & Zip: Catawba, NC 28609

**Owner Information Details:** 

Owner Name: Gd Satcom Technologies Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

Title:

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Robert Featherstone

Address1: 1500 Prodelin Dr

Address2:

City, State & Zip: Newton, NC 28658

Work Phone: <u>828-464-4141</u> Fax: <u>828-464-5725</u>

Email Address: <a href="mailto:robert.featherstone@tgosatcom.com">robert.featherstone@tgosatcom.com</a>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Brian Strother Long Is And Joe Johns, Catawba, NC 828-241-5703 828-241-3392 brian.strother@prodel

28609 in.com

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Brian Strother Long Is And Joe Johns, Catawba, NC 828-241-5703 828-241-3392 brian.strother@prodeli

28609 n.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050060

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Carolina Color Corporation</u>

Facility Address1: 100 E 17th St

Facility Address2:

City, State & Zip: Salisbury, NC 28145

**Owner Information Details:** 

Owner Name: <u>Carolina Color Corporation</u>

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Michael Hollingsworth
 Title:

Address1: PO Box 486

Address2:

City, State & Zip: Salisbury, NC 28145

Work Phone: 704-637-7000 Fax: 704-637-7286

Email Address:

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Travis Johnson & coord e hs 100 E 17th St, Salisbury, NC 28145 704-637-7286 johnsont@carolinacol

or.com

Terry Petrucelli 704-637-7000

Facility Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Travis Johnson & coord e hs 100 E 17th St, Salisbury, NC 28145 704-637-7286 johnsont@carolinacol

or.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Travis Johnson & coord e hs 100 E 17th St, Salisbury, NC 28145 704-637-7286 johnsont@carolinacol

or.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050066

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Belt Concepts of America

Facility Address1: 605 N Pine St

Facility Address2:

City, State & Zip: Spring Hope, NC 27882

**Owner Information Details:** 

Owner Name: Veyance Technologies Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Ray Paquin Title:

Address1: 703 Cleveland-Massillon Rd

Address2:

City, State & Zip: Fairlawn, OH 44333

Work Phone: <u>330-796-0339</u> **Fax:** 

Email Address:

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

Contact Name Title Address Phone Fax Email

Barry Wilson eng mgr 605 N Pine St, Spring Hope, NC 27882 252-478-2235 800-757-2358 barry\_wilson@veyanc

e.com

Permit Contact Person(s)

**Contact Name Title Address Phone Fax Email** Barry Wilson eng mgr 605 N Pine St, Spring Hope, NC 27882 252-478-2235 800-757-2358 barry\_wilson@veyanc e.com William C Johnson 605 N Pine St, Spring Hope, NC 27882 252-478-2252 252-478-2220 johnson\_johnson@go odyear.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050069

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>United Plastics Corporation</u>

Facility Address1: 511 Hay St

Facility Address2:

City, State & Zip: Mount Airy, NC 27030

**Owner Information Details:** 

Owner Name: <u>United Plastics Corporation</u>

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Title:

Address1: PO Box 807

Address2:

City, State & Zip: Mount Airy, NC 27030

Work Phone: <u>336-786-2127</u> Fax:

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Donald L Wisser Chief Engineer PO Box 807, Mount Airy, NC 27030 336-786-2127 336-786-6966 dwisser@unitedplasti

Ext. 403 cscorp.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Donald L Wisser Chief Engineer PO Box 807, Mount Airy, NC 27030 336-786-2127 336-786-6966



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050072

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Carpenter Co - Conover</u>

Facility Address1: 2009 Keisler Rd Se

Facility Address2:

City, State & Zip: Conover, NC 28613

**Owner Information Details:** 

Owner Name: <u>Carpenter Co</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Title: <u>Division Manager</u>

Owner Affiliation: Thomas E Dunston

Address1: PO Box 879

Address2:

City, State & Zip: Conover, NC 28613

Work Phone: 828-464-9470 Fax: 828-465-0079

Email Address: <a href="mailto:tom.dunston@Carpenter.com">tom.dunston@Carpenter.com</a>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

 Cliff Wilson
 mgr plant
 PO Box 879, Conover, NC 28613
 828-464-9470
 828-464-9842
 cliff.wilson@carpente

Ext. 4474 r.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Curtis Daniels PO Box 879, Conover, NC 28613 828-464-9470 828-465-0079 curtis.daniels@carpen

Ext. 4606 ter.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050074

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Wilbert Plastic Services</u>

Facility Address1: 7301 Caldwell Rd

Facility Address2:

City, State & Zip: Harrisburg, NC 28075

**Owner Information Details:** 

Owner Name: Wilbert Plastic Services

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Randy Kincaid Title:

Address1: 7301 Caldwell Rd

Address2:

City, State & Zip: Harrisburg, NC 28075

Work Phone: 704-455-5191 Fax:

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Amy Layton

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050075

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name: ABT Incorporated** 

Facility Address1: 259 Murdock Rd

Facility Address2:

City, State & Zip: Troutman, NC 28166

**Owner Information Details:** 

**ABT Inc Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Ralph Brafford Title:

259 Murdock Rd Address1:

Address2: PO Box 837

City, State & Zip: Troutman, NC 28166

**Work Phone:** 704-528-9806 Fax:

**Email Address:** 

Owner Contact Person(s)

**Contact Name Title Address** <u>Email</u> **Phone** <u>Fax</u>

Facility Contact Person(s)

<u>Address</u> <u>Email</u> **Contact Name Title Phone Fax** 

Roger Morrow PO Box 837, Troutman, NC 28166 704-528-9806 704-528-5478 roger.m@abtdrains.c

Permit Contact Person(s)

**Contact Name Title Address** <u>Email</u> **Phone** <u>Fax</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050081

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Viking Polymers LLC

Facility Address1: 109 Ragsdale Rd

Facility Address1: 109 Ragsdale R

Facility Address2:

City, State & Zip: Jamestown, NC 27282

**Owner Information Details:** 

Owner Name: KRES LLC

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

Title:

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: <u>John Ammondson</u>

Address1: PO Box 577

Address2:

City, State & Zip: Jamestown, NC 27282

Work Phone: <u>336-454-1174</u> **Fax:** 

**Email Address:** johna@vikingpolymersllc.com

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Randall R White 109 Ragsdale Rd, Jamestown, NC 27282 336-454-1174 336-887-4567



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050082

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Certain Teed- Claremont

Facility Address1: 2651 Penny Rd

Facility Address2:

City, State & Zip: Claremont, NC 28610

**Owner Information Details:** 

Certain Teed **Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Title:

2651 Penny Rd Address1:

Address2:

City, State & Zip: Claremont, NC 28610

**Work Phone:** 828-459-2200 Fax:

**Email Address:** 

Owner Contact Person(s)

**Title Contact Name Address Phone** <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Address</u> <u>Email</u> **Contact Name** <u>Title</u> **Phone** <u>Fax</u>

David Dougherty 2651 Penny Rd, Claremont, NC 28610 828-459-2200 ehs mgr

Permit Contact Person(s)

**Contact Name Title Address Phone Fax** <u>Email</u>

David Dougherty ehs mgr 2651 Penny Rd, Claremont, NC 28610 828-459-3302 828-459-1109 david.t.dougherty@sai nt-gobain.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050083

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Buckeye Fire Equipment</u>

Facility Address1: 102 Industrial Dr

Facility Address2:

City, State & Zip: Kings Mountain, NC 28086

**Owner Information Details:** 

Owner Name: Buckeye Fire Equipment

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Kevin Bower Title:

Address1: PO Box 428

Address2:

City, State & Zip: Kings Mountain, NC 28086

Work Phone: 704-739-7415 Fax: 704-739-7418

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050084

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Charlotte Pipe & Foundry Co

Facility Address1: 4210 Old Charlotte Hwy

Facility Address2:

City, State & Zip: Monroe, NC 28111

**Owner Information Details:** 

Owner Name: Charlotte Pipe & Foundry Co

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Title: ehs mgr

Owner Affiliation: <u>James Neubauer</u>

Address1: PO Box 1339

Address2:

City, State & Zip: Monroe, NC 28111

Work Phone: 704-226-8335 Fax: 704-348-9883

**Email Address:** <u>jneubauer@charlottepipe.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

James Neubauer ehs mgr PO Box 1339, Monroe, NC 28111 704-226-8335 704-348-9883 jneubauer@charlotte

pipe.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

James Neubauer ehs mgr PO Box 1339, Monroe, NC 28111 704-226-8335 704-291-3204



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050087

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Rutland Plastic Technologies, Inc.

Facility Address1: 10021 Rodney St

Facility Address2:

City, State & Zip: Pineville, NC 28134

**Owner Information Details:** 

**Owner Name: Rutland Holdings LLC** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Dennis Gunson Title:

10021 Rodney St Address1:

Address2:

City, State & Zip: Pineville, NC 28134

**Work Phone:** 704-553-0046 Fax: 704-552-6589

**Email Address:** 

Owner Contact Person(s)

**Title Contact Name Address Phone** <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Address</u> **Contact Name Title Phone Fax** <u>Email</u>

Kimberly C Leitch PO Box 339, Pineville, NC 28134 704-553-0046 704-552-1575 k.leitch@rutlandinc.c

Permit Contact Person(s)

**Contact Name Title Address Phone Fax Email** 

Kimberly C Leitch PO Box 339, Pineville, NC 28134 704-553-0046 704-552-1575 k.leitch@rutlandinc.co



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050088

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>L B Plastics Incorporated</u>

Facility Address1: 482 E Plz Dr

Facility Address2:

City, State & Zip: Mooresville, NC 28115

**Owner Information Details:** 

Owner Name: L B Plastics Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Title: President

Owner Affiliation: Harry H Davis

Address1: PO Box 907

Address2:

City, State & Zip: Mooresville, NC 28115

Work Phone: 704-663-1543 Fax: 704-664-2989

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Harry H Davis President PO Box 907, Mooresville, NC 28115 704-663-1543



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050092 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Cooper Tools, LLC

Facility Address1: 1000 Lufkin Raod

Facility Address2:

City, State & Zip: Apex, NC 27502-1698

**Owner Information Details:** 

Cooper Tools LLC **Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Michael J Bobay Title: - Apex Manager Operations

1000 Lufkin Raod Address1:

Address2:

City, State & Zip: Apex, NC 27502-1698

**Work Phone:** 919-387-2356 Fax:

**Email Address:** mike.bobay@cooperindustries.com

Owner Contact Person(s)

**Title Contact Name Address** Phone Phone <u>Fax</u> <u>Email</u>

Scott B Wishart dir 919-387-2396 PO Box 728, Statesville, NC 28625 scott.wishart@apexto

olgroup.com

Facility Contact Person(s)

<u>Address</u> **Contact Name Title Phone Fax** <u>Email</u>

919-387-2370 Matthew Alan 1000 Lufkin Raod, Apex, NC 27502-1698 919-387-2345 matt.caton@cooperin

Caton dustries.com

Permit Contact Person(s)

Caton

**Contact Name Title Address Phone Email** Fax

Matthew Alan 1000 Lufkin Raod, Apex, NC 27502-1698 919-387-2345 919-387-2370 MATT.CATON@COOP **ERTOOLS.COM** 

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NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050097

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Perma Flex Roller Technology

Facility Address1: 1415 Jake Alexander Boule

Facility Address2:

City, State & Zip: Salisbury, NC 28144

**Owner Information Details:** 

Owner Name: Perma Flex Roller Technology

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Mike Berwick Title:

Address1: PO Box 2389

Address2:

City, State & Zip: Salisbury, NC 28145-2389

**Work Phone:** <u>704-633-1201</u> **Fax:** 

Email Address: <a href="mailto:mberwick@pfroll.com">mberwick@pfroll.com</a>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mark Krotchko PO Box 2389, Salisbury, NC 28145-2389 704-633-1201

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Mark Krotchko PO Box 2389, Salisbury, NC 28145-2389 704-633-1201



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050098

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>International Paper Co-Container</u>

Facility Address1: 930 Meacham Rd

Facility Address2:

City, State & Zip: Statesville, NC 28677

**Owner Information Details:** 

Owner Name: <u>International Paper Company</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Environmental Manager
 Title:

Address1: 865 John L Riegel Rd

Address2:

City, State & Zip: Riegelwood, NC 28456

Work Phone: <u>910-362-4883</u> Fax:

Email Address:

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Eric Seme mgr site 930 Meacham Rd, Statesville, NC 28677 704-924-4404 704-873-0607 eric.seme@ipaper.co

m

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Beverly Welch ehs mgr 930 Meacham Rd, Statesville, NC 28677 704-226-4463 707-873-0607 beverly.welch@ipaper

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Beverly Welch ehs mgr 930 Meacham Rd, Statesville, NC 28677 704-226-4463 707-873-0607 beverly.welch@ipaper



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050099

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Evergreen Packaging, LLC

Facility Address1: 2215 S Wilmington St

Facility Address2:

City, State & Zip: Raleigh, NC 27603

**Owner Information Details:** 

Owner Name: Evergreen Packaging LLC

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

Title:

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: <u>Derek S Owens</u>

Address1: 2215 S Wilmington St

Address2:

City, State & Zip: Raleigh, NC 27603

**Work Phone:** 919-821-8245 **Fax:** 919-828-2615

Email Address: derek.owens@everpack.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

 Jason Williams
 2215 S Wilmington St, Raleigh, NC 27603
 919-821-8228
 919-821-1555
 jason.williams1@ever

pack.com

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

 Jason Williams
 2215 S Wilmington St, Raleigh, NC 27603
 919-821-8228



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050101

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Armacell LLC-Conover Plant</u>

Facility Address1: 1004 Keisler Rd

Facility Address2:

City, State & Zip: Conover, NC 28613

**Owner Information Details:** 

Owner Name: Armacell LLC

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: James Mars Title:

Address1: 7600 Oak Wood St Exention

Address2:

City, State & Zip: Mebane, NC 27302-9577

Work Phone: Fax:

Email Address:

 Owner Contact Person(s)

 Contact Name
 Title
 Address
 Phone
 Fax
 Email

 Mike Fahsel
 GM Manufacturing
 7600 Oak Wood St Exention, Mebane, NC
 919-304-3846

27302-9577

2/302-93//

Tom Himmel vp 7600 Oakwood St, Mebane, NC 27302 919-304-3846

Facility Contact Person(s)

<u>Contact Name Title Address</u> <u>Phone Fax Email</u>

Joseph Lenn 1004 Keisler Rd, Conover, NC 28613 828-464-5880 Joseph.L.Nelsom@Ar

Nelson Ext. 3107 macell.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050104

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Greensboro News And Record

Facility Address1: 200 E Market St

Facility Address2:

City, State & Zip: Greensboro, NC 27401

**Owner Information Details:** 

Owner Name: <u>Greensboro News And Record</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Jim Schrum Title:

Address1: PO Box 20848

Address2:

City, State & Zip: Greensboro, NC 27420

Work Phone: 336-373-7200 Fax: 336-373-5958

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

 Jim
 Schrum
 PO Box 20848, Greensboro, NC 27420
 336-373-7200
 336-373-5958

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

 Jim
 Schrum
 PO Box 20848, Greensboro, NC 27420
 336-373-7200
 336-373-5958



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050105

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name: Graphic Packaging International Inc** 

Facility Address1: 800 Westinghouse Blvd

Facility Address2:

City, State & Zip: Charlotte, NC 28273

**Owner Information Details:** 

**Graphic Packaging International Inc Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Jerrod Potee Title:

800 Westinghouse Blvd Address1:

Address2:

City, State & Zip: Charlotte, NC 28273

**Work Phone:** 704-588-1750 Fax:

**Email Address:** 

Owner Contact Person(s)

**Contact Name Title Email** <u>Address</u> **Phone** <u>Fax</u>

Berkley Cooke 2801 Kenny Biggs Rd, Lumberton, NC 910-738-7227 mgr planrt berkley.cooke@graph

28358 icpkg.com

Facility Contact Person(s)

<u>Address</u> **Contact Name** <u>Title</u> **Phone Fax** <u>Email</u>

Jim Seel 704-924-4463 704-587-4243 seelj@graphicpkg.co mgr plant

Permit Contact Person(s)

**Contact Name Title Address Phone Fax Email** 

Steve Ross ehs mgr 704-587-4239 704-587-4243 ross2@graphicpkg.co



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050110

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Plant 604 / Polo Road Complex

Facility Address1: 220 E Polo Rd

Facility Address2:

City, State & Zip: Winston Salem, NC 27105

**Owner Information Details:** 

Owner Name: Oracle Flexible Packaging Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Kevin Hughes

 Title:
 Chief Officer Operations

Address1: 220 Polo Rd

Address2:

City, State & Zip: Winston Salem, NC 27105

Work Phone: 336-777-5644 Fax: 336-777-5440

Email Address:

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

David E Yount Engineer Senior Staff 220 E Polo Rd, Winston Salem, NC 27105 336-777-4309 336-777-5972 davidyount@oraclepk

g.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Scott Snow Engineer Environmental 220 E Polo Rd, Winston Salem, NC 27105 336-777-5878 336-777-4433 scottsnow@oraclepkg

.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050111

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Shorewood Packaging Corporation

Facility Address1: 200 Tabor Rd

Facility Address2:

City, State & Zip: East Flat Rock, NC 28726

**Owner Information Details:** 

Owner Name: Shorewood Packaging Corporation

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Michael S UkropinaTitle:President

 Address1:
 400 Atlantic St

 Address2:
 14th Floor

City, State & Zip: Stamford, CT 06921

Work Phone: <u>203-541-8168</u> **Fax:** 

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Ruth Pitts ehs mgr 200 Tabor Rd, East Flat Rock, NC 28726 828-200-0301 828-692-5927 ruth.pitts@agishorew

ood.com

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050115

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Alside Window Company Southwest

Facility Address1: 3900 Farm Gate Rd

Facility Address2:

