

Hazardous Waste Section  
File Room Document Transmittal Sheet

17

Your Name: MEL DEAVER  
EPA ID: N C P 1 2 1 7 1 2 0 8 3  
Facility Name: ANIMAL HEALTH INTERNATIONAL INC.  
Document Group: General (G)  
Document Type: Other (O)  
Description: PROVISIONAL EPA  
Date of Doc: 12/7/2012  
Author of Doc: TODD BEILMAN

**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
01	22	13
01	24	13

NCP121712083

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

December 17, 2012

NICK LEE  
ANIMAL HEALTH INTERNATIONAL INC  
531-B EAST MAIN ST  
MARSHVILLE, NC 28103

RE: PROVISIONAL EPA ID: # NCP121712083  
ANIMAL HEALTH INTERNATIONAL INC

Dear Facility Contact:

The above Provisional EPA ID Number has been assigned to your facility as a handler of hazardous waste. This number is to be used for the hazardous waste activity as described on the application. Specifically, please note that the Provisional EPA ID Number is for the shipment of hazardous waste from none other than the facility and site identified on the application. This number is effective for a period of ninety (90) days only.

All handlers of hazardous waste are required to pay an annual fee. N.C.G. S. 130A-294.1 (f) requires that a person who generates greater than 1,000 kilograms (2,200 lbs.) of hazardous waste in any calendar month during the year shall pay an annual fee of one thousand four hundred dollars (\$1,400.00). Effective July 1, 2010, Hazardous Waste fees increased pursuant to the North Carolina General Statute 130A-294.1. The new hazardous waste fees may be found on page two of the attached Invoice. N.C.G.S. 25-3-506 states that a processing fee of \$25.00 will be charged for a returned check.

If you have any questions, please contact Ray Strawbridge at (919)-707-8231.

Sincerely,

Patricia Davalos  
Supervisor, HWS Financial and Information Management Unit

cc: Central Files (General)

# IBEAM - RCRA Site Detail

Report run on: December 17, 2012

**NCP121712083 ANIMAL HEALTH INTERNATIONAL INC**

County: UNION	Source Type: P	Seq. Number: 1	Receive Date: 17-Dec-2012
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Location 531-B EAST MAIN ST  
Address: MARSHVILLE, NC 28103

Mailing 531-B EAST MAIN ST  
Address: MARSHVILLE, NC 28103

**Contact Person** NICK LEE 531-B EAST MAIN ST  
For Source (704) 624-2473 MARSHVILLE, NC 28103  
Information US

**Owner (current)** 920 HAMILTON CROSS RD  
WARREN & JOANN EDWARDS MARSHVILLE, NC 28103 Type: P

From: 01/01/1601 To: Phone: (704) 624-5122

**Operator (current)** 531-B EAST MAIN ST  
ANIMAL HEALTH INTERNATIONAL INC MARSHVILLE, NC 28103 Type: P

From: 01/01/1601 To: Phone: (704) 624-2473

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

Transporter Activity: No

Used Oil Processor and/or  
Re-refiner Activity

off-specification used oil to  
off-specification used oil burner: No

TSD Activity: No

Processor: No

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

Recycler Activity: No

Refiner No

Exempt Boiler and/or Industrial Furnace

Underground  
Injection Control: No

Destination Facility for  
Universal Waste: No

Small Quantity Onsite Burner Exemption: No

Smelting, melting, Refining Furnace

Exemption: No

## Certification Information

First Name : TODD

Title SAFETY MGR

Last Name : BEILMAN

Date Signed 12/07/2012

## NAICS Codes

42499

## Comments

CREATED PER PROVISIONAL APPLICATION DATED 12/7/2012 AS LQG FOR THE DISPOSAL OF EXPIRED PRODUCT. ARS  
12/17/2012



# 2012 INVOICE

**FACILITY LOCATION ADDRESS:**

ATTENTION: ACCOUNTS PAYABLE  
 ANIMAL HEALTH INTERNATIONAL INC  
 531-B EAST MAIN ST  
 MARSHVILLE, NC 28103

NICK LEE  
 ANIMAL HEALTH INTERNATIONAL INC  
 531-B EAST MAIN ST  
 MARSHVILLE NC 28103

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCP121712083	HW57936	12/17/2012	\$ 1,225.00	12/17/2012	

