

Hazardous Waste Section  
File Room Document Transmittal Sheet

##

Your Name: MEL DEAVER  
EPA ID: NCR000143834  
Facility Name: THE PROCTOR & GAMBLE DISTRIBUTING CP2  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 12/10/2015  
Author of Doc: ELIZABETH RADKE

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Date Recieved by File Room:

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NCR000143834

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*Director*

January 21, 2016

APRIL HALEY  
THE PROCTOR & GAMBLE DISTRIBUTING CP2  
6104A CORPOARTE PARK DR  
BROWNS SUMMIT, NC 27214

**RE: EPA ID # NCR000143834 - THE PROCTOR & GAMBLE DISTRIBUTING CP2**

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: January 21, 2016

**NCR000143834 THE PROCTOR & GAMBLE DISTRIBUTING CP2**

County: GUILFORD Source Type: S Seq. Number: 25 Receive Date: 06-Jan-2016

**Location** 6104A CORPORATE PARK DR  
**Address:** BROWNS SUMMIT, NC 27214

**Mailing** 6104A CORPOARTE DR  
**Address:** BROWNS SUMMIT, NC 27214

**Contact Person** APRIL HALEY  
For Source (336) 207-5348  
Information

6104A CORPOARTE PARK DR  
BROWNS SUMMIT, NC 27214  
US

**Owner (current)**  
PURE INDUSTRIAL REAL ESTATE TRUST

5200 77 CENTER DR STE 120  
CHARLOTTE, NC 28209

Type: P

From: 02/10/2015

To:

Phone: (980) 299-9620

**Operator (current)**  
THE PROCTOR & GAMBLE DISTRIBUTING LLC

6104A CORPORATE PARK DR  
BROWNS SUMMIT, NC 27214

Type: P

From: 07/01/2008

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

Transporter Activity: No

Used Oil Processor and/or  
Re-refiner Activity

off-specification used oil to  
off-specification used oil burner: No

TSD Activity: No

Processor: No

Marketer who first claims the used

Recycler Activity: No

Refiner: No

oil meets the specifications: No

Exempt Boiler and/or Industrial Furnace

Underground  
Injection Control: No

Destination Facility for  
Universal Waste: No

Small Quantity Onsite Burner Exemption: No

Smelting, melting, Refining Furnace

Exemption: No

## Certification Information

First Name : ELIZABETH

Title DIR

Last Name : RADKE

Date Signed 12/10/2015

## NAICS Codes

493110

## Comments

UPDATED 8700-12 DATED 12/10/2015 SITE NAME, SITE CONTACT PERSON INFOR, LEGAL OWNER/OPERATOR, MD 1/15/2016



<p><b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b></p>	
<p><b>1. Reason for Submittal</b></p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p><b>Reason for Submittal:</b></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 <math>\geq 1,000</math> kg of hazardous waste, <math>&gt;1</math> kg of acute hazardous waste, or <math>&gt;100</math> kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>	
<p><b>2. Site EPA ID Number</b></p>	<p>EPA ID Number <u>  N  C  R     0  0  0     1  4  3     8  3  4  </u></p>	
<p><b>3. Site Name</b></p>	<p>Name: The Procter &amp; Gamble Distributing LLC - CP2 Distribution Center</p>	
<p><b>4. Site Location Information</b></p>	<p>Street Address: 6104A Corporate Park Drive</p> <p>City, Town, or Village: Browns Summit      County: Guilford</p> <p>State: North Carolina      Country: USA      Zip Code: 27214</p>	
<p><b>5. Site Land Type</b></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><b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b></p>	<p>A. <u>  4     9     3     1     1     0  </u>      C. <u>                                         </u></p> <p>B. <u>                                         </u>      D. <u>                                         </u></p>	
<p><b>7. Site Mailing Address</b></p>	<p>Street or P.O. Box: 6104A Corporate Park Drive</p> <p>City, Town, or Village: Browns Summit</p> <p>State: North Carolina      Country: USA      Zip Code: 27214</p>	
<p><b>8. Site Contact Person</b></p>	<p>First Name: April      MI:      Last: Haley</p> <p>Title: Environmental Leader</p> <p>Street or P.O. Box: 6104A Corporate Park Drive</p> <p>City, Town or Village: Browns Summit</p> <p>State: North Carolina      Country: USA      Zip Code: 27214</p> <p>Email: haley.al@pg.com</p> <p>Phone: 336-207-5348      Ext.:      Fax:</p>	
<p><b>9. Legal Owner and Operator of the Site</b></p>	<p>A. Name of Site's Legal Owner: Pure Industrial Real Estate Trust      Date Became Owner: February 10, 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: 5200 77 Center Drive, Suite 120</p> <p>City, Town, or Village: Charlotte      Phone: 980-299-9620</p> <p>State: North Carolina      Country: USA      Zip Code: 28209</p> <p>B. Name of Site's Operator: The Procter &amp; Gamble Distributing LLC      Date Became Operator: 07/01/08</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>	