City, State & Zip: Kinston, NC 28501

**Owner Information Details:** 

Owner Name: Alside Window Company

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Tom Tinnivello
 Title:

Address1: PO Box 2010

Address2:

City, State & Zip: Akron, OH 44309

Work Phone: 330-922-5379 Fax: 330-922-2354

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Gary Reckord mgr plant 3800 Farm Gate Rd, Kinston, NC 28504 asmith@alside.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Tom Tinnivello PO Box 2010, Akron, OH 44309 330-922-7704



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050118

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Valspar Industries USA Incorporated</u>

Facility Address1: 10300 Claude Freeman Dr

Facility Address2:

City, State & Zip: Charlotte, NC 28262

**Owner Information Details:** 

Owner Name: Engineered Polymer Solutions D/B/A Valspar

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Anthony Keene
 Title:

Address1: 10300 Claude Freeman Dr

Address2:

City, State & Zip: Charlotte, NC 28262

Work Phone: <u>704-688-3232</u> Fax:

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Anthony Keene 10300 Claude Freeman Dr, Charlotte, NC 704-688-3232

28262

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Anthony Keene 10300 Claude Freeman Dr, Charlotte, NC 704-688-3232

28262



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050119

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Printpack Incorporated</u>

Facility Address1: 3510 Asheville Hwy

Facility Address2:

City, State & Zip: Hendersonville, NC 28739

**Owner Information Details:** 

Owner Name: Printpack Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Todd WiederholdTitle:dir ehs

Address1: 2800 Overlook Pkwy

Address2:

City, State & Zip: Atlanta, GA 30339

Work Phone: 404-460-7413 Fax: 404-696-1205

Email Address: <a href="mailto:twiederhold@printpack.com">twiederhold@printpack.com</a>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Todd Wiederhold dir ehs 2800 Overlook Pkwy, Atlanta, GA 30339 404-460-7413 404-696-1205 twiederhold@printpa

ck.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Tim Garrity mgr plant 3510 Asheville Hwy, Laurel Park, NC 28739 828-693-1723

Todd Wiederhold dir ehs 404-460-7413

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Chris Georges ehss 2800 Overlook Pkwy, Atlanta, GA 30339 404-460-7553 404-696-1205 cgeorges@printpak.co

is deciges eliss 2000 Overlook PKWy, Adanta, GA 30339 101 100 7333 101 030 1203



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050120

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Sonoco Crellin

Facility Address1: Pine St

Facility Address2:

City, State & Zip: Forest City, NC 28043

**Owner Information Details:** 

Owner Name: Sonoco Crellin

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Paul Hunch

 Title:

Address1: PO Box 749

Address2:

City, State & Zip: Forest City, NC 28043

Work Phone: Fax:

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050121

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Western Roto Engravers Incorporated

Facility Address1: 533 Banner Ave

Facility Address2:

City, State & Zip: Greensboro, NC 27401

**Owner Information Details:** 

Owner Name: Western Roto Engravers Inc

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:W Brent MackayTitle:ceo pres

**Address1:** 533 Banner Ave

Address2:

City, State & Zip: Greensboro, NC 27401

Work Phone: 336-275-9821 Fax: 336-275-1799

Email Address: <u>brent.mackay@wrecolor.com</u>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

W Brent Mackay ceo pres 533 Banner Ave, Greensboro, NC 27401 336-275-9821 336-275-1799 brent.mackay@wreco

lor.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Larry D Long coord env 533 Banner Ave, Greensboro, NC 27401 336-275-9821 336-275-1799 llong@wrecolor.com

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Larry D Long coord env 533 Banner Ave, Greensboro, NC 27401 336-275-9821 336-275-1799 llong@wrecolor.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050124

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Southeastern Container Incorporated

Facility Address1: 1250 Sand Hill Rd

Facility Address2:

City, State & Zip: Enka, NC 28728

**Owner Information Details:** 

Owner Name: Southeastern Container Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

 $(Responsible\ corporate\ officer/principle\ executive\ officer\ or\ ranking\ elected\ official/general\ partner\ or\ proprietor;$ 

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Christopher Miller
 Miller
 Title:
 corp mgr safety

Address1: PO Box 909

Address2:

City, State & Zip: Enka, NC 28728

Work Phone: 828-350-7431 Fax: 828-350-7016

Email Address: <a href="mailto:cmiller@secontainer.com">cmiller@secontainer.com</a>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Christopher Miller corp mgr safety PO Box 909, Enka, NC 28728 828-350-7431 828-350-7016 cmiller@secontainer.

com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050129

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Forbo Movement Systems

Facility Address1: 10125 S Tryon St

Facility Address2:

City, State & Zip: Charlotte, NC 28230

**Owner Information Details:** 

Owner Name: Forbo Movement Systems

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Dana FlanniganTitle:

Address1: 12201 Vanstory Dr

Address2:

City, State & Zip: Huntersville, NC 28078

**Work Phone:** 704-948-0800 Ext. 3315 **Fax:** 

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Kevin Frady 10125 S Tryon St, Charlotte, NC 28230 704-334-5353 704-334-6301

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Steve Kitchens PO Box 30606, Charlotte, NC 28230 704-334-5353



NC DWO has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050132

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>HLAL-Shelby</u>

Facility Address1: 925 Washburn Switch Rd

Facility Address2:

City, State & Zip: Shelby, NC 28150

**Owner Information Details:** 

Owner Name: Azdel Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Phil Welton
 Title:
 Manager Plant

Address1: 925 Washburn Switch Rd

Address2:

City, State & Zip: Shelby, NC 28150

Work Phone: Fax:

Email Address: <a href="mailto:pwelton@azdel.com">pwelton@azdel.com</a>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Paul McKnight 925 Washburn Switch Rd, Shelby, NC 704-434-2271 704-434-7465 pmknight@azdel.com

28150

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Chuck Benton Maintenance Manager 925 Washburn Switch Rd, Shelby, NC 704-434-7465 cbenton@azdel.com

28150

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Phil Welton Manager Plant 925 Washburn Switch Rd, Shelby, NC 704-476-3760

28150



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050135

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Hancor Incorporated

Facility Address1: 5816 Highway 70

Facility Address2:

City, State & Zip: Mebane, NC 27302

**Owner Information Details:** 

Owner Name: <u>Hancor Incorporated</u>

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Bert AustinTitle:

**Address1:** <u>PO Box 449</u>

Address2:

City, State & Zip: Mebane, NC 27302

Work Phone: <u>419-422-6521</u> **Fax:** 

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050137

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: JM Eagle

Facility Address1: 2602 E Lyon Sta Rd

Facility Address2:

City, State & Zip: Creedmoor, NC 27522

**Owner Information Details:** 

Owner Name: J-M Manufacturing Co Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Renata Thornton
 Title:

**Address1:** 2602 W Lyon Sta Rd

Address2:

City, State & Zip: Creedmoor, NC 27522

**Work Phone:** 919-575-6515 **Fax:** 

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Johnny Balmer 2602 W Lyon Sta Rd, Creedmoor, NC 919-575-6515 919-575-4073 jbalmerpbu@jmeagle.

27522 Ext. 21 net

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050138

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Day International

Facility Address1: PO Box 1077

Facility Address2:

City, State & Zip: Arden, NC 28704

**Owner Information Details:** 

**Owner Name:** Day International

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Title: John Hodges

PO Box 1077 Address1:

Address2:

City, State & Zip: Arden, NC 28704

**Work Phone:** Fax:

**Email Address:** 

Owner Contact Person(s)

**Contact Name Title Address** <u>Email</u> **Phone** <u>Fax</u>

Facility Contact Person(s)

<u>Address</u> <u>Email</u> **Contact Name Title Phone** <u>Fax</u>

John Hodges PO Box 1077, Arden, NC 28704

Permit Contact Person(s)

**Contact Name Title Address** <u>Email</u> **Phone** <u>Fax</u>

John Hodges PO Box 1077, Arden, NC 28704 828-687-4329



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050139

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name:

**IPEX USA LLC** 

Facility Address1: 10100 Rodney St

Facility Address2:

City, State & Zip: Pineville, NC 28134

**Owner Information Details:** 

Owner Name: <u>Ipex USA LLC</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

Title:

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Glenn Sparrow

Address1: PO Box 640696

Address2:

City, State & Zip: Charlotte, NC 28224

Work Phone: 704-889-2431 Ext. 225 Fax: 704-889-2390

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Steve Myers PO Box 640696, Charlotte, NC 28224 704-889-2431 704-889-2390 stemye@ipexinc.com

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050140

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Reidsville plant

Facility Address1: 1001 NE Market St Ext

Facility Address2:

City, State & Zip: Reidsville, NC 27320

**Owner Information Details:** 

Owner Name: Wek Industries

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Lee Blackburn Title:

Address1: PO Box 2900

Address2:

City, State & Zip: Reidsville, NC 27320-2900

Work Phone: 336-342-1200 Fax: 336-342-1444

Email Address: <u>lblackburn@wek-whiteridge.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Wayne Decamp 1001 NE Market St Ext, Reidsville, NC 336-349-3323 wdecamp@weksouth.

27320 com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050141

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Exopack Thomasville</u>

Facility Address1: 1308 Blair St

Facility Address2:

City, State & Zip: Thomasville, NC 27360

**Owner Information Details:** 

Owner Name: Exopack Thomasville LLC

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Bernard Medwith
 Title:

Address1: PO Box 5687

Address2:

City, State & Zip: Spartanburg, SC 29304

**Work Phone:** 864-596-7152 **Fax:** 

Email Address: <u>bernie.medwith@exopack.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Brian Conroy facility mgr 1308 Blair St, Thomasville, NC 27360 336-474-4412 brian.conroy@exopac

k.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Jerry Quesinberry 1308 Blair St, Thomasville, NC 27360 336-474-4432 336-476-3042 jerry.quesinberry@ex opack.com

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Jerry Quesinberry 1308 Blair St, Thomasville, NC 27360 336-474-4432 336-476-3042 jerry.quesinberry@exo



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050142

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: N.S. Flexibles

Facility Address1: 2619 Phoenix Dr

Facility Address2:

City, State & Zip: Greensboro, NC 27406

**Owner Information Details:** 

Owner Name: N S Flexibles LLC

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: <u>Timothy Mages</u> Title:

Address1: 2619 Phoenix Dr

Address2:

City, State & Zip: Greensboro, NC 27406

Work Phone: <u>336-544-4101</u> **Fax:** 

Email Address: <u>tmage@sjpack.com</u>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Danny Crump 2619 Phoenix Dr, Greensboro, NC 27406 336-292-9911 336-854-2507 danny.crump.nstatep

kg.com

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Danny Crump 2619 Phoenix Dr, Greensboro, NC 27406 336-292-9911 336-854-2507 danny.crump.nstatepk

g.com



NC DWO has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050147

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Genpak LLC

Facility Address1: 1001 Westinghouse Blvd

Facility Address2:

City, State & Zip: Charlotte, NC 28273

**Owner Information Details:** 

Owner Name: Genpak LLC

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Amanda MastersonTitle:ehs mgr

Address1: PO Box 727

Address2:

City, State & Zip: Glens Falls, NY 12801

Work Phone: <u>518-798-9511</u> Fax: <u>518-798-8905</u>

Email Address: amasterson@genpak.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Amanda ehs mgr PO Box 727, Glens Falls, NY 12801 518-798-9511 518-798-8905 amasterson@genpak.

Masterson com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Bruce E Evans PO Box 7846, Charlotte, NC 28241 704-588-0015 704-588-0015 bevans@genpak.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Brent Levi mgr quality PO Box 7846, Charlotte, NC 28241 704-588-6202 704-588-0015 blevi@genpak.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050148

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name: Edwards Brothers Incorporated** 

Facility Address1: 800 Edwards Dr

Facility Address2:

City, State & Zip: Lillington, NC 27546

**Owner Information Details:** 

**Owner Name: Edwards Brothers Inc** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Title: Jim Kinner

2500 S State St Address1:

Address2:

City, State & Zip: Ann Arbor, MI 48106

**Work Phone:** 734-769-1000 Fax:

**Email Address:** 

Owner Contact Person(s)

**Title Contact Name Address Phone** <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Address</u> <u>Email</u> **Contact Name** <u>Title</u> **Phone** <u>Fax</u>

Ron Stephenson maint mgr 800 Edwards Dr, Lillington, NC 27546 919-819-4432 ron.stephenson@edw ardsbrothersmalloy.c

om

Permit Contact Person(s)

**Contact Name Title Phone** <u>Fax</u> <u>Email</u>

800 Edwards Dr, Lillington, NC 27546 919-819-4432 ron.stephenson@edw Ron Stephenson maint mgr ardsbrothersmalloy.co



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050149

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Otto Industries

Facility Address1: 12700 General Dr

Facility Address2:

City, State & Zip: Charlotte, NC 28241

**Owner Information Details:** 

Owner Name: Otto Industries

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Kerry Young Title:

Address1: 12700 General Dr

Address2:

City, State & Zip: Charlotte, NC 28273

 Work Phone:
 704-588-9191
 Fax:

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Kerry Young 12700 General Dr, Charlotte, NC 28273 704-588-9191



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050150 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name: Exopack Advanced Coatings** 

700 Crestdale Rd Facility Address1:

Facility Address2:

City, State & Zip: Matthews, NC 28105

**Owner Information Details:** 

**Exopack Advanced Coatings Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** John Lerch Title:

700 Crestdale Rd Address1:

Address2:

City, State & Zip: Matthews, NC 28105

**Work Phone:** 704-845-4483 Fax:

**Email Address:** 

Owner Contact Person(s)

**Title Contact Name Address Phone** <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Address</u> **Contact Name Title Phone Fax** <u>Email</u>

John Lerch 700 Crestdale St, Matthews, NC 28105 704-845-4483 704-845-4307

Permit Contact Person(s)

**Contact Name Title Address Phone Fax Email** 

Richard Marshall PO Box 368, Matthews, NC 28105 704-847-9171 704-845-4335 gmiller@intelicoats.co



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050151

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Sealed Air Corporation-Hudson

Facility Address1: 2001 International Blvd

Facility Address2:

City, State & Zip: Hudson, NC 28638

**Owner Information Details:** 

Owner Name: Sealed Air

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Vincent WhiteTitle:mgr site

Address1: 2001 International Blvd

Address2:

City, State & Zip: Hudson, NC 28638

 Work Phone:
 828-726-2038
 Fax:
 828-728-3422

Email Address: vince.white@sealedair.com

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Vincent White mgr site 2001 International Blvd, Hudson, NC 828-726-2038 828-728-3422 vince.white@sealedai

r.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Vincent White mgr site 2001 International Blvd, Hudson, NC 704-728-6610

28638

28638



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050152

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Von Drehle Cordova, LLC</u>

Facility Address1: 126 First St

Facility Address2:

City, State & Zip: Cordova, NC 28330

**Owner Information Details:** 

Owner Name: <u>Von Drehle Corporation</u>

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Raymond Von Drehle
 Title:
 CEO

**Address1:** 612 Third Ave Ne

Address2:

City, State & Zip: Hickory, NC 28601-5164

 Work Phone:
 800-438-3631
 Fax:
 828-322-4145

Email Address: <a href="mailto:rvondrehle@vondrehle.com">rvondrehle@vondrehle.com</a>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Luther Oxendine dir ehs 126 1st St, Cordova, NC 28330 910-410-1304 910-410-9193 luther.oxendine@von

drehle.com

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Luther Oxendine dir ehs 126 1st St, Cordova, NC 28330 910-410-1304 910-410-9193 luther.oxendine@vond

rehle.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050153

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Cascades Tissue Group - NC, a Division of Cascades Holding US Inc.

Facility Address1: 805 Midway Rd

Facility Address2:

City, State & Zip: Rockingham, NC 28379-4101

**Owner Information Details:** 

Owner Name: <u>Eric Taylor</u>

 Owner Type:
 Individual
 Owner Type Group:
 Individual

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Eric Taylor Title: mgr mill

 Address1:
 805 Midway Rd

 Address2:
 PO Box 578

10 BOX 570

City, State & Zip: Rockingham, NC 28379

 Work Phone:
 910-895-4033
 Fax:
 910-895-9887

Email Address: <u>eric\_taylor@cascades.com</u>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

 Eric Taylor
 mgr mill
 805 Midway Rd, PO Box 578,
 910-895-4033
 910-895-9887
 eric\_taylor@cascades

Rockingham, NC 28379 .com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Karen V Bellamy 805 Midway Rd, Rockingham, NC 910-895-4033 910-895-9887 karen\_bellamy@casc

28379-4101 Ext. 2280 ades.com

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Karen V Bellamy 805 Midway Rd, Rockingham, NC 910-895-4033 910-895-9887 karen\_bellamy@casca

28379-4101 Ext. 2280 des.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050159

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Kroy Building Products - Fair Bluff

Facility Address1: 15159 Andrew Jackson Hwy

Facility Address2:

City, State & Zip: Fair Bluff, NC 28439

**Owner Information Details:** 

Owner Name: Kroy Building Poducts Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)  $\,$ 

Owner Affiliation: <u>Lannie McCoy</u>

**Address1:** 15159 Andrew Jackson Hwy 76 W

Address2:

City, State & Zip: Fair Bluff, NC 28439

Work Phone: 910-649-7501 Fax: 877-543-5769

64108

Email Address: <a href="mailto:lannnie.mccoy@plygem.com">lannnie.mccoy@plygem.com</a>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Lannie McCoy VP of op 15159 Andrew Jackson Hwy 76 W, Fair 910-649-7501 877-543-5769 lannnie.mccoy@plyge

Bluff, NC 28439 m.com

Title: VP of op

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Allan Heiden maint mgr 15159 Andrew Jackson Hwy 76 W, Fair 919-649-7501 877-543-5769 allan.heiden@plygem

Bluff, NC 28439 .com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Terry Bass ehs mgr 2600 Grand Blvd Ste 900, Kansas City, MO 816-536-9605 terry.bass@plygem.co



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050160

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Penn Compression Moulding Inc

Facility Address1: 309 Components Dr

Facility Address2:

City, State & Zip: Smithfield, NC 27577

**Owner Information Details:** 

Owner Name: Penn Compression Moulding Inc

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Larry Davis Title:

Address1: 309 Components Dr

Address2:

City, State & Zip: Smithfield, NC 27577

Work Phone: Fax:

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Tom Bramucci 309 Components Dr, Smithfield, NC 27577 919-934-5144

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050164 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Sonoco Products Co-Elon Colleg

212 Cook Rd Facility Address1:

Facility Address2:

City, State & Zip: Elon College, NC 27244

**Owner Information Details:** 

Sonoco Products Co **Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Title: Peggy Davis

1 N Second St Address1:

Address2:

City, State & Zip: Hartsville, SC 29550

**Work Phone:** 843-383-7991 Fax: 843-383-3394

**Email Address:** Peggy.Davis@Sonococ.com

Owner Contact Person(s)

**Title Contact Name Address Phone** <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Address</u> **Contact Name** <u>Title</u> **Phone Fax** <u>Email</u>

Danny F Cook 212 Cook Rd, Elon, NC 27244 336-449-7731 336-449-4128 mgr plant danny.cook@sonoco.

