

Hazardous Waste Section
File Room Document Transmittal Sheet

##

Your Name: MEL DEAVER
EPA ID: NCD982083933
Facility Name: UNC REX HEALTHCARE
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 1/14/2016
Author of Doc: MICHAEL HARRIS

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
3	15	16

NCD982083933

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February 03, 2016

MICHAEL HARRIS
UNC REX HEALTHCARE
4420 LAKE BOONE TRAIL
RALEIGH, NC 27607

RE: EPA ID # NCD982083933 - UNC REX HEALTHCARE

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,

A handwritten signature in black ink, appearing to read 'Julie Woosley', written in a cursive style.

Julie Woosley, Chief
Hazardous Waste Section

cc: Central Files (General)

IBEAM - RCRA Site Detail

Report run on: February 03, 2016

NCD982083933 UNC REX HEALTHCARE

County: WAKE Source: PPE/S Seq. Number: 5 Receive Date: 14 Jan 2016

Location 4420 LAKE BOONE TRAIL Address: RALEIGH, NC 27607	Mailing 4420 LAKE BOONE TRAIL Address: RALEIGH, NC 27607
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Contact Person MICHAEL HARRIS For Source (919) 784-4348 Information	4420 LAKE BOONE TRAIL RALEIGH, NC 27607 US
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Owner (current) REX HEALTHCARE	4420 LAKE BOONE TRAIL RALEIGH, NC 27607	Type: P
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From: 01/13/1894	To:	Phone: (919) 784-4348
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Operator (current) REX HEALTHCARE	4420 LAKE BOONE TRAIL RALEIGH, NC 27607	Type: P
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From: 01/13/1894	To:	Phone: (919) 784-4348
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Land Type: P	Non Notifier : E	Commercial Availability: U	Tsd Date:
Accessibility:	No. Employees :	State District:	

REGISTERED WASTE ACTIVITIES

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

Transfer Facility: U	Used Oil Activities
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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	

Transporter Activity: No	Used Oil Processor and/or	off-specification used oil to	
TSD Activity: No	Re-refiner Activity	off-specification used oil burner:	No
Recycler Activity: No	Processor: No	Marketer who first claims the used	
	Refiner No	oil meets the specifications:	No

Exempt Boiler and/or Industrial Furnace	Underground	Destination Facility for	
Small Quantity Onsite Burner Exemption: No	Injection Control: No	Universal Waste:	No
Smelting, melting, Refining Furnace			
Exemption: No			

OPERATOR INFORMATION

First Name : MICHAEL	Title SAFETY MGR
Last Name : HARRIS	Date Signed 01/14/2016

NADES CODES

622110

COMMENTS

UPDATED 8700-12 DATED 1/14/2016 SITE NAME, WASTE CODES. MD 2/2/2016



Waste Management
ENVIRONMENTAL QUALITY

2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE
UNC REX HEALTHCARE
4420 LAKE BOONE TRAIL
RALEIGH, NC 27607

FACILITY LOCATION ADDRESS:

MICHAEL HARRIS
UNC REX HEALTHCARE
4420 LAKE BOONE TRAIL
RALEIGH NC 27607

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCD982083933	HW69487.1	2/3/2016	\$2,450.00	03/04/2016	

- A. Fee Requirements: Pursuant to North Carolina General Statute 130A-294.1, a Facility must pay fee(s) based on its hazardous waste management activities. The fees are used to support government programs that ensure the safe management of hazardous waste. Failure to pay the required fees could result in an enforcement action with a penalty.
- B. Invoice amount is based on the registered status as of the invoice date and includes any past-due balances. A 10% late-payment penalty has been assessed for Fiscal Year 2014 if the annual fee was not paid by June 30, 2015.
- C. If Fiscal Year 2015 annual fees are not paid by June 30, 2016, the facility must pay a late-payment penalty of 10% of the total amount due.
- D. In accordance with N.C.G.S. § 147-86.23, a facility may petition for waiver of any late-payment penalty but the Hazardous Waste Section will only grant a waiver for good cause shown.

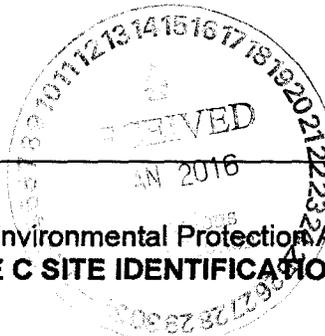
FACILITY STATUS	FEE	TONNAGE	AMOUNT DUE
LARGE QUANTITY GENERATOR	\$1400.00	-----	\$1,400.00
WASTE GENERATED	\$0.70/Ton	6 Tons	\$4.20
		2013 PAST DUE	\$1,225.00
		CREDIT	\$-179.20
		TOTAL AMOUNT DUE	\$2,450.00

E. Remit Payment :

To pay via electronic bank transfer (e-check), go to <http://portal.ncdenr.org/web/wm/hw/epayment>. You will need your EPA facility ID# and invoice number, as well as your bank routing and account numbers. There is no fee for electronic transfers. Partial payments are not allowed with this payment method.

