

Hazardous Waste Section  
File Room Document Transmittal Sheet

##

Your Name: MEL DEEVER  
EPA ID: NCR000162651  
Facility Name: COMMERCIAL READY MIX PRODUCTS INC  
Document Group: General (G)  
Document Type: Notification 8700 (8700)  
Description:  
Date of Doc: 7/7/2016  
Author of Doc: STEVE SUMNER

**File Room Use Only**

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
9	14	16

NCR000162651

Scanner's Initials:

SJA



**Waste Management**  
ENVIRONMENTAL QUALITY

PAT MCCRORY  
*Governor*

DONALD R. VAN DER VAART  
*Secretary*

MICHAEL SCOTT  
*Director*

August 10, 2016

STEVE SUMNER  
COMMERCIAL READY MIX PRODUCTS, INC.  
11520A RIVER RD  
COFIELD, NC 27922

**RE: EPA ID # NCR000162651 - COMMERCIAL READY MIX PRODUCTS, INC.**

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: August 10, 2016

**NCR000162651 COMMERCIAL READY MIX PRODUCTS, INC.**

County: IBERDORF Source: 1198 S Site Number: 20 Revise Date: 07/07/2016

<b>Location</b> 1505 RIVER RD <b>Address:</b> COFIELD, NC 27922	<b>Mailing</b> 1520A RIVER RD <b>Address:</b> COFIELD, NC 27922
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<b>Contact Person</b> STEVE SUMNER For Source Information (252) 356-1122	11520A RIVER RD COFIELD, NC 27922 US
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<b>Owner (current)</b> COMMERICAL READY MIX PRODUCTS, INC.	PO BOX 189 WINTON, NC 27986	Type: P
From: 02/08/2013	To:	Phone: (252) 358-5461

<b>Operator (current)</b> STEVE SUMNER	1505 RIVER RD COFIELD, NC 27922	Type: P
From: 02/08/2013	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: Not a Generator; State: Not a 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

First Name : STEVE	Title	MGR
Last Name : SUMNER	Date Signed	07/07/2016

### NAICS Codes

237310

### Comments

UPDATED 8700-12 DATED 7/7/2016 SITE MAILING ADDRESS, SITE CONTACT PERSON INFOR, FACILITY NO LONGER TRANSPORTS HAZARDOUS WASTE. MD 8/10/2016



# 2015 INVOICE

*Waived*

## FACILITY LOCATION ADDRESS:

ATTENTION: ACCOUNTS PAYABLE  
 COMMERCIAL READY MIX PRODUCTS, INC.  
 11520A RIVER RD  
 COFIELD, NC 27922

STEVE SUMNER  
 COMMERCIAL READY MIX PRODUCTS, INC.  
 1505 RIVER RD  
 COFIELD, NC 27922

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000162651	HW71178	7/1/2015	<i>\$ 0.00</i>	07/31/2015	—

- 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 penalty 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
TRANSPORTER	\$840.00	-----	\$840.00
		PAST DUE	\$0.00
		CREDIT	\$-840.00
		<b>TOTAL AMOUNT DUE</b>	<b>\$0.00</b>

### E. Remit Payment :

To pay via electronic bank transfer (e-check), 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 account information. 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

## Deaver, Melodi

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**From:** Strawbridge, Alton R  
**Sent:** Thursday, July 07, 2016 8:58 AM  
**To:** Deaver, Melodi  
**Cc:** Steve Sumner; Nguyen, Bella N  
**Subject:** FW: Commercial Ready Mix Products  
**Attachments:** Scan0068.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Mel,

I have spoken to Steve and agreed to waive the FY 2015 & 2016 invoices. Please update his facility as NAG as they no longer transport haz waste.

**Ray Strawbridge**  
Sr. Administrative Asst.  
Hazardous Waste Section  
Compliance Branch

919-707-8231 office  
Ray.Strawbridge@NCDENR.gov

**Postal Address:**  
NC Div of Waste Mgmt  
Hazardous Waste Section  
1646 Mail Service Center  
Raleigh, NC 27699-1646

**Physical Address:**  
217 W Jones St  
Raleigh, NC 27603



*Email correspondence to and from this address is subject to the North Carolina Public Records Law and may be disclosed to third parties.*

**From:** Steve Sumner [mailto:SteveS@crmpinc.com]  
**Sent:** Thursday, July 07, 2016 8:02 AM  
**To:** Strawbridge, Alton R <Ray.Strawbridge@ncdenr.gov>  
**Subject:**

Thanks for the help.