Ext. 2724 com

Permit Contact Person(s)

**Contact Name Address Title Phone Fax Email** 

Drake Loflin eng env 1 N Second St, Hartsville, SC 29550 843-383-7994 834-383-7731 drake.loflin@sonoco.c



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050168

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Graphic Packaging International Inc - Lumberton

Facility Address1: 2801 Kenny Biggs Rd

Facility Address2:

City, State & Zip: Lumberton, NC 28358

**Owner Information Details:** 

**Graphic Packaging International Inc Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Jerrod Potee Title:

800 Westinghouse Blvd Address1:

Address2:

City, State & Zip: Charlotte, NC 28273

**Work Phone:** 704-588-1750 Fax:

**Email Address:** 

Owner Contact Person(s)							
Contact Name	<u>Title</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>	<u>Email</u>		
Berkley Cooke	mgr planrt	2801 Kenny Biggs Rd, Lumberton, NC 28358	910-738-7227		berkley.cooke@graph icpkg.com		

Facility Contact Person(s)						
Contact Name	<u>Title</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>	<u>Email</u>	
J Evan DavenPort	ehs mgr	2801 Kenny Biggs Rd, Lumberton, NC 28358	910-738-7227		evan.davenport@gra phicpkg.com	
Jim Jackmore		2801 Kenny Biggs Rd, Lumberton, NC	910-738-7227	910-738-3209	grahamv@graphicpkg	
		28358			.com	

Permit Contact	Person(s)				
Contact Name	<u>Title</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>	<u>Email</u>
J Evan DavenPort	ehs mgr	2801 Kenny Biggs Rd, Lumberton, NC 28358	910-738-7227		evan.davenport@grap hicpkg.com
Jim Jackmore		2801 Kenny Biggs Rd, Lumberton, NC 28358	910-738-7227		



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050169

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>International Paper-Charlotte Container Plant</u>

Facility Address1: 5419 Hovis Rd

Facility Address2:

City, State & Zip: Charlotte, NC 28266

**Owner Information Details:** 

Owner Name: International Paper Company

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Henry TanTitle:mgr site

Address1: 5419 Hovis Rd

Address2:

City, State & Zip: Charlotte, NC 28266

**Work Phone:** <u>704-392-6135</u> **Fax:** <u>704-391-5926</u>

Email Address: <a href="mailto:henry.tan@ipaper.com">henry.tan@ipaper.com</a>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

 Henry Tan
 mgr site
 5419 Hovis Rd, Charlotte, NC 28266
 704-392-6135
 704-391-5926
 henry.tan@ipaper.co

III .

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Brandon Sylve improv mgr process 5419 Hovis Rd, Charlotte, NC 28266 704-391-6153 704-392-5926 brandon.sylve@ipape

r.com

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail

Brandon Sylve improv mgr process 5419 Hovis Rd, Charlotte, NC 28266 704-391-6153 704-392-5926 brandon.sylve@ipaper

com.



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050172

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: North Carolina Foam Industries

Facility Address1: 511 Carter St

Facility Address2:

City, State & Zip: Mount Airy, NC 27030

**Owner Information Details:** 

Owner Name: Barnhardt Manufacturing Company

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Thomas L BarnhardtTitle:

Address1: 1100 Hawthorne Ln

Address2:

City, State & Zip: Charlotte, NC 28205

Work Phone: 704-376-0380 Fax: 704-342-1892

Email Address: <u>tlb@barnhardt.net</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Steve Riddle 1515 Carter St, Mount Airy, NC 27030 336-789-9161 336-789-9586 steve.riddle@ncfl.net

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWO has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050173

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>International Paper Company</u>

Facility Address1: 967 US Hwy 1

Facility Address2:

City, State & Zip: Manson, NC 27553

**Owner Information Details:** 

Owner Name: <u>International Paper Company</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Larry Jones Title:

Address1: PO Box 338

Address2:

City, State & Zip: Manson, NC 27553

Work Phone: 252-456-4006 Fax: 252-456-6600

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Matt Berrio PO Box 338, Goldsboro, NC 27533 252-456-6602 matthew.berrio@ipap

er.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Larry Jones PO Box 338, Manson, NC 27553 252-456-4006 252-456-6600



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050174

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Georgia Pacific Corrugated, LLC

Facility Address1: 200 McDowell Rd

Facility Address2:

City, State & Zip: Asheboro, NC 27203

**Owner Information Details:** 

Owner Name: Georgia-Pacific Corrugated LLC

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Bev L Franks **Title:** 

Address1: 200 McDowell Rd

Address2:

City, State & Zip: Asheboro, NC 27203

Work Phone: <u>336-318-1338</u> Fax:

Email Address: <u>blfranks@gapac.com</u>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Ricky Norwood 200 McDowell Rd, Asheboro, NC 27203 336-318-1348 rlnorwood@gapac.co

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Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Lewis Brown 200 McDowell Rd, Asheboro, NC 27203



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050175 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** International Paper-Newton Container Plant

1525 Mt Olive Church Rd Facility Address1:

Facility Address2:

City, State & Zip: Newton, NC 28658

**Owner Information Details:** 

Owner Name: International Paper

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Larry Wise Title:

1525 Mount Olive CH Rd Address1:

Address2:

City, State & Zip: Newton, NC 28658

**Work Phone:** 828-464-3841 Fax:

**Email Address:** 

Jason Angus

Owner Contact Person(s)

**Contact Name Title Address Phone Fax** <u>Email</u> 828-466-9323 828-465-4615 Charles improv mgr process charles.williamson@i

Williamson paper.com

1525 Mount Olive CH Rd, Newton, NC

Facility Contact Person(s)

<u>Address</u> **Contact Name** <u>Title</u> **Phone Fax** <u>Email</u> 1510 Mt Olive Church Rd, Newton, NC Craig Hill 828-466-9329 828-465-4615 craig.hill@ipaper.com improv mgr procee

828-464-3841

828-465-4615

28658

Permit Contact Person(s)

**Contact Name Title Address Phone** <u>Email</u> Craig Hill improv mgr procee 1510 Mt Olive Church Rd, Newton, NC 828-466-9329 828-465-4615 craig.hill@ipaper.com 828-464-3841 828-465-4615 1515 Mount Olive Church Rd, Newton, NC Jason Angus 28658



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050180 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name: UCS Main Plant** 

Facility Address2:

Facility Address1:

City, State & Zip: Lincolnton, NC 28092

511 Hoffman Rd

**Owner Information Details:** 

UCS, Inc Owner Name:

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Lawrence H Schwartz

511 Hoffman Rd Address1:

Address2:

City, State & Zip: Lincolnton, NC 28092

**Work Phone:** 704-732-9922 Fax:

**Email Address:** larryschwartz@ucsspirit.com

Owner Contact Person(s)

**Contact Name Title** <u>Address</u> **Phone** <u>Fax</u> <u>Email</u>

511 Hoffman Rd, Lincolnton, NC 28092 704-732-9922 Lawrence H / General Manager larryschwartz@ucsspi Schwartz Treasurer

rit.com

Title: / General Manager Treasurer

Facility Contact Person(s)

<u>Address</u> **Contact Name Title Phone** <u>Fax</u> <u>Email</u> 511 Hoffman Rd, Lincolnton, NC 28092 Cindy Lints Director Facility 704-732-9922 cindylints@ucsspirit.c 704-732-9559 Jason Swartz VP PO Box 657, Lincolnton, NC 28092 704-732-9922 jason@ucsspirit.com

Permit Contact Person(s)

**Address Contact Name Title Phone Fax** <u>Email</u>

704-735-0464 Lawrence 511 Hoffman Rd, Lincolnton, NC 28092 Schwartz



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050182

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Gates Corporation

Facility Address1: 101 Gates Ln

Facility Address2:

City, State & Zip: <u>Jefferson, NC 28640</u>

**Owner Information Details:** 

Owner Name: Gates Corporation

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Daniel Harrington
 Title:
 mgr op

Address1: 101 Gates Ln

Address2:

City, State & Zip: Jefferson, NC 28640

Work Phone: 336-246-1400 Fax: 336-846-8009

Email Address: daniel.harrington@gates.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Daniel mgr op 101 Gates Ln, Jefferson, NC 28640 336-246-1400 336-846-8009 daniel.harrington@ga

Harrington tes.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Daniel Harrington mgr op 101 Gates Ln, Jefferson, NC 28640 336-246-1400 336-846-8009 daniel.harrington@ga

tes.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Daniel Harrington mgr op 101 Gates Ln, Jefferson, NC 28640 336-246-1400 336-846-8009 daniel.harrington@gat

es rialinington migrop 101 dates En, Jenerson, No 20040 530 210 1100 530 010 0005 danielin



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050190

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name: Hickory Springs-Conover Complex** 

Facility Address1: 1115 Farrington St

Facility Address2:

City, State & Zip: Conover, NC 28613

**Owner Information Details:** 

Hickory Springs Manufacturing Company **Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Title: Mark Stenger

PO Box 128 Address1:

Address2:

City, State & Zip: Hickory, NC 28603

**Work Phone:** 479-626-6161 Ext. 311 Fax:

**Email Address:** 

Owner Contact Person(s)

**Title Contact Name Address Phone** <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Address</u> <u>Email</u> **Contact Name Title Phone** <u>Fax</u>

Stephen M PO Box 2948, Hickory, NC 28603 828-328-2213 Aldridge

Ext. 4811

Permit Contact Person(s)

**Contact Name Title Address Phone Fax** <u>Email</u>

Randy S Waibel 235 2nd Ave, Hickory, NC 28603 828-328-2201 828-328-4228 rswaibel@hickorysprin

Ext. 3244 gs.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050194

Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC Permit Type:

**Facility Name:** Constar International

Facility Address1: 4915 Hovis Rd

Facility Address2:

City, State & Zip: Charlotte, NC 28208

**Owner Information Details:** 

**Owner Name:** Constar International

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Terry Wingate Title:

4915 Hovis Rd Address1:

Address2:

City, State & Zip: Charlotte, NC 28208

**Work Phone:** 704-392-8174 Ext. 112 Fax:

**Email Address:** 

<b>Contact Name</b>	<u>Title</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>	<u>Email</u>
Steve Bonfiglio	Controller	4915 Hovis Rd, Charlotte, NC 28208	704-392-8174		sbonfiglio@constar.c
			Ext. 113		om

#### Facility Contact Person(s)

Contact Name	<u>Title</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>	<u>Email</u>
Mike Andreis		4915 Hovis Rd, Charlotte, NC 28208	704-392-8174 Ext. 146	704-392-5211	mandreis@constar.ne
Matt Peyton	mgr plant	4915 Hovis Rd, Charlotte, NC 28208	704-392-8174		mpeyton@constar.co
			Ext. 12		m

#### Permit Contact Person(s)

<b>Contact Name</b>	<u>Title</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>	<u>Email</u>
Mike Andreis		4915 Hovis Rd, Charlotte, NC 28208	704-392-8174 Ext. 146	704-392-5211	mandreis@constar.net



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050196

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Packaging Corporation Of America

Facility Address1: 2313 N William St

Facility Address2:

City, State & Zip: Goldsboro, NC 27530

**Owner Information Details:** 

Owner Name: Packaging Corp of America

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 David Cunningham
 Title:

Address1: 2313 N William St

Address2:

City, State & Zip: Goldsboro, NC 27530

**Work Phone:** 919-583-1202 **Fax:** 

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

David 2313 N William St, Goldsboro, NC 27530 919-583-1202

Cunningham

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

David 2313 N William St, Goldsboro, NC 27530 919-583-1202



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050199

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Tegrant Diversified Brands, Inc.</u>

Facility Address1: 1741 E C St

Facility Address2:

City, State & Zip: Butner, NC 27509

**Owner Information Details:** 

Owner Name: <u>Tegrant Diversifired Brands Inc</u>

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Jeffery A Wiengart
 Title:
 dir manuf of

Address1: PO Box 448

Address2:

City, State & Zip: New Brighton, PA 15066

Work Phone: 724-847-2458 Fax: 724-843-3097

Email Address: jeff.wiengart@sonoco.com

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Jeffery A dir manuf of PO Box 448, New Brighton, PA 15066 724-847-2458 724-843-3097 jeff.wiengart@sonoc

Wiengart o.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Robert Campbell mgr plant 1741 E C St, Butner, NC 27509 919-575-5100 919-575-4573 rob.campbell@sonoc

o.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Drake Loflin eng env 1 N Second St, Hartsville, SC 29550 843-383-7994 834-383-7731 drake.loflin@sonoco.c



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050200

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Greif, Inc.

900 Westinghouse Blvd Facility Address1:

Facility Address2:

City, State & Zip: Charlotte, NC 28273

**Owner Information Details:** 

**Owner Name: Greif Bros Corporation** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Jeffrey Wood **Owner Affiliation:** 

425 Winter Rd Address1:

Address2:

City, State & Zip: Delaware, OH 43015

**Work Phone:** 740-540-6087 Fax:

**Email Address:** jeff.wood@greif.com

Owner Contact Person(s)

**Contact Name Title** <u>Address</u> **Phone** <u>Fax</u> <u>Email</u>

Clint Gathings 900 Westinghouse Blvd, Charlotte, NC 704-588-3895 mgr plant clint.gathings@greif.c

28273

Facility Contact Person(s)

**Contact Name** <u>Title</u> **Address Phone** <u>Fax</u> <u>Email</u>

Clint Gathings 900 Westinghouse Blvd, Charlotte, NC 704-588-3895 clint.gathings@greif.c mgr plant

28273

Permit Contact Person(s)

**Contact Name Title Address Phone** <u>Fax</u> **Email** 

Clint Gathings mgr plant 900 Westinghouse Blvd, Charlotte, NC 704-588-3895 clint.gathings@greif.c

Title: VP



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050202

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Southeastern Packaging Company

Facility Address1: 2200 Mulberry Rd

Facility Address2:

City, State & Zip: Concord, NC 28025

**Owner Information Details:** 

Owner Name: Southeastern Packaging Company

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Chris M Burrow

 Title:

Address1: PO Box 429

Address2:

City, State & Zip: Harrisburg, NC 28075

Work Phone: 704-455-3000 Fax: 704-455-6430

Email Address: <a href="mailto:chrisb@mpc-spc.com">chrisb@mpc-spc.com</a>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Chris M Burrow PO Box 429, Harrisburg, NC 28075 704-455-3000 704-455-6430 chrisb@mpc-spc.com

Facility Contact Person(s)

<u>Address</u> **Contact Name Title Phone Fax** <u>Email</u> Erik Boyle 2200 Mulberry Rd, Harrisburg, NC 28075 704-455-3000 704-455-3003 erk.boyle@spccorr.co coord safety Gregg Bryan PO Box 429, Harrisburg, NC 28075 704-400-3758 704-455-6430 gregg.bryan@spccorr .com

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmailChris M BurrowPO Box 429, Harrisburg, NC 28075704-455-3000704-455-6430chrisb@mpc-spc.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050206 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Cooper-Standard Automotive Inc

Facility Address1: 308 Fedelon Trl

Facility Address2:

City, State & Zip: Goldsboro, NC 27534

**Owner Information Details:** 

Owner Name: Cooper-Standard Automotive Inc

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Patrick Clark Title: mgr plant

308 Fedelon Trl Address1:

Address2:

City, State & Zip: Goldsboro, NC 27534

**Work Phone:** 919-735-5394 Fax: 919-735-9331

**Email Address:** pclark@cooperstandard.com

Owner Contact Person(s)

**Contact Name Title Address Phone Fax** <u>Email</u>

Patrick Clark 919-735-9331 mgr plant 308 Fedelon Trl, Goldsboro, NC 27534 919-735-5394 pclark@cooperstanda

rd.com

Facility Contact Person(s)

**Contact Name Title Address Phone Fax** <u>Email</u>

Patrick Clark 308 Fedelon Trl, Goldsboro, NC 27534 919-735-5394 919-735-9331 pclark@cooperstanda mgr plant

rd.com

Permit Contact Person(s)

**Contact Name Title Address Phone Email** Fax Catherine hes mgr 308 Fedelon Trl, Goldsboro, NC 27534 919-735-5394 919-735-9331 cathy.grazioli@cooper Ext. 593 standard.com Thomas-Grazioli 308 Fedelon Trl, Goldsboro, NC 27534 919-735-5394 stgivens@cooperstand Stacy Givens ard.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050209

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>International Paper Company-Lumberton CBP</u>

Facility Address1: 820 Caton Rd

Facility Address2:

City, State & Zip: <u>Lumberton, NC 28358</u>

**Owner Information Details:** 

Owner Name: <u>International Paper Company</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Mark WhittTitle:

Address1: 820 Caton Rd

Address2:

City, State & Zip: Lumberton, NC 28358

Email Address:

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mike S. Swanson

820 Caton Rd, Lumberton, NC 28358

910-738-6214

michael.swanson@w
eyerhaeuser.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mike S. Swanson 820 Caton Rd, Lumberton, NC 28358 910-738-6214 michael.swanson@we yerhaeuser.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050213

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Oliver Rubber Company, LLC

Facility Address1: 408 Telephone Ave

Facility Address2:

City, State & Zip: Asheboro, NC 27205

**Owner Information Details:** 

Owner Name: <u>Michelin North America, Inc.</u>

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Myra CarpenterTitle:

**Address1:** One Parkway S

Address2:

City, State & Zip: Greenville, SC 29615

**Work Phone:** 864-458-1582 **Fax:** 

Email Address: <u>myra.carpenter@us.michelin.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

John Revell mgr plant 408 Telephone Ave, Asheboro, NC 27205 336-636-7104 336-629-1430 john.revell@oliverrub

ber.com

rubber.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Theresa Mower eng materials raw 408 Telephone Ave, Asheboro, NC 27205 336-636-7150 336-629-1408 theresa.mower@olive rrubber.com

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Theresa Mower eng materials raw 408 Telephone Ave, Asheboro, NC 27205 336-636-7150 336-629-1408 theresa.mower@oliver



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050216

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Prestige Fabricators Incorporated-Dumont Street

Facility Address1: 2206 Dumont St

Facility Address2:

City, State & Zip: Asheboro, NC 27203

**Owner Information Details:** 

Owner Name: Prestige Fabricators Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Title: pres

Owner Affiliation: Joseph R Wingfield

Address1: PO Box 816

Address2:

City, State & Zip: Asheboro, NC 27203

Work Phone: 336-626-4595 Fax: 336-672-2751

**Email Address:** jwingfield@presstigefab.com

Owner Contact Person(s)

Contact Name Title Address Phone Fax Email

Joseph R pres PO Box 816, Asheboro, NC 27203 336-626-4595 336-672-2751 jwingfield@presstigef

Wingfield ab.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Steve Vancannon mgr safety PO Box 816 A, Asheboro, NC 27204 336-626-4595 336-672-2751 svancannon@prestige

Ext. 2239 fab.com

Permit Contact Person(s)

Wingfield

**Contact Name Title Address Phone Fax Email** Steve Vancannon mgr safety PO Box 816 A, Asheboro, NC 27204 336-626-4595 336-672-2751 svancannon@prestige Ext. 2239 fab.com Joseph R PO Box 816, Asheboro, NC 27203 336-626-4595 pres



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050218 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Foamex Innovations, Inc.

