

Hazardous Waste Section
File Room Document Transmittal Sheet

Your Name: MEL DEAVER
EPA ID: N C D 0 0 3 2 1 3 9 0 7
Facility Name: ALCATEL-LUCENT USA INC.
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 11/6/2012
Author of Doc: GARY FISHER

File Room Use Only

NCD003213907

Date Recieved by File Room:

Month	Day	Year
01	22	13
01	24	13

Date Scanned:

Scanner's Initials: 



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

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

November 28, 2012

GARY FISHER
ALCATEL-LUCENT USA INC
600 MOUNTAIN AVE
MURRAY HILL, NJ 07974

RE: EPA ID # NCD003213907
ALCATEL-LUCENT USA INC

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: November 28, 2012

NCD003213907 ALCATEL-LUCENT USA INC

County: FORSYTH Source Type: S Seq. Number: 28 Receive Date: 21-Nov-2012

Location 3370 OLD LEXINGTON RD Address: WINSTON-SALEM, NC 27107	Mailing 600 MOUNTAIN AVE Address: MURRAY HILL, NJ 07974
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Contact Person GARY FISHER For Source (908) 582-5771 Information	600 MOUNTAIN AVE MURRAY HILL, NJ 07974 US
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Owner (current) SALEM BUSINESS PARK LLC	3300 OLD LEXINGTON RD WINSTON SALEM, NC 27107	Type: P
From: 06/21/1995	To:	Phone: (336) 784-2111

Operator (current) ALCATEL-LUCENT USA INC	3370 OLD LEXINGTON RD BLDG 46 WINSTON SALEM, NC 27107	Type: P
From: 11/01/2008	To:	Phone: (908) 582-5771

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:	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: Yes	Processor: No		
Recycler Activity: No	Refiner No		
Exempt Boiler and/or Industrial Furnace	Underground Injection Control:	Destination Facility for Universal Waste:	No
Small Quantity Onsite Burner Exemption: No			
Smelting, melting, Refining Furnace Exemption: No			

Certification Information

First Name : GARY	Title REMEDIATION MAN
Last Name : FISHER	Date Signed 11/16/2012

NAICS Codes

56291

Comments

PER 8700-12 DATED 11/16/2012 UPGRADING FROM CESQG TO LQG. JWM 11/28/2012



FACILITY LOCATION ADDRESS:

ATTENTION: ACCOUNTS PAYABLE
 ALCATEL-LUCENT USA INC
 600 MOUNTAIN AVE
 MURRAY HILL, NJ 07974

GARY FISHER
 ALCATEL-LUCENT USA INC
 3370 OLD LEXINGTON RD
 BLDG 46
 WINSTON-SALEM, NC 27107

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCD003213907	HW55552	11/27/2012	\$ 3,080.00	12/28/2012	

A. Fee Requirements: Pursuant to North Carolina General Statute 130A-294.1, you are required to pay fee(s) based on your hazardous waste management activities. The fee(s) are used to support government programs that ensure the safe management of hazardous waste. Failure to pay the required hazardous waste fee may result in an enforcement action with a penalty.

B.Explanation of Invoice Amount is Based on Facility's Current Status as of July 1, 2012:

FACILITY STATUS	FEE	TONNAGE	AMOUNT DUE
LARGE QUANTITY GENERATOR	\$1400.00	-----	\$1,400.00
DISPOSER	\$1680.00	-----	\$1,680.00
		PAST DUE	\$0.00
		CREDIT	\$0.00
		TOTAL AMOUNT DUE	\$3,080.00

C. Remit Payment (include a copy of this invoice):

Make checks payable to **N.C. Hazardous Waste Section**, include **EPA ID#** and **Invoice #** on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. 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

D. Hazardous Waste Contacts:

1. BILLING

Ray Strawbridge (919) 707-8231
 Patricia Davalos, Supervisor (919) 707-8233

2. TECHNICAL ASSISTANCE

Doug Roberts (919) 707-8221
 Ann Preson (919) 707-8226
 Lebeed Kady (919) 707-8229

