

File Room Document Transmittal Sheet

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Your Name: MEL DEAVER  
EPA ID: NCR000151753  
Facility Name: REICH LLC  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 1/25/2016  
Author of Doc: JEREMY RADFORD

**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
3	17	16

NCR000151753

Scanner's Initials:





**Waste Management**  
ENVIRONMENTAL QUALITY

PAT MCCRORY

*Governor*

DONALD R. VAN DER VAART

*Secretary*

LINDA CULPEPPER

*Director*

February 17, 2016

JEREMY RADFORD  
REICH LLC  
140 VISTA BLVD  
ARDEN, NC 28704

**RE: EPA ID # NCR000151753 - REICH 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 17, 2016

**NCR000151753 REICH LLC**

County: BUNCOMBE    Site Type: S    Site Number: 12    Receive Date: 27 Jul 2016

<b>Location</b> 140 VISTA BLVD <b>Address:</b> ARDEN, NC 28704	<b>Mailing</b> 140 VISTA BLVD <b>Address:</b> ARDEN, NC 28704
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<b>Contact Person</b> JEREMY RADFORD <b>For Source Information</b> (828) 209-6509	140 VISTA BLVD ARDEN, NC 28704 US
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<b>Owner (current)</b> REICH LLC	140 VISTA BLVD ARDEN, NC 28704	Type: P
<b>From:</b> 09/30/2010	<b>To:</b>	<b>Phone:</b> (828) 209-6509

<b>Operator (current)</b> MICHAEL HILDINGER (GENERAL MANAGER)	140 VISTA BLVD ARDEN, NC 28704	Type: P
<b>From:</b> 09/01/2015	<b>To:</b>	<b>Phone:</b>

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

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

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

## Signature Information

<b>First Name :</b> JEREMY	<b>Title</b> EHS MGR
<b>Last Name :</b> RADFORD	<b>Date Signed</b> 01/25/2016

## NAIS Code

332710    332721    333519    336350

## Comments

UPDATED 8700-12 DATED 1/25/2016 SITE CONTACT PERSON INFOR, LEGAL OWNER/OPERATOR INFOR. UPGRADED FROM SQG TO LQG. MD 2/16/2016



Waste Management  
ENVIRONMENTAL QUALITY

# 2015 INVOICE

### FACILITY LOCATION ADDRESS:

ATTENTION: ACCOUNTS PAYABLE  
REICH LLC  
140 VISTA BLVD  
ARDEN, NC 28704

JEREMY RADFORD  
REICH LLC  
140 VISTA BLVD  
ARDEN NC 28704

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000151753	HW70765.1	2/17/2016	\$ 1,225.00	03/18/2016	

- 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.

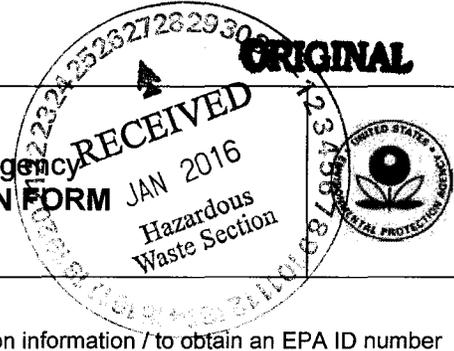
FACILITY STATUS	FEE	TONNAGE	AMOUNT DUE
LARGE QUANTITY GENERATOR	\$1400.00	-----	\$1,400.00
		PAST DUE	\$0.00
		CREDIT	\$-175.00
		<b>TOTAL AMOUNT DUE</b>	<b>\$1,225.00</b>

### 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



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

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

**1. Reason for Submittal**

MARK ALL BOX(ES) THAT APPLY

**Reason for Submittal:**

- To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- To provide a Subsequent Notification (to update site identification information for this location)
- As a component of a First RCRA Hazardous Waste Part A Permit Application
- As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # \_\_\_\_\_)
- As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
  - 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)

**2. Site EPA ID Number**

EPA ID Number: 

N	C	R	0	0	0	1	5	1	7	5	3
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**3. Site Name**

Name: Reich LLC

**4. Site Location Information**

Street Address: 140 Vista Blvd

City, Town, or Village: Arden

State: N.C.      Country: USA

County: Buncombe

Zip Code: 28704

**5. Site Land Type**

Private     County     District     Federal     Tribal     Municipal     State     Other

**6. NAICS Code(s) for the Site (at least 5-digit codes)**

A. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>3</td><td>3</td><td>5</td><td>1</td><td>9</td></tr></table>	3	3	3	5	1	9	c. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>3</td><td>2</td><td>7</td><td>1</td><td>0</td></tr></table>	3	3	2	7	1	0
3	3	3	5	1	9								
3	3	2	7	1	0								
B. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>3</td><td>2</td><td>7</td><td>2</td><td>1</td></tr></table>	3	3	2	7	2	1	d. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>3</td><td>6</td><td>3</td><td>5</td><td>0</td></tr></table>	3	3	6	3	5	0
3	3	2	7	2	1								
3	3	6	3	5	0								

**7. Site Mailing Address**

Street or P.O. Box: 140 Vista Blvd

City, Town, or Village: Arden

State: N.C.      Country: USA

Zip Code: 28704

**8. Site Contact Person**

First Name: Jeremy      MI:      Last: Radford

Title: EHS Manager

Street or P.O. Box: 140 Vista Blvd

City, Town or Village: Arden

State: N.C.      Country: USA

Zip Code: 28704

Email: jeremy.radford@reich-llc.com

Phone: 828-209-6509      Ext.:      Fax: 828-209-6520

**9. Legal Owner and Operator of the Site**

**A. Name of Site's Legal Owner:** Reich LLC

Owner Type:  Private     County     District     Federal     Tribal     Municipal     State     Other

Street or P.O. Box: 140 Vista Blvd

City, Town, or Village: Arden

State: N.C.      Country: USA

Phone: 828-209-6509

Zip Code: 28704

**B. Name of Site's Operator:** Michael Hildinger ( General Manager )

Date Became Operator: 9/2015

Operator Type:  Private     County     District     Federal     Tribal     Municipal     State     Other

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

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.

OUTS519H						

EPA ID Number N C R 0 0 0 1 5 1 7 5 3

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

12. Notification of Hazardous Secondary Material (HSM) Activity

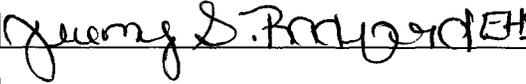
Y  N  Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

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 entering 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)
	Jeremy Radford EHS Manager	1/25/2016

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.

Table with 5 columns: a. Facility code, 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)?