

Hazardous Waste Section
File Room Document Transmittal Sheet

Your Name: MEL DEAVER
EPA ID: N C R 0 0 0 1 4 8 7 7 5
Facility Name: NCDSCA 032-0017 (DURHAM ANIMAL CLINIC)
Document Group: General (G)
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Date of Doc: 12/19/2012
Author of Doc: SCOTT STUPAK

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Date Recieved by File Room:

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NCR000148775

Scanner's Initials: Q2M



North Carolina Department of Environment and Natural Resources
Division of Waste Management

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

December 20, 2012

JAY KING
NCDSCA 032-0017 (DURHAM ANIMAL CLINIC)
1646 MAIL SERVICE CTR
RALEIGH, NC 27699-1646

RE: EPA ID # NCR000148775
NCDSCA 032-0017 (DURHAM ANIMAL CLINIC)

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 Ray Strawbridge at 919-707-8231.

Sincerely,

Elizabeth W. Cannon, Chief
Hazardous Waste Section

cc: Central Files(General)

IBEAM - RCRA Site Detail

Report run on: December 21, 2012

NCR000148775 **NCDSCA 032-0017 (DURHAM ANIMAL CLINIC)**

County: DURHAM **Source Type:** S **Seq. Number:** 18 **Receive Date:** 19-Dec-2012

Location 4306 N ROXBORO RD SUTIE 100
Address: DURHAM, NC 27704

Mailing 1646 MAIL SERVICE CTR
Address: RALEIGH, NC 276991646

Contact Person JAY KING 1646 MAIL SERVICE CTR
For Source (919) 707-8367 RALEIGH, NC 276991646
Information US

Owner (current) 4306 N ROXBORO RD
MILLER PROPERTIES & INVESTMENT DURHAM, NC 27704 Type: P
From: 12/31/2008 To: Phone:

Operator (current) 401 OBERLIN RD, STE 150
PETITIONER(S) DSCA 032-0017 DURHAM, NC 276051350 Type: P
From: 12/15/2009 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: Small Quantity Generator; State: Small Quantity Generator

Transfer Facility:

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

Used Oil Activities

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

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

Certification Information

First Name : SCOTT Title PROJ MGR
Last Name : STUPAK Date Signed 12/19/2012

NAICS Codes

81232

Comments

PER 8700-12 DATED 12/19/2012 DOWNGRADING STATUS FROM LQG TO SQG, CHANGE OF STATUS OCCURED ON 12/19/2012. JWM 12/20/2012



United States Environmental Protection Agency
 RCRA SUBTITLE C SITE IDENTIFICATION FORM



<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p><input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (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 >100kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)</p>	
<p>2. Site EPA ID</p>	<p>NCR000148775</p>	
<p>3. Site Name</p>	<p>NCDSCA 032-0017(Durham Animal Clinic)</p>	
<p>4. Site Location Information</p>	<p>4306 North Roxboro RD, Suite100 Durham, North Carolina 27704, Durham County</p>	
<p>5. Site Land Type</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>6. NAICS Code(s)</p>	<p>81232</p>	
<p>7. Site Mailing Address</p>	<p>1646 Mail Service Center Raleigh, NC, USA 27699-1646</p>	
<p>8. Site Contact Person</p>	<p>Jay King, Project Manager 1646 Mail Service Center Raleigh, North Carolina, USA 27699-1646 jay.king@ncdenr.gov (919)707-8367</p>	
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner Miller Properties and Investment, Inc.</p>	<p>Date Became Owner 12/31/2008</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>Miller Properties and Investment, Inc. 4306 N. Roxboro Road Durham, NC 27704</p>	
	<p>B. Name of Site's Operator Petitioner(s) for DSCA Site ID 032-0017</p>	<p>Date Became Operator 12/15/2009</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 type="checkbox"/> State <input checked="" 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

- | | |
|---|--|
| <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1. Generator of Hazardous Waste</p> <p><input 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 spill cleanup material.</p> <p><input checked="" 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.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 3. United States Importer of Hazardous Waste</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 4. Mixed Waste (hazardous and radioactive) Generator</p> | <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 5. Transporter of Hazardous Waste</p> <p><input type="checkbox"/> a. Transporter
 <input type="checkbox"/> b. Transfer Facility (at your site)</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 6. Treater, Storer, or Disposer of Hazardous Waste Note: A hazardous waste permit is required for these activities.</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 7. Recycler of Hazardous Waste</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 8. Exempt Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption
 <input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 9. Underground Injection Control</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 10. Receives Hazardous Waste from Off-site</p> |
|---|--|

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

- Y N 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 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**
- a. Transporter
 b. Transfer Facility
- Y N 2. **Used Oil Processor and/or Re-refiner**
- a. Processor
 b. Refiner
- Y N 3. **Off-Specification Used Oil Burner**
- Y N 4. **Used Oil Fuel Marketer**
- 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

- Y N 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories. **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 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.

F002

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

Update Site Information:
LQG to SQG as of 12/19/2012

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. 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 operator, owner, or an authorized representative	Name and Official Title	Date Signed (mm/dd/yyyy)
	Scott Stupak, on behalf of Petitioners for DSCA Site ID 032-0017	12/19/2012