A. **Fee Requirements:** Pursuant to North Carolina General Statute Statute 130A-294.1, you are requested 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 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
		PAST DUE	\$0.00
		CREDIT	\$-175.00
		<b>TOTAL AMOUNT DUE</b>	<b>\$1,225.00</b>

*Balance PD  
 12/28/2012  
 \$10101137*

C. **Remit Payment (including 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 Preston (919) 707-8226  
 Lebeed Kady (919) 707-8229

# North Carolina Application for Provisional Identification Number



NC Department of Environment and Natural Resources  
Division of Waste Management  
Hazardous Waste Section  
1646 Mail Service Center  
Raleigh, NC 27699-1646

**RECEIVED**  
DEC 17 2012  
BY: \_\_\_\_\_

Please Refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act)

1. Reason for Submittal	Provisional EPA ID Number		N	C	P	1	2	1	7	1	2	0	8	3
2. Generator	Name of Company or Site		Animal Health International, Inc.		424990									
	Generator Name		NAICS Code Number											
3. Site Location	Physical Address (Not P.O. Box or Route Number)													
	531 <sup>ST</sup> E, E. Main St.													
	Street Name													
	Marshville			Union			NC		28103					
City			County			State		Zip Code						
4. Site Mailing Address	P.O. Box or Route Number													
	Street													
	Same as above													
	City			State			Zip Code							
5. Site Contact Information	Nick Lee				Facility Manager									
	First and Last Name				Title									
	Nick.lee@animalhealthinternational.com				704-624-2473									
	Email Address				Phone Number									
	Same as above													
	Mailing Address													
6. Legal Owner of the site	Warren and JoAnn Edwards													
	Name of Legal Owner													
	920 Hamilton Cross Road													
	Street Address													
	Marshville			NC		28103								
	City			State			Zip Code							
704-624-5122														
Phone Number														
7. Operator Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Indian		<input type="checkbox"/> District <input type="checkbox"/> Municipal		<input type="checkbox"/> County <input type="checkbox"/> State		<input type="checkbox"/> Federal <input type="checkbox"/> Other							

531 Ste B, E-MAIN ST.

8. Owner Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Indian	<input type="checkbox"/> District <input type="checkbox"/> Municipal	<input type="checkbox"/> County <input type="checkbox"/> State	<input type="checkbox"/> Federal <input type="checkbox"/> Other	
9. Transporter	Univar USA Inc Company Name		G A D 9 8 0 8 4 5 0 7 7 EPA ID Number		
	2001 Continental Blvd Site Address				
	Charlotte City		NC State	28241 Zip Code	
	Zane Hill Contact Name		704-295-0326 Tel. Number		
10. Disposer	EQ Detroit Inc Company Name		M I D 9 8 0 9 9 1 5 6 6 EPA ID Number		
	1923 Frederick Street Site Address				
	Detroit City		MI State	48211 Zip Code	
	Kristine Singleton Contact Name		734-329-8028 Tel. Number		
11. Description of Hazardous Waste	(Check ALL that Apply)				
	<input type="checkbox"/> Ignitable	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Reactive	<input type="checkbox"/> Toxic	
	List Any Additional Specific EPA Hazardous Waste Number(s)				
	D	0	0	2	
12. Waste Specifics	Quantities of Waste Disposed		459 gallons (Gallons / Pounds / Kilograms)		
	Sodium Hypochlorite Name of Waste		Out - Dated - Product How was this waste generated?		
13. Non-Hazardous Waste	Was there Non-Hazardous Waste Generated? ___Yes <u>X</u> No Description of Non-Hazardous Waste Generated: _____				
14. Past Generation	Have you Generated other Hazardous Wastes in the Past? ___Yes <u>X</u> No				
15. Certification	I Certify that the information supplied is accurate and correct to the best of my knowledge and belief; and that this is a one-time handling of any kind of hazardous waste. I do not and will not generate any hazardous waste of any quantity. I have personally examined and am familiar with the information submitted in this and attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fines and imprisonment.				
16. Signature			12/7/12 Date		
	Todd Beilman Print Name		Safety Manager Title of Official		