

Hazardous Waste Section
File Room Document Transmittal Sheet

Your Name: MEL DEAVER
EPA ID: N C R 0 0 0 0 1 0 4 6 2
Facility Name: AFFINERGY INC.
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 10/25/2012
Author of Doc: JONATHAN HODGES

File Room Use Only

Date Recieved by File Room:
Date Scanned:

Month	Day	Year
01	22	13
01	24	13

NCR000010462

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 02, 2012

JONATHAN HODGES
AFFINERGY INC
PO BOX 14650
RTP, NC 27709

RE: EPA ID # NCR000010462
AFFINERGY 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 02, 2012

NCR000010462 **AFFINERGY INC**

County: DURHAM **Source Type:** S **Seq. Number:** 15 **Receive Date:** 29-Oct-2009 ¹²

Location 617 DAVIS DRIVE, SUITE 100
Address: DURHAM, NC 27713

Mailing PO BOX 14650
Address: RESEARCH TRIANGLE PARK, NC 27709

Contact Person JONATHAN HODGES PO BOX 14650
For Source (919) 433-2266 RTP, NC 27709
Information US

Owner (current) C/O SPECTRUM PROPERTIES
LCFRE DURHAM KEYSTONE TECH. PARK, LP MORRISVILLE, NC 27560 Type: P
From: 09/19/2011 To: Phone: (919) 354-1333

Operator (current) PO BOX 14650
AFFINERGY RTP, NC 27709 Type: P
From: 06/09/2006 To: Phone: (919) 474-9407

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

Regulated Waste Activities

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

Transfer Facility: U

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

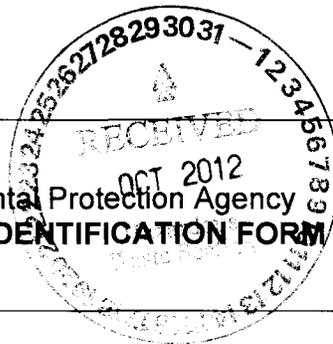
First Name :	JONATHAN	Title	SR SAFETY OFF
Last Name :	HODGES	Date Signed	10/25/2012

NAICS Codes

541711

Comments

UPDATED PER 8700-12 DATED 10/25/2012 UPDATED OWNER INFO AND WASTE CODES. JWM 11/02/2012



<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 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>N</td><td>C</td><td>R</td><td>0</td><td>0</td><td>0</td><td>0</td><td>1</td><td>0</td><td>4</td><td>6</td><td>2</td></tr></table></p>			N	C	R	0	0	0	0	1	0	4	6	2												
N	C	R	0	0	0	0	1	0	4	6	2																
<p>3. Site Name</p>	<p>Name: Affinergy, LLC</p>																										
<p>4. Site Location Information</p>	<p>Street Address: 617 Davis Drive, Suite 100</p> <p>City, Town, or Village: Durham County: Durham</p> <p>State: NC Country: USA Zip Code: 27713</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) for the Site (at least 5-digit codes)</p>	<p>A. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>5</td><td>4</td><td>1</td><td>7</td><td>1</td><td>1</td></tr></table> C. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p> <p>B. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> D. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p>			5	4	1	7	1	1																		
5	4	1	7	1	1																						
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: PO Box 14650</p> <p>City, Town, or Village: RTP</p> <p>State: NC Country: USA Zip Code: 27709</p>																										
<p>8. Site Contact Person</p>	<p>First Name: Jonathan MI: A Last: Hodges</p> <p>Title: Manager, Development Programs</p> <p>Street or P.O. Box: PO Box 14650</p> <p>City, Town or Village: RTP</p> <p>State: NC Country: USA Zip Code: 27709</p> <p>Email: jhodges@affinergy.com</p> <p>Phone: 919-433-2266 Ext.: Fax: 919-474-9407</p>																										
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: LCFRE Durham Keystone Tech. Park, LP Date Became Owner: 08/19/2011</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>Street or P.O. Box: c/o Spectrum Properties, 523 Davis Dr., Suite 150</p> <p>City, Town, or Village: Morrisville Phone: 919-354-1333</p> <p>State: NC Country: USA Zip Code: 27560</p> <p>B. Name of Site's Operator: Affinergy, LLC Date Became Operator: 06/09/2006</p> <p>Operator 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>																										

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.

<p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> 1. Generator of Hazardous Waste If "Yes", mark only one of the following – a, b, or c.</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 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.</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 in 2-4.</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 If "Yes", mark all that apply.</p> <p><input type="checkbox"/> a. Transporter</p> <p><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 Part B 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 If "Yes", mark all that apply.</p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><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>
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B. Universal Waste Activities; Complete all parts 1-2.

Y N **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	<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**
If "Yes", mark all that apply.

a. Transporter

b. Transfer Facility (at your site)

Y N **2. Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.

a. Processor

b. Re-refiner

Y N **3. Off-Specification Used Oil Burner**

Y N **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.

D001	D002	F005	D038	F003	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

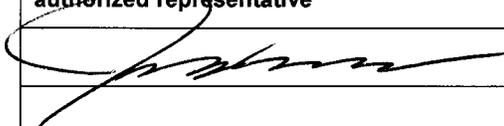
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

*Update Waste Codes
Owner Info*

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)
	Jonathan Hodges, Manager, Dev. Prog.	10/25/2012