Hazardous Waste Section

File Room Document Transmittal Sheet

Your Name:	BELLA NGUYEN
EPA ID:	NCR000000604
Facility Name:	HOME DEPOT #3603
Document Group:	General (G)
Document Type:	Notification 8700 (8700)
Description:	
Date of Doc:	4/29/2016
Author of Doc:	ASHLEY CAMPBELL

File Room Use Only

NCR000000604

	Month	Day	Year
Date Recieved by File Room:			
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Waste Management
ENVIRONMENTAL QUALITY

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Director

May 12, 2016

ASHLEY CAMPBELL
HOME DEPOT #3603
5151 SAN FELIPE ST, STE 1000
HOUSTON, TX 77056

RE: EPA ID # NCR000000604 - HOME DEPOT #3603

Dear Facility Contact:

The North Carolina Hazardous Waste Section has received 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 assistance, please feel free to contact Melodi Deaver at (919)-707-8204.

Sincerely,

Julie Woosley, Chief
Hazardous Waste Section

cc: Central Files (General)

IBEAM - RCRA Site Detail

Report run on: May 12, 2016

NCR000000604 HOME DEPOT #3603

County: MECKLENBURG **Source Type:** S **Seq. Number:** 36 **Receive Date:** 29-Apr-2019

Location Address: 8135 UNIVERSITY CITY BLVD
CHARLOTTE, NC 28213

Mailing Address: 3207 GREY HAWK CT STE 200
CARLSBAD, CA 92010

Contact Person For Source Information: ASHLEY CAMPBELL
(713) 985-5472
5151 SAN FELIPE ST, STE 1000
HOUSTON, TX 77056
US

Owner (current)
THE HOME DEPOT USA INC
2455 PACES FERRY RD
ATLANTA, GA 30339
Type: P
From: 06/30/1994
To:
Phone: (800) 451-8346

Operator (current)
THE HOME DEPOT USA INC
5151 SAN FELIPE ST STE 1000
HOUSTON, TX 77056
Type: P
From: 06/30/1994
To:
Phone:

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

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

Transporter:	No
Transfer Facility:	No

Used Oil Processor and/or Re-refiner Activity

Processor:	No
Refiner	No

Underground Injection Control:	No

Off-Specification Used Oil Burner:	No

Used Oil Fuel Marketer Activity

Marketer who direct shipment off-specification used oil to off-specification used oil burner:	No
Marketer who first claims the used oil meets the specifications:	No
Destination Facility for Universal Waste:	No

Certification Information

First Name :	ASHLEY	Title	ENV SPECIALIST
Last Name :	CAMPBELL	Date Signed	04/29/2016

NAICS Codes

444110

Comments

UPDATED PER 8700-12 DATED 4/29/2016 NAICS CODES, NEW SITE CONTACT, UPDATED SITE MAILING ADDRESS, LEG OWNER/OPERATOR, UPDATED WASTE CODES. BN 5/12/2016

OMB# 2050-0024; Expires 01/31/2017

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**

1. Reason for Submittal

MARK ALL BOX(ES) THAT APPLY

Reason for Submittal:

- ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☒ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
  - ☐ Site was a TSD facility and/or generator of >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)

2. Site EPA ID Number	**EPA ID Number** N C R 0 0 0 0 0 6 0 4		
3. Site Name	**Name:** Home Depot #3603		
4. Site Location Information	**Street Address:** 8135 University Cty Blvd		
	City, Town, or Village: Charlotte		**County:** Mecklenburg
	State: NC	**Country:** USA	**Zip Code:** 28213
5. Site Land Type	☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other		
6. NAICS Code(s) for the Site (at least 5-digit codes)	**A.** 4 4 4 1 1 0	**C.**	
	B.	**D.**	
7. Site Mailing Address	**Street or P.O. Box:** 3207 Grey Hawk Ct Suite 200		
	City, Town, or Village: Carlsbad		
	State: CA	**Country:** USA	**Zip Code:** 92010
8. Site Contact Person	**First Name:** Ashley	**MI:** **Last:** Campbell	
	Title: Environmental Compliance Specialist		
	Street or P.O. Box: 5151 San Felipe Street, Suite 1000		
	City, Town or Village: Houston		
	State: TX	**Country:** USA	**Zip Code:** 77056
	Email: Ashley.Campbell@STERICYCLE.com		
	Phone: 713-985-5472	**Ext.:**	**Fax:**
9. Legal Owner and Operator of the Site	**A. Name of Site's Legal Owner:** The Home Depot USA, Inc		**Date Became Owner:** 6/30/1994
	Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other		
	Street or P.O. Box: 2455 Paces Ferry Rd		
	City, Town, or Village: Atlanta		**Phone:** 800-451-8346
	State: GA	**Country:** USA	**Zip Code:** 30339
	B. Name of Site's Operator: The Home Depot USA, Inc		**Date Became Operator:** 6/30/1994
	Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other		

EPA ID Number | N | C | R | 0 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 4 |

OMB#: 2050-0024; Expires 01/31/2017

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 2-10.

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	D009	D016	D018	D035	

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

WE ARE SUBMITTING A NEW 8700-12 FORM IN ORDER TO UPDATE SITE CONTACT INFORMATION. THANK YOU.

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)
Ashley Campbell	ASHLEY CAMPBELL/ENVIRO	04/29/2016