**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.**

- |  |   |
|--|---|
| <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>1. Generator of Hazardous Waste</b><br/>                 If "Yes", mark only one of the following - a, b, or c.</p> <p><input checked="" type="checkbox"/> 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.</p> <p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo) of non-acute hazardous waste.</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.</p> <p>If "Yes" above, indicate other generator activities in 2-4.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>2. Short-Term Generator</b> (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>3. United States Importer of Hazardous Waste</b></p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>4. Mixed Waste (hazardous and radioactive) Generator</b></p> | <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>5. Transporter of Hazardous Waste</b><br/>                 If "Yes", mark all that apply.</p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility (at your site)</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>6. Treater, Storer, or Disposer of Hazardous Waste</b> Note: A hazardous waste Part B permit is required for these activities.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>7. Recycler of Hazardous Waste</b></p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>8. Exempt Boiler and/or Industrial Furnace</b><br/>                 If "Yes", mark all that apply.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>9. Underground Injection Control</b></p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>10. Receives Hazardous Waste from Off-site</b></p> |
|--|---|

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

- Y  N  **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                    | <input type="checkbox"/> |
| b. Pesticides                   | <input type="checkbox"/> |
| c. Mercury containing equipment | <input type="checkbox"/> |
| d. Lamps                        | <input type="checkbox"/> |
| e. Other (specify) _____        | <input type="checkbox"/> |
| f. Other (specify) _____        | <input type="checkbox"/> |
| g. Other (specify) _____        | <input type="checkbox"/> |
- Y  N  **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.**

- Y  N  **1. Used Oil Transporter**  
 If "Yes", mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y  N  **2. Used Oil Processor and/or Re-refiner**  
 If "Yes", mark all that apply.
- a. Processor
- b. Re-refiner
- Y  N  **3. Off-Specification Used Oil Burner**
- Y  N  **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

**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						
D002						
D003						
D009						

**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.


**12. Notification of Hazardous Secondary Material (HSM) Activity**

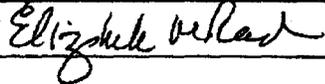
Y  N  Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

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

**13. Comments**

Multiple empty horizontal lines for providing comments.

**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)
	Elizabeth Radke, Director	12/10/2015



**Andrew Fix**  
Group Manager, Regulatory and  
Technical Relations

**Procter & Gamble Distributing LLC**  
One Procter & Gamble Plaza  
Cincinnati, Ohio 45202  
513.780-7306 phone  
fix.as@pg.com  
www.pg.com

December 28, 2015

NC DENR Division of Waste Management  
Hazardous Waste Section  
1646 Mail Service Center  
Raleigh, NC 27699-1646



RE: RCRA Subtitle C Site Identification Forms – Subsequent Notification  
The Procter & Gamble Distributing LLC  
CP-1 Distribution Center – EPA ID: NCR000008888  
CP-2 Distribution Center – EPA ID: NCR000143834

Dear Sir or Madam:

Please find enclosed the updated RCRA Subtitle C Site Identification Forms for the Procter & Gamble Distributing LLC CP-1 & CP-2 Distribution Centers. The forms have been updated to reflect a change in the Legal Owner for each site.

Please contact me at 513-780-7306 if you have any questions or require further information.

Very truly yours,

Andrew S. Fix, DVM, PhD  
Group Manager, Regulatory and Technical Relations

Enclosures