

File Room Document Transmittal Sheet

Your Name: BARBARA RYAN
EPA ID: NCD986232619
Facility Name: GREER LABORATORIES INC
Document Group: General (G)
Document Type: Hazardous Waste Report (HWR)
Description: 2015 B-REPORT
Date of Doc: 1/15/2016
Author of Doc: MICHAEL D. MUDD, EHS COORDINATOR & HAZORDOUS WASTE COORDINATOR

File Room Use Only

Date Recieved by File Room:

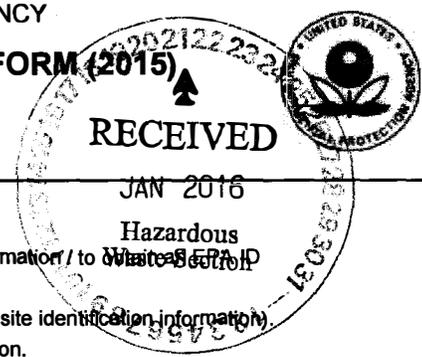
Date Scanned:

Month	Day	Year
1	15	16

NCD986232619

Scanner's Initials:

Send completed form to this address:	U.S. ENVIRONMENTAL PROTECTION AGENCY RCRA SUBTITLE C SITE IDENTIFICATION FORM (2015) The Appropriate State or EPA Regional Office
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 update site identification information) number for this location <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <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 checked="" type="checkbox"/> As a component of the Hazardous Waste Report. (If marked, see sub-bullet below) <input checked="" 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: NCD986232619
3. Site Name	Name: GREER LABORATORIES INC.
4. Site Location Information	Street Address: 639 NUWAY CIRCLE City, Town, or Village: LENOIR State: NC Country: US County: NC027 Zip Code: 28645
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other
6. NAICS Code(s) for the Site	A. 325414 B. C. D.
7. Site Mailing Address	Street or P. O. Box: PO BOX 800 City, Town, or Village: LENOIR State: NC Country: US Zip Code: 28645
8. Site Contact Person	First Name: MICHAEL MI: D Last Name: MUDD Title: EHS & HW COORDINATOR Street or P. O. Box: 639 NUWAY CIRCLE City, Town, or Village: LENOIR State: NC Country: US Zip Code: 28645 Email: mmudd@greerlabs.com Phone: 8287597335 Ext: <input checked="" type="checkbox"/> Fax: 8286102058
9. Operator and Legal Owner of the Site	A. Name of Site's Owner: ALBION MEDICAL HOLDINGS INC. Date Became Owner: 08/01/1999 Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P. O. Box: <input checked="" type="checkbox"/> 639 NUWAY CIRCLE City, Town, or Village: LENOIR Phone: 8287545327 State: NC Country: US Zip Code: 28645 B. Name of Site's Operator: GREER LABORATORIES INC Date Became Operator: 05/07/2003 Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other



10. Type of Regulated Waste Activity

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 1-7.

1. Generator of Hazardous Waste

If Yes, choose 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

- b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or

- c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

If "Yes" above, indicate other generator activities.

- 2 Short-Term Generator** (generate from a short-term or onetime event and not from on-going processes). If "Yes", provide an explanation in the Comments

- 3. United States Importer of Hazardous Waste**

- 4. Mixed Waste (hazardous and radioactive) Generator**

5. Transporter of Hazardous Waste

If Yes, mark all that apply.

- a. Transporter
- b. Transfer Facility (at your site)

6. Treater, Storer, or Disposer of Hazardous Waste (at your site)

Note: A hazardous waste permit is required for this activity.

7. Recycler of Hazardous Waste (at your site)

8. Exempt Boiler and/or Industrial Furnace

If Yes, mark each that applies.

- a. Small Quantity On-site Burner Exemption
- b. Smelting, Melting, and Refining Furnace Exemption

9. Underground Injection Control

10. Receives Hazardous Waste from Off-site

B. Universal Waste Activities; Complete all parts 1-2.

- 1. Large Quantity Handler of Universal Waste** (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 boxes that apply:

- a. Batteries
- b. Pesticides
- c. Mercury containing equipment
- d. Lamps
- e. Other (specify) _____
- f. Other (specify) _____
- g. Other (specify) _____

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this

C. Used Oil Activities; Complete all parts 1-4.

- 1. Used Oil Transporter**
If Yes, mark each that applies.