Facility Address1: Hwy 115 And Bailey Rd

Facility Address2:

City, State & Zip: Cornelius, NC 28031

**Owner Information Details:** 

Owner Name: Foamex Innovations Inc

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Tony Holifield Title: mgr op

18801 Old Statesville Rd Address1:

Address2:

City, State & Zip: Cornelius, NC 28031

**Work Phone:** 704-892-8081 Ext. 395 Fax: 704-895-8565

**Email Address:** tholifiled@fxi.com

Owner Contact Person(s)

**Contact Name Title** <u>Address</u> **Phone Fax** <u>Email</u>

Tony Holifield 18801 Old Statesville Rd, Cornelius, NC 704-892-8081 704-895-8565 mgr op tholifiled@fxi.com

28031

Ext. 395

Facility Contact Person(s)

**Contact Name** <u>Title</u> **Address Phone Fax** <u>Email</u> 18801 Old Statesville Rd, Cornelius, NC mgill@fxi.com Mike Gill 704-892-8081 704-895-8565 eng mgr

Ext. 265

Richard Centeno 18801 Old Statesville Rd, Cornelius, NC 704-892-8081 704-895-8565

28031

Permit Contact Person(s)

**Contact Name Title Address Phone Fax** <u>Email</u>

Mike Gill 18801 Old Statesville Rd, Cornelius, NC 980-722-4473 eng mgr

28031



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050220

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Packaging Corporation Of America

Facility Address1: 114 Dixie Blvd

Facility Address2:

City, State & Zip: Morganton, NC 28680

**Owner Information Details:** 

Owner Name: Packaging Corp of America

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Rich Deaugustinis
 Title:

Address1: 114 Dixie Blvd

Address2:

City, State & Zip: Morganton, NC 28680

Work Phone: <u>828-584-5105</u> **Fax:** 

Email Address:

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Lee Oaks controller 114 Dixie Blvd, Morganton, NC 28680 828-584-5115 828-584-5910 loakes@packaginfcor

p.com

Permit Contact Person(s)

Contact Name <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Lee Oaks controller 114 Dixie Blvd, Morganton, NC 28680 828-584-5115 828-584-5910 loakes@packaginfcorp

.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050222

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Packaging Corporation Of America

Facility Address1: 1302 N Salisbury Ave

Facility Address2:

City, State & Zip: Salisbury, NC 28144

**Owner Information Details:** 

Owner Name: Packaging Corp of America

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Mike Browning Title:

Address1: 1302 N Salisbury Ave

Address2:

City, State & Zip: Salisbury, NC 28144

Work Phone: 704-633-3611 Fax: 704-633-0308

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Joe Kenney 1302 N Salisbury Ave, Salisbury, NC 28144 704-633-3611 704-633-0308

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Joe Kenney 1302 N Salisbury Ave, Salisbury, NC 28144 704-633-3611 704-633-0308



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050229

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Sealed Air Corporation</u>

Facility Address1: 2075 Valway Rd

Facility Address2:

City, State & Zip: Lenoir, NC 28645

**Owner Information Details:** 

Owner Name: Sealed Air Corporation

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Roger JacksonTitle:mgr regional

 Address1:
 2075 Valway Rd

 Address2:
 PO Box 1018

City, State & Zip: Lenoir, NC 28645

Work Phone: 828-726-2100 Fax:

Email Address: <a href="mailto:roger.jackson@sealedair.com">roger.jackson@sealedair.com</a>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Roger Jackson mgr regional 2075 Valway Rd, PO Box 1018, Lenoir, NC 828-726-2100 roger.jackson@seale

28645 dair.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Teresa Cornett dir ehs 2075 Valway Rd, Lenoir, NC 28645 828-726-2100 teresa.cornett@seale

dair.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Teresa Cornett dir ehs 2075 Valway Rd, Lenoir, NC 28645 828-726-2100 teresa.cornett@sealed

air.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050230

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Florida Production Engineering

Facility Address1: 6966 Hwy 220 S

Facility Address2:

City, State & Zip: Asheboro, NC 27205

**Owner Information Details:** 

Owner Name: Florida Production Engineering

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Title: Engineering Manager

Owner Affiliation: Dennis Koc

Address1: PO Box 88 Hwy 220

Address2:

City, State & Zip: Seagrove, NC 27341

Work Phone: <u>336-873-7221</u> **Fax:** 

Email Address: <u>dkoc@fpeinc.com</u>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

Contact Name Title Address Phone Fax Email

Dennis Koc Engineering Manager PO Box 88 Hwy 220, Seagrove, NC 27341 336-873-7221 dkoc@fpeinc.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Dennis Koc Engineering Manager PO Box 88 Hwy 220, Seagrove, NC 27341 336-873-7221 dkoc@fpeinc.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050234

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Amcor Flexibles Inc

Facility Address1: 3055 Sweeten Creek Rd

Facility Address2:

City, State & Zip: Asheville, NC 28803

**Owner Information Details:** 

Owner Name: Amcor Flexibles Inc

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Title: VP

Owner Affiliation: Chris Cosgrove

Address1: 1919 S Butterfield Rd

Address2:

City, State & Zip: Mundelein, IL 60060-9735

Work Phone: 847-362-9000 Fax:

Email Address: <a href="mailto:chris.cosgrove@amcor.com">chris.cosgrove@amcor.com</a>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Lawrence J 3055 Sweeten Rd, Asheville, NC 28803 828-277-4234 larry.frevert@amcor.c

Frevert om

Permit Contact Person(s)

Contact Name <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Donald Bent 3055 Sweeten Creek Rd, Biltmore Frst, NC 828-277-4234 donald.bent@amcor.c

28803 om



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050237

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Smurfit Stone Container Corporation

Facility Address1: 8080 N Point Blvd

Facility Address2:

City, State & Zip: Winston Salem, NC 27106

**Owner Information Details:** 

Owner Name: Smurfit-Stone Container Corporation

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Tom Pedine

 Title:
 Business General Manager Unit

Address1: 8080 N Point Blvd

Address2:

City, State & Zip: Winston Salem, NC 27106

Work Phone: <u>336-759-8900</u> Fax:

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Shane Harterink coord env 336-759-8967 sharteri@rocktenn.co

m

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050238

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Silver Line Plastics Corporation

Facility Address1: 900 Riverside Dr

Facility Address2:

City, State & Zip: Asheville, NC 28804

**Owner Information Details:** 

Owner Name: Silver Line Plastics Corp

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Ricky C SilverTitle:

**Address1:** 900 Riverside Dr

Address2:

City, State & Zip: Asheville, NC 28804

 Work Phone:
 828-252-8755
 Fax:
 828-285-8901

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Bryan V Dover 900 Riverside Dr, Asheville, NC 28804 828-252-8755 828-225-2880 bdover@slpipe.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Ricky C Silver 900 Riverside Dr, Asheville, NC 28804 704-252-8755 828-285-8901



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050240

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Molded Fiber Glass Comp

Facility Address1: 213 Reep Dr

Facility Address2:

City, State & Zip: Morganton, NC 28655

**Owner Information Details:** 

Owner Name: Molded Fiber Glass Comp

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Allan Reimann
 Title:

Address1: 213 Reep Dr

Address2:

City, State & Zip: Morganton, NC 28655

 Work Phone:
 828-584-4974
 Fax:
 828-584-4015

Email Address: areimann@mfgnc.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Gary Propst 213 Reep Dr, Morganton, NC 28655 828-584-4974 828-584-4015 gpropst@mfgnc

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050243

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Acucote Incorporated - Graham</u>

Facility Address1: 910 Elm St

Facility Address2:

City, State & Zip: Graham, NC 27253

**Owner Information Details:** 

Owner Name: Acucote Inc

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Jim Lawson Title:

Address1: PO Box 538

Address2:

City, State & Zip: Graham, NC 27253

Work Phone: 336-578-1800 Ext. 228 Fax: 336-578-3615

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

Contact Name Title Address Phone Fax Email

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail

Jim Lawson PO Box 538, Graham, NC 27253 336-578-1800 336-578-3615

Ext. 228



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050245 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** JBS Associates - Leland

Facility Address1: 150 Backhoe Rd

Facility Address2:

City, State & Zip: Leland, NC 28451

**Owner Information Details:** 

**Owner Name:** J B S Associates LLC

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Burt Moody Title:

150 Backhoe Rd Address1:

Address2: Ste A

City, State & Zip: Leland, NC 28451

**Work Phone:** 910-371-0860 Fax:

**Email Address:** 

Owner Contact Person(s)

**Contact Name Title** <u>Address</u> **Phone Fax** <u>Email</u>

910-371-0560 910-371-0929 Sean Moody pres 150 Backhoe Rd Ste A, Leland, NC 28451 smmoody@tciinc.co

m

Facility Contact Person(s)

<u>Address</u> **Contact Name Title Phone Fax** <u>Email</u>

Sean Moody 150 Backhoe Rd Ste A, Leland, NC 28451 910-371-0560 910-371-0929 smmoody@tciinc.com pres

Permit Contact Person(s)

**Contact Name Address Title Phone Fax Email** 

Sean Moody pres 150 Backhoe Rd Ste A, Leland, NC 28451 910-371-0560 910-371-0929 smmoody@tciinc.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050247 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Bluegrass Labels Company, LLC

Facility Address1: 1006 Norwalk St

Facility Address2:

City, State & Zip: Greensboro, NC 27407

**Owner Information Details:** 

Owner Name: Bluegrass Labels Company LLC

**Owner Type:** Non-Government **Owner Type Group: Organization** 

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Bret Arnone Title: gen mgr

1006 Norwalk St Address1:

Address2:

City, State & Zip: Greensboro, NC 27407

**Work Phone:** 336-316-5080 Fax: 336-316-5099

**Email Address:** bret.arnone@graphicpkg.com

Owner Contact Person(s)

**Contact Name Title Address Phone Fax** <u>Email</u>

Bret Arnone gen mgr 1006 Norwalk St, Greensboro, NC 27407 336-316-5080 336-316-5099 bret.arnone@graphic

pkg.com

Facility Contact Person(s)

**Contact Name Title Address Phone Fax** <u>Email</u>

William Smithers 1006 Norwalk St, Greensboro, NC 27407 336-316-5092 336-316-5088 william.smithers@gra coord hse phicpkg.com

Permit Contact Person(s)

**Contact Name Title Address Phone Email** Fax

Lynda Leonhard corp mgr 1006 Norwalk St, Greensboro, NC 27407 336-316-5080 336-316-5099 lynda.leonhard@grap hicpkg.com

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NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050249

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Consolidated Metco Inc-Swain

Facility Address1: 1821 Hwy 19 S

Facility Address2:

City, State & Zip: Bryson City, NC 28713

**Owner Information Details:** 

Owner Name: Consolidated Metco Inc

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Title: ecs mgr of

Owner Affiliation: <u>Ernest M Nimister</u>

Address1: 5701 Se Columbia Way

Address2:

City, State & Zip: Vancouver, WA 98661

Work Phone: 360-828-2636 Fax: 360-695-6458

Email Address: <u>enimister@conmet.com</u>

Owner Contact Person(s)

Contact Name Title Address Phone Fax Email

Ernest M Nimister ecs mgr of 5701 Se Columbia Way, Vancouver, WA 360-828-2636 360-695-6458 enimister@conmet.co

98661

Facility Contact Person(s)

<u>Address</u> **Contact Name Title Phone Fax** <u>Email</u> Chris Styles ehs 1821 Hwy 19 S, Bryson City, NC 28713 828-488-3888 828-488-6371 cstyles@conmet.com Ellis Jones 1821 Hwy 19 S, Bryson City, NC 28713 828-488-1888 828-648-6792 ejones@conmet.com

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmailErnest M Nimisterecs mgr ofPO Box 83201, Portland, OR 97283-0201503-240-5493503-240-5443enimister@conmet.co<br/>m



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050250

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Carolina Precision Plastics</u>

Facility Address1: 405 Commerce Pl

Facility Address2:

City, State & Zip: Asheboro, NC 27203

**Owner Information Details:** 

Owner Name: North Carolina Plastics

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Brian Tauber

 Title:

Address1: 405 Commerce PI

Address2:

City, State & Zip: Asheboro, NC 27203

Work Phone: <u>336-498-2654</u> Fax:

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Steven Kulscar fac maint mgr skulscar@cpplast.co

To make high

Permit Contact Person(s)

Contact Name <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Steven Kulscar fac maint mgr 405 Commerce Pl, Asheboro, NC 27203 336-498-2654 skulscar@cpplast.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050253

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Alpha Gary Corp-Mecklenburg

Facility Address1: 9635 Industrial Dr

Facility Address2:

City, State & Zip: Pineville, NC 28134

**Owner Information Details:** 

Owner Name: Alpha Gary Corp

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Bill Temkin
 Title:

Address1: 170 Pioneer Dr

Address2:

City, State & Zip: Leominster, MA 01453

Work Phone: 978-537-8071 Ext. 2136 Fax: 978-847-0094

Email Address: <u>btemkin@alphary.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Bill Temkin 170 Pioneer Dr, Leominster, MA 01453 978-537-8071 978-847-0094 btemkin@alphary.co

Ext. 2136 m

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Chuck Hayes PO Box 490, Pineville, NC 28134 704-612-4203 704-889-7861 chayes@alphary.com

Permit Contact Person(s)

Contact Name <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Troy Brantley PO Box 490, Pineville, NC 28134 704-612-4207 704-889-7861 tbrantley@alphagary.c

Dialities FO BOX 430, Filleville, NC 20134 701 012 1207 701 003 7001 12



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050258

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Highland Container Incorporated

Facility Address1: 100 Ragsdale Rd

Facility Address2:

City, State & Zip: <u>Jamestown, NC 27282</u>

**Owner Information Details:** 

Owner Name: <u>Highland Container Inc</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Rodney Benson
 Title:

Address1: 100 Ragsdale Rd

Address2:

City, State & Zip: <u>Jamestown, NC 27282</u>

**Work Phone:** 910-887-5400 **Fax:** 

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050260

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: SKF Sealing Solutions

Facility Address1: 324 Industrial Park Rd

Facility Address2:

City, State & Zip: Franklin, NC 28734

**Owner Information Details:** 

Owner Name: Skf USA UNC

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Vester Lequire Title:

Address1: 324 Industrial Park Rd

Address2:

City, State & Zip: Franklin, NC 28734

Work Phone: <u>828-524-8444</u> Fax: <u>828-524-0789</u>

Email Address: vester.j.lequire@skf.com

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Vester Lequire 324 Industrial Park Rd, Franklin, NC 828-524-8444 828-524-0789 vester.j.lequire@skf.c

28734 om

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Vester Lequire 324 Industrial Park Rd, Franklin, NC 28734 828-524-8444 828-524-0789 vester.j.lequire@skf.c

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Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Vester Lequire 324 Industrial Park Rd, Franklin, NC 28734 828-524-8444 828-524-0789 vester.j.lequire@skf.c

Lequire 324 Industrial Faix No., Frankini, NC 20754 020 321 0111 020 321 0705



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050266

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Armacell LLC

Facility Address1: 7600 Oak Wood St Exention

Facility Address2:

City, State & Zip: Mebane, NC 27302-9577

**Owner Information Details:** 

Armacell LLC **Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

Title:

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** James Mars

7600 Oak Wood St Exention Address1:

Address2:

City, State & Zip: Mebane, NC 27302-9577

**Work Phone:** Fax:

**Email Address:** 

Owner Contact Person(s)						
Contact Name	<u>Title</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>	<u>Email</u>	
Mike Fahsel	GM Manufacturing	7600 Oak Wood St Exention, Mebane, NC 27302-9577	919-304-3846			
Tom Himmel	vp	7600 Oakwood St, Mebane, NC 27302	919-304-3846			

	/
Facility Contact Pers	SODIE

**Contact Name Title Address Phone** <u>Fax</u> <u>Email</u> John Walter mgr plant 7600 Oakwood St, Mebane, NC 27302 919-304-3846

#### Permit Contact Person(s)

Contact Name	<u>Title</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>	<u>Email</u>
James Mars		7600 Oak Wood St Exention, Mebane, NC 27302-9577			
Mark Lamarre	eng sr staff	7600 Oakwood Sr, Mebane, NC 27302	919-304-3846		mark.j.lamarre@arma
			Ext. 3848		cell.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050270

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Hexpol Compounding NC, Inc.

