

File Room Document Transmittal Sheet

Your Name: BARBARA RYAN  
EPA ID: NCR000144816  
Facility Name: BURTS BEES  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 5/24/2016  
Author of Doc: GLENN JONES

**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
9	6	16

NCR000144816

Scanner's Initials:





**Waste Management**  
ENVIRONMENTAL QUALITY

PAT MCCRORY  
*Governor*

DONALD R. VAN DER VAART  
*Secretary*

MICHAEL SCOTT  
*Director*

June 02, 2016

CHRISTOPHER SZYMANSKI  
BURT'S BEES  
701 DISTRIBUTION DR  
DURHAM, NC 27709

**RE: EPA ID # NCR000144816 - BURT'S BEES**

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: June 02, 2016

**NCR000144816 BURT'S BEES**

County: DURHAM      Source Type: S      Seq. Number: 15      Receive Date: 26 May 2016

<b>Location</b> 701 DISTRIBUTION DR <b>Address:</b> DURHAM, NC 27709	<b>Mailing</b> 701 DISTRIBUTION DR <b>Address:</b> MORRISVILLE, NC 27560
---	---

**Contact Person** CHRISTOPHER SZYMANSKI      701 DISTRIBUTION DR  
**For Source Information** (919) 609-0970      DURHAM, NC 27709  
 US

**Owner (current)** THE CLOROX COMPANY      1221 BROADWAY  
 OAKLAND, CA 94612      **Type:** P  
**From:** 11/01/2007      **To:**      **Phone:** (510) 271-7000

**Operator (current)** GLEN JONES      701 DISTRIBUTION DR  
 DURHAM, NC 27709      **Type:** P  
**From:** 07/01/2010      **To:**      **Phone:**

**Land Type:** P      **Non Notifier :** E      **Commercial Availability:**      **Tsd Date:**  
**Accessibility:**      **No. Employees :**      **State District:**

**Regulated Waste Activities**

Hazardous Waste Generator Status - Federal: Small Quantity Generator; State: Small Quantity Generator

<b>Transfer Facility:</b>	<b>Used Oil Activities</b>		
<b>Other Hazardous Waste Generator Activities</b>	<b>Used Oil Transport Activity</b>	<b>Off-Specification Used Oil Burner:</b>	No
Importer Activity: No	Transporter: No	<b>Used Oil Fuel Marketer Activity</b>	
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	<b>Used Oil Processor and/or Re-refiner Activity</b>	Marketer who first claims the used oil meets the specifications:	No
TSD Activity: No	Processor: No		
Recycler Activity: No	Refiner: No	<b>Destination Facility for Universal Waste:</b>	No
<b>Exempt Boiler and/or Industrial Furnace</b>	<b>Underground Injection Control:</b>		
Small Quantity Onsite Burner Exemption: No	No		
Smelting, melting, Refining Furnace Exemption: No			

**Certification Information**

<b>First Name :</b> GLEN	<b>Title</b> PLT MGR
<b>Last Name :</b> JONES	<b>Date Signed</b> 05/24/2016

**NAICS Codes**

325620

**Comments**

UPDATED 8700-12 DATED 5/24/2016 SITE MAILING ADDRESS, SITE CONTACT PERSON INFOR, LEGAL OWNER/OPERATOR INFOR, WASTE CODES. \*\*\*\*MD 6/1/2016



# 2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE  
 BURT'S BEES  
 701 DISTRIBUTION DR  
 DURHAM, NC 27709

**FACILITY LOCATION ADDRESS:**

CHRISTOPHER SZYMANSKI  
 BURT'S BEES  
 701 DISTRIBUTION DR  
 DURHAM, NC 27709

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000144816	HW71523	6/2/2016	175.00	07/02/2016	

- A. Fee Requirements: Pursuant to North Carolina General Statute 130A-294.1, a Facility must pay fee(s) based on its hazardous waste management activities. The fees are used to support government programs that ensure the safe management of hazardous waste. Failure to pay the required fees could result in an enforcement action with a penalty.
- B. Invoice amount is based on the registered status as of the invoice date and includes any past-due balances. A 10% late-payment penalty has been assessed for Fiscal Year 2014 if the annual fee was not paid by June 30, 2015.
- C. If Fiscal Year 2015 annual fees are not paid by June 30, 2016, the facility must pay a late-payment of 10% of the total amount due.
- D. In accordance with N.C.G.S. § 147-86.23, a facility may petition for waiver of any late-payment penalty but the Hazardous Waste Section will only grant a waiver for good cause shown.