Waste Management  
ENVIRONMENTAL QUALITY

# 2016 INVOICE

*Waived*

### FACILITY LOCATION ADDRESS:

ATTENTION: ACCOUNTS PAYABLE  
COMMERCIAL READY MIX PRODUCTS, INC.  
11520A RIVER RD  
COFIELD, NC 27922

STEVE SUMNER  
COMMERCIAL READY MIX PRODUCTS, INC.  
1505 RIVER RD  
COFIELD, NC 27922

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000162651	HW73827	7/1/2016	<del>\$</del> 0.00	07/31/2016	—

- 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 generator status as of the invoice date and includes any past-due balances. A 10% late-payment penalty has been assessed for unpaid annual fee balances by fiscal year.
- C. 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
TRANSPORTER	\$840.00	-----	\$840.00
		PAST DUE	\$0.00
		CREDIT	\$-840.00
		<b>TOTAL AMOUNT DUE</b>	<b>\$0.00</b>

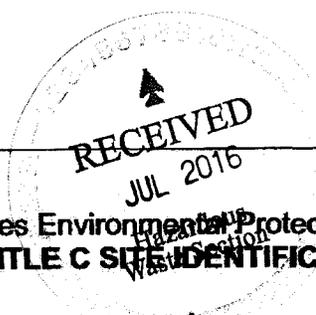
#### D. Remit Payment:

To pay via e-check or credit card, go to <http://deg.nc.gov/about/divisions/waste-management/hazardous-waste-section/hw-epayments>. You will need your facility's EPA 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 **NC 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: NC DIVISION OF WASTE MANAGEMENT  
HAZARDOUS WASTE SECTION  
1646 MAIL SERVICE CENTER  
RALEIGH, NC 27699-1646**

Waived  
2015/2016



<p><b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.</p>	<p><b>United States Environmental Protection Agency</b> <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b></p>			
<p><b>1. Reason for Submittal</b></p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p><b>Reason for Submittal:</b></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 checked="" 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 &gt;1,000 kg of hazardous waste, &gt;1 kg of acute hazardous waste, or &gt;100 kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>			
<p><b>2. Site EPA ID Number</b></p>	<p>EPA ID Number   N   C   R   0   0   0   1   6   2   6   5   1  </p>			
<p><b>3. Site Name</b></p>	<p>Name: Commercial Ready Mix Products, Inc</p>			
<p><b>4. Site Location Information</b></p>	<p>Street Address: 1505 River Road</p>			
	<p>City, Town, or Village: Cofield</p>	<p>County: Herford</p>		
	<p>State: NC</p>	<p>Country:</p>	<p>Zip Code: 27922</p>	
<p><b>5. Site Land Type</b></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><b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b></p>	<p>A. [ ][ ][ ][ ][ ][ ]</p>	<p>C. [ ][ ][ ][ ][ ][ ]</p>		
	<p>B. [ ][ ][ ][ ][ ][ ]</p>	<p>D. [ ][ ][ ][ ][ ][ ]</p>		
<p><b>7. Site Mailing Address</b></p>	<p>Street or P.O. Box: 1520A River Road</p>			
	<p>City, Town, or Village: Cofield</p>			
	<p>State: NC</p>	<p>Country:</p>	<p>Zip Code: 27922</p>	
<p><b>8. Site Contact Person</b></p>	<p>First Name: Steve</p>	<p>MI: D</p>	<p>Last: Sumner</p>	
	<p>Title:</p>			
	<p>Street or P.O. Box: 1520A River Road</p>			
	<p>City, Town or Village: Cofield</p>			
	<p>State: NC</p>	<p>Country:</p>	<p>Zip Code: 27922</p>	
	<p>Email: steves@cmpinc.com</p>			
<p><b>9. Legal Owner and Operator of the Site</b></p>	<p>A. Name of Site's Legal Owner: Commercial Ready Mix Products, Inc</p>		<p>Date Became Owner: 2/8/13</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 189</p>			
	<p>City, Town, or Village: Winton</p>		<p>Phone: 252-358-5461</p>	
	<p>State: NC</p>	<p>Country:</p>	<p>Zip Code: 27986</p>	
	<p>B. Name of Site's Operator: Steve Sumner</p>		<p>Date Became Operator: 2/8/13</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>				

**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.

N/A						

**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.**

- 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

**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**

CRMP, Inc is no longer transporting hazardous waste. Last waste was transported on 3-6-15. Please waive FY 2015 and 2016 invoices.

**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)
	Steve Sumner, manager	7-7-16