280 Crawford Rd Facility Address1:

Facility Address2:

City, State & Zip: Statesville, NC 28677

**Owner Information Details:** 

**Hexpol Compounding NC Inc Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Mark George Title: dir managing

Address1: Address2:

City, State & Zip:

**Work Phone:** Fax:

**Email Address:** mark.george@hexpol.com

Owner Contact Person(s)

**Title Contact Name Address Phone Fax** <u>Email</u>

Mark George dir managing mark.george@hexpol

.com

Facility Contact Person(s)

<u>Address</u> **Contact Name Title Phone** <u>Fax</u> <u>Email</u>

Darrell Goins ehs darrell.goins@hexpol.

Permit Contact Person(s)

**Contact Name Title Address Phone** <u>Fax</u> **Email** 

Darrell Goins ehs darrell.goins@hexpol.



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050276

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Shurtape Tech Incorporated-Hudson

Facility Address1: 220 Pleasant Hill Rd

Facility Address2:

City, State & Zip: Hudson, NC 28638

**Owner Information Details:** 

Owner Name: Shurtape Technologies, LLC

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Mark E Hawes
 Title:
 dir ehs of

Address1: PO Box 1530

Address2:

City, State & Zip: Hickory, NC 28603-1530

 Work Phone:
 828-267-8428
 Fax:
 877-859-9746

Email Address: <a href="mailto:mhawes@shurtape.com">mhawes@shurtape.com</a>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mark E Hawes dir ehs of PO Box 1530, Hickory, NC 28603-1530 828-267-8428 877-859-9746 mhawes@shurtape.c

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Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mark E Hawes dir ehs of PO Box 1530, Hickory, NC 28603-1530 828-322-2700 828-325-5387 mhawes@shurtape.c

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Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mark E Hawes dir ehs of PO Box 1530, Hickory, NC 28603-1530 828-322-2700 828-325-5387 mhawes@shurtape.co



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050277

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Hayward Industries Incorporated

Facility Address1: One Hayward Industrial Dr

Facility Address2:

City, State & Zip: Clemmons, NC 27012

**Owner Information Details:** 

Owner Name: <u>Hayward Industries Inc</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: James Kinney Title:

27012

Address1: One Hayard Industrial Dr

Address2:

City, State & Zip: Clemmons, NC 27012

Work Phone: 336-712-9900 Fax: 336-712-9523

Email Address: jkinney@haywardnet.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

James Kinney One Hayard Industrial Dr, Clemmons, NC 336-712-9900 336-712-9523 jkinney@haywardnet.

27012 com

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

James Kinney One Hayard Industrial Dr, Clemmons, NC 336-712-9900 336-712-9523 jkinney@haywardnet.

COM



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050280 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Rexam Healthcare Packaging Systems, Inc.

Facility Address1: 6941 Corporation Pkwy

Facility Address2:

City, State & Zip: Battleboro, NC 27809

**Owner Information Details:** 

Rexam Healthcare Packaging Systems Inc **Owner Name:** 

**Owner Type: Owner Type Group:** Organization Non-Government

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Marion Cooley **Owner Affiliation:** Title:

6941 Corporation Pkwy Address1:

Address2:

City, State & Zip: Battleboro, NC 27809

**Work Phone:** 252-984-4170 Fax: 252-446-6223

**Email Address:** marion.cooley@us.o-i.com

Owner Contact Person(s)

**Title Contact Name Address Phone** <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

**Contact Name Title Address Phone Fax** <u>Email</u>

Marion Cooley 6941 Corporation Pkwy, Battleboro, NC 252-984-4170 252-446-6223 marion.cooley@us.o-i

27809 .com

Permit Contact Person(s)

**Contact Name Title Address Phone Fax Email** 

Marion Cooley 6941 Corporation Pkwy, Battleboro, NC 252-984-4170 252-446-6223 marion.cooley@us.o-i. 27809

com

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NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050282 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Cooper-Standard Automotive, Inc.

280 Woodland Church Rd Facility Address1:

Facility Address2:

City, State & Zip: Goldsboro, NC 27530

**Owner Information Details:** 

Owner Name: Cooper-Standard Automotive Inc

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Patrick Clark Title: mgr plant

308 Fedelon Trl Address1:

Address2:

City, State & Zip: Goldsboro, NC 27534

**Work Phone:** 919-735-5394 Fax: 919-735-9331

**Email Address:** pclark@cooperstandard.com

Owner Contact Person(s)

**Contact Name Title** <u>Address</u> **Phone Fax** <u>Email</u>

Patrick Clark 919-735-9331 mgr plant 308 Fedelon Trl, Goldsboro, NC 27534 919-735-5394 pclark@cooperstanda

rd.com

Facility Contact Person(s)

**Contact Name** <u>Title</u> **Address Phone Fax** <u>Email</u>

919-735-9331 Catherine 308 Fedelon Trl, Goldsboro, NC 27534 919-735-5394 cathy.grazioli@coope hes mgr

Thomas-Grazioli Ext. 593 rstandard.com

Permit Contact Person(s)

**Contact Name Title Address Phone Email** Fax

Catherine hes mgr 308 Fedelon Trl, Goldsboro, NC 27534 919-735-5394 919-735-9331 cathy.grazioli@cooper

Thomas-Grazioli Ext. 593 standard.com

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NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050284

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Aplix Incorporated

Facility Address1: 12300 Steele Creek Rd

Facility Address2:

City, State & Zip: Charlotte, NC 28241

**Owner Information Details:** 

Owner Name: Aplix Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Kevin Black
 Title:

Address1: PO Box 7505

Address2:

City, State & Zip: Charlotte, NC 28241

**Work Phone:** <u>704-588-1920</u> **Fax:** 

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050285 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** CPI Packaging Inc

Facility Address1: 536 N Generals Blvd

Facility Address2:

City, State & Zip: Lincolnton, NC 28092

**Owner Information Details:** 

CPI Packaging Inc **Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Title: Joe Mormando

50 Jiffy Rd Address1:

Address2:

City, State & Zip: Somerset, NJ 08873-3438

**Work Phone:** 732-431-3500 Fax: 732-462-3648

**Email Address:** imormando@cpipkq.com

Owner Contact Person(s)

**Title Contact Name Address Phone** <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Address</u> <u>Email</u> **Contact Name** <u>Title</u> **Phone Fax** 

Doyle D Barrett Manager Plant 536 Generals Blvd, Lincolnton, NC 28092 704-735-2599 704-735-4488

Permit Contact Person(s)

**Contact Name Title Address Phone Fax** <u>Email</u>

Doyle D Barrett Manager Plant 536 N Generals Blvd, Lincolnton, NC 704-735-2599 704-735-4488

28092



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050286

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Cascades Moulded Pulp</u>

Facility Address1: 112 Cascades Way

Facility Address2:

City, State & Zip: Rockingham, NC 28380

**Owner Information Details:** 

Owner Name: <u>Cascaded Moulded Pulp</u>

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Paul Landry Title:

Address1: PO Box 609

Address2:

City, State & Zip: Rockingham, NC 28380

Email Address: plandry@cascaded.com

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Paul Landry 112 Cascades Way, Rockingham, NC 910-997-2775 910-997-2774 plandry@cascaded.co

28380 m

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050288

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Kurz Transfer Products</u>

Facility Address1: 4939 NC Hwy 150 N

Facility Address2:

City, State & Zip: Lexington, NC 27295

**Owner Information Details:** 

Owner Name: Kurz & Partners, L.P.

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Greg Dellinger

 Title:

**Address1:** 4939 N C Hwy 150 N

Address2:

City, State & Zip: Lexington, NC 27292

Work Phone: 336-397-1724 Fax: 336-397-1705

Email Address: Greg.Dellinger@kurzusa.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Greg Dellinger 4939 N C Hwy 150 N, Lexington, NC 27292 336-397-1700 336-397-1705

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail

Greg Dellinger 4939 N C Hwy 150 N, Lexington, NC 336-397-1700 336-397-1705

27292



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050289

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Foam Tech

Facility Address1: 117 Cedar Ln Dr

Facility Address2:

City, State & Zip: Lexington, NC 27292

**Owner Information Details:** 

Owner Name: Foam Tech

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Title:

Address1: 117 Cedar Ln Dr

Address2:

City, State & Zip: Lexington, NC 27292

Work Phone: <u>336-357-7121</u> Fax: <u>336-357-5322</u>

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

117 Cedar Ln Dr, Lexington, NC 27292 336-357-7121 336-357-5322

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail

117 Cedar Ln Dr, Lexington, NC 27292 336-357-7121 336-357-5322



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050292

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Shurtape Tech Incorporated-Highland

Facility Address1: 1540 Main Ave AE

Facility Address2:

City, State & Zip: <u>Hickory, NC 28601</u>

**Owner Information Details:** 

Owner Name: Shurtape Technologies, LLC

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Mark E HawesTitle:dir ehs of

Address1: PO Box 1530

Address2:

City, State & Zip: Hickory, NC 28603-1530

 Work Phone:
 828-267-8428
 Fax:
 877-859-9746

Email Address: mhawes@shurtape.com

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Mark E Hawes dir ehs of PO Box 1530, Hickory, NC 28603-1530 828-267-8428 877-859-9746 mhawes@shurtape.c

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Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mark E Hawes dir ehs of PO Box 1530, Hickory, NC 28603-1530 828-322-2700 828-325-5387 mhawes@shurtape.c

Ext. 5428 om

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mark E Hawes dir ehs of PO Box 1530, Hickory, NC 28603-1530 828-322-2700 828-325-5387 mhawes@shurtape.co



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050297

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Klingspor Abrasives Incorporated

Facility Address1: 2555 Tate Blvd SE

Facility Address2:

City, State & Zip: <u>Hickory, NC 28603</u>

**Owner Information Details:** 

Owner Name: Klingspor Abrasives Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Christoph Klingspor
 Title:

Address1: 2555 Tate Blvd SE

Address2:

City, State & Zip: Hickory, NC 28603

Work Phone: <u>828-322-3030</u> Fax:

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Ben Spatz 2555 Tate Blvd SE, Hickory, NC 28603 828-326-0224 828-326-0386 bspatz@klingspor.co

m

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

T J Jakobs 2555 Tate Blvd SE, Hickory, NC 28603 828-326-0269 828-326-0207



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050301

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Pregis Innovative Packaging, Inc.</u>

Facility Address1: 3825 N Main Srtreet

Facility Address2:

City, State & Zip: Granite Falls, NC 28630

**Owner Information Details:** 

Owner Name: <u>Pregis Innovative Packaging Inc</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Darren GreenTitle:

Address1: 3825 N Main St

Address2:

City, State & Zip: Granite Falls, NC 28630

 Work Phone:
 828-396-2373
 Fax:
 828-396-6146

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Randy Buchman 3825 N Main St, Granite Falls, NC 28630 828-396-2373 828-396-6146 rbuchman@pregis.co

Ext. 257 m

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050303

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: OMNOVA Solutions

Facility Address1: 2011 Rocky River Rd

Facility Address2:

City, State & Zip: Monroe, NC 28110

**Owner Information Details:** 

Owner Name: Omnova Solutions Inc

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Title:

28110

Address1: 2011 Rocky River Rd N

Address2:

City, State & Zip: Monroe, NC 28110

 Work Phone:
 704-289-6441
 Fax:
 704-289-8182

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Michael A Stroup & EH Manager S 2011 Rocky River Rd, Monroe, NC 28110 704-225-2010 704-289-8182 michael.stroup@omn

ova.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Kathy Brown genreal mgr op 2011 Rocky River Rd N, Monroe, NC 704-225-2040 704-289-8182 kathy.brown@omnova

.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050304

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Magna Composites-Salisbury</u>

Facility Address1: 6701 Statesville Blvd

Facility Address2:

City, State & Zip: Salisbury, NC 28147

**Owner Information Details:** 

Owner Name: <u>Magna Composites</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

Title:

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: <u>Brian Duivesteyn</u>

Address1: 6701 Staesville Blvd

Address2:

City, State & Zip: Salisbury, NC 28147

Work Phone: <u>704-645-2150</u> **Fax:** 

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail

Kelli Cook 601 Hibriten Dr, Lenoir, NC 28645 828-754-8441 kelli.cook@magna.co

Ext. 137 m

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Kelli Cook 601 Hibriten Dr, Lenoir, NC 28645 828-754-8441 kelli.cook@magna.co

Ext. 137



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050305

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Hexacomb</u>

Facility Address1: 9156 W Marlboro Rd

Facility Address2:

City, State & Zip: Farmville, NC 27828

**Owner Information Details:** 

Owner Name: <u>Hexacomb</u>

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 John Arnold
 Title:

Address1: 9156 W Marlboro Rd

Address2:

City, State & Zip: Farmville, NC 27828

Work Phone: <u>252-753-5344</u> **Fax:** 

Email Address: johnarnold@hexacomb.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

 Jason Tatum
 9156 W Marlboro Rd, Farmville, NC 27828
 252-753-5344

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Jason Tatum 9156 W Marlboro Rd, Farmville, NC 27828 252-753-5344



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050309

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Consolidated Container Greensboro</u>

Facility Address1: 2030 E Market St

Facility Address2:

City, State & Zip: Greensboro, NC 27401

**Owner Information Details:** 

Owner Name: <u>Consolidated Container Company LP</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: James Bankey Title:

Address1: 400 Indeco Blvd Ste B

Address2:

City, State & Zip: Atlanta, GA 30336

Work Phone: <u>678-529-2037</u> Fax: <u>678-529-2052</u>

Email Address: jamie.bankey@cccllc.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Ken Anderson dir ehs 3101 Towercreek Prkwy Ste 300, Atlanta, 678-742-4654 678-742-4750 ken.anderson@cccllc.

GA 30339 com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Ken Spangler mgr plant 2030 E Market St, Greensboro, NC 27401 336-274-6100 336-274-6148 ken.spangler@cccllc.c

on=m

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050310

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Plastic Packaging Inc - Forest City Plant</u>

Facility Address1: 681 Piney Ridge Rd

Facility Address2:

City, State & Zip: Forest City, NC 28043

**Owner Information Details:** 

Owner Name: <u>Plastic Packaging Inc</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Edward SieversTitle:

Address1: PO Box 130

Address2:

City, State & Zip: Forest City, NC 28043

 Work Phone:
 828-286-1356
 Fax:
 828-287-9164

**Email Address:** <u>esievers@ppi-hky.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050311

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: 3M Sanford

Facility Address1: 917 J R Industrial Dr

Facility Address2:

City, State & Zip: Sanford, NC 27331

**Owner Information Details:** 

Owner Name: 3m Sanford

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Tommie LeeTitle:mgr plant

Address1: 917 J R Industrial Dr

Address2:

City, State & Zip: Sanford, NC 27331

Work Phone: 919-718-0000 Fax: 919-774-3629

55144

Email Address: <u>tnlee@mmm.com</u>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Tommie Lee mgr plant 917 J R Industrial Dr, Sanford, NC 27331 919-718-0000 919-774-3629 tnlee@mmm.com

Facility Contact Person(s)

Contact Name Title Address Phone Fax Email

Phil Misklow ehs super 917 J R Industrial Dr, Sanford, NC 27331 919-718-0000 919-708-5140 prmisklow@mmm.co

Ext. 1388 m

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Carrie Mathison adv env spec 3m Ctr Bldg 224-5w St, Saint Paul, MN 651-737-3604 651-737-3395 cmathison@mmm.co



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050312

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>International Pipes & Accessories, LLC</u>

Facility Address1: 1731 US Hwy 21 S

Facility Address2:

City, State & Zip: Sparta, NC 28675

**Owner Information Details:** 

Owner Name: <u>International Pipes & Accessories LLC</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 James B Burns
 Title:

Address1: PO Box 849

Address2:

City, State & Zip: Sparta, NC 28675

Work Phone: <u>336-372-5521</u> **Fax:** 

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

 James B Burns
 PO Box 849, Sparta, NC 28675
 336-372-5521

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050314

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: V & E Components Inc - Brevard Road

Facility Address1: 2130 Brevard Rd

Facility Address2:

City, State & Zip: High Point, NC 27261

**Owner Information Details:** 

Owner Name: V & E Components Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:William VestTitle:President Vice

Address1: PO Box 7352

Address2:

City, State & Zip: High Point, NC 27264-7352

Work Phone: <u>336-884-0088</u> Fax:

Email Address: vest@northstate.net

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Danny Winfrey PO Box 7352, High Point, NC 27264-7352 336-884-0088 336-884-5335 vest@northstar.net

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050316

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Southern Graphic Systems

Facility Address1: 1000 A Norwalk St

Facility Address2:

City, State & Zip: Greensboro, NC 27407

**Owner Information Details:** 

Owner Name: Southern Graphic Systems

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Jeffery Routh
 Title:

Address1: 1000 A Norwalk St

Address2:

City, State & Zip: Greensboro, NC 27407

Work Phone: <u>336-202-9071</u> Fax:

**Email Address:** jeffery.routh@sgsintl.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Jeffrey L Routh 1000 A Norwalk St, Greensboro, NC 27407 336-202-9071 jeffery.routh@sgsintl.

