

Hazardous Waste Section
File Room Document Transmittal Sheet

Your Name: MEL DEEVER
EPA ID: NC0000228056
Facility Name: NCDA&CS MOTOR FUELS LABORATORY
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 8/19/2014
Author of Doc: MARCUS HELFRICH

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
3	23	2015

NC0000228056

Scanner's Initials:

SH



North Carolina Department of Environment and Natural Resources

Pat McCrory
Governor

John E. Skvarla, III
Secretary

September 22, 2014

MARCUS HELFRICH
NCDA&CS MOTOR FUELS LABORATORY
1400 WESTERN BLVD
RALEIGH, NC 27606

RE: EPA ID # NC0000228056 - NCDA&CS MOTOR FUELS LABORATORY

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
Business Officer/Supervisor,
HW Financial and Information Management Unit

cc: Central Files (General)

IBEAM - RCRA Site Detail

Report run on: September 22, 2014

NC0000228056 NCDA&CS MOTOR FUELS LABORATORY

County: WAKE Source Type: S Site Number: 12 Receipt Date: 16 Sep 2014

Location 1400 WESTERN BLVD Address: RALEIGH, NC 27606	Mailing 1400 WESTERN BLVD Address: RALEIGH, NC 27606
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Contact Person MARCUS HELFRICH 1400 WESTERN BLVD
For Source Information (919) 733-3246 RALEIGH, NC 27606
 US

Owner (current) NC DEPT OF AGRICULTURE 2 W EDENTON ST RALEIGH, NC 27601
 Type: S
 From: 01/01/1601 To: Phone: (919) 707-3226

Operator (current) MARCUS HELFRICH 1400 WESTERN BLVD RALEIGH, NC 27606
 Type: S
 From: 01/01/1601 To: Phone:

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

Responsible Waste Activities

Hazardous Waste Generator Status - Federal: Conditionally Exempt SQG; State: Conditionally Exempt SQG

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

Certification Information

First Name : MARCUS Title SAFETY OFFICER
 Last Name : HELFRICH Date Signed 08/19/2014

NAICS Codes

92119 92615

Comments

UPDATED 8700-12 DATED 8/9/2014 SITE MAILING ADDRESS, SITE CONTACT PERSON, REVISED WASTE CODES. MD 9/22/2014

Ent.
9/22/14



<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>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 $\geq 1,000$ 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="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="6"/></p>		
<p>3. Site Name</p>	<p>Name: NCDA&CS Motor Fuels Laboratory</p>		
<p>4. Site Location Information</p>	<p>Street Address: 1400 Western Boulevard</p> <p>City, Town, or Village: Raleigh County: Wake</p> <p>State: North Carolina Country: USA Zip Code: 27606</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 type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. <input type="text" value="9"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="9"/></p> <p>B. <input type="text" value="9"/> <input type="text" value="2"/> <input type="text" value="6"/> <input type="text" value="1"/> <input type="text" value="5"/></p> <p>C. <input type="text" value=""/></p> <p>D. <input type="text" value=""/></p>		
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 1400 Western Boulevard</p> <p>City, Town, or Village: Raleigh</p> <p>State: North Carolina Country: USA Zip Code: 27606</p>		
<p>8. Site Contact Person</p>	<p>First Name: Marcus MI: R Last: Helfrich</p> <p>Title: Chemist/Safety Officer</p> <p>Street or P.O. Box: 1400 Western Boulevard</p> <p>City, Town or Village: Raleigh</p> <p>State: North Carolina Country: USA Zip Code: 27606</p> <p>Email: marcus.helfrich@ncagr.gov</p> <p>Phone: (919)733-3246 Ext.: Fax: 919-733-2928</p>		
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: NC Dept of Agriculture Date Became Owner:</p> <p>Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Street or P.O. Box: 2 West Edenton Street</p> <p>City, Town, or Village: Raleigh Phone: (919) 707-3226</p> <p>State: Raleigh Country: USA Zip Code: 27601</p> <p>B. Name of Site's Operator: Marcus Helfrich Date Became Operator:</p> <p>Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other</p>		

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.