- a. Transporter
- b. Transfer Facility

- 2. Used Oil Processor and/or Re-refiner**
If Yes, mark each that applies.

- a. Processor
- b. Re-refiner

- 3. Off-Specification Used Oil Burner**

- 4. Used Oil Fuel Marketer**
If Yes, mark each that applies.

- 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 must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- 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
- 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

11. Description of Hazardous Wastes

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, F003, U117

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 for waste codes.

12. Notification of Hazardous Secondary Material (HSM) Activity

NO 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)?

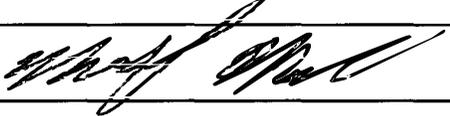
If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

(This section is currently blank for comments.)

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 fine and imprisonment for knowing violations.

Signature of Operator, Owner, or an Authorized Representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	MICHAEL D. MUDD, EHS COORDINATOR & HAZARDOUS WASTE COORDINATOR	01/15/2016

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: GREER LABORATORIES INC.

EPA ID NO: NCD986232619

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions beginning of the instructions and forms booklet before completing this form

SEC. 1	A. Waste description WASTE ACETONE		
B. EPA hazardous waste code D001 F003		C. State hazardous waste code	
D. Source code G08 Management method code for source code G25	E. Form code W119	F. Quantity generated in 2015 15478.0 UOM Gallons Density 6.49 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minization code X
SEC. 2	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
SEC. 3	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	OHD980587364	H020	15,478.00
Comments:			

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EPA ID NO: NCD986232619

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2015 HAZARDOUS WASTE REPORT

FORM GM

WASTE GENERATION AND MANAGEMENT

Instructions: Please see the detailed instructions beginning of the instructions and forms booklet before completing this form

SEC. 1	A. Waste description WASTE ETHER		
B. EPA hazardous waste code D001 F003 U117		C. State hazardous waste code	
D. Source code G24 Management method code for source code G25	E. Form code W219	F. Quantity generated in 2015 440.0 UOM Gallons Density 6.15 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minization code X
SEC. 2	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
SEC. 3	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	IND000646943	H061	330.00
SITE 2	ALD981020894	H061	110.00
Comments:			

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: GREER LABORATORIES INC.

EPA ID NO: NCD986232619

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions beginning of the instructions and forms booklet before completing this form

SEC. 1	A. Waste description ORGANIC LAB WASTE		
B. EPA hazardous waste code D001 D002 F003		C. State hazardous waste code	
D. Source code G22 Management method code for source code G25		E. Form code W219	F. Quantity generated in 2015 90.0 UOM Gallons Density 11.56 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Waste minization code X			
SEC. 2	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
SEC. 3	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	NCD121700777	H141	60.00
SITE 2	NCD980842132	H141	30.00
Comments:			

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: GREER LABORATORIES INC.

EPA ID NO: NCD986232619

U.S. ENVIRONMENTAL PROTECTION AGENCY

2015 HAZARDOUS WASTE REPORT

WASTE GENERATION AND MANAGEMENT

FORM GM

Instructions: Please see the detailed instructions beginning of the instructions and forms booklet before completing this form

SEC. 1	A. Waste description INORGANIC LAB WASTE		
B. EPA hazardous waste code D002		C. State hazardous waste code	
D. Source code G22 Management method code for source code G25	E. Form code W119	F. Quantity generated in 2015 30.0 UOM Gallons Density 11.36 <input checked="" type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	G. Waste minization code A
SEC. 2	Was any of this waste managed on site? <input type="checkbox"/> 1. Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2. No (SKIP TO SEC.3)		
	On-site management method code	Total quantity treated, disposed, or recycled On-site in 2015	
SEC. 3	A. Was any of this waste shipped off site in 2015 for treatment, disposal, or recycling? <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
	B. EPA ID No. of facility to which waste was shipped	C. Off-site management method code shipped to	D. Total quantity shipped in 2015
SITE 1	NCD121700777	H141	30.00
Comments: WE HAVE BEGAN TO PERFORM ELEMENTAL PH ON INORGANIC LAB WASTE. WE HAVE ACHIEVED NON-HAZARDOUS WASTE.			