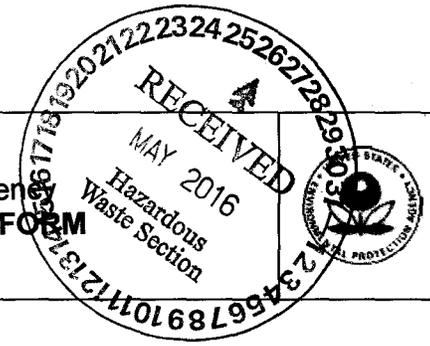
FACILITY STATUS	FEE	TONNAGE	AMOUNT DUE
SMALL QUANTITY GENERATOR	\$175.00	-----	\$175.00
		PAST DUE	\$0.00
		CREDIT	\$0.00
		<b>TOTAL AMOUNT DUE</b>	<b>\$175.00</b>

E. Remit Payment:

To pay via electronic bank transfer, go to <http://portal.ncdenr.org/web/wm/hw/epayment>. You will need your EPA facility ID# and invoice number, as well as your bank routing and account numbers. There is no fee for electronic transfers. Partial payments are not allowed with this payment method.

To pay via mail with a paper check or money order, please make payable to N.C. Hazardous Waste Section. Include EPA ID# and Invoice # on check. Please note per NC General Statute (G.S. 25-3-506), a \$25.00 processing fee will be charged on all returned checks. Please return a copy of this invoice with your payment to:

**ATTN: PATRICIA DAVALOS  
 NC HAZARDOUS WASTE SECTION  
 1646 MAIL SERVICE CENTER  
 RALEIGH, NC 27699-1646**



**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:**

- To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- To provide a Subsequent Notification (to update site identification information for this location)
- 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 

N	C	R	0	0	0	1	4	4	8	1	6
---	---	---	---	---	---	---	---	---	---	---	---

**3. Site Name**

Name: Burt's Bees

**4. Site Location Information**

Street Address: 701 Distribution Dr

City, Town, or Village: Durham

County: Durham

State: NC

Country: USA

Zip Code: 27709

**5. Site Land Type**

Private  County  District  Federal  Tribal  Municipal  State  Other

**6. NAICS Code(s) for the Site (at least 5-digit codes)**

A. 

3	2	5	6	2	0
---	---	---	---	---	---

B. 

--	--	--	--	--	--

C. 

--	--	--	--	--	--

D. 

--	--	--	--	--	--

**7. Site Mailing Address**

Street or P.O. Box: 701 Distribution Dr

City, Town, or Village: Morrisville

State: NC

Country: USA

Zip Code: 27560

**8. Site Contact Person**

First Name: Christopher

MI: G

Last: Szymanski

Title: Plant Environmental Coordinator

Street or P.O. Box: 701 Distribution Dr

City, Town or Village: Durham

State: NC

Country: USA

Zip Code: 27709

Email: chris.szymanski@burtsbees.com

Phone: 919-609-0970

Ext.:

Fax:

**9. Legal Owner and Operator of the Site**

**A. Name of Site's Legal Owner: The Clorox Company**

Date Became Owner: 11/2007

Owner Type:  Private  County  District  Federal  Tribal  Municipal  State  Other

Street or P.O. Box: 1221 Broadway

City, Town, or Village: Oakland

Phone: 510-271-7000

State: CA

Country: USA

Zip Code: 94612

**B. Name of Site's Operator: Glen Jones**

Date Became Operator: 7/2010

Operator Type:  Private  County  District  Federal  Tribal  Municipal  State  Other

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

**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						
D002						
D022						
D035						
D038						
F003						
F005						

**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.


12. Notification of Hazardous Secondary Material (HSM) Activity

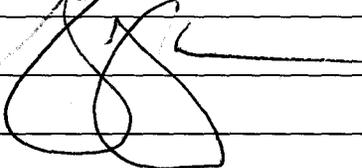
Y  N  Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

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

13. Comments

Changing to SQG from CESQG for the remainder of CY16. We anticipate returning to CESQG in CY17.

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)
	Glen Jones, Plant Manager	05/24/2016