

Hazardous Waste Section
File Room Document Transmittal Sheet

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Your Name: MEL DEAVER
EPA ID: NCR000158188
Facility Name: HOPE WOMENS CANCER CENTERS
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 9/23/2016
Author of Doc: JAMES BRUNNER

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
10	5	16

NCR000158188

Scanner's Initials:

SH



Waste Management
ENVIRONMENTAL QUALITY

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Director

September 26, 2016

JAMES BRUNNER
HOPE WOMENS CANCER CENTERS
509 BILTMORE AVE
ASHEVILLE, NC 28801

RE: EPA ID # NCR000158188 - HOPE WOMENS CANCER CENTERS

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: September 26, 2016

NCR000158188 HOPE WOMENS CANCER CENTERS

County: BLUMENBERG Source Type: S Seq. Number: 12 Receive Date: 23 Sep 2016

Location 100 RIDGEFIELD CT Address: ASHEVILLE, NC 28806	Mailing 100 RIDGEFIELD CT Address: ASHEVILLE, NC 28806
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Contact Person JAMES BRUNNER For Source Information (822) 213-5795	509 BILTMORE AVE ASHEVILLE, NC 28801 US
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Owner (current) JILL HOGGARD GREEN	509 BILTMORE AVE ASHEVILLE, NC 28801	Type: P
From: 01/01/2001	To:	Phone: (828) 213-2000

Operator (current) JILL HOGGARD GREEN		Type: P
From: 01/01/2001	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: Conditionally Exempt SQG; State: Conditionally Exempt SQG

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

Certification Information

First Name : JAMES	Title	CORP SAFETY OFF
Last Name : BRUNNER	Date Signed	09/23/2016

NAICS Codes

621111

Comments

UPDATED 8700-12 DATED 9/19/2016 SITE NAME, LEGAL OWNER/OPERATOR NAME, WASTE CODES. MD 9/26/2016 PEI INSPECTOR JEFF MENZEL FACILITY IS A CESQG.



2016 INVOICE
Waived 2016

ATTENTION: ACCOUNTS PAYABLE
 HOPE WOMENS CANCER CENTERS
 509 BILTMORE AVE
 ASHEVILLE, NC 28801

FACILITY LOCATION ADDRESS:

JAMES BRUNNER
 HOPE WOMENS CANCER CENTERS
 100 RIDGEFIELD CT
 ASHEVILLE, NC 28806

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000158188	HW73762	9/26/2016	\$ 0.00	10/26/2016	—

- 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.

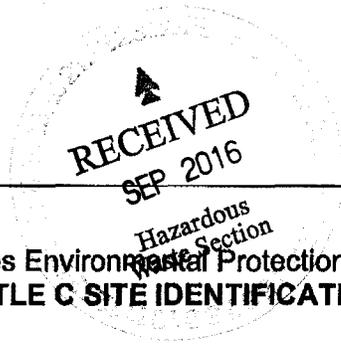
FACILITY STATUS	FEE	TONNAGE	AMOUNT DUE
SMALL QUANTITY GENERATOR	\$175.00	-----	\$175.00
		PAST DUE	\$0.00
		CREDIT	\$-175.00
		TOTAL AMOUNT DUE	\$0.00

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**



**United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM**

<p>SEND COMPLETED FORM TO: The Appropriate State or 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 a Subsequent Notification (to update site identification information for this location)</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: N C R 0 0 0 1 5 8 1 8 8</p>	
<p>3. Site Name</p>	<p>Name: HOPE WOMENS CANCER CENTER</p>	
<p>4. Site Location Information</p>	<p>Street Address: 100 RIDGEFIELD COURT</p> <p>City, Town, or Village: ASHEVILLE County: BUNCOMBE</p> <p>State: NORTH CAROLINA Country: USA Zip Code: 28806</p>	
<p>5. Site Land Type</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>6. NAICS Code(s) for the Site (at least 5-digit codes)</p>	<p>A. 6 2 1 4 9 8 C. _____</p> <p>B. _____ D. _____</p>	
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 509 BILTMORE AVE</p> <p>City, Town, or Village: ASHEVILLE</p> <p>State: NORTH CAROLINA Country: USA Zip Code: 28801</p>	
<p>8. Site Contact Person</p>	<p>First Name: JAMES MI: _____ Last: BRUNNER</p> <p>Title: CORPORATE SAFETY OFFICER</p> <p>Street or P.O. Box: 509 BILTMORE AVENUE</p> <p>City, Town or Village: ASHEVILLE</p> <p>State: NORTH CAROLINA Country: USA Zip Code: 28801</p> <p>Email: JAMES.BRUNNER@MSJ.ORG</p> <p>Phone: 822-213-5795 Ext.: _____ Fax: _____</p>	
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: JILL HOGGARD GREEN Date Became Owner: 2001</p> <p>Owner Type: <input 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: 509 BILTMORE AVE</p> <p>City, Town, or Village: ASHEVILLE Phone: 828-213-2000</p> <p>State: NORTH CAROLINA Country: USA Zip Code: 28801</p> <p>B. Name of Site's Operator: JILL HOGGARD GREEN Date Became Operator: 2001</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.