NOV 2012
 RECEIVED
 RCRA UNIT
 REGIONAL OFFICE
 WASHINGTON DC



SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM (2011)																												
1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input type="checkbox"/> As a component of the Hazardous Waste Report. (If marked, see sub-bullet below) <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)																												
2. Site EPA ID Number	EPA ID Number: NCD003213907																												
3. Site Name	Name: ALCATEL-LUCENT USA INC.																												
4. Site Location Information	Street Address: 3370 OLD LEXINGTON RD., BLDG. 46 City, Town, or Village: WINSTON-SALEM County: Forsyth State: NC Country: US Zip Code: 27107																												
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other																												
6. NAICS Code(s) for the Site	A. 56291 B. C. D.																												
7. Site Mailing Address	Street or P. O. Box: 3370 OLD LEXINGTON RD., BLDG. 46 Fax: City, Town, or Village: WINSTON-SALEM State: NC Country: US Zip Code: 27107																												
8. Site Contact Person	First Name: GARY MI: M Last Name: FISHER Title: REMEDIATION MANAGER Street or P. O. Box: 600 MOUNTAIN AVE City, Town, or Village: MURRAY HILL State: NJ Country: US Zip Code: 07974 Email: GARY.FISHER@ALCATEL-LUCENT.COM Phone: 908.582.5771 Ext:																												
9. Operator and Legal Owner of the Site	<table border="0"> <tr> <td colspan="2"> A. Name of Site's Owner: SALEM BUSINESS PARK LLC </td> <td colspan="2"> Date Became Owner: 06/21/1995 </td> </tr> <tr> <td colspan="4"> Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other </td> </tr> <tr> <td colspan="2"> Street or P. O. Box: 3300 OLD LEXINGTON RD </td> <td colspan="2"> Phone: 336.784.2111 </td> </tr> <tr> <td colspan="2"> City, Town, or Village: WINSTON SALEM </td> <td colspan="2"> Zip Code: 27107 </td> </tr> <tr> <td colspan="2"> State: NC Country: US </td> <td colspan="2"></td> </tr> <tr> <td colspan="2"> B. Name of Site's Operator: ALCATEL-LUCENT USA INC </td> <td colspan="2"> Date Became Operator: 11/01/2008 </td> </tr> <tr> <td colspan="4"> Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other </td> </tr> </table>	A. Name of Site's Owner: SALEM BUSINESS PARK LLC		Date Became Owner: 06/21/1995		Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other				Street or P. O. Box: 3300 OLD LEXINGTON RD		Phone: 336.784.2111		City, Town, or Village: WINSTON SALEM		Zip Code: 27107		State: NC Country: US				B. Name of Site's Operator: ALCATEL-LUCENT USA INC		Date Became Operator: 11/01/2008		Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
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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 material.
- 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.

- d 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
- e. United States Importer of Hazardous Waste
- f. Mixed Waste (hazardous and radioactive) Generator

2. Transporter of Hazardous Waste

If Yes, mark all that apply.

- a. Transporter
- b. Transfer Facility (at your site)

3. Treater, Storer, or Disposer of Hazardous Waste (at your site)

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

4. Recycler of Hazardous Waste (at your site)

5. 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

6. Underground Injection Control

7. 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 activity.

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

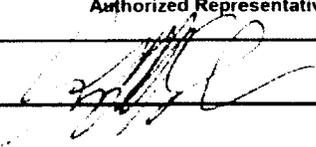
A. Waste Codes for Federally Regulated Hazardous Wastes.

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.

F002, F039

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		
<p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> 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)?</p> <p>If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.</p>		
13. Comments		
<p>FACILITY GENERATED SEVERAL ROLL-OFF BOXES OF HAZARDOUS WASTE BETWEEN LATE JULY AND EARLY SEPTEMBER 2012. FACILITY ALSO GENERATED APPX. 2800 GALLONS OF HAZARDOUS WASTEWATER BETWEEN AUGUST AND OCTOBER 2012. WASTES WERE GENERATED FROM DECOMMISSIONING OF OLD GROUNDWATER TREATMENT SYSTEM. THIS IS A ONE-TIME INCREASE TO LQG AND FACILITY IS EXPECTED TO RETURN TO CESQG FOLLOWING DISPOSAL OF THIS WASTE.</p>		
14. Certification		
<p>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.</p>		
<p style="text-align: center;">Signature of Operator, Owner, or an Authorized Representative</p> 	<p style="text-align: center;">Name and Official Title (type or print)</p> <p>GARY M. FISHER, REMEDIATION MANAGER</p>	<p style="text-align: center;">Date Signed (mm/dd/yyyy)</p> <p style="text-align: center;">11-16 / 12</p>