Com

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050317 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Henniges Automotive North Carolina, Inc.

Facility Address1: 226 Watlington Indusrial Dr

Facility Address2:

City, State & Zip: Reidsville, NC 27320-5612

**Owner Information Details:** 

Owner Name: Henniges Automotive North America Inc

**Owner Type: Owner Type Group:** Non-Government **Organization** 

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Kirk Weil Title: ehs spec sr

226 Watlington Indusrial Dr Address1:

Address2:

City, State & Zip: Reidsville, NC 27320-5612

**Work Phone:** 336-634-4020 Fax: 336-634-4036

**Email Address:** kirk.weil@hennigesautomotive.com

Owner Contact Person(s)

**Contact Name Title** <u>Address</u> **Phone Fax** <u>Email</u>

Kirk Weil 226 Watlington Indusrial Dr, Reidsville, ehs spec sr 336-634-4020 336-634-4036 kirk.weil@hennigesau

NC 27320-5612 tomotive.com

Facility Contact Person(s)

**Contact Name** <u>Title</u> **Address Phone Fax** <u>Email</u>

Kirk Weil 226 Watlington Indusrial Dr, Reidsville, NC 336-634-4020 336-634-4036 kirk.weil@hennigesau ehs spec sr tomotive.com

omotive.com

27320-5612

Permit Contact Person(s)

**Contact Name Title Address Phone Email** Fax

Kirk Weil ehs spec sr 226 Watlington Indusrial Dr, Reidsville, NC 336-634-4020 336-634-4036 kirk.weil@hennigesaut

27320-5612

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NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050318

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Parker Techseal

Facility Address1: 2600 Wilco Blvd

Facility Address2:

City, State & Zip: Wilson, NC 27893

**Owner Information Details:** 

Owner Name: Parker Hannifin Corporation-TechSeal Div

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Steven Minnich
 Title:
 facility mgr

Address1: 2600 Wilco Blvd S

Address2:

City, State & Zip: Wilson, NC 27893

Work Phone: 252-237-6171 Ext. 232 Fax: 252-237-1738

Email Address: sminnich@parker.com

Owner Contact Person(s)

Contact Name Title Address Phone Fax Email

Steven Minnich facility mgr 2600 Wilco Blvd S, Wilson, NC 27893 252-237-6171 252-237-1738 sminnich@parker.co

Ext. 232 m

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Steven Minnich facility mgr 2600 Wilco Blvd S, Wilson, NC 27893 252-237-6171 252-237-1738 sminnich@parker.co

Ext. 232

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Steven Minnich facility mgr 2600 Wilco Blvd S, Wilson, NC 27893 252-237-6171 252-237-1738 sminnich@parker.com

Ext. 232



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050319

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Bonset America Corp</u>

Facility Address1: 6107 Corporate Park Dr

Facility Address2:

City, State & Zip: Browns Summit, NC 27214

**Owner Information Details:** 

Owner Name: Bonset America Corp

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: <u>Hitoshi Nakamura</u>

**Address1:** 6107 Corporate Park Dr

Address2:

City, State & Zip: Browns Summit, NC 27214

Work Phone: 336-375-0234 Fax: 336-375-6129

Email Address: <a href="mailto:hnakamura@bonset.com">hnakamura@bonset.com</a>

Owner Contact Person(s)

Contact Name Title Address Phone Fax Email

Hitoshi CEO 6107 Corporate Park Dr, Browns Summit, 336-375-0234 336-375-6129 hnakamura@bonset.

Nakamura NC 27214 com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Vince Brandon / mgr qc rd 6107 Corporate Park Dr, Browns Summit, 336-375-0234 336-375-6129 vbrandon@bonset.co

NC 27214 Ext. 3062 n

Title: CEO

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Vince Brandon / mgr qc rd 6107 Corporate Park Dr, Browns Summit, 336-375-0234 336-375-6129 vbrandon@bonset.co

NC 27214 Ext. 3062 m



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050324

Permit Type: <u>Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC</u>

Facility Name: <u>Blachford RP Corporation</u>

Facility Address1: 707 Broadview Dr

Facility Address2:

City, State & Zip: Kings Mountain, NC 28086

**Owner Information Details:** 

Owner Name: Blachford RP Corporation

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Title:

**Address1:** 707 Broadview Dr

Address2:

City, State & Zip: Kings Mountain, NC 28086

**Work Phone:** 704-730-1005 **Fax:** 704-730-0640

Email Address:

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Randall J Wright PO Box 240, Raeford, NC 28376-0240 910-309-0242 mdean@hokecounty.

org

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Dean Chamis mgr technical 707 Broadview Dr, Kings Mtn, NC 28086 704-730-1005 704-730-0640 dchamis@blachfordrp.

Ext. 207 com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050327 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** 3M Company-Conover

Facility Address1: 500 Thornburg Dr

Facility Address2:

City, State & Zip: Conover, NC 28613

**Owner Information Details:** 

**Owner Name:** 3m Company

**Owner Type:** Non-Government **Owner Type Group: Organization** 

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation: Ed Jennings** Title: mgr plant

500 Thornburg Dr Address1:

Address2:

City, State & Zip: Conover, NC 28613

**Work Phone:** 828-465-3053 Fax: 828-465-2404

**Email Address:** ejennings@mmm.com

Owner Contact Person(s)

**Contact Name Title** <u>Address</u> **Phone Fax** <u>Email</u>

828-465-2404 Ed Jennings mgr plant 500 Thornburg Dr, Conover, NC 28613 828-465-3053 ejennings@mmm.co

m

Facility Contact Person(s)

**Contact Name** <u>Title</u> **Address Phone Fax** <u>Email</u>

Matthew Diering 500 Thornburg Dr, Conover, NC 28613 828-465-3053 828-465-2404 mrdiering@mmm.co ehs mgr

Ext. 132

Permit Contact Person(s)

**Contact Name Title Address Phone Email** Fax

Carie Mathison adv envir scientist 3m Ctr Bldg 224-5w St, Saint Paul, MN 651-737-3604 651-737-3395 cmathison@mmm.co 55144



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050328

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Mead Westvaco Consumer Packaging Group, LLC

Facility Address1: 7411 Oakwood St

Facility Address2:

City, State & Zip: Mebane, NC 27302

**Owner Information Details:** 

Owner Name: Mead Westcaco Consumer Packaging Gorup LLC

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Dominick Adducci
 Title:

**Address1:** 7411 Oakwood St

Address2:

City, State & Zip: Mebane, NC 27302

Work Phone: 919-304-0426 Fax:

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Jospeh Embrose 7411 Oakwood St, Mebane, NC 27302 919-304-0320 919-563-3932

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050329 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** International Cushioning Company LLC

6005 Highway 10 West Facility Address1:

Facility Address2:

City, State & Zip: Hickory, NC 28602

**Owner Information Details:** 

International Cushioning Company LLC **Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Buddy Harry Bussey Title: pres

240 Boundary Rd Address1:

Address2:

City, State & Zip: Marlboro, NJ 07746

**Work Phone:** 266-331-9600 Fax: 866-683-9911

**Email Address:** guylee@charter.net

Owner Contact Person(s)

**Contact Name Title** <u>Address</u> **Phone** <u>Fax</u> <u>Email</u>

ΕP 5486 Sherrills Ford Rd, Catawba, NC 828-241-3417 Guy Lee guylee@charter.net

28609-9005

Facility Contact Person(s)

Permit Contact Person(s)

**Title** 

**Contact Name Title Address Phone Fax** <u>Email</u>

**Buddy Harry** 240 Boundary Rd, Marlboro, NJ 07746 266-331-9600 866-683-9911 pres guylee@charter.net

Bussey

**Address** 

**Contact Name** 

Guy Lee ΕP 5486 Sherrills Ford Rd, Catawba, NC 828-241-3417 guylee@charter.net

**Phone** 

<u>Fax</u>

**Email** 

28609-9005

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NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050334

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: National Pipe And Plastics

Facility Address1: 9609 W Market St

Facility Address2:

City, State & Zip: Colfax, NC 27235

**Owner Information Details:** 

Owner Name: National Pipe And Plastics

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Scott Culbertson
 Title:

Address1: 9609 W Market St

Address2:

City, State & Zip: Colfax, NC 27235

Work Phone: 800-266-0149 Fax: 336-996-1755

Email Address: scotc@nationalpipe.com

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Scott Culbertson 9609 W Market St, Colfax, NC 27235 800-266-0149 336-996-1755 scotc@nationalpipe.c

om

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Scott Culbertson 9609 W Market St, Colfax, NC 27235 336-996-2711

Ext. 13

Permit Contact Person(s)

**Contact Name Title Address Phone Fax** <u>Email</u> Sharon Taylor HR Manager Office 9609 W Market St, Colfax, NC 27235 336-996-2711 336-996-0665 Ext. 14 Scott Culbertson 9609 W Market St, Colfax, NC 27235 336-996-2711 Ext. 13



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050335

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Caterpillar Precision Seals</u>

Facility Address1: 517 Industrial Park Rd

Facility Address2:

City, State & Zip: Franklin, NC 28734

**Owner Information Details:** 

Owner Name: <u>Caterpillar Precision Seals</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Gene DammTitle:Manager Plant

Address1: 517 Industrial Park

Address2:

City, State & Zip: Franklin, NC 28734

Work Phone: 828-349-8400 Fax: 828-349-8403

Email Address:

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

David Nix EHS Manager 517 Industrial Park, Franklin, NC 28734 828-349-8442 828-349-8403

Curtis Green assoc ehs sr 517 Industrial Park, Franklin, NC 28734

Facility Contact Person(s)

Contact Name Title Address Phone Fax Email

Phillip Moore facility mgr 517 Industrial Park, Franklin, NC 28734

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050336

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Consolidated Metco, Inc.</u>

Facility Address1: 171 Great Oak Dr

Facility Address2:

City, State & Zip: Canton, NC 28716

**Owner Information Details:** 

Owner Name: Consolidated Metco Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Title: ecs mgr of

Owner Affiliation: <u>Ernest M Nimister</u>

Address1: <u>5701 Se Columbia Way</u>

Address2:

City, State & Zip: Vancouver, WA 98661

Work Phone: 360-828-2636 Fax: 360-695-6458

Email Address: <u>enimister@conmet.com</u>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Ernest M Nimister ecs mgr of 5701 Se Columbia Way, Vancouver, WA 360-828-2636 360-695-6458 enimister@conmet.co

98661

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Everett Lynch ehs 171 Great Oak Dr, Canton, NC 28716 828-454-6000 828-648-6792 elynch@conmet.com

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Everett Lynch ehs 171 Great Oak Dr, Canton, NC 28716 828-454-6036 everettlynch@conmet.

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NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050340

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** <u>Kidde Fire Fighting, Inc.</u>

Facility Address1: 141 Junny Rd

Facility Address2:

City, State & Zip: Angier, NC 27501

**Owner Information Details:** 

Owner Name: <u>National Foam</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Russell Furtick

 Title:
 Engineering Manager Manufacturing

Address1: 141 Junny Rd

Address2:

City, State & Zip: Angier, NC 27501

Work Phone: 919-639-6151 Fax: 919-639-6131

Email Address:

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Russell Furtick Engineering Manager 141 Junny Rd, Angier, NC 27501 919-639-6151 919-639-6131 rusty.furtick@kiddie-fi

Manufacturing re.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Julie Pfeiffer coord ehs 141 Junny Rd, Angier, NC 27501 919-639-6151 919-639-6131 julie.pfeiffer@kiddie-fi

Ext. 2284 re.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050342

Permit Type: <u>Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC</u>

Facility Name: Amesbury Textile Group

Facility Address1: 159 Walker Rd

Facility Address2:

City, State & Zip: Statesville, NC 28625

**Owner Information Details:** 

Owner Name: Amesbury Textile Group

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Rich GustinTitle:

Address1: 159 Walker Rd

Address2:

City, State & Zip: Statesville, NC 28625

**Work Phone:** <u>704-978-3631</u> **Fax:** 

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Bob Powers 159 Walker Rd, Statesville, NC 28625 704-978-2273 704-878-0165

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050343

Permit Type: <u>Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC</u>

Facility Name: Paragon Films, Inc.

Facility Address1: 255 W E Baab Indusrial Dr

Facility Address2:

City, State & Zip: Taylorsville, NC 28681

**Owner Information Details:** 

Owner Name: Paragon Films Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Loye Matthews
 Title:

Address1: 3500 W Tacoma

Address2:

City, State & Zip: Broken Arrow, OK 74012

 Work Phone:
 918-250-3456
 Fax:
 918-806-0427

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Gary Greenfield Contact Facility 255 W E Baab Industrial Dr, Taylorsville, 828-632-5552

NC 28681

Permit Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050344

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Atrium Windows and Doors

Facility Address1: 300 Welcome Center Blvd

Facility Address2:

City, State & Zip: Welcome, NC 27374

**Owner Information Details:** 

Owner Name: Atrium Windows And Doors

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Teddy Webster
 Title:

Address1: 300 Welcome Center Blvd

Address2:

City, State & Zip: Welcome, NC 27374

Work Phone: 336-764-6400 Fax: 336-764-2082

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Teddy Webster 300 Welcome Center Blvd, Welcome, NC 336-764-6400 336-764-2082

27374

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050346

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Fex Straw Manufacturing

Facility Address1: 191 Magna Blvd

Facility Address2:

City, State & Zip: Lumberton, NC 28360

**Owner Information Details:** 

Owner Name: Fex Straw Manufacturing Inc

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Brenda Tompkins
 Title:

Address1: 191 Magna Blvd

Address2:

City, State & Zip: Lumberton, NC 28360

Work Phone: 910-671-4141 Fax: 910-671-1138

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Brenda Tompkins 191 Magna Blvd, Lumberton, NC 28360 910-671-4141 910-671-1138 fex.lumberton@magn aent.com

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050348

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Mack Molding Company</u>

Facility Address1: 149 Water Tank Rd

Facility Address2:

City, State & Zip: Statesville, NC 28677

**Owner Information Details:** 

Owner Name: <u>Mack Molding Company</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Don Kendall
 Title:

Address1: 149 Water Tank Rd

Address2:

City, State & Zip: Statesville, NC 28677

Work Phone: 704-878-9641 Fax: 704-873-1966

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Frank Bumgarner 149 Water Tank Rd, Statesville, NC 28677 704-878-9641 704-873-1966 fbumgarner@mackm

olding.com

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Frank Bumgarner 149 Water Tank Rd, Statesville, NC 28677 704-878-9641 704-873-1966



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050349

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Berry Tri-Plas Corporation

Facility Address1: 3414 Wesley Chapel Stouts Rd

Facility Address2:

City, State & Zip: Monroe, NC 28110

**Owner Information Details:** 

Owner Name: Berry Plastics Corporation

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

 $(Responsible\ corporate\ officer/principle\ executive\ officer\ or\ ranking\ elected\ official/general\ partner\ or\ proprietor;$ 

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Jim AlexanderTitle:Manager Plant

Address1: 3414 Wesley Chapel-Stouts Rd

Address2:

City, State & Zip: Monroe, NC 28110

Work Phone: 704-289-1526 Fax: 704-289-8267

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Jim Alexander Manager Plant 3414 Wesley Chapel-Stouts Rd, Monroe, 704-289-1526 704-289-8267

NC 28110

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050350

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Imaflex USA Inc.</u>

Facility Address1: 1200 Unity St

Facility Address2:

City, State & Zip: Thomasville, NC 27360

**Owner Information Details:** 

Owner Name: <u>Imaflex USA Inc</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Glenn ButlerTitle: GM

Address1: 1200 Unity St

Address2:

City, State & Zip: Thomasville, NC 27360

Work Phone: 336-474-1190 Fax: 336-474-1164

**Email Address:** <u>glenn.butler@imaflex.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Glenn Butler GM 1200 Unity St, Thomasville, NC 27360 336-474-1190 336-474-1164

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050352 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Mauser Corp

1209 Tarheel Rd Facility Address1:

Facility Address2:

City, State & Zip: Charlotte, NC 28208

**Owner Information Details:** 

Mauser USA LLC **Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Charles Brooks **Title:** <u>env mgr safety</u>

35c Cotters Ln E Address1:

Address2:

City, State & Zip: East Brunswick, NJ 08816

**Work Phone:** 404-915-8028 Fax:

08816

**Email Address:** charles.brooks@mausergroup.com

Owner Contact Person(s)

**Contact Name Title** <u>Address</u> **Phone** <u>Fax</u> <u>Email</u>

Charles Brooks 35c Cotters Ln E, East Brunswick, NJ 404-915-8028 env mgr safety charles.brooks@mau

Facility Contact Person(s)

**Contact Name Title Address Phone** <u>Fax</u> <u>Email</u>

Gene Mead 1209 Tarheel Rd, Charlotte, NC 28208 704-398-2325 gene.mead@mauserg mgr sheq

roup.com

sergroup.com

Permit Contact Person(s)

**Contact Name Title Address Phone** <u>Fax</u> **Email** 

Charles Brooks env mgr safety 35c Cotters Ln E, East Brunswick, NJ 404-915-8028 charles.brooks@maus 08816

ergroup.com

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NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050353

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Bluegrass Labels Company, LLC

Facility Address1: 1005 Norwalk St

Facility Address2:

City, State & Zip: Greensboro, NC 27407

**Owner Information Details:** 

Owner Name: Bluegrass Container Company

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Bret ArnoneTitle:gen mgr

Address1: 1005 Norwalk St

Address2:

