

File Room Document Transmittal Sheet

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Your Name: MEL DEAVER
EPA ID: NCD099820490
Facility Name: B/S/H HOME APPLIANCES CORP
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 3/8/2016
Author of Doc: CHARLES DICKERSON

File Room Use Only

Date Recieved by File Room:

Date Scanned:

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5	31	16

NCD099820490

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May 09, 2016

CHARLES DICKERSON
B/S/H/ HOME APPLIANCES CORP
100 BOSCH BLVD
NEW BERN, NC 28562

RE: EPA ID # NCD099820490 - B/S/H/ HOME APPLIANCES CORP

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,

A handwritten signature in black ink, appearing to read 'Julie Woosley', written in a cursive style.

Julie Woosley, Chief
Hazardous Waste Section

cc: Central Files (General)

IBEAM - RCRA Site Detail

Report run on: May 09, 2016

NCD099820490 B/S/H/ HOME APPLIANCES CORP

County: CRAVEN Source Type: S Seq. Number: 13 Receive Date: 10-Mar-2016

Location 100 BOSCH BLVD Address: NEW BERN, NC 28562	Mailing 100 BOSCH BLVD Address: NEW BERN, NC 28562
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Contact Person CHARLES DICKERSON For Source Information (252) 717-9491X2743	100 BOSCH BLVD NEW BERN, NC 28562 US
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Owner (current) B/S/H/ HOME APPLIANCES CORP	100 BOSCH BLVD NEW BERN, NC 28562	Type: P
From: 01/01/1997	To:	Phone: (800) 057-6890

Operator (current) B/S/H/ HOME APPLIANCES CORP	100 BOSCH BLVD NEW BERN, NC 28562	Type: P
From: 02/08/2016	To:	Phone: (800) 057-6890

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	Used Oil Fuel Marketer Activity	
Mixed Waste Generator: No	Transfer Facility: No	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	Marketer who first claims the used oil meets the specifications:	No
TSD Activity: No	Processor: 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

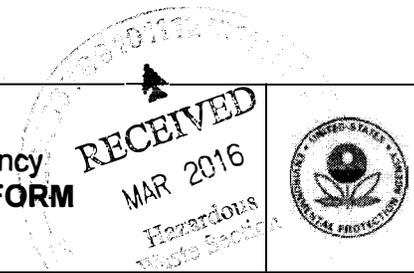
First Name : CHARLES	Title	EHS ENG
Last Name : DICKERSON	Date Signed	03/08/2016

NAICS Codes

33522

Comments

UPDATED 8700-12 DATED 3/8/2016 SITE NAME, SITE CONTACT PERSON INFOR, LEGAL OWNER/ OPERATOR INFOR. MD 5/9/2016



<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</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 >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 <u> N C D </u> <u> 0 9 9 </u> <u> 8 2 0 </u> <u> 4 9 0 </u></p>			
<p>3. Site Name</p>	<p>Name: B/S/H/ Home Appliances Corp.</p>			
<p>4. Site Location Information</p>	<p>Street Address: 100 Bosch Blvd</p>			
	<p>City, Town, or Village: New Bern</p>		<p>County: Craven</p>	
	<p>State: North Carolina</p>	<p>Country: United States</p>	<p>Zip Code: 28562</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. <u> 3 </u> <u> 3 </u> <u> 5 </u> <u> 2 </u> <u> 2 </u> </p>	<p>C. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> </p>		
	<p>B. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> </p>	<p>D. <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> </p>		
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 100 Bosch Blvd</p>			
	<p>City, Town, or Village: New Bern</p>			
	<p>State: North Carolina</p>	<p>Country: United States</p>	<p>Zip Code: 28562</p>	
<p>8. Site Contact Person</p>	<p>First Name: Charles</p>		<p>MI: C</p>	<p>Last: Dickerson</p>
	<p>Title: EHS Engineer</p>			
	<p>Street or P.O. Box: 100 Bosch Blvd</p>			
	<p>City, Town or Village: New Bern</p>			
	<p>State: NC</p>	<p>Country: United States</p>	<p>Zip Code: 28562</p>	
	<p>Email: charles.dickerson@bshg.com</p>			
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: B/S/H/ Home Appliances Corp.</p>		<p>Date Became Owner: 1/1/1997</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: 100 Bosch Blvd</p>			
	<p>City, Town, or Village: New Bern</p>		<p>Phone: 18005786890</p>	
	<p>State: North Carolina</p>	<p>Country: United States</p>	<p>Zip Code: 28562</p>	
	<p>B. Name of Site's Operator: B/S/H/ Home Appliances Corp</p>		<p>Date Became Operator: 2/8/2016</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 2-10.

- 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						
F003						

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						
F003						

B/S/H/

BSH HOME APPLIANCES CORPORATION

100 Bosch Blvd
New Bern, NC 28562
252-639-7430
charles.dickerson@bshg.com

March 8th, 2016

Ms. Julie Woosley
Hazardous Waste Section Chief
Department of Environmental Quality
NC Division of Waste Management
Hazardous Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646



RE: RCRA Subtitle C Site Identification Form (8700-12)

Dear Ms. Woosely:

Please find enclosed a completed "Form 8700-12" for the above referenced site. This is provided in response to our conversation and email dated March 7th, 2016. As per your instruction, the form was completed utilizing the EPA ID number NCD099820490.

In addition to the EPA ID number, I have checked the CESQG box in section 10-1(c) indicating that we feel that our site is a Conditionally Exempt Small Quantity Generator of Hazardous Wastes. We generate much less than 220 lbs/month of D001/F003 regulated wastes and currently have "no" acute hazardous material or waste on site.

Thank you for your assistance. Please let me know if I may provide additional information.

Sincerely,

A handwritten signature in black ink that reads "Craig Dickerson". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Craig Dickerson
Safety and Environmental Engineer

Enclosure: Form 8700-12 (RCRA Subtitle C Site Identification Form)

BSH HOME APPLIANCES CORPORATION