

Hazardous Waste Section  
File Room Document Transmittal Sheet

Your Name: MEL DEAVER  
EPA ID: N C D 9 8 2 1 3 7 1 0 1  
Facility Name: COOPER BUSSMANN LLC  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 10/31/2012  
Author of Doc: MTCHELL MEDDORD

**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
01	22	13
01	24	13

NCD982137101

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 07, 2012

WILLIAM GRAHAM  
COOPER BUSSMANN LLC  
210 DIXIE TRAIL  
GOLDSBORO, NC 27530

RE: EPA ID # NCD982137101  
COOPER BUSSMANN LLC

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 07, 2012

**NCD982137101 COOPER BUSSMANN LLC**

**County:** WAYNE      **Source Type:** S      **Seq. Number:** 8      **Receive Date:** 02-Nov-2009

<b>Location</b> 210 DIXIE TRAIL <b>Address:</b> GOLDSBORO, NC 27530	<b>Mailing</b> 210 DIXIE TRAIL <b>Address:</b> GOLDSBORO, NC 27530
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<b>Contact Person</b> WILLIAM GRAHAM For Source Information (919) 734-3900X147	210 DIXIE TRAIL GOLDSBORO, NC 27530 US
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<b>Owner (current)</b> COOPER BUSSMANN LLC	600 TRAVIS ST SUITE 5600 HOUSTON, TX 77210	Type: P
From: 10/31/2012	To:	Phone: (713) 209-8400

<b>Operator (current)</b> COOPER BUSSMANN LLC	210 DIXIE TRAIL GOLDSBORO, NC 27530	Type: P
From: 10/31/2012	To:	Phone: (919) 734-3900

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

## Regulated 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

Mixed Waste Generator: No

Transfer Facility: No

Used Oil Fuel Marketer Activity  
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