To pay via mail with a paper check or money order, please make payable to **N.C. Hazardous Waste Section**. Include EPA ID# and Invoice # on check. Please note per NC General Statute (G.S. 25-3-506), a \$25.00 processing fee will be charged on all returned checks. Please return a copy of this invoice with your payment to:

ATTN: PATRICIA DAVALOS
NC HAZARDOUS WASTE SECTION
1646 MAIL SERVICE CENTER
RALEIGH, NC 27699-1646



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

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p align="center">United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</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 <input type="text" value="N"/> <input type="text" value="C"/> <input type="text" value="D"/> <input type="text" value="9"/> <input type="text" value="8"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="3"/> <input type="text" value="9"/> <input type="text" value="3"/> <input type="text" value="3"/></p>		
<p>3. Site Name</p>	<p>Name: <input checked="" type="checkbox"/> UNC REX HEALTHCARE</p>		
<p>4. Site Location Information</p>	<p>Street Address: 4420 LAKE BOONE TRAIL</p>		
	<p>City, Town, or Village: RALEIGH</p>		<p>County: WAKE</p>
	<p>State: NORTH CAROLINA</p>	<p>Country: USA</p>	<p>Zip Code: 27607</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. <input type="text" value="6"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="0"/></p>	<p>C. <input type="text" value=""/> <input type="text" value=""/></p>	
	<p>B. <input type="text" value=""/> <input type="text" value=""/></p>	<p>D. <input type="text" value=""/> <input type="text" value=""/></p>	
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 4420 LAKE BOONE TRAIL</p>		
	<p>City, Town, or Village: RALEIGH</p>		
	<p>State: NC</p>	<p>Country: USA</p>	<p>Zip Code: 27607</p>
<p>8. Site Contact Person</p>	<p>First Name: MICHAEL</p>	<p>MI: A</p>	<p>Last: HARRIS</p>
	<p>Title: SAFETY MANAGER</p>		
	<p>Street or P.O. Box: 4420 LAKE BOONE TRAIL</p>		
	<p>City, Town or Village: RALEIGH</p>		
	<p>State: NC</p>	<p>Country: USA</p>	<p>Zip Code: 27607</p>
	<p>Email: MICHAEL.HARRISJR@UNCHEALTH.UNC.EDU</p>		
	<p>Phone: 9197844348</p>	<p>Ext:</p>	<p>Fax:</p>
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: REX HOSPITAL</p>		<p>Date Became Owner: 1/13/1894</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: 4420 LAKE BOONE TRAIL</p>		
	<p>City, Town, or Village: RALEIGH</p>		<p>Phone: 9197843100</p>
	<p>State: NORTH CAROLINA</p>	<p>Country: USA</p>	<p>Zip Code: 27607</p>
	<p>B. Name of Site's Operator: REX HOSPITAL</p>		<p>Date Became Operator: 1/13/1894</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	D008	D009	D011	F003	U010	U035
U058	U129	U150	U188			

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)?

10. Type of Regulated Waste Activity (at your site)
 Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

A. Hazardous Waste Activities; Complete all parts 1-10.

- 1. Generator of Hazardous Waste**
 If "Yes," mark only one of the following - a, b, or c.
- a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs/mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs/mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs/mo) of acute hazardous spill cleanup material.
 - b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs/mo) of non-acute hazardous waste.
 - c. CESQG: Less than 100 kg/mo (220 lbs/mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-10.

- 2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes," provide an explanation in the Comments section.
- 3. United States Importer of Hazardous Waste**
- 4. Mixed Waste (hazardous and radioactive) Generator**

- 5. Transporter of Hazardous Waste**
 If "Yes," mark all that apply.
- a. Transporter
 - b. Transfer Facility (at your site)

- 6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.
- 7. Recycler of Hazardous Waste**

- 8. Exempt Boiler and/or Industrial Furnace**
 If "Yes," mark all that apply.
- a. Small Quantity On-site Burner Exemption
 - b. Smelting, Melting, and Refining Furnace Exemption

- 9. Underground Injection Control**
- 10. Receives Hazardous Waste from Off-site**

B. Universal Waste Activities; Complete all parts 1-2.

- 1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes," mark all that apply.

- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other (specify) _____
- f. Other (specify) _____
- g. Other (specify) _____

- 2. Destination Facility for Universal Waste**
 Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities; Complete all parts 1-4.

- 1. Used Oil Transporter**
 If "Yes," mark all that apply.
- a. Transporter
 - b. Transfer Facility (at your site)

- 2. Used Oil Processor and/or Re-refiner**
 If "Yes," mark all that apply.
- a. Processor
 - b. Re-refiner

- 3. Off-Specification Used Oil Burner**

- 4. Used Oil Fuel Marketer**
 If "Yes," mark all that apply.
- a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
 - b. Marketer Who First Claims the Used Oil Meets the Specifications

F. Hazardous Waste Contacts:

1. BILLING:	Sherry Prince	(919) 707-8232
2. SITE ID 8700-12 NOTIFICATIONS:	Melodi Deaver	(919) 707-8204
3. SUPERVISOR:	Patricia Davalos	(919) 707-8233

G. Update Your Information:

If your generator status or the facility contact person has changed, you must notify the North Carolina Hazardous Waste Section of these changes by submitting an EPA Form 8700-12 (RCRA Subtitle C Site Identification Form). EPA Identification Numbers are site specific, if your facility's physical location changes, you must deactivate the old and apply for a new number. Form 8700-12 can be obtained by contacting Melodi Deaver at 919-707-8204 or you can download this form by using the web page address: <http://portal.ncdenr.org/web/wm/hw> (select Forms, then select Hazardous Waste Application Form 8700-12).

H. Who is Required to Pay?

BY LAW you are required to pay the fee(s) when your company has notified that it is a generator, transporter, treater, storer or disposer of hazardous waste as defined below.

Large Quantity Generator (\$1,400.00): A facility who generates one kilogram or more of acute hazardous waste or 1,000 kilograms or more of hazardous waste in any calendar month during the year beginning July 1 and ending June 30. Large Quantity Generators are also required to pay an additional fee of \$0.70 per ton, or any part thereof, for hazardous waste generated during the calendar year up to a maximum of 25,000 tons. **Note:** *Large Quantity Generators* must determine how much waste was generated in the 2013 calendar year. The calculated tonnage is entered in the table located on the front of this invoice. To calculate the amount due, multiply the amount generated by \$0.70.

Small Quantity Generator (\$175.00): A facility who generates 100 kilograms or more of hazardous waste but less than 1,000 kilograms in any calendar month during the year beginning July 1 and ending June 30.

Transporter (\$840.00): A facility that transports hazardous waste.

Treater, Storer or Disposer (\$1,680.00 each): A treatment, storage, or disposal facility shall pay an annual activity fee for each activity. **Note:** A commercial hazardous waste storage, treatment, or disposal facility is also required to pay an additional fee of \$2.45 per ton, or any part thereof of hazardous waste stored, treated, or disposed of at the facility during the 2014 calendar year.

I. Where Can I Obtain Information?

1. The Division of Waste Management's Web Page: <http://portal.ncdenr.org/web/wm/hw>
2. Rules, Regulations and the General Statutes: <http://portal.ncdenr.org/web/wm/hw/rules>
3. Notification of Regulated Waste Activity (EPA Form 8700-12):
<http://portal.ncdenr.org/web/wm/hw> (select Forms, then select Hazardous Waste Application Form 8700-12).

J. Useful Publications on the Internet:

1. Hazardous Waste Requirements for Large Quantity Generators (EPA: 530-F-96-032):
<http://epa.gov/osw/hazard/downloads/lqgp.pdf>
2. Compliance Manual for Generators of Hazardous Waste (Compliance Branch, Hazardous Waste Section):
<http://portal.ncdenr.org/web/wm/hw/technical/traininglqg>
3. Managing Your Hazardous Waste: A Guide for Small Businesses (EPA: 530-K-01-005):
<http://www.epa.gov/epawaste/hazard/generation/sqg/handbook/k01005.pdf>

12. Notification of Hazardous Secondary Material (HSM) Activity

Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes," you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

UNC REX HEALTHCARE HAS BEEN OPERATING AS A LQG SINCE 2013.

AN ADMINISTRATIVE ERROR HAD UNC REX HEALTHCARE'S STATUS AS A SQG.

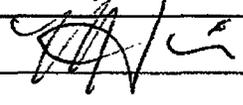
THIS FORM IS BEING RESUBMITTED TO CONFIRM UNC REX HEALTHCARE'S STATUS AS A LQG.

2013 generate second invoice

2015

2013 generate second invoice

14. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	MICHAEL HARRIS	1/14/2016