

Hazardous Waste Section  
File Room Document Transmittal Sheet

17

Your Name: MEL DEAVER  
EPA ID: N C R 0 0 0 1 5 3 7 7 8  
Facility Name: EMBREX INC.  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 11/2/2012  
Author of Doc: CHESTER HINTON

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Date Recieved by File Room:

Date Scanned:

Month	Day	Year
01	22	13
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NCR000153778

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 08, 2012

CHESTER HINTON  
MWD LLC MEDI-WASTE DISPOSAL  
4441-106 SUITE 352 SIX FORKS RD  
RALEIGH, NC 27609

RE: EPA ID # NCR000156778  
MWD LLC MEDI-WASTE DISPOSAL

Dear Facility Contact:

Thank you for notifying the North Carolina Hazardous Waste Section of your activities as a Transporter of hazardous waste. The EPA ID Number assigned to your site is shown above. Please notify us if any information about your site changes: such as the facility name, site address, regulatory status, facility contact/address/phone number, or if your facility plans to close, by completing an EPA Form 8700 12.

NC Hazardous Waste Section  
1646 Mail Service Center  
Raleigh, NC 27699-1646

If you are considered a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Transporter, or a Treater, Storer or Disposer (TSD) facility, you are required to pay an annual fee to the State of North Carolina. Accordingly, an invoice is attached to this letter. These fees are used to support NC State programs and ensure the safe management of hazardous waste. We encourage you to become familiar with the NC Hazardous Waste Management Rules that have been codified in the NC Administrative Code at 15A NCAC 13A. You may obtain a printed copy of the rules for \$32.00 by contacting Patricia Davalos at 919-707-8233. For more information on the rules, visit <http://portal.ncdenr.org/web/wm/hw/rules>.

If you have any questions, please 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 08, 2012

**NCR000156778 MWD LLC MEDI-WASTE DISPOSAL**

County: WAKE      Source Type: N      Seq. Number: 1      Receive Date: 05-Nov-2012

Location 4441-106 SUITE 352 SIX FORKS RD  
Address: RALEIGH, NC 27609

Mailing 4441-106 SUITE 352 SIX FORKS RD  
Address: RALEIGH, NC 27609

Contact Person      CHESTER HINTON      1024 COWPER DR  
For Source      (919) 612-2092      RALEIGH, NC 27608  
Information      US

Owner (current)      CHESTER HINTON      1024 COWPER DR  
Type: P  
Phone: (919) 612-2092  
From: 08/21/2012      To:

Operator (current)      CHESTER HINTON      1024 COWPER DR  
Type: P  
Phone: (919) 612-2092  
From: 08/21/2012      To:

Land Type: P      Non Notifier : E      Commercial Availability:      Tsd Date:  
Accessibility:      No. Employees :      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: Yes  
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 off-specification used oil burner:	No	
Used Oil Processor and/or Re-refiner Activity	Marketer who first claims the used oil meets the specifications:	No	
Processor: No			
Refiner: No			
Underground Injection Control: No	Destination Facility for Universal Waste:	No	

## Certification Information

First Name : CHESTER      Title      OWNER  
Last Name : HINTON      Date Signed      11/02/2012

## NAICS Codes

54162      562111      562112      562119

## Comments

INITIAL NOTIFICATION PER 8700-12 DATED 11/2/2012. HW TRANSPORTER. JWN 11/8/2012



**FACILITY LOCATION ADDRESS:**

ATTENTION: ACCOUNTS PAYABLE  
 MWD LLC MEDI-WASTE DISPOSAL  
 1024 COWPER DR  
 RALEIGH, NC 27608

CHESTER HINTON  
 MWD LLC MEDI-WASTE DISPOSAL  
 4441-106 SUITE 352 SIX FORKS RD  
 RALEIGH, NC 27609

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000156778	HW57913	11/07/2012	\$ 840.00	12/08/2012	

**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 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
TRANSPORTER	\$840.00	-----	\$840.00
		PAST DUE	\$0.00
		CREDIT	\$0.00
		<b>TOTAL AMOUNT DUE</b>	<b>\$840.00</b>

