

Hazardous Waste Section
File Room Document Transmittal Sheet

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Your Name: MEL DEAVER
EPA ID: NCD981867161
Facility Name: METECH RECYCLING INC
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 3/30/2016
Author of Doc: NICHOLAS JACKSON

File Room Use Only

Date Recieved by File Room:

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NCD981867161

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Waste Management
ENVIRONMENTAL QUALITY

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Director

May 13, 2016

NICHOLAS JACKSON
METECH RECYCLING INC
2150 NC HWY 56 E
CREEDMOOR, NC 27522

RE: EPA ID # NCD981867161 - METECH RECYCLING INC

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 13, 2016

NCD981867161 METECH RECYCLING INC

County: GRANVILLE Source Type: S Seq. Number: 30 Receive Date: 04-Apr-2016

Location 2150 NC HWY 56 EAST
Address: CREEDMOOR, NC 27522

Mailing 2150 NC HWY 56 EAST
Address: CREEDMOOR, NC 27522

Contact Person NICHOLAS JACKSON 2150 NC HWY 56 E
For Source (919) 528-6000X5201 CREEDMOOR, NC 27522
Information US

Owner (current) 1016 NORTHLAKE COURT Type: P
CREEDMOOR BUSINESS PARK WAKE FOREST, NC 27587
From: 01/01/1601 To: Phone: (919) 524-4096

Operator (current) 2150 HWY 56 E Type: P
METECH RECYCLING INC CREEDMOOR, NC 27522
From: 01/01/2009 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

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

Recycler Activity: No

Processor: 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 : NICHOLAS

Title REG MGR

Last Name : JACKSON

Date Signed 03/30/2016

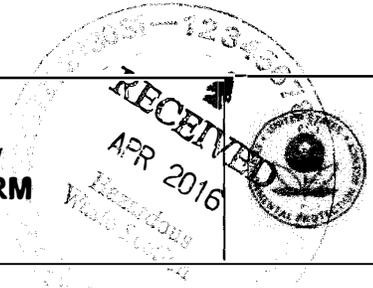
NAICS Codes

423930

Comments

UPDATED 8700-12 DATED 3/30/2016 SITE CONTACT PERSON INFOR.
OKAY TO PROCESS PER PHIL OROZCO***MD 5/13/2016

phil



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: <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <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)		
2. Site EPA ID Number	EPA ID Number N C D 9 8 1 8 6 7 1 6 1		
3. Site Name	Name: Metech Recycling, Inc.		
4. Site Location Information	Street Address: 2150 North Carolina Highway 56 East		
	City, Town, or Village: Creedmoor		County: Granville
	State: NC	Country: USA	Zip Code: 27522
5. Site Land 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		
6. NAICS Code(s) for the Site (at least 5-digit codes)	A. 4 2 3 9 3 0	C. 	
	B. 	D. 	
7. Site Mailing Address	Street or P.O. Box: 2150 North Carolina Highway 56 East		
	City, Town, or Village: Creedmoor		
	State: NC	Country: USA	Zip Code: 27522
8. Site Contact Person	First Name: Nicholas		MI: S
	Last: Jackson		
	Title: Regional Manager		
	Street or P.O. Box: 2150 North Carolina Highway 56 East		
	City, Town or Village: Creedmoor		
	State: NC	Country: USA	Zip Code: 27522
	Email: njackson@metechrecycling.com		
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner: Creedmoor Business Park		Date Became Owner: Unknown
	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		
	Street or P.O. Box: 1016 Northlake Court		
	City, Town, or Village: Wake Forest		Phone: 919-524-4096
	State: NC	Country: USA	Zip Code: 27587
B. Name of Site's Operator: Metech Recycling, Inc.		Date Became Operator: 2009	
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			

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.

P075						

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.

ADDENDUM TO THE SITE IDENTIFICATION FORM: NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY



ONLY fill out this form if:

- ❖ You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See <http://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; **AND**
- ❖ You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) or you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.

1. Indicate reason for notification. Include dates where requested.

- Facility will begin managing excluded HSM as of _____ (mm/dd/yyyy).
- Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.
- Facility has stopped managing excluded HSM as of _____ (mm/dd/yyyy) and is notifying as required.

2. Description of excluded HSM activity. Please list the appropriate codes and quantities in **short tons** to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.

a. Facility code (answer using codes listed in the Code List section of the instructions)	b. Waste code(s) for HSM	c. Estimated short tons of excluded HSM to be managed annually	d. Actual short tons of excluded HSM that was managed during the most recent odd-numbered year	e. Land-based unit code (answer using codes listed in the Code List section of the instructions)

3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi). (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25))

Y N Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?

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