

File Room Document Transmittal Sheet

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Your Name: MEL DEAVER
EPA ID: NCD986169985
Facility Name: BOISE CASCADE WOOD PROD LLC ROXBORO PLT
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 4/19/2016
Author of Doc: DANIEL HUTCHINSON

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
5	31	16

NCD986169985

Scanner's Initials:



Waste Management
ENVIRONMENTAL QUALITY

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Secretary

MICHAEL SCOTT

Director

May 09, 2016

STUART HUTCHINSON
BOISE CASCADE WOOD PROD LLC ROXBORO PLT
1000 NORTH PARK DR
ROXBORO, NC 27573

RE: EPA ID # NCD986169985 - BOISE CASCADE WOOD PROD LLC ROXBORO PLT

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 - KURA Site Detail

Report run on: May 09, 2016

NCD986169985 BOISE CASCADE WOOD PROD LLC ROXBORO PLT

County: PERSON Source Type: S Scan Number: 8 Receive Date: 20-Apr-2016

Location 1000 NORTH PARK DR
Address: ROXBORO, NC 27573

Mailing 1000 NORTH PARK DR
Address: ROXBORO, NC 27573

Contact Person STUART HUTCHINSON 1000 NORTH PARK DR
 For Source (336) 599-1000 ROXBORO, NC 27573
Information US

Owner (current) BOISE CASCADE WOOD PRODUCTS LLC PO BOX 50
 BOISE, ID 83728 Type: P
 From: 03/31/2016 To: Phone: (208) 384-6302

Operator (current) BOSIE CASCADE WOOD PRODUCTS LLC ROXBORO 1000 N PARK DR
 ROXBORO, NC 27573 Type: P
 From: 03/13/2016 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: 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	
Transporter Activity: No	Used Oil Processor and/or	off-specification used oil burner:	No
TSD Activity: No	Re-refiner Activity	Marketer who first claims the used	
Recycler Activity: No	Processor: No	oil meets the specifications:	No
	Refiner: No		
Exempt Boiler and/or Industrial Furnace	Underground	Destination Facility for	
Small Quantity Onsite Burner Exemption: No	Injection Control: No	Universal Waste:	No
Smelting, melting, Refining Furnace			
Exemption: No			

Certification Information

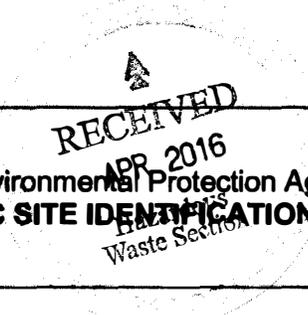
First Name : DANIEL Title EXEC VP
 Last Name : HUTCHINSON Date Signed 04/19/2016

NAICS Codes

321213

Comments

UPDATED 8700-12 DATED 4/19/2016 SITE NAME, SITE CONTACT PERSON, LEGAL OWNER/
 OPERATOR INFOR, SITE MAILING ADDRESS. MD 5/9/2016



**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 >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 NC D 9 8 6 1 6 9 9 8 5</p>	
<p>3. Site Name</p>	<p>Name: Boise Cascade Wood Products, L.L.C. Roxboro EWP Plant</p>	
<p>4. Site Location Information</p>	<p>Street Address: 1000 North Park Drive</p> <p>City, Town, or Village: Roxboro County: Person</p> <p>State: NC Country: USA Zip Code: 27573</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. 3 2 1 2 1 3 C. _____</p> <p>B. _____ D. _____</p>	
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 1000 North Park Drive</p> <p>City, Town, or Village: Roxboro</p> <p>State: NC Country: USA Zip Code: 27573</p>	
<p>8. Site Contact Person</p>	<p>First Name: Stuart MI: _____ Last: Hutchinson</p> <p>Title: Environmental Coordinator</p> <p>Street or P.O. Box: 1000 North Park Drive</p> <p>City, Town or Village: Roxboro</p> <p>State: NC Country: USA Zip Code: 27573</p> <p>Email: StuartHutchinson@bc.com</p> <p>Phone: (336) 599-1000 Ext.: _____ Fax: (336) 597-8680</p>	
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: Boise Cascade Wood Products, L.L.C. Date Became Owner: 3-31-2016</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: PO Box 50</p> <p>City, Town, or Village: Boise Phone: (208) 384-6300</p> <p>State: ID Country: USA Zip Code: 83728</p> <p>B. Name of Site's Operator: Boise Cascade Wood Products, L.L.C. Roxboro EWP Plant Date Became Operator: 3-31-2016</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>	

12. Notification of Hazardous Secondary Material (HSM) Activity

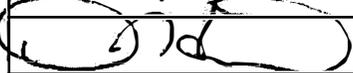
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

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

13. Comments

This form is being submitted to document a change in ownership at this physical location. Georgia-Pacific Wood Products LLC (GP) sold its engineering lumber production facility in Roxboro, NC to Boise Cascade Wood Products, LLC (BC) on March 31, 2016. As of this date, BC will be the owner and operator of the facility assigned the hazardous waste generator ID listed in this notification.

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)
	Daniel Hutchinson, Executive Vice Presi	4/14/16

Boise Cascade Company
Legal Department
1111 West Jefferson Street Ste 300
PO Box 50 Boise, ID 83728
T 208 384 6679 F 208 395 7637
RussellStrader@BC.com

Russell Strader
Environmental Manager



April 20, 2016

North Carolina Department of Environmental Quality
melodi.deaver@ncdenr.gov

VIA E-MAIL

**Re: Notification of Change in Ownership for EPA ID Number NCD986169985,
Georgia-Pacific Wood Products South LLC, Roxboro, Person County, NC**

Dear Ms. Deaver:

On March 31, 2016, Boise Cascade Wood Products, L.L.C. (BCWP), a wholly owned subsidiary of Boise Cascade Company, acquired Georgia-Pacific Wood Products South LLC's (GP) engineered wood products manufacturing facility located at 1000 North Park Drive, Roxboro, North Carolina. The parties previously disclosed this potential transaction via letter to NCDEQ dated March 9, 2016. BCWP and GP request that **EPA ID Number NCD986169985** be transferred from GP to BC, effective April 1, 2016. Please find the attached RCRA Subtitle C Site Identification Form for coverage under **EPA ID Number NCD986169985** executed by BCWP. No changes in permitted activities will result from the transaction.

We appreciate your assistance with this permit transfer. Please contact me at 208/384-6679 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Russell Strader".

Russell Strader

Enc RCRA Subtitle C Site Identification Form (EPA Form 8700-12)

Cc: Cliff Bowling, GP

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	F001					
D002	F003					
D003	F005					
D007						
D008						
D009						

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.

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.

- 1. Generator of Hazardous Waste**
 If "Yes," mark only one of the following - a, b, or c.
- Y N **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