**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

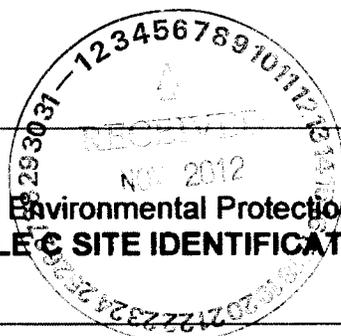
**D. Hazardous Waste Contacts:**

1. BILLING:

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

2. TECHNICAL ASSISTANCE

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



**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 checked="" 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 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, <math>&gt;100</math> kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)</p>	
<p><b>2. Site EPA ID Number</b></p>	<p>EPA ID Number <u>NCR100011567781</u></p>	
<p><b>3. Site Name</b></p>	<p>Name: <u>MWD LLC Medi-Waste Disposal</u></p>	
<p><b>4. Site Location Information</b></p>	<p>Street Address: <u>4441-106 Suite 352 Six Forks Rd</u></p> <p>City, Town, or Village: <u>Raleigh</u> County: <u>U.S.A.</u></p> <p>State: <u>N.C.</u> Country: <u>U.S.A.</u> Zip Code: <u>27609</u></p>	
<p><b>5. Site Land Type</b></p>	<p><input 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. <u>5 6 2 1 1 2</u> c. <u>5 6 2 1 1 1</u></p> <p>B. <u>5 6 2 1 1 9</u> d. <u>5 4 1 6 2 0</u></p>	
<p><b>7. Site Mailing Address</b></p>	<p>Street or P.O. Box: <u>4441-106 Suite 352 Six Forks Rd</u></p> <p>City, Town, or Village: <u>Raleigh</u></p> <p>State: <u>N.C.</u> Country: <u>U.S.A</u> Zip Code: <u>27609</u></p>	
<p><b>8. Site Contact Person</b></p>	<p>First Name: <u>Chester</u> MI: <u>T</u> Last: <u>Hinton</u></p> <p>Title: <u>Owner</u></p> <p>Street or P.O. Box: <u>1024 Cowper Dr</u></p> <p>City, Town or Village: <u>Raleigh</u></p> <p>State: <u>N.C.</u> Country: <u>U.S.A</u> Zip Code: <u>27608</u></p> <p>Email: <u>chinton@mediwastedisposal-nc.com</u></p> <p>Phone: <u>919 612 2092</u> Ext.: _____ Fax: _____</p>	
<p><b>9. Legal Owner and Operator of the Site</b></p>	<p>A. Name of Site's Legal Owner: <u>Chester Hinton</u> Date Became Owner: <u>8/21/2012</u></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: <u>1024 Cowper Dr</u></p> <p>City, Town, or Village: <u>Raleigh</u> Phone: <u>919 612 2092</u></p> <p>State: <u>N.C.</u> Country: <u>U.S.A</u> Zip Code: <u>27608</u></p> <p>B. Name of Site's Operator: <u>Chester Hinton</u> Date Became Operator: <u>8/21/2012</u></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	U010					
D002	P001					
D008	P012					
D009	P042					
D011	P075					
D024	P081					
U248						
U205						
U058						

**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.

N/A						

**12. Notification of Hazardous Secondary Material (HSM) Activity**

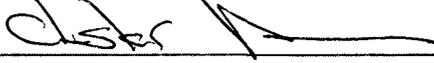
Y  N  Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

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

**13. Comments**

MWD LLC is a privately held company specializing in hazardous & non hazardous waste transport exclusively serving the healthcare industry. Our customers will include doctors, dentists, surgery centers, pharmacies, laboratories and hospitals. MWD LLC will not own or operate any treatment facilities, it will only act as a third party transporter. In addition to waste packing and transport services, MWD LLC will also offer OSHA health and safety training as well as consulting. The waste types that will be transported but not limited to will be ; dental amalgam, medical laboratory chemicals, pharmaceuticals, and electronic waste.

**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)
	Chester Hinton owner	11/02/2012