

Hazardous Waste Section
File Room Document Transmittal Sheet

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Your Name: MEL DEAVER
EPA ID: NCR000144444
Facility Name: HIGHLAND INTERNATIONAL LLC
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 1/19/2016
Author of Doc: RANDY DOUGLAS

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
3	11	16

NCR000144444

Scanner's Initials:

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Waste Management
ENVIRONMENTAL QUALITY

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Director

February 03, 2016

RANDY DOUGLAS
HIGHLAND INTERNATIONAL LLC
PO BOX 3564
BOONE, NC 28607

RE: EPA ID # NCR000144444 - HIGHLAND INTERNATIONAL LLC

Dear Facility Contact:

The North Carolina Hazardous Waste Section has received Subsequent Notification from your facility. Our office has accepted and processed the changes. Attached is a RCRA Site Detail Report for your review to ensure that the information is accurate.

If you have any questions or need assistance, please feel free to contact Melodi Deaver at (919)-707-8204.

Sincerely,

Julie Woosley, Chief
Hazardous Waste Section

cc: Central Files (General)

IBEAM - RCRA Site Detail

Report run on: February 03, 2016

NCR000144444 HIGHLAND INTERNATIONAL LLC

County: WATAUGA Source Type: S Seq. Number: 32 Receive Date: 19-Jan-2016

Location 465 INDUSTRIAL PARK DR Address: BOONE, NC 28607	Mailing PO BOX 3564 Address: BOONE, NC 28607
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Contact Person RANDY DOUGLAS For Source Information (828) 262-9705	PO BOX 3564 BOONE, NC 28607 US
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Owner (current) HIGHLAND INTERNATIONAL LLC	PO BOX 3564 BOONE, NC 28607	Type: P
From: 12/15/2015	To:	Phone: (828) 629-9705

Operator (current) RANDY DOUGLAS	465 INDUSTRIAL PARK DR BOONE, NC 28607	Type: P
From: 12/15/2015	To:	Phone:

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

Regulated Waste Activities

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

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

Certification Information

First Name : RANDY	Title	VP OPS
Last Name : DOUGLAS	Date Signed	01/19/2016

NAICS Codes

32551

Comments

UPDATED 8700-12 DATED 1/19/2016 SITE NAME, LEGAL OWNER/OPERATOR. MD 1/27/2016



**United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM**

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>		
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of >1,000 kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>	
<p>2. Site EPA ID Number</p>	<p>EPA ID Number NCR000144444</p>	
<p>3. Site Name</p>	<p>Name: Highland International, LLC</p>	
<p>4. Site Location Information</p>	<p>Street Address: 465 Industrial Park Drive</p> <p>City, Town, or Village: Boone County: Watauga</p> <p>State: NC Country: USA Zip Code: 28607</p>	
<p>5. Site Land Type</p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	
<p>6. NAICS Code(s) for the Site (at least 6-digit codes)</p>	<p>A. 321511 C. _____</p> <p>B. _____ D. _____</p>	
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: P.O. Box 3564</p> <p>City, Town, or Village: Boone</p> <p>State: NC Country: USA Zip Code: 28607</p>	
<p>8. Site Contact Person</p>	<p>First Name: Randy MI: D Last: Douglas</p> <p>Title: V P Operations</p> <p>Street or P.O. Box: P.O. Box 3564</p> <p>City, Town or Village: Boone</p> <p>State: NC Country: USA Zip Code: 28607</p> <p>Email: rdouglas@highland-international.com</p> <p>Phone: 828-262-9705 Ext.: _____ Fax: 8282628659</p>	
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: Highland International, LLC Date Became Owner: 12/15/2015</p> <p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Street or P.O. Box: P.O. Box 3564</p> <p>City, Town, or Village: Boone Phone: 8282629705</p> <p>State: NC Country: USA Zip Code: 28607</p> <p>B. Name of Site's Operator: Randy Douglas Date Became Operator: 12/15/2015</p> <p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>	

D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

❖ You can ONLY Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y N 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories
See the Item-by-Item Instructions for definitions of types of eligible academic entities. Mark all that apply:

- a. College or University
- b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y N 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Waste

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D001	F003	F005	D035			

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY



ONLY fill out this form if:

- ❖ You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(II), 261.4(a)(23), (24), or (25) (or state equivalent). See <http://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; AND
- ❖ You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) or you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.

1. Indicate reason for notification. Include dates where requested.

- Facility will begin managing excluded HSM as of _____ (mm/dd/yyyy).
- Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.
- Facility has stopped managing excluded HSM as of _____ (mm/dd/yyyy) and is notifying as required.

2. Description of excluded HSM activity. Please list the appropriate codes and quantities in **short tons** to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.

a. Facility code (answer using codes listed in the Code List section of the instructions)	b. Waste code(s) for HSM	c. Estimated short tons of excluded HSM to be managed annually	d. Actual short tons of excluded HSM that was managed during the most recent odd-numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)

3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi). (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25))

Y N Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?