

Hazardous Waste Section
File Room Document Transmittal Sheet

17

Your Name: Scott Ross
EPA ID: N C 0 0 0 0 2 0 2 5 2 3
Facility Name: TE Connectivity Bldg 253
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Date of Doc: 5/15/2014
Author of Doc: Jeffrey Dixon

File Room Use Only

Date Received by File Room:

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NC0000202523

Scanner's Initials: 



North Carolina Department of Environment and Natural Resources

Pat McCrory
Governor

John E. Skvarla, III
Secretary

April 15, 2014

JEFFREY DIXON
TE CONNECTIVITY BLDG 253
719 PEGG RD
GREENSBORO, NC 27409

RE: EPA ID # NC0000202523 - TE CONNECTIVITY BLDG 253

Dear Facility Contact:

The North Carolina Hazardous Waste Section has received a 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 additional assistance, please feel free to contact Melodi Deaver at (919)-707-8204.

Sincerely,

Patricia Davalos, Supervisor
Hazardous Waste Section

cc: Central Files (General)

IBEAM - RCRA Site Detail

Report run on: April 15, 2014

NC0000202523 TE CONNECTIVITY BLDG 253

County: GUILFORD **Source Type:** S **Seq. Number:** 14 **Receive Date:** 10-Apr-2014

Location 719 PEGG RD
Address: GREENSBORO, NC 27409

Mailing 719 PEGG RD
Address: GREENSBORO, NC 27409

Contact Person JEFFREY DIXON 719 PEGG RD
For Source (336) 665-4595 GREENSBORO, NC 27409
Information US

Owner (current) 1050 WESTLAKES DR Type: P
TE CONNECTIVITY BERWYN, PA 19312
From: 04/29/1999 To: Phone:

Operator (current) 1050 CONNECTIVITY Type: P
TE CONNECTIVITY BERWYN, PA 19312
From: 04/29/1999 To: Phone:

Land Type: P Non Notifier : E Commercial Availability: Tsd Date:
Accessibility: No. Employees : 0 State District:

Regulated Waste Activities

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

Transfer Facility: No

Used Oil Activities

Other Hazardous Waste Generator Activities
Importer Activity: No
Mixed Waste Generator: No

Used Oil Transport Activity	Off-Specification Used Oil Burner:	No
Transporter: No	Used Oil Fuel Marketer Activity	
Transfer Facility: No	Marketer who direct shipment	
	off-specification used oil to	
Used Oil Processor and/or	off-specification used oil burner:	No
Re-refiner Activity	Marketer who first claims the used	
Processor: No	oil meets the specifications:	No
Refiner No		

Transporter Activity: No
TSD Activity: No
Recycler Activity: No

Exempt Boiler and/or Industrial Furnace
Small Quantity Onsite Burner Exemption: No
Smelting, melting, Refining Furnace
Exemption: No

Underground No Destination Facility for
Injection Control: Universal Waste: No

Certification Information

First Name :	JEFFERY	Title	SR MGR OPER
Last Name :	DIXON SR	Date Signed	02/27/2014

NAICS Codes

33632

Comments

UPDATED 8700-12, 2013 B-REPORT DATED 2/27/2014 NAICS CODES, LEGALOWNER ADDRESS, LEGAL OPERATOR NAME AND REVISED WASTE CODES. MD 14/2014

Waste Codes

<u>Code D</u>	<u>Code F</u>	<u>Code K</u>	<u>Code P</u>	<u>Code R</u>	<u>Code U</u>	<u>Code X</u>
D002	F007	----	----	----	----	----
D003	F008					
D007						
D008						
D009						
D011						

10. Type of Regulated Waste Activity

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 1-7.

1. Generator of Hazardous Waste

If Yes, choose 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
- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

If "Yes" above, indicate other generator activities.

2 Short-Term Generator (generate from a short-term or onetime event and not from on-going processes). If "Yes", provide an explanation in the Comments

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 (at your site)

Note: A hazardous waste permit is required for this activity.

7. Recycler of Hazardous Waste (at your site)

8. Exempt Boiler and/or Industrial Furnace

If Yes, mark each that applies.

- 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 (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 boxes 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

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

1. Used Oil Transporter
If Yes, mark each that applies.

- a. Transporter
- b. Transfer Facility

2. Used Oil Processor and/or Re-refiner
If Yes, mark each that applies.

- a. Processor
- b. Re-refiner

3. Off-Specification Used Oil Burner

4. Used Oil Fuel Marketer
If Yes, mark each that applies.

- 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 must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

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

11. Description of Hazardous Wastes

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, D003, D007, D008, D009, D011, F007, F008

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 for waste codes.

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

SITE EHS MANAGER AND POC IS DARREN KEMP EMAIL: DARREN.KEMP@TE.COM PHONE: (336) 665-4472. ***NEW CONTACT PHONE #, NEW OWNER ADDRESS, REVISED WASTE CODES***

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 fine and imprisonment for knowing violations.

Signature of Operator, Owner, or an Authorized Representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	JEFFREY DIXON, SR. MANAGER OF OPERATIONS	02/27/2014