

Hazardous Waste Section
File Room Document Transmittal Sheet

17

Your Name: BARBARA RYAN
EPA ID: NCR000151654
Facility Name: ASSURED WASTE SOLUTIONS, LLC
Document Group: General (G)
Document Type: Hazardous Waste Report (HWR)
Description: 2015 B-REPORT
Date of Doc: 2/4/2016
Author of Doc: DOUGLAS BOWMAN, VICE PRESIDENT OF OPERATIONS

File Room Use Only

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NCR000151654

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U.S. ENVIRONMENTAL PROTECTION AGENCY
RCRA SUBTITLE C SITE IDENTIFICATION FORM (2015)



The Appropriate State or EPA Regional Office

FEB 2016

Hazardous Waste Section

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 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: NCR000151654															
3. Site Name	Name: ASSURED WASTE SOLUTIONS, LLC															
4. Site Location Information	Street Address: 148 BOXWOOD LANE City, Town, or Village: GASTONIA State: NC Country: US County: NC071 Zip Code: 28054															
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. 562211 B. 562112 C. D.															
7. Site Mailing Address	Street or P. O. Box: 536 PO BOX 536 City, Town, or Village: GASTONIA State: NC Country: US Zip Code: 28053															
8. Site Contact Person	First Name: DOUG MI: Last Name: BOWMAN Title: VP OPS Street or P. O. Box: PO BOX 536 City, Town, or Village: GASTONIA State: NC Country: US Zip Code: 28054 Email: dbowman@assuredwaste.com Phone: 7046169528 Ext: Fax: 7048651229															
9. Operator and Legal Owner of the Site	<table border="0"> <tr> <td colspan="2"> A. Name of Site's Owner: BARKLEY ENTERPRISES </td> <td> Date Became Owner: 10/05/2011 </td> </tr> <tr> <td colspan="3"> 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 </td> </tr> <tr> <td colspan="2"> Street or P. O. Box: 148 City, Town, or Village: GASTONIA State: NC Country: US </td> <td> Phone: 7048651229 Zip Code: 28054 </td> </tr> <tr> <td colspan="2"> B. Name of Site's Operator: ASSURED WASTE SOLUTIONS </td> <td> Date Became Operator: 10/05/2011 </td> </tr> <tr> <td colspan="3"> 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 </td> </tr> </table>	A. Name of Site's Owner: BARKLEY ENTERPRISES		Date Became Owner: 10/05/2011	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: 148 City, Town, or Village: GASTONIA State: NC Country: US		Phone: 7048651229 Zip Code: 28054	B. Name of Site's Operator: ASSURED WASTE SOLUTIONS		Date Became Operator: 10/05/2011	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		
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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, D024, P075, P081, U122, U129, U188, U248

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

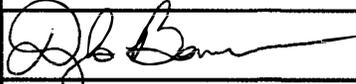
Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

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

13. Comments

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)
	DOUGLAS BOWMAN, VICE PRESIDENT OF OPERATIONS	02/04/2016

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER
 SITE NAME: ASSURED WASTE SOLUTIONS, LLC

U.S. ENVIRONMENTAL PROTECTION AGENCY
 2015 HAZARDOUS WASTE REPORT

EPA ID NO: NCR000151654

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 IGNITABLE MEDICINES CONTAINING AEROSOLS FROM DISCARDING OFF-SPECIFICATION/OUT OF DATE PRODUCTS		
B. EPA hazardous waste code D001		C. State hazardous waste code	
D. Source code G11 Management method code for source code G25	E. Form code W209	F. Quantity generated in 2015 20.0 UOM Pounds <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg Density	G. Waste minimization 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	OHD980613541	H141	20.00
Comments:			

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U.S. ENVIRONMENTAL PROTECTION AGENCY
 2015 HAZARDOUS WASTE REPORT

EPA ID NO: NCR000151654

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 IGNITABLE AND TOXIC MEDICINE CARBAMATES CONTAINING WARFARIN, PHENOL, AND COUMIDAIN FROM DISCARDED/OFF SPECIFICATION/OUT OF DATE PHARMACEUTICAL PRODUCTS		
	B. EPA hazardous waste code D001 U129 U188 U248		C. State hazardous waste code
D. Source code G11 Management method code for source code G25		E. Form code W409	F. Quantity generated in 2015 3.0 UOM Pounds <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg Density
G. Waste minimization 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	OHD980613541	H040	3.00
Comments:			

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U.S. ENVIRONMENTAL PROTECTION AGENCY
 2015 HAZARDOUS WASTE REPORT

EPA ID NO: NCR000151654

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 IGNITABLE MEDICINE CARBAMATES WITH COUMADIN FROM OFF-SPECIFICATION/OUT OF DATE / DISCARDED PHARMACEUTICALS		
B. EPA hazardous waste code D024		C. State hazardous waste code	
D. Source code G11 Management method code for source code G25	E. Form code W409	F. Quantity generated in 2015 176.0 UOM Pounds <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg Density	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	OHD980613541	H040	176.00
Comments:			

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 SITE NAME: ASSURED WASTE SOLUTIONS, LLC

U.S. ENVIRONMENTAL PROTECTION AGENCY
 2015 HAZARDOUS WASTE REPORT

EPA ID NO: NCR000151654

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 IGNITABLE AND TOXIC MEDICINE WITH PHENOL, METHANOL AND NITROGLYCERIN FROM OFF-SPECIFICATION / OUT OF DATE / DISCARDED PHARMACEUTICALS.			
	B. EPA hazardous waste code D001 P081		C. State hazardous waste code	
D. Source code G11 Management method code for source code G25		E. Form code W409	F. Quantity generated in 2015 6.0 UOM Pounds <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg Density	
G. Waste minimization 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	OHD980613541	H040	6.00
Comments:				

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER

SITE NAME: ASSURED WASTE SOLUTIONS, LLC

EPA ID NO: NCR000151654

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 IGNITABLE LIQUID MEDICINE WITH ACETONE FROM OFF-SPECIFICATION/OUT OF DATE/ DISCARDED PHARMACEUTICAL WASTE			
	B. EPA hazardous waste code D001		C. State hazardous waste code	
D. Source code G11 Management method code for source code G25		E. Form code W004	F. Quantity generated in 2015 11.0 UOM Pounds Density <input 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	OHD980613541	H040	11.00
Comments:				

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EPA ID NO: NCR000151654

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 MEDICINE WITH FORMALDEHYDE FROM OFF-SPECIFICATION/DISCARDED/OUT OF DATE PHARMACEUTICAL WASTE			
	B. EPA hazardous waste code U122		C. State hazardous waste code	
D. Source code G11 Management method code for source code G25		E. Form code W004	F. Quantity generated in 2015 58.0 UOM Pounds Density <input 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	OHD980613541	H040	58.00
Comments:				

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 SITE NAME: ASSURED WASTE SOLUTIONS, LLC

U.S. ENVIRONMENTAL PROTECTION AGENCY
 2015 HAZARDOUS WASTE REPORT

EPA ID NO: NCR000151654

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 IGNITABLE AND TOXIC MEDICINE LIQUID WITH PHENOL, METHANOL, AND NICOTINE FROM OUT DATED / OFF SPECIFICATION PHARMACEUTICAL WASTE			
	B. EPA hazardous waste code P075		C. State hazardous waste code	
D. Source code G11 Management method code for source code G25		E. Form code W409	F. Quantity generated in 2015 2.0 UOM Pounds <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg Density	
G. Waste minimization 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)			
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	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	OHD980613541	H040	2.00
Comments:				