D001	D005	D009	D010	D011	DO24	U059
U122	U188	U201	U205	U236	U237	

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.

Deaver, Melodi

From: James Brunner <James.Brunner@msj.org>
Sent: Friday, September 23, 2016 5:00 PM
To: Strawbridge, Alton R
Cc: Deaver, Melodi; Menzel, Jeff
Subject: RE: Form 8700-12 / status updates
Attachments: 20160923163625130.pdf

Follow Up Flag: Follow up
Flag Status: Completed

Hi Ray and Melodi,

I appreciate the information; please see attached 8700-12 form for the site referenced.

Please let me know if there are any missing pieces!

Thanks!

James Brunner
Corporate Safety Officer – Mission Health System
828-785-8453 Cell

509 Biltmore Ave
Asheville, NC 28001

From: Strawbridge, Alton R [mailto:Ray.Strawbridge@ncdenr.gov]
Sent: Tuesday, September 20, 2016 1:55 PM
To: James Brunner <James.Brunner@msj.org>
Cc: Deaver, Melodi <melodi.deaver@ncdenr.gov>
Subject: RE: Form 8700-12 / status updates

CAUTION: This Email is from an EXTERNAL source. Please be cautious and do not click on any links or attachments unless you are certain that they are safe and are required for business.
If you believe this is a suspicious email and would like to have it verified, please forward it to informationsecurity@msj.org, and we will verify the content and reply back on the safety of the mail message.
There is no need to forward this email to information security if you do not think it is suspicious.

Hi James,

It would be a good idea to type in the information that is now handwritten. Hopefully you have the electronic form saved so all you need to do is go in and edit it. That way you will not have to do much typing the next time you have a subsequent notification!

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

UPDATING SITE CONTACT INFORMATION

DOWNGRADING FROM SQG TO CESQG PER INSPECTOR JEFF MENZEL

PLEASE WAIVE SQG INVOICE FOR FY16

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)
	JAMES Brunner Corp. Safety Off.	09/23/2016

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.

- 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.

- 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.
- 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** Note: A hazardous waste Part B permit is required for these activities.
- 7. Recycler of Hazardous Waste**
- 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
- 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** (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. *per CATALAN*
- 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 activity.

C. Used Oil Activities; Complete all parts 1-4.

- 1. Used Oil Transporter**
 If "Yes," mark all that apply.
- a. Transporter
 - b. Transfer Facility (at your site)
- 2. Used Oil Processor and/or Re-refiner**
 If "Yes," mark all that apply.
- a. Processor
 - b. Re-refiner
- 3. Off-Specification Used Oil Burner**
- 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

Once you have the edits completed you can mail or email it to Melodi Deaver. See the postal address below, or Mel's email address above.

Your comments can be simplified to:

New site contact, downgrading from SQG to CESQG per inspector Jeff Menzel. Please waive FY 2016 SQG invoice.

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



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From: James Brunner [<mailto:James.Brunner@msj.org>]
Sent: Tuesday, September 20, 2016 1:44 PM
To: Strawbridge, Alton R <Ray.Strawbridge@ncdenr.gov>
Subject: Form 8700-12 / status updates

Hi Ray,

Wanted to get your take on where and how I need to submit this info/ see attached.

Can I send electronically, or is it needed it via hardcopy to process.

Who (and where) is the contact I need to submit to, if it's not you.

thanks

James Brunner, CHSP
Corporate Safety Officer & Director
Mission Health System

1 Hospital Drive – Ste 5200