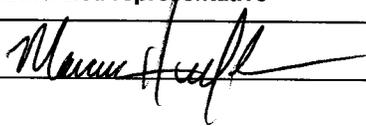
13. Comments

Changing Laboratory status from SQG to CESQG.

For fiscal year 7/2014

The facility was already a CESQG in system since 2005.

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)
	Maurus Helfrich / Safety Officer	08/19/2014

Sep 11, 2014

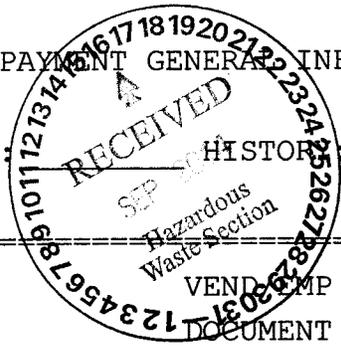
9:21:44 AM

N23 AP

DOCUMENT PAYMENT GENERAL INFORMATION

DPG

NEXT FUNCTION: _____ ACTION: _____ HISTORY: _____ 09/11/2014 09:21:40
BROWSE: _



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PAY ENTITY : 10PT VENDOR EMP NBR: 566000372 40
VEND/EMP SHORT NAME: DENR DOCUMENT NBR: STANDARDSAPPLFEE
DOCUMENT DATE : 08/22/2014 PAYMENT NBR: 001 PRTL PYMT NBR: 000

IND AMOUNT
SALES TAX/VAT : VAT INCLUSIVE : N
SALES TAX 2 : EXPENSE IND :
SALES TAX 3 : GL EFFECTIVE DATE: 09/10/2014
FREIGHT : EXTRACT DATE :
ADDITIONAL COST : ACCRUAL CANC DATE:

GROSS INVOICE : 175.00 CURRENCY CODE :
PAYMENT AMOUNT : 175.00 DISCOUNT TYPE : NOT TAKEN
AMOUNT PAID : 175.00 DISCOUNT TAKEN : .00

PAYMENT STATUS : PAID
PAYMENT TERMS : NET PAY IMMEDIATELY PAYMENT REF NBR : 0000122795
PAYMENT DATE : 09/10/2014 PAYMENT TYPE : ELECTRONIC
PAYMENT ROUTE CD : HANDLING CODE :
FACTOR NUMBER : ONE INVC PER PYMT: YES
REASON CODE/DESC : BANK ACCT PYMT CD: IGO

Sep 11, 2014 9:21:39 AM

N23 AP

DOCUMENT GENERAL INFORMATION

DGI

NEXT FUNCTION: _____ ACTION: _____ HISTORY: _ 09/11/2014 09:21:32

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PAY ENTITY	:	10PT	VENDOR/EMP NUMBER:	566000372 40
VEND/EMP SHORT NAME:	:	DENR	DOCUMENT NUMBER	: STANDARDSAPPLFEE
DOCUMENT DATE	:	08/22/2014		

CONTROL NUMBER	:	6034	CONTROL DATE	:	09/09/2014
DOCUMENT TYPE	:	INVOICE	APPLICATION AREA	:	CW
DOCUMENT STATUS	:	PD-FULL	DATE ENTERED	:	09/09/2014
CURRENCY CODE	:		DATE LAST UPDATED:	:	09/10/2014
GROSS DOC AMOUNT	:	175.00	PROV ACCTG DATE	:	

AMOUNT PAID	:	175.00
COUNTY CDE/TRIP NBR:	:	
PO REFERENCE	:	

SIGN APPROVAL CODE	:
DATES APPROVED	:

REMIT MESSAGE: HAZARDOUS WASTE SECTION/EPA# NC0000228056-NCDA STANDARDS DIV