Hazardous Waste Section

File Room Document Transmittal Sheet

Your Name:	BARBARA RYAN
EPA ID:	NCR000150367
Facility Name:	NOVANT HEALTH KERNERSVILLE MEDICAL CENTER
Document Group:	General (G)
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NCR000150367

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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:** ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) ☒ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application. ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). ☒ As a component of the Hazardous Waste Report. (If marked, see sub-bullet below) ☒ 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:** NCR000150367
3. Site Name	**Name:** NOVANT HEALTH KERNERSVILLE MEDICAL CENTER
4. Site Location Information	**Street Adress:** 1750 KERNERSVILLE MEDICAL PARKWAY **City, Town, or Village:** KERNERSVILLE **County:** NC067 **State:** NC **Country** US **Zip Code:** 27284
5. Site Land Type	☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other
6. NAICS Code(s) for the Site	**A.** 622110 **B.** **C.** **D.**
7. Site Mailing Address	**Street or P. O. Box:** 1750 KERNERSVILLE MEDICAL PARKWAY **City, Town, or Village:** KERNERSVILLE **State:** NC **Country:** US **Zip Code:** 27284
8. Site Contact Person	**First Name:** ROGER **MI:** W **Last Name:** BLYTHE **Title:** EH&S SPECIALIST **Street or P. O. Box:** 1750 KERNERSVILLE MEDICAL PARKWAY **City, Town, or Village:** KERNERSVILLE **State:** NC **Country:** US **Zip Code:** 27284 **Email :** rwblythe@novanthealth.org **Phone:** 7043847644 **Ext:** **Fax:** 7044174202
9. Operator and Legal Owner of the Site	**A. Name of Site's Owner:** NOVANT HEALTH **Date Became Owner:** 02/08/2010 **Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other **Street or P. O. Box:** 2085 FRONTIS PLAZA BLVD **City, Town, or Village:** WINSTON SALEM **Phone** 3367185600 **State:** NC **Country:** US **Zip Code:** 27103
	B. Name of Site's Operator: NOVANT HEALTH **Date Became Operator:** 03/16/2011 **Type:** ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ 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 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, D004, D005, D007, D009, D010, D011, D013, D024, F003, P001, P075, P188, U010, U035, U058, U059, U129, U162, U200, U205, U206, 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.

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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.

Y☒ N☐ **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.

Y☐ N☒ 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

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 (at your site)**
Note: A hazardous waste permit is required for this activity.

Y☐ N☒ **7. Recycler of Hazardous Waste (at your site)**

Y☐ N☒ **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

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 (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) _____ ☐

Y☐ N☒ **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.

Y☐ N☒ **1. Used Oil Transporter**
If Yes, mark each that applies.

☐ a. Transporter

☐ b. Transfer Facility

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

☐ a. Processor

☐ b. Re-refiner

Y☐ N☒ **3. Off-Specification Used Oil Burner**

Y☐ N☒ **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

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

NEW SITE CONTACT, REVISED WASTE CODES

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)
	JONATHAN P. REVIS, PROGRAM MANAGER	02/16/2016