City, State & Zip: Greensboro, NC 27407

Work Phone: 336-316-5080 Fax: 336-316-5099

Email Address: <u>bret.arnone@graphicpkg.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Bret Arnone gen mgr 1005 Norwalk St, Greensboro, NC 27407 336-316-5080 336-316-5099 bret.arnone@graphic

pkg.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

William Smithers coord hse 1005 Norwalk St, Greensboro, NC 27407 336-316-5092 336-316-5088 william.smithers@gra

phicpkg.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Lynda Leonhard corp mgr 1005 Norwalk St, Greensboro, NC 27407 336-316-5080 336-316-5099 lynda.leonhard@grap

hicpkg.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050354

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Elkamet, Inc.</u>

Facility Address1: 201 Mills St

Facility Address2:

City, State & Zip: E Flat Rock, NC 28726

**Owner Information Details:** 

Owner Name: <u>Elkamet Inc</u>

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Carsten Erkel
 Title:
 Manager Plant

Address1: PO Box 265

Address2:

City, State & Zip: E Flat Rock, NC 28726

Work Phone: 828-808-2580 Fax:

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Carsten Erkel Manager Plant 201 Mills St, E Flat Rock, NC 28726 828-808-2580

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050355

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Sealed Air Corporation</u>

Facility Address1: 112 Sonoco Rd

Facility Address2:

City, State & Zip: Rockingham, NC 28379

**Owner Information Details:** 

Owner Name: Sealed Air Corporation

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Kenneth LongTitle:coord ehs

Address1: PO Box 1747

Address2:

City, State & Zip: Rockingham, NC 28379

Work Phone: 910-410-1414 Fax: 910-895-0546

Email Address: <u>kenneth.long@sealedair.com</u>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Kenneth Long coord ehs PO Box 1747, Rockingham, NC 28379 910-410-1414 910-895-0546 kenneth.long@sealed

air.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Kenneth L Long & Coordinator E H S 112 Sonoco Rd, Rockingham, NC 28379 910-410-1414 910-895-0546

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Kenneth L Long & Coordinator E H S 112 Sonoco Rd, Rockingham, NC 28379 910-410-1414 910-895-0546



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050356

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Shaw Industries Group, Inc. Plant LP

Facility Address1: 144 Welcome Center Ct

Facility Address2:

City, State & Zip: Lexington, NC 27295

**Owner Information Details:** 

Owner Name: Shaw Industries Group Inc Plant LP

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Bill Kilmer Title:

Address1: 144 Welcomce Ctr Ct

Address2:

City, State & Zip: Lexington, NC 27295

Work Phone: <u>336-731-8803</u> Fax:

Email Address: bill.kilmer@shawinc.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Bill Kilmer 144 Welcomce Ctr Ct, Lexington, NC 336-731-8803 bill.kilmer@shawinc.c

27295

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Bill Kilmer 144 Welcomce Ctr Ct, Lexington, NC 336-731-1425

27295

27295

Permit Contact Person(s)

**Contact Name Title Address Phone Fax Email** David Dean maint mgr 1045 Industrial Park, Kernersville, NC 336-996-4165 336-996-7142 david.dean@caraustar .com Bill Kilmer 144 Welcomce Ctr Ct, Lexington, NC 336-731-1425



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050357

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Carauster Industries, Inc.</u>

Facility Address1: 1045 Industrial Park

Facility Address2:

City, State & Zip: Kernersville, NC 27284

**Owner Information Details:** 

Owner Name: <u>Caraustar Industries Inc</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:David PartinTitle:Area General Manager

Address1: 1045 Industrial Park

Address2:

City, State & Zip: Kernersville, NC 27284

Work Phone: 336-996-4165 Fax: 336-996-7142

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Chris Sexton mgr plant 1045 Industrial Park, Kernersville, NC 336-996-4165 336-996-7142 chris.sexton@caraust

27284 ar.com

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050360

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: General Foam Plastics

Facility Address1: 501 Daniel St

Facility Address2:

City, State & Zip: Tarboro, NC 27886

**Owner Information Details:** 

Owner Name: General Foam Plastics Corporation

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Thomas W Bailey

 Title:

Address1: 501 Daniel St

Address2:

City, State & Zip: Tarboro, NC 27886

Work Phone: <u>252-824-1321</u> **Fax:** 

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Larry Mattern 501 Daniel St, Tarboro, NC 27886 252-824-1321 252-823-0156

Ext. 271

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050361

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Pratt Industries</u>

Facility Address1: 185 Deer Ridge Ln

Facility Address2:

City, State & Zip: Statesville, NC 28625

**Owner Information Details:** 

Owner Name: <u>Pratt Industries</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Title: vp

Owner Affiliation: William S Lefler

Address1: 185 Deer Rdg Dr

Address2:

City, State & Zip: Statesville, NC 28625

**Work Phone:** <u>704-878-6615</u> **Fax:** <u>704-883-3167</u>

Email Address: wlefler@prattindustries.com

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

William S Lefler vp 185 Deer Rdg Dr, Statesville, NC 28625 704-878-6615 704-883-3167 wlefler@prattindustri

es.com

Facility Contact Person(s)

Contact Name Title Address Phone Fax Email

Terry Devine 185 Deer Rdg Dr, Statesville, NC 28625 tdevine@prattindustri es.com

Alan Griffin 185 Deer Rdg Ln, Statesville, NC 28625 704-878-6615 704-878-0051

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Terry Devine 185 Deer Rdg Ln, Statesville, NC 28625 704-878-6615



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050362

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Technimark, LLC</u>

Facility Address1: 180 Commerce Pl

Facility Address2:

City, State & Zip: Asheboro, NC 27203

**Owner Information Details:** 

Owner Name: <u>Technimark LLC</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Fred Richey Title:

Address1: PO Box 2068

Address2:

City, State & Zip: Asheboro, NC 27204

 Work Phone:
 336-498-4171
 Fax:
 336-498-5042

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Fred Richey PO Box 2068, Asheboro, NC 27204 336-498-4171 336-498-5042

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050364

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Nomaco Inc / Spongex, LLC

Facility Address1: 3006 Anaconda Dr

Facility Address2:

City, State & Zip: Tarboro, NC 27886

**Owner Information Details:** 

Owner Name: Nomaco Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Mark Caputo Title:

Address1: 501 Nmc Dr

Address2:

City, State & Zip: Zebulon, NC 27597

**Work Phone:** 919-269-6500 **Fax:** 

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Robert W Paltz 501 Nmc Dr, Zebulon, NC 27597 919-269-6500

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050365

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Package Craft

146 Package Craft Rd Facility Address1:

Facility Address2:

City, State & Zip: Bethel, NC 27812

**Owner Information Details:** 

**Owner Name:** Schwarz Partners LP

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Brent Skinner Title:

5505 W 74th St Address1:

Address2:

City, State & Zip: Indianapolis, IN 46268

**Work Phone:** 317-290-1140 Fax:

**Email Address:** 

Owner Contact Person(s)

**Contact Name Title Address** <u>Email</u> **Phone** <u>Fax</u>

Facility Contact Person(s)

<u>Address</u> <u>Email</u> **Contact Name Title Phone** <u>Fax</u>

5505 W 74th St, Indianapolis, IN 46268 Brent Skinner 317-290-1140

Permit Contact Person(s)

**Contact Name Title Address** <u>Email</u> **Phone** <u>Fax</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050366

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Genpak, LLC

11401 Wilmar Blvd Facility Address1:

Facility Address2:

City, State & Zip: Charlotte, NC 28273

**Owner Information Details:** 

Genpak LLC **Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Bruce Evans Title:

11401 Wilmar Blvd Address1:

Address2:

City, State & Zip: Charlotte, NC 28273

**Work Phone:** 518-798-9511 Fax: 518-798-8905

**Email Address:** 

Owner Contact Person(s)

**Title Contact Name Address** <u>Email</u> **Phone** <u>Fax</u>

Facility Contact Person(s)

<u>Address</u> <u>Email</u> **Contact Name Title Phone** <u>Fax</u>

Bruce Evans 1001 Westinghouse Blvd, Charlotte, NC 518-798-9511 518-798-8905

28273

Permit Contact Person(s)

**Contact Name Title Address** <u>Email</u> **Phone** <u>Fax</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050368

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Viking Pools, LLC-Rockingham Facility

Facility Address1: 162 Enterprise Rd

Facility Address2:

City, State & Zip: Rockingham, NC 28379

**Owner Information Details:** 

Owner Name: <u>Latham Pool Products Inc</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Tom StraubTitle:

Address1: PO Box 550

Address2:

City, State & Zip: Jane Lew, WV 26378

Work Phone: Fax:

Email Address:

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Humberto Viana 162 Enterprise Rd, Rockingham, NC 28379 704-972-0632 704-972-0637 hviana@vikingpools.n

et et

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Theresa Douglas admin ehs 40119 Cr 54 E, Zephyrhills, FL 33540 813-783-7212 813-783-7214 theresadouglas@latha

Ext. 14 mpool.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050369

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Flexsol Packaging Corporation

Facility Address1: 3610 Taylorsville Hwy

Facility Address2:

City, State & Zip: Statesville, NC 28625

**Owner Information Details:** 

Owner Name: <u>Flexsol Packaging</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Dwayne Nichols Title:

Address1: 3610 Taylorsville Hwy

Address2:

City, State & Zip: Statesville, NC 28625

Work Phone: <u>704-871-8880</u> Fax: <u>704-871-9374</u>

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Dwayne Nichols 3610 Taylorsville Hwy, Statesville, NC 704-871-8880 704-871-9374

28625

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050370

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Flexible Foam Products, Inc.-High Point

Facility Address1: 2222 Surrett Dr

Facility Address2:

City, State & Zip: High Point, NC 27263

**Owner Information Details:** 

Owner Name: Flexible Foam Products Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Dale Walters

 Title:
 General Manager

Address1: 2222 Surrett Dr

Address2:

City, State & Zip: High Point, NC 27263

Work Phone: 336-431-1171 Fax: 336-861-4433

Email Address:

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Bob Gragg gen mgr 222 Surrett Dr, High Point, NC 27263 336-431-1171 336-861-4433 bgragg@flexiblefoam

.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Burt Brown envir mgr regional 2222 Surrett Dr, High Point, NC 27263 336-431-1171 336-861-4433 bbrown@flexiblefoam

.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Burt Brown envir mgr regional 2222 Surrett Dr, High Point, NC 27263 336-431-1171 336-861-4433 bbrown@flexiblefoam.

com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050371

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Unilin Flooring-Thomasville Plant

Facility Address1: 550 Cloniqer Dr

Facility Address2:

City, State & Zip: Thomasville, NC 27360

**Owner Information Details:** 

Owner Name: Unilin Flooring

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Jennifer TeagueTitle:ehs mgr

**Address1:** 550 Cloniger Dr

Address2:

City, State & Zip: Thomasville, NC 27360

Work Phone: <u>336-313-4000</u> Fax:

Email Address:

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Jennifer Teague ehs mgr 550 Cloniger Dr, Thomasville, NC 27360 336-313-4231 336-313-4289 jennifer.teague@usa.

quick-step.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Jennifer Teague ehs mgr 550 Cloniger Dr, Thomasville, NC 27360 336-313-4231 336-313-4289 jennifer.teague@usa. quick-step.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050372

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Unilin Flooring-Denton Road

Facility Address1: 3286 Denton Rd

Facility Address2:

City, State & Zip: Thomasville, NC 27360

**Owner Information Details:** 

Owner Name: Unilin Flooring

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Jennifer TeagueTitle:ehs mgr

**Address1:** 550 Cloniger Dr

Address2:

City, State & Zip: Thomasville, NC 27360

Work Phone: <u>336-313-4000</u> Fax:

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Jennifer Teague ehs mgr 550 Cloniger Dr, Thomasville, NC 27360 336-313-4000 jennifer.teague@usa.

quick-step.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Jennifer Teague ehs mgr 550 Cloniger Dr, Thomasville, NC 27360 336-313-4000 jennifer.teague@usa. quick-step.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050373

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Pactiv, LLC NC RMC

Facility Address1: 14201 Meacham Farm Rd

Facility Address2:

City, State & Zip: Huntersville, NC 28078

**Owner Information Details:** 

Owner Name: Pactiv LLC

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

Title:

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: Beverly K Britsch

Address1: 14201 Meacham Farm Dr

Address2:

City, State & Zip: Huntersville, NC 28078

Work Phone: <u>704-896-8954</u> Fax:

Email Address: <u>bbritsch@pactiv.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Beverly K Britsch 14201 Meacham Farm Dr, Huntersville, NC 704-896-8954 bbritsch@pactiv.com

28078

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050374 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Piedmont Fiberglass Inc.

Facility Address1: 33 Lenitties Rd

Facility Address2:

City, State & Zip: Taylorsville, NC 28681

**Owner Information Details:** 

Owner Name: Piedmont Fiberglass Inc

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Douglas Caudle Title: owner

PO Box 1089 Address1:

Address2:

City, State & Zip: Taylorsville, NC 28681

**Work Phone:** 828-632-8883 Ext. 15 Fax: 828-632-5585

**Email Address:** caudle1@piedmontfiberglass.com

Owner Contact Person(s)

**Contact Name Title Address** Phone Phone **Fax** <u>Email</u> Douglas Caudle PO Box 1089, Taylorsville, NC 28681 828-632-5585 owner 828-632-8883

caudle1@piedmontfib

Ext. 15 erglass.com

Facility Contact Person(s)

<u>Address</u> **Contact Name Title Phone Fax** <u>Email</u>

Douglas Caudle PO Box 1089, Taylorsville, NC 28681 828-632-8883 828-632-5585 caudle1@piedmontfib owner Ext. 15 erglass.com

Permit Contact Person(s)

**Contact Name Title Address Phone Fax Email** Douglas Caudle owner PO Box 1089, Taylorsville, NC 28681 828-632-8883 828-632-5585 caudle1@piedmontfib

Ext. 15 erglass.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050376

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>UPM-Raflatac Inc.</u>

Facility Address1: 400 Broad Point Rd

Facility Address2:

City, State & Zip: Mills River, NC 28759

**Owner Information Details:** 

Owner Name: <u>Upm Raflatac Inc</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Laura Cummings

 Title:
 & environ mgr substainability

**Address1:** 400 Broadpointe Dr

Address2:

City, State & Zip: Fletcher, NC 28732

Work Phone: 828-651-4800 Fax: 828-651-4866

Email Address: laura.cummings@upmraflatac.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Laura Cummings & environ mgr 400 Broadpointe Dr, Fletcher, NC 28732 828-651-4800 828-651-4866 laura.cummings@up

substainability mraflatac.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Laura Cummings Environmental Mgr 400 Broadpointe Dr, Mills River, NC 28759 828-651-4800 laura.cummings@up

mrsflactac.com

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Laura Cummings & environ mgr 400 Broadpointe Dr, Fletcher, NC 28732 828-651-4800 828-651-4866 laura.cummings@upm

substainability raflatac.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050378

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Watts Regulator-WATEC Facility

Facility Address1: 1148 Withrow Rd

Facility Address2:

City, State & Zip: Spindale, NC 28160

**Owner Information Details:** 

**Owner Name:** Watts Regulator

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Title:

100 Watts Rd Address1:

Address2:

City, State & Zip: Spindale, NC 28160

**Work Phone:** 828-286-4151 Fax:

**Email Address:** 

Owner Contact Person(s)

**Title Contact Name Address Phone** <u>Fax</u> <u>Email</u>

John Palotta 100 Watts Rd, Spindale, NC 28160 828-286-4151 828-286-8882 palottj@watts.com

Ext. 116

Facility Contact Person(s)

<u>Address</u> <u>Email</u> **Contact Name Title Phone Fax** 

Ken Ledoux 100 Watts Rd, Spindale, NC 28160 828-286-4151 828-286-8882 ledouxk@watts.com

Ext. 134

Permit Contact Person(s)

**Contact Name Title Address Phone** <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050379

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Air Boss Rubber Compounding

Facility Address1: 500 Air Boss Pkwy

Facility Address2:

City, State & Zip: Scotland Neck, NC 27874

**Owner Information Details:** 

Owner Name: Air Boss Rubber Compounding

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Britt Ledford
 Title:

Address1: 500 Airboss Pkwy

Address2:

City, State & Zip: Scotland Neck, NC 27874

Work Phone: <u>252-826-4919</u> Fax: <u>252-826-4994</u>

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Reza Alipour mgr plant 500 Airboss Pkwy, Scotland Neck, NC 252-826-4919 252-826-4994 ralipour@airboss.com

27874

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050380

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Pactive LLC

Facility Address1: 314 Mooresville Blvd

Facility Address2:

City, State & Zip: Mooresville, NC 28115

**Owner Information Details:** 

Owner Name: Pactive LLC

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Title: Manager Plant

Owner Affiliation: Wayne Brown

Address1: 314 Mooresville Blvd

Address2:

City, State & Zip: Mooresville, NC 28115

**Work Phone:** <u>704-658-0140</u> **Fax:** 

Email Address: wbrown@pactiv.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Andrew Allen facilities mgr 314 Mooresville Blvd, Mooresville, NC 704-245-3424 704-660-7604 aallen1@pactive.com

28115

Facility Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Andrew Allen facilities mgr 314 Mooresville Blvd, Mooresville, NC 704-245-3424 704-660-7604 aallen1@pactive.com

28115

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Andrew Allen facilities mgr 314 Mooresville Blvd, Mooresville, NC 704-245-3424 704-660-7604 aallen1@pactive.com

28115



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050381

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Commercial Vehicle Group</u>

Facility Address1: 2845 Armentrout Dr

Facility Address2:

City, State & Zip: Concord, NC 28025

**Owner Information Details:** 

Owner Name: Commercial Vehicle Group

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Michael Bonner
 Title:
 eng qty

**Address1:** 2845 Armentrout Dr

Address2:

