

Hazardous Waste Section
File Room Document Transmittal Sheet

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Your Name: MEL DEAVER
EPA ID: NCR000166785
Facility Name: MOEN COMPONENT WAREHOUSE
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 2/8/2016
Author of Doc: STEPHEN GITTINS

File Room Use Only

Date Received by File Room:

Date Scanned:

Month	Day	Year
3	15	16

NCR000166785

Scanner's Initials:

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Waste Management
ENVIRONMENTAL QUALITY

PAT MCCRORY
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DONALD R. VAN DER VAART
Secretary

LINDA CULPEPPER
Director

February 11, 2016

KATIE FRITZLER
MOEN COMPONENT WAREHOUSE
900 INDUSTRIAL DR
NEW BERN NC 28562

RE: EPA ID # NCR000166785 - MOEN COMPONENT WAREHOUSE

Dear Facility Contact:

Thank you for notifying the North Carolina Hazardous Waste Section of your activities as a Conditionally Exempt Small Quantity Generator of hazardous waste. The EPA ID Number assigned to your site is shown above. Please notify us if any information about your site changes: such as the facility name, site address, regulatory status, facility contact/address/phone number, or if your facility plans to close, by completing an EPA Form 8700-12.

NC Hazardous Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646

If you are considered a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Transporter, or a Treater, Storer or Disposer (TSD) facility, you are required to pay an annual fee to the State of North Carolina. Accordingly, an invoice is attached to this letter. These fees are used to support NC State programs and ensure the safe management of hazardous waste. We encourage you to become familiar with the NC Hazardous Waste Management Rules that have been codified in the NC Administrative Code at 15A NCAC 13A. You may obtain a printed copy of the rules for \$32.00 by contacting Patricia Davalos at 919-707-8233. For more information on the rules, visit <http://portal.ncdenr.org/web/wm/hw/rules>. We specifically draw your attention to Rules .0101, .0102, .0106 and .0107. These provisions address requirements potentially applicable to generators of hazardous waste. For an explanation of EPA requirements, go to <http://www.epa.gov/wastes/hazard/downloads/tool.pdf>.

If you have any questions, please 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 11, 2016

NCR000166785 MOEN COMPONENT WAREHOUSE

County: CRAVEN Source Type: N Seq. Number: 2 Receive Date: 10 Feb 2016

Location 900 INDUSTRIAL DR Address: NEW BERN, NC 28562	Mailing 900 INDUSTRIAL DR Address: NEW BERN, NC 28562
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Contact Person KATIE FRITZLER For Source Information (252) 638-3300X6341	900 INDUSTRIAL DR NEW BERN, NC 28562 US
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Owner (current) SGF NEW BERN-1 LLC	3414 PEACHTREE R.NE STE 250 ATLANTA, GA 30326	Type: P
From: 01/01/1601	To:	Phone: (404) 491-9709

Operator (current) MOEN INCORPORATED	900 INDUSTRIAL DR NEW BERN, NC 28562	Type: P
From: 03/01/2016	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: Conditionally Exempt SQG; State: Conditionally Exempt SQG

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

Certification Information

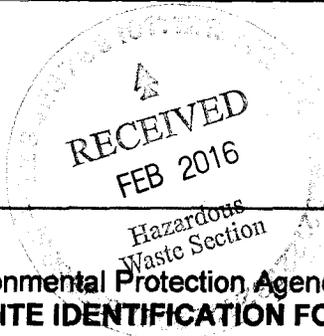
First Name : STEPHEN	Title	DIR CORP EHS
Last Name : GITTINS	Date Signed	02/08/2016

NAICS Codes

49311

Comments

CREATED NEW 8700-12 DATED 2/8/2016 AS CESQG. MD 2/11/2016



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

SEND COMPLETED FORM TO:
The Appropriate State or Regional Office.

<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input checked="" 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 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 <u>NCR1009166785</u></p>
<p>3. Site Name</p>	<p>Name: Moen Component Warehouse</p>
<p>4. Site Location Information</p>	<p>Street Address: 900 Industrial Drive</p> <p>City, Town, or Village: New Bern County: Craven</p> <p>State: North Carolina Country: USA Zip Code: 28562</p>
<p>5. Site Land Type</p>	<p><input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input checked="" type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <u>4 9 3 1 1</u> C. _____</p> <p>B. _____ D. _____</p>
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 900 Industrial Drive</p> <p>City, Town, or Village: New Bern</p> <p>State: North Carolina Country: USA Zip Code: 28562</p>
<p>8. Site Contact Person</p>	<p>First Name: Katie MI: Last: Fritzier</p> <p>Title: Sr. EHS Specialist</p> <p>Street or P.O. Box: 101 Industrial Drive</p> <p>City, Town or Village: New Bern</p> <p>State: North Carolina Country: USA Zip Code: 28562</p> <p>Email: katie.fritzler@moen.com</p> <p>Phone: 252-638-3300 Ext.: 6341 Fax: 252-638-3736</p>
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: SGF New Bern-1,LLC Date Became Owner <u>01/01/16</u></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: 3414 Peachtree R.NE Suite 250</p> <p>City, Town, or Village: Atlanta Phone: 404-491-9709</p> <p>State: GA Country: USA Zip Code: 30326</p> <p>B. Name of Site's Operator: Moen Incorporated Date Became Operator: <u>3/1/16</u></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>

WICR 080 166785

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.

D002					

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.

D002					



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

February 9, 2016

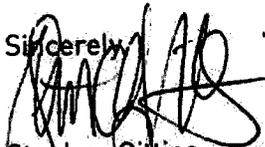
To whom it may concern,

Please find enclosed an application to obtain a "Conditionally Exempt Small Quantity Generator" permit for our new warehouse located in New Bern, NC.

Upon your review, please direct any questions to either myself or the site contact (Katie Fritzler) listed on the application.

Thank you for your time and attention;

Sincerely,



Stephen Gittins
Director, Corporate EHS
Moen Incorporated

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.

- Y N 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.

- Y N 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.
- Y N 3. United States Importer of Hazardous Waste
- Y N 4. Mixed Waste (hazardous and radioactive) Generator

- Y N 5. Transporter of Hazardous Waste
If "Yes," mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y N 6. Treater, Storer, or Disposer of Hazardous Waste
Note: A hazardous waste Part B permit is required for these activities.
- Y N 7. Recycler of Hazardous Waste
- Y N 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
- Y N 9. Underground Injection Control
- Y N 10. Receives Hazardous Waste from Off-site

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
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other (specify) Toner Cartridges
- f. Other (specify) Battery Acid (Forklift)
- g. Other (specify) _____
- 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

EPA ID Number

NCR000166785

OMB#: 2050-0024; Expires 01/31/2017

12. Notification of Hazardous Secondary Material (HSM) Activity

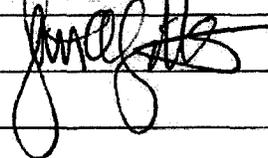
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

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)
	STEPHEN A. GITTINS Director, Corporate EHS	February 8, 2016