Hazardous Waste Section

File Room Document Transmittal Sheet

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Your Name:	MEL DEAVER
EPA ID:	NCR000165316
Facility Name:	ALAMANCE REGIONAL MEDICAL CENTER
Document Group:	General (G)
Document Type:	Notification 8700 (8700)
Description:	
Date of Doc:	6/17/2016
Author of Doc:	MARK FLUG

File Room Use Only

NCR000165316

	Month	Day	Year
Date Recieved by File Room:	9	15	16
Date Scanned:			

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Waste Management
ENVIRONMENTAL QUALITY

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DONALD R. VAN DER VAART
Secretary

MICHAEL SCOTT
Director

July 20, 2016

MARK PFLUG
ALAMANCE REGIONAL MEDICAL CENTER
1200 N ELM ST
GREENSBORO, NC 27401

RE: EPA ID # NCR000165316 - ALAMANCE REGIONAL MEDICAL CENTER

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: July 20, 2016

NCR000165316 ALAMANCE REGIONAL MEDICAL CENTER

County: ALAMANCE **Source Type:** S **Seq. Number:** 8 **Receive Date:** 24-Jun-2016

Location Address: 1240 HUFFMAN MILL RD BURLINGTON, NC 27215	**Mailing Address:** 1240 HUFFMAN MILL RD BURLINGTON, NC 27215

Contact Person For Source Information: MARK PFLUG, (336) 832-0497, 1200 N ELM ST, GREENSBORO, NC 27401, US

Owner (current)
CONE HEALTH
1200 N ELM ST
GREENSBORO, NC 27401
Type: P
From: 01/01/1601 To: Phone: (336) 832-7000

Operator (current)
ALAMANCE REGIONAL MEDICAL CENTER
Type: P
From: 01/01/1601 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

Transfer Facility:

Other Hazardous Waste Generator Activities

Importer Activity:	No
Mixed Waste Generator:	No
Transporter Activity:	No
TSD Activity:	No
Recycler Activity:	No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption:	No
Smelting, melting, Refining Furnace Exemption:	No

Used Oil Activities

Used Oil Transport Activity

Transporter:	No
Transfer Facility:	No

Used Oil Processor and/or Re-refiner Activity

Processor:	No
Refiner	No

Underground Injection Control:	No
Off-Specification Used Oil Burner:	No

Used Oil Fuel Marketer Activity

Marketer who direct shipment off-specification used oil to off-specification used oil burner:	No
Marketer who first claims the used oil meets the specifications:	No
Destination Facility for Universal Waste:	No

Certification Information

First Name : MARK
Last Name : PFLUG
Title SAFETY MGR
Date Signed 06/17/2016

NAICS Codes

622110

Comments

UPDATED 8700-12 DATED 6/17/2016 SITE CONTACT PERSON INFOR, LEGAL OPERATOR INFOR.
MD 7/19/2016

Waste Management
ENVIRONMENTAL QUALITY

2016 INVOICE

ATTENTION: ACCOUNTS PAYABLE
ALAMANCE REGIONAL MEDICAL CENTER
1200 N ELM ST
GREENSBORO, NC 27401

FACILITY LOCATION ADDRESS:
MARK PFLUG
ALAMANCE REGIONAL MEDICAL CENTER
1240 HUFFMAN MILL RD
BURLINGTON, NC 27215

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000165316	HW74031	7/20/2016	175.00	08/19/2016	

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
SMALL QUANTITY GENERATOR	$175.00	--------	$175.00
		PAST DUE	$0.00
		CREDIT	$0.00
		TOTAL AMOUNT DUE	$175.00

D. Remit Payment:

To pay via e-check or credit card, go to http://deq.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

OMB# 2050-0024; Expires 01/31/2017

SEND COMPLETED FORM TO: The Appropriate State or Regional Office.	United States Environmental Protection Agency **RCRA SUBTITLE C SITE IDENTIFICATION FORM**

RECEIVED Hazardous Waste Section

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 6 5 3 1 6

3. Site Name

Name: Alamance Regional Medical Center

4. Site Location Information

Street Address: 1240 Huffman Mill Road

City, Town, or Village: Burlington | **County:** Alamance

State: North Carolina | **Country:** United States | **Zip Code:** 27215

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. 6 2 2 1 1 0 | C.

B. | D.

7. Site Mailing Address

Street or P.O. Box: 1240 Huffman Mill Road

City, Town, or Village: Burlington

State: North Carolina | **Country:** United States | **Zip Code:** 27215

8. Site Contact Person

First Name: Mark | **MI:** | **Last:** Pflug

Title: Radiation Safety Officer

Street or P.O. Box: 1200 N. Elm Street

City, Town or Village: Greensboro

State: North Carolina | **Country:** United States | **Zip Code:** 27401

Email: mark.pflug@conehealth.com

Phone: 336-832-0497 | **Ext.:** | **Fax:**

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: Cone Health | **Date Became Owner:**

Owner Type: ☑ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box: 1200 N. Elm Street

City, Town, or Village: Greensboro | **Phone:** 336-832-7000

State: North Carolina | **Country:** United States | **Zip Code:** 27401

B. Name of Site's Operator: Alamance Regional Medical Center | **Date Became Operator:**

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	P001					
D002	P042					
D003	P075					
D007	U188					
D009	U204					
D010						
D011						
D024						

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

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)
As a representative of Cone Health	Mark Pflug Interim Safety manager	6/17/16