City, State & Zip: Concord, NC 28025

Work Phone: <u>704-886-6366</u> Fax: <u>704-784-1605</u>

Email Address: michael.bonner@cvgrp.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Michael Bonner eng qty 2845 Armentrout Dr, Concord, NC 28025 704-886-6366 704-784-1605 michael.bonner@cvgr

p.com

Facility Contact Person(s)

<u>Address</u> **Contact Name Title Phone** <u>Fax</u> <u>Email</u> Michael Bonner 2845 Armentrout Dr, Concord, NC 28025 704-886-6366 704-784-1605 michael.bonner@cvgr eng qty p.com Frank Tovornik 2845 Armentrout Dr, Concord, NC 28025 704-784-2100 704-784-1605 Ext. 3156

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWO has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050382

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Fiber Composites, LLC</u>

Facility Address1: 181 Random Dr

Facility Address2:

City, State & Zip: New London, NC 28127

**Owner Information Details:** 

Owner Name: Fiber Composites LLC

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Mike Huskey
 Title:
 Manuf VP of

Address1: 181 Random Dr

Address2:

City, State & Zip: New London, NC 28127

Work Phone: 704-463-7120 Fax:

**Email Address:** <u>mike.huskey@fiberondecking.com</u>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Jeff Bruinisma & envir mgr safety 181 Random Dr, New London, NC 28127 704-463-7120 jeffb@fiberondecking

.com

.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

 Jeff
 Bruinsma
 181 Random Dr, New London, NC 28127
 704-463-7120
 jeffb@fiberondecking

Michael Krause 181 Random Dr, New London, NC 28127 704-463-7120

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050388

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Metro Energy

Facility Address1: 3313 Bowers Store Rd

Facility Address2:

City, State & Zip: Siler City, NC 27344

**Owner Information Details:** 

Owner Name: Metro Energy

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Michael Tucker
 Title:

**Address1:** <u>11312 15-501 Ste 107-103</u>

Address2:

City, State & Zip: Chapel Hill, NC 27517

Work Phone: 919-818-6807 Fax: 919-967-1050

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

NCG050389 **Permit Number:** 

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** WhiteRidge Plastics

Facility Address1: 109 Sands Rd

Facility Address2:

City, State & Zip: Reidsville, NC 27320

**Owner Information Details:** 

**Owner Name:** Whiteridge Plastics

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Michael Beecher

109 Sands Rd Address1: Address2: PO Box 2900

City, State & Zip: Reidsville, NC 27320

**Work Phone:** 336-342-1200 Ext. 5305 Fax: 336-342-1444

**Email Address:** mbeecher@wekindustries.com

Owner Contact Person(s)

**Contact Name Title** <u>Address</u> **Phone Fax** <u>Email</u>

109 Sands Rd, PO Box 2900, Reidsville, 336-342-1444 Michael Beecher mgr plant 336-342-1200 mbeecher@wekindus

> NC 27320 Ext. 5305 tries.com

Title: mgr plant

Facility Contact Person(s)

**Contact Name** <u>Title</u> **Address Phone Fax** <u>Email</u>

109 Sands Rd, PO Box 2900, Reidsville, NC Bryan Yarrington 336-342-1200 336-342-1444 byarrington@wekindu maint super 27320

Ext. 5327 stries.com

Permit Contact Person(s)

**Contact Name Title Address Phone** <u>Fax</u> **Email** 

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NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050390

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Plastic Packaging Inc.</u>

Facility Address1: 1246 Main Ave

Facility Address2:

City, State & Zip: Hickory, NC 28603

**Owner Information Details:** 

Owner Name: Plastic Packaging Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Paul B Douglas

 Title:
 compliance mgr

Address1: PO Box 2029

Address2:

City, State & Zip: Hickory, NC 28603

Work Phone: 828-328-2466 Fax: 828-328-8369

Email Address: pdouglas@ppi-hky.com

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Paul B Douglas compliance mgr PO Box 2029, Hickory, NC 28603 828-328-2466 828-328-8369 pdouglas@ppi-hky.co

m

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Paul B Douglas compliance mgr PO Box 2029, Hickory, NC 28603 828-328-2466 828-328-8369 pdouglas@ppi-hky.co

m

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email

Paul Douglas Compliance Manager PO Box 2029, Hickory, NC 28603 828-328-2466 828-328-8369 pdouglas@ppi-khy.co

Ext. 2265



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050391

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Ck Technologies</u>

Facility Address1: 710 Mountain View Ln

Facility Address2:

City, State & Zip: Mount Airy, NC 27030

**Owner Information Details:** 

Owner Name: Ck Technologies LLC

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Vincent Kline-ParkerTitle:& Coordinator Env Health Safety

Address1: 1701 Magioa Dr

Address2:

City, State & Zip: Montpelier, OH 43543

Work Phone: 419-485-1110 Ext. 7381 Fax: 419-485-1405

Email Address: vincent.kline-parker@cktech.biz

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Vincent & Coordinator Env 1701 Magioa Dr, Montpelier, OH 43543 419-485-1110 419-485-1405 vincent.kline-parker@

Kline-Parker Health Safety Ext. 7381 cktech.biz

Permit Contact Person(s)

Contact Name Title Address Phone Fax Email



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050393

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name:

<u>Vescom</u>

Facility Address1: 2289 Ross Mill Rd

Facility Address2:

City, State & Zip: Henderson, NC 27537

**Owner Information Details:** 

Owner Name: <u>Vescom</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

Title:

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation: George Rusincovitch

Address1: 2289 Ross Mill Rd

Address2:

City, State & Zip: Henderson, NC 27537

**Work Phone:** <u>252-431-6210</u> **Fax:** <u>252-431-9069</u>

Email Address: <a href="mailto:grusincovitch@vescomamerica.com">grusincovitch@vescomamerica.com</a>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

George 2289 Ross Mill Rd, Henderson, NC 27537 252-431-6210 252-431-9069 grusincovitch@vesco
Rusincovitch 252-431-6210 252-431-9069 grusincovitch.

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050394

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: PrintPack Inc.

Facility Address1: 100 Kenpak Ln

Facility Address2:

City, State & Zip: Marshall, NC 28753

**Owner Information Details:** 

Owner Name: Printpack Inc

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Title: Dir EHS of

Owner Affiliation: <u>Todd Weiderhold</u>

Address1: 100 Kenpak Ln

Address2:

City, State & Zip: Marshall, NC 28753

Work Phone: 828-649-3114 Fax:

Email Address: <a href="mailto:tbishop@printpack.com">tbishop@printpack.com</a>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Tisa Bishop Coordinator EHS 100 Kenpak Ln, Marshall, NC 28753 828-694-3114 828-649-3590 tbishop@printpack.co

m · · · · ·

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Tisa Bishop Coordinator EHS 100 Kenpak Ln, Marshall, NC 28753 828-694-3114 tbishop@printpack.co

m

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Tisa Bishop Coordinator EHS 100 Kenpak Ln, Marshall, NC 28753 828-694-3114 tbishop@printpack.co

100 Keripak Eri, Piarsitali, NC 20733



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050395

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Global Packaging, Inc.

Facility Address1: 102 Marks Creek Ln

Facility Address2:

City, State & Zip: Hamlet, NC 28345

**Owner Information Details:** 

Owner Name: Global Packaging Inc

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Lauren Tobin

 Title:

Address1: PO Box 187

Address2:

City, State & Zip: Oaks, PA 19456

Work Phone: 610-666-1608 Fax: 610-666-1152

Email Address: <a href="mailto:lauren.tobin@glopkg.com">lauren.tobin@glopkg.com</a>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Paul Kinsey 106 Marks Creek Ln, Hamlet, NC 28345 910-582-4602

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050396

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Celgard Concord Plant

Facility Address1: 390 Business Blvd Nw

Facility Address2:

City, State & Zip: Concord, NC 28027

**Owner Information Details:** 

Celgard LLC **Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Mitchell Pulwer Title:

13800 S Lakes Dr Address1:

Address2:

City, State & Zip: Charlotte, NC 28273

**Work Phone:** 704-588-5310 Fax: 704-587-8585

**Email Address:** 

Owner Contact Person(s)

**Title Contact Name** <u>Address</u> **Phone** <u>Fax</u> <u>Email</u>

Marcus Childs 13800 S Lakes Dr, Charlotte, NC 28273 704-587-8573 marcuschilds@celgar

d.com

Facility Contact Person(s)

<u>Address</u> **Contact Name Title Phone** <u>Fax</u> <u>Email</u>

Michael S 390 Business Blvd Nw, Concord, NC 28027 704-858-4253 michaelswanson@cel

Swanson gard.com

Permit Contact Person(s)

**Contact Name Title Address Phone** <u>Fax</u> **Email** 



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050397

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Dopaco Inc</u>

Facility Address1: 1447 Enterprise Blvd

Facility Address2:

City, State & Zip: Kinston, NC 28504

**Owner Information Details:** 

Owner Name: <u>Dopaco Inc</u>

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Phoebe Robb

 Title:

Address1: 1900 W Field Ct

Address2:

City, State & Zip: Lake Forest, IL 60045

Work Phone: <u>610-343-7114</u> Fax:

Email Address: probb@pactiv.com

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Phoebe Robb 1900 W Field Ct, Lake Forest, IL 60045 610-343-7114 probb@pactiv.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Ron Walls mgr plant 1447 Enterprise Blvd, Kinston, NC 28504 252-527-6300 rwalls@pactiv.com

Ext. 237

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmailMike Russellehs mgr1447 Enterprise Blvd, Kinston, NC 28504252-527-6300mrussell@pactiv.com

Ext. 264



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050398

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** K-Flex USA

100 Namco Dr Facility Address1:

Facility Address2:

City, State & Zip: Youngsville, NC 27596

**Owner Information Details:** 

K-Flex USA **Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Sheila Murray Title:

100 Namaco Dr Address1:

Address2:

City, State & Zip: Youngsville, NC 27596

**Work Phone:** 919-435-5505 Fax: 919-882-9869

**Email Address:** sheila.murray@kflexusa.com

Owner Contact Person(s)

Facility Contact Person(s)

<u>Title</u> **Contact Name Address Phone Fax** <u>Email</u>

100 Namaco Dr, Youngsville, NC 27596 919-435-5533 Giuseppe pres

Guarino

<u>Address</u>

**Contact Name Title Phone** <u>Fax</u> <u>Email</u> Kraus 100 Namaco Dr, Youngsville, NC 27596 919-435-5530 klaus, winterholler@kf eng mgr

Winterholler lexusa.com

Permit Contact Person(s)

**Contact Name Title Address Email Phone** <u>Fax</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050399

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: UPM Raflatac Cane Creek Facility

Facility Address1: 280 Cane Creek Rd

Facility Address2:

City, State & Zip: Fletcher, NC 28732

**Owner Information Details:** 

Owner Name: Upm Raflatac Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Laura Cummings

 Title:
 & environ mgr substainability

Address1: 400 Broadpointe Dr

Address2:

City, State & Zip: Fletcher, NC 28732

Work Phone: 828-651-4800 Fax: 828-651-4866

Email Address: <u>laura.cummings@upmraflatac.com</u>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Laura Cummings & environ mgr 400 Broadpointe Dr, Fletcher, NC 28732 828-651-4800 828-651-4866 laura.cummings@up

substainability mraflatac.com

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Laura Cummings 280 Cane Creek Rd, Fletcher, NC 28732 828-651-4800 828-651-4860 laura.cummings@up

mraflatac.com

Permit Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050400

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Boral Composites Inc - Salisbury Plant

500 Correll St Facility Address1:

Facility Address2:

City, State & Zip: Salisbury, NC 28144

**Owner Information Details:** 

Boral Composites Inc - Salisbury Plant **Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Title: Ken Bruns

500 Correll St Address1:

Address2:

City, State & Zip: East Spencer, NC 28039

**Work Phone:** 704-633-5075 Fax: 704-633-5754

**Email Address:** kenneth.bruns@boral.com

Owner	Contact	Person(s)

Contact Name	<u>Title</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>	<u>Email</u>
Keith Depew	pres	200 Mansell Court East, Ste 305, Roswell,	770-645-4500		keith.depew@boral.c
		GA 30076			om
Michael Cipullo	envir	500 Correll St, East Spencer, NC 28039	704-633-5075	704-633-5754	michael.cipullo@bora
					I.com

#### Facility Contact Person(s)

<b>Contact Name</b>	<u>Title</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>	<u>Email</u>
Michael Cipullo	envir	500 Correll St, East Spencer, NC 28039	704-633-5075	704-633-5754	michael.cipullo@boral
					.com

#### Permit Contact Person(s)

Contact Name	<u>Title</u>	<u>Address</u>	<u>Phone</u>	<u>Fax</u>	<u>Email</u>
Kelly McCormick	Environmental Manager	200 Mansell Ct E, Ste 305, Roswell, GA 30076		770-645-2888	kelly.mccormick@bora I.com



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

**Permit Number:** NCG050401

**Permit Type:** Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

**Facility Name:** Sonoco Plastics (frmly Assoc Packaging Technologies)

288 Howell Mill Rd Facility Address1:

Facility Address2:

City, State & Zip: Waynesville, NC 28786

**Owner Information Details:** 

Sonoco Products Co **Owner Name:** 

**Owner Type:** Non-Government **Owner Type Group:** Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

**Owner Affiliation:** Larry Pattengill Title:

1 N Second St Address1:

Address2:

City, State & Zip: Hartsville, SC 29550

**Work Phone:** Fax:

**Email Address:** 

Owner Contact Person(s)

**Title Contact Name Address Phone** <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Address</u> **Contact Name Title Phone** <u>Fax</u> <u>Email</u>

Ben Holstein 288 Howell Mill Rd, Waynesville, NC 28786 828-452-4774 828-452-9395 ben.holstein@sonoco

Ext. 260 .com

Permit Contact Person(s)

**Contact Name Title Address Email Phone** <u>Fax</u>



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050402

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Rock-Tenn Conover Folding

Facility Address1: 214 Conover Blvd

Facility Address2:

City, State & Zip: Conover, NC 28613

**Owner Information Details:** 

Owner Name: Rock-Tenn Conover Folding

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Mitch ForemanTitle:

Address1: 214 Conover Blvd

Address2:

City, State & Zip: Conover, NC 28613

Work Phone: 828-465-9344 Fax: 828-695-9777

Email Address: mforeman@rocktenn.com

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Mitch Foreman 214 Conover Blvd, Conover, NC 28613 828-465-9344 828-695-9777 mforeman@rocktenn.

21 Colovel Stv4, Colovel, Ne 20013

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050403

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Lanxess Corporation</u>

Facility Address1: 1225 Gastonia Technology Pkwy

Facility Address2:

City, State & Zip: Dallas, NC 28034

**Owner Information Details:** 

Owner Name: <u>Lanxess Corp</u>

Owner Type: Non-Government Owner Type Group: Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Brian Huo
 Title:

Address1: 1225 Gastonia Tech Pkwy

Address2:

City, State & Zip: Dallas, NC 28034

Work Phone: Fax:

**Email Address:** 

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Bryan Hug 1225 Gastonia Technology Pkway, Dallas, 409-988-3945 bryan.hug@lanxess.c

NC 28034 om

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050404

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: AEP Industries, Inc.

Facility Address1: 303 Seaboard Dr

Facility Address2:

City, State & Zip: Matthews, NC 28104

**Owner Information Details:** 

Owner Name: A E P Industries Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Robert Darrough

 Title:
 / Environmental Safety Supervisor

Address1: 303 Seaboard Dr

Address2:

City, State & Zip: Matthews, NC 28104

**Work Phone:** 800-777-2374 Ext. 355 **Fax:** 704-821-2346

Email Address: darroughr@aepinc.com

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Robert McCollom 303 Seaboard Dr, Matthews, NC 28104 704-821-2379

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050405

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: Rock Tenn

Facility Address1: 279 Mooresville Blvd

Facility Address2:

City, State & Zip: Mooresville, NC 28115

**Owner Information Details:** 

Owner Name: Rock Tenn Southern Container LLC

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

 Owner Affiliation:
 Tim Pethel

 Title:

Address1: 279 Mooresville Blvd

Address2:

City, State & Zip: Mooresville, NC 28115

Work Phone: <u>704-662-8494</u> Fax:

Email Address: <u>tpethel@rocktenn.com</u>

Owner Contact Person(s)

<u>Contact Name Title Address Phone Fax Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Tim Pethel 279 Mooresville Blvd, Mooresville, NC 704-662-8494 tpethel@rocktenn.co

28115 m

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail



NC DWQ has the following contact information in our Permit Database for your permit as of 5/28/2013.

Permit Number: NCG050408

Permit Type: Apparel/Printing/Paper/Leather/Rubber Stormwater Discharge COC

Facility Name: <u>Prodelin Catawba Molding Facility</u>

Facility Address1: 1472 Joe Johnson Rd

Facility Address2:

City, State & Zip: Longisland, NC 28609

**Owner Information Details:** 

Owner Name: Gd Satcom Technologies Inc

 Owner Type:
 Non-Government
 Owner Type Group:
 Organization

\*\*\* Legally Responsible for Permit \*\*\*

(Responsible corporate officer/principle executive officer or ranking elected official/general partner or proprietor;

or any other person with delegated signatory authority from the legally responsible person.)

Owner Affiliation:Robert FeatherstoneTitle:

28609

Address1: 1500 Prodelin Dr

Address2:

City, State & Zip: Newton, NC 28658

 Work Phone:
 828-464-4141
 Fax:
 828-464-5725

**Email Address:** <u>robert.featherstone@tgosatcom.com</u>

Owner Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Facility Contact Person(s)

<u>Contact Name</u> <u>Title</u> <u>Address</u> <u>Phone</u> <u>Fax</u> <u>Email</u>

Brian Strother Long Is And Joe Johns, Catawba, NC 828-241-5703 828-241-3392 brian.strother@prodel

in.com

Permit Contact Person(s)

Contact NameTitleAddressPhoneFaxEmail