

Hazardous Waste Section
File Room Document Transmittal Sheet

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Your Name: MEL DEAVER
EPA ID: NCR000166223
Facility Name: NCSU HORTICULTURAL CROPS RESEARCH
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Author of Doc: KAREN TRIMBERGER

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Date Recieved by File Room:

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Month	Day	Year
9	13	16

NCR000166223

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Waste Management
ENVIRONMENTAL QUALITY

file room

2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE
NCSU HORTICULTURAL CROPS RESEARCH
2620 WOLF VILLAGE WAY CAMPUS
BOX 8007
RALEIGH, NC 27695

FACILITY LOCATION ADDRESS:

KAREN TRIMBERGER
NCSU HORTICULTURAL CROPS RESEARCH
3800 CASTLE HAYNE RD
CASTLE HAYNE NC 28429

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000166223	HW74053	9/3/2015	\$ 1,400.00	10/03/2015	

- 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
LARGE QUANTITY GENERATOR	\$1400.00	-----	\$1,400.00
		PAST DUE	\$0.00
		CREDIT	\$0.00
		TOTAL AMOUNT DUE	\$1,400.00

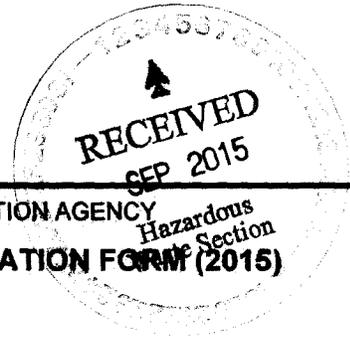
E. Remit Payment :

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 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

McL RECEIVED
ON
8/11/16



<p>Send completed form to this address:</p>	<p>U.S. ENVIRONMENTAL PROTECTION AGENCY RCRA SUBTITLE C SITE IDENTIFICATION FORM (2015)</p> <p>The Appropriate State or EPA Regional Office</p>
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</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 Subsequent Notification of Regulated Waste Activity (to update site identification information).</p> <p><input 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 >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)</p>
<p>2. Site EPA ID Number</p>	<p>EPA ID Number: NCR000166223</p>
<p>3. Site Name</p>	<p>Name: NCSU HORTICULTURAL CROPS RESEARCH STATION</p>
<p>4. Site Location Information</p>	<p>Street Address: 3800 CASTLE HAYNE ROAD City, Town, or Village: CASTLE HAYNE County: NC129 State: NC Country: US Zip Code: 28429</p>
<p>5. Site Land Type</p>	<p><input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other</p>
<p>6. NAICS Code(s) for the Site</p>	<p>A. 611310 B. C. D.</p>
<p>7. Site Mailing Address</p>	<p>Street or P. O. Box: 2620 WOLF VILLAGE WAY, CAMPUS BOX 8007 City, Town, or Village: RALEIGH State: NC Country: US Zip Code: 27695</p>
<p>8. Site Contact Person</p>	<p>First Name: KAREN MI: A Last Name: TRIMBERGER Title: ENVIRONMENTAL AFFAIRS MANAGER Street or P. O. Box: 2620 WOLF VILLAGE WAY, CAMPUS BOX 8007 City, Town, or Village: RALEIGH State: NC Country: US Zip Code: 27695 Email: katrimbe@ncsu.edu Phone: 9195156859 Ext: Fax: 9196156307</p>
<p>9. Operator and Legal Owner of the Site</p>	<p>A. Name of Site's Owner: NORTH CROLINA STATE UNIVERSITY Date Became Owner: 02/01/1987</p> <p>Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Other</p> <p>Street or P. O. Box: 20 WATAUGA CLUB DRIVE, CAMPUS BOX 7201 City, Town, or Village: RALEIGH Phone: 9195152155 State: NC Country: US Zip Code: 27695</p> <p>B. Name of Site's Operator: NORTH CAROLINA STATE UNIVERITY Date Became Operator: 02/01/1987</p> <p>Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input checked="" 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 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, D004, D009, P037, P047, U075, U122, U188, U219, U271

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)?

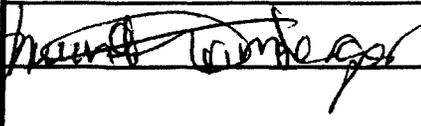
If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

ONE-TIME REMOVAL OF CHEMICALS RESULTED IN APPROXIMATELY 3 KG OF ACUTE HAZARDOUS WASTE. (GENERATOR STATUS CHANGE DISCOVERED DURING REPORTING PROCESS. INITIAL NOTIFICATION IN 8/15, STATUS CHANGE 9/15).

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)
	ROBERT M. PECARINA, WASTE PROGRAM SPECIALIST Karent Timberson, Env. Affairs Manager	02/19/2016 8/3/15 8/13/2015

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