TSD Activity: No

Processor: No

Recycler Activity: No

Refiner: No

Marketer who first claims the used  
oil meets the specifications:      No

Exempt Boiler and/or Industrial Furnace

Underground      No

Small Quantity Onsite Burner Exemption: No

Injection Control:      No

Smelting, melting, Refining Furnace

Destination Facility for  
Universal Waste:      No

Exemption: No

## Certification Information

First Name : MITCHELL

Title      PLT MGR

Last Name : MEDFORD

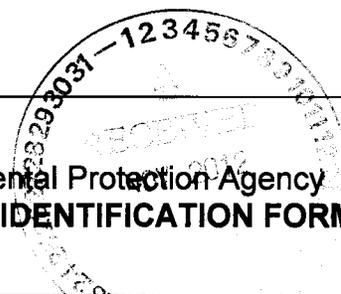
Date Signed      10/31/2012

## NAICS Codes

335313

## Comments

PER 8700-12 DATED 10/31/2012 UPDATED SITE NAME, OWNER, CONTACT INFO AND WASTE CODES



**United States Environmental Protection Agency  
RCRA SUBTITLE C SITE IDENTIFICATION FORM**

<p><b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.</p>														
<p><b>1. Reason for Submittal</b></p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p><b>Reason for Submittal:</b></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 <math>\geq 1,000</math> kg of hazardous waste, <math>&gt;1</math> kg of acute hazardous waste, or <math>&gt;100</math> kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>													
<p><b>2. Site EPA ID Number</b></p>	<p>EPA ID Number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>N</td><td>C</td><td>D</td><td>9</td><td>8</td><td>2</td><td>1</td><td>3</td><td>7</td><td>1</td><td>0</td><td>1</td></tr></table></p>		N	C	D	9	8	2	1	3	7	1	0	1
N	C	D	9	8	2	1	3	7	1	0	1			
<p><b>3. Site Name</b></p>	<p>Name: Cooper Bussmann, LLC</p>													
<p><b>4. Site Location Information</b></p>	<p>Street Address: 210 Dixie Trail</p>													
	<p>City, Town, or Village: Goldsboro</p>	<p>County: Wayne</p>												
	<p>State: NC</p>	<p>Country: USA</p>	<p>Zip Code: 27530</p>											
<p><b>5. Site Land Type</b></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><b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b></p>	<p>A. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3</td><td>3</td><td>5</td><td>3</td><td>1</td><td>3</td></tr></table></p>	3	3	5	3	1	3	<p>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>						
	3	3	5	3	1	3								
<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></p>							<p>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>							
<p><b>7. Site Mailing Address</b></p>	<p>Street or P.O. Box: 210 Dixie Trail</p>													
	<p>City, Town, or Village: Goldsboro</p>													
	<p>State: NC</p>	<p>Country: USA</p>	<p>Zip Code: 27530</p>											
<p><b>8. Site Contact Person</b></p>	<p>First Name: William</p>	<p>MI: M</p>	<p>Last: Graham</p>											
	<p>Title: Environmental Coordinator</p>													
	<p>Street or P.O. Box: 210 Dixie Trail</p>													
	<p>City, Town or Village: Goldsboro</p>													
	<p>State: NC</p>	<p>Country: USA</p>	<p>Zip Code: 27530</p>											
	<p>Email: Mike.Graham@CooperIndustries.com</p>													
<p><b>9. Legal Owner and Operator of the Site</b></p>	<p>A. Name of Site's Legal Owner: Cooper Bussmann, LLC</p>		<p>Date Became Owner: 10/31/12</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: 600 Travis Street Suite 5600</p>													
	<p>City, Town, or Village: Houston</p>		<p>Phone: (713) 209-8400</p>											
	<p>State: TX</p>	<p>Country: USA</p>	<p>Zip Code: 77210-4446</p>											
	<p>B. Name of Site's Operator: Cooper Bussmann, LLC</p>		<p>Date Became Operator: 10/31/12</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.**

- Y  N  **1. Generator of Hazardous Waste**  
 If "Yes", mark 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.
- c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

- Y  N  **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.
- Y  N  **3. United States Importer of Hazardous Waste**
- Y  N  **4. Mixed Waste (hazardous and radioactive) Generator**

- Y  N  **5. Transporter of Hazardous Waste**  
 If "Yes", mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y  N  **6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.
- Y  N  **7. Recycler of Hazardous Waste**
- Y  N  **8. Exempt Boiler and/or Industrial Furnace**  
 If "Yes", mark all that apply.
- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption
- Y  N  **9. Underground Injection Control**
- Y  N  **10. Receives Hazardous Waste from Off-site**

**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
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other (specify) \_\_\_\_\_
- f. Other (specify) \_\_\_\_\_
- g. Other (specify) \_\_\_\_\_

- 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						
D006						
D008						
D011						
F003						
F005						

**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.

D001						
D002						
D006						
D008						
D011						
F003						
F005						

**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 name and owner.

**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)
<i>Mitchell Medford</i>	Mitchell Medford, Plant Manager	10/31/2012

210 Dixie Trail  
Goldsboro, NC 27530  
Phone: (919) 734-3900, Ext. 147  
Fax: (919) 734-8217  
e-mail: [mike.graham@cooperindustries.com](mailto:mike.graham@cooperindustries.com)



To: North Carolina Department of Environment and Natural Resources  
Division of Waste Management  
Hazardous Waste Section  
P.O. Box MSC 1646  
Raleigh, NC 27699

From: Mike Graham

Subject: NCD982137101 - RCRA Subtitle C Site Identification Form

Date: October 31, 2012



Enclosed please find our completed RCRA Subtitle C Site Identification Form submitted as a subsequent notification to update our site information.

If you should have any questions, please contact me at (919) 734-3900, ext. 147, or via email at [Mike.Graham@CooperIndustries.com](mailto:Mike.Graham@CooperIndustries.com).

Regards,

A handwritten signature in black ink that reads "Mike Graham".

Mike Graham  
Environmental Coordinator