

Hazardous Waste Section
File Room Document Transmittal Sheet

Your Name: MEL DEAVER
EPA ID: N C D 9 8 2 1 6 5 9 9 5
Facility Name: AAI PHARMA SERVICES
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 11/9/2012
Author of Doc: SALLY STRICKLAND

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
01	22	13
01	24	13

NCD982165995

Scanner's Initials: *DM*



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

Beverly Eaves Perdue
Governor

Dexter R. Matthews
Director

Dee Freeman
Secretary

November 14, 2012

SALLY STRICKLAND
AAIPHARMA SERVICES
2320 SCIENTIFIC PARK DR
WILMINGTON, NC 28405

RE: EPA ID # NCD982165995
AAIPHARMA SERVICES

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 14, 2012

NCD982165995 AAIPHARMA SERVICES

County: NEW HANOVER **Source Type:** S **Seq. Number:** 17 **Receive Date:** 13-Nov-2012

Location 1206 N 23RD ST
Address: WILMINGTON, NC 28405

Mailing 2320 SCIENTIFIC PARK DR
Address: WILMINGTON, NC 28405

Contact Person SALLY STRICKLAND 2320 SCIENTIFIC PARK DR
For Source (910) 254-7274 WILMINGTON, NC 28405
Information US

Owner (current) 2320 SCIENTIFIC PARK DR
AAI SERVICES CORP WILMINGTON, NC 28405 Type: P
From: 07/15/2009 To: Phone:

Operator (current) 2320 SCIENTIFIC PARK DR
AAI SERVICES CORP WILMINGTON, NC 28405 Type: P
From: 07/15/2009 To: Phone:

Land Type: P Non Notifier : E Commercial Availability: Tsd Date:
Accessibility: No. Employees : 0 State District:

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Not a Generator; State: Not a 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 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
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 : SALLY Title EH&S SPEC
Last Name : STRICKLAND Date Signed 11/09/2012

NAICS Codes

54138

Comments

PER 8700-12 DATED 11/9/2012 SITE IS NOW CLOSED AND HAS BEEN INSPECTED BY ROBERT NELMS, DOWNGRADED FROM LQG TO NAG AS WELL AS UPDATING SITE CONTACT. JWM 11/14/2012



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

<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</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>D</td><td>9</td><td>8</td><td>2</td><td>1</td><td>6</td><td>5</td><td>9</td><td>9</td><td>5</td></tr></table></p>		N	C	D	9	8	2	1	6	5	9	9	5								
N	C	D	9	8	2	1	6	5	9	9	5											
<p>3. Site Name</p>	<p>Name: AAIPharma Services</p>																					
<p>4. Site Location Information</p>	<p>Street Address: 1206 North 23rd Street</p> <p>City, Town, or Village: Wilmington County: New Hanover</p> <p>State: North Carolina Country: USA Zip Code: 28405</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>3</td><td>8</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></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></tr></table> D. <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p>		5	4	1	3	8															
5	4	1	3	8																		
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 2320 Scientific Park Drive</p> <p>City, Town, or Village: Wilmington</p> <p>State: North Carolina Country: USA Zip Code: 28405</p>																					
<p>8. Site Contact Person</p>	<p>First Name: Sally MI: A Last: Strickland</p> <p>Title: Safety Health and Environment Specialist</p> <p>Street or P.O. Box: 2320 Scientific Park Drive</p> <p>City, Town or Village: Wilmington</p> <p>State: North Carolina Country: USA Zip Code: 28405</p> <p>Email: sally.strickland@aaipharma.com</p> <p>Phone: 910.254.7274 Ext.: Fax: 910.815.2369</p>																					
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: AAIPharma Services Date Became Owner: 07/15/2009</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: 2320 Scientific Park Drive</p> <p>City, Town, or Village: Wilmington Phone: 910.254.7000</p> <p>State: North Carolina Country: USA Zip Code: 28405</p> <p>B. Name of Site's Operator: AAIPharma Services Date Became Operator: 07/15/2009</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.

NONE						
GENERATED						

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

Facility no longer generates hazardous waste. Facility closed officially at close of business on October 9, 2012.

Mr. Robert Nelms conducted the EPA closure inspection on November 9, 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 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)
	Sally A Strickland - EH&S Specialist	November 9, 2012