

File Room Document Transmittal Sheet

Your Name: BELLA NGUYEN
EPA ID: NCR000167197
Facility Name: NUMALE MEDICAL NORTH CAROLINA
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 4/18/2016
Author of Doc: BRAD PALUBICKI

File Room Use Only

Date Recieved by File Room:

Date Scanned:

| Month | Day | Year |
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| 5 | 6 | 16 |

NCR000167197

Scanner's Initials:



Waste Management
ENVIRONMENTAL QUALITY

PAT MCCRORY
Governor

DONALD R. VAN DER VAART
Secretary

MICHAEL SCOTT
Acting Director

April 28, 2016

BRYTNEE MEYER
NUMALE MEDICAL NORTH CAROLINA
5052 S JONES BLVD STE 155
LAS VEGAS NC 89118

RE: EPA ID # NCR000167197 - NUMALE MEDICAL NORTH CAROLINA

Dear Facility Contact:

Thank you for notifying the North Carolina Hazardous Waste Section of your activities as a Large Quantity Generator of hazardous waste. The EPA ID Number assigned to your site is shown above. Please notify us if any information about your site changes: such as the facility name, site address, regulatory status, facility contact/address/phone number, or if your facility plans to close, by completing an EPA Form 8700-12.

NC Hazardous Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646

If you are considered a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Transporter, or a Treater, Storer or Disposer (TSD) facility, you are required to pay an annual fee to the State of North Carolina. Accordingly, an invoice is attached to this letter. These fees are used to support NC State programs and ensure the safe management of hazardous waste. We encourage you to become familiar with the NC Hazardous Waste Management Rules that have been codified in the NC Administrative Code at 15A NCAC 13A. You may obtain a printed copy of the rules for \$32.00 by contacting Patricia Davalos at 919-707-8233. For more information on the rules, visit <http://portal.ncdenr.org/web/wm/hw/rules>. We specifically draw your attention to Rules .0101, .0102, .0106 and .0107. These provisions address requirements potentially applicable to generators of hazardous waste. For an explanation of EPA requirements, go to <http://www.epa.gov/wastes/hazard/downloads/tool.pdf>.

If you have any questions, please 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: April 28, 2016

NCR000167197 NUMALE MEDICAL NORTH CAROLINA

County: MECKLENBURG Source Type: N Seq. Number: 3 Receive Date: 25 Apr 2016

| | |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Location 330 BILLINGSLEY RD STE 201 Address: CHARLOTTE, NC 28211 | Mailing 330 BILLINGSLEY RD STE 201 Address: CHARLOTTE, NC 28211 |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------|

| | |
|------------------------------------------------------------------------------|--------------------------------------------------------|
| Contact Person BRYTNEE MEYER For Source Information (702) 623-4106 | 5052 S JONES BLVD STE 155 LAS VEGAS, NC 89118 US |
|------------------------------------------------------------------------------|--------------------------------------------------------|

| | | |
|-------------------------------------------------|--------------------------------------------------|---------|
| Owner (current) NUMALE MEDICAL CENTER | 5052 S JONES BLVD STE 155 LAS VEGAS, NV 89118 | Type: P |
|-------------------------------------------------|--------------------------------------------------|---------|

| | | |
|------------------|-----|-----------------------|
| From: 01/01/2015 | To: | Phone: (702) 205-8262 |
|------------------|-----|-----------------------|

| | | |
|----------------------------------------------------|--------------------------------------------------|---------|
| Operator (current) NUMALE MEDICAL CENTER | 5052 S JONES BLVD STE 155 LAS VEGAS, NV 89118 | Type: P |
|----------------------------------------------------|--------------------------------------------------|---------|

| | | |
|------------------|-----|-----------------------|
| From: 01/01/2015 | To: | Phone: (702) 205-8262 |
|------------------|-----|-----------------------|

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

Regulated Waste Activities

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

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

Certification Information

| | | |
|-----------------------|-------------|------------|
| First Name : BRAD | Title | PRES |
| Last Name : PALUBICKI | Date Signed | 04/18/2016 |

NAICS Codes

62211

Comments

CREATED NEW 8700-12 DATED 4/18/2016 AS A LQG. MD 4/28/2016



Waste Management
ENVIRONMENTAL QUALITY

2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE
NUMALE MEDICAL NORTH CAROLINA
5052 S JONES BLVD STE 155
LAS VEGAS, NC 89118

FACILITY LOCATION ADDRESS:

BRYTNEE MEYER
NUMALE MEDICAL NORTH CAROLINA
330 BILLINGSLEY RD STE 201
CHARLOTTE NC 28211

| FACILITY EPA ID # | INVOICE # | INVOICE DATE | AMOUNT DUE | DUE DATE | ENTER AMOUNT PAID |
|-------------------|-----------|--------------|-------------|------------|-------------------|
| NCR000167197 | HW71488 | 4/28/2016 | \$ 1,400.00 | 05/28/2016 | |

- 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 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



| | | | |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------|
| <p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p> | <p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p> | | <p>APR 20</p> |
| <p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p> | <p>Reason for Submittal:</p> <p><input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain identification number for this location)</p> <p><input 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 $\geq 1,000$ kg of hazardous waste, >1 kg of acute hazardous waste, or >100 kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)</p> | | |
| <p>2. Site EPA ID Number</p> | <p>EPA D Number <u>NCR4000167197</u></p> | | |
| <p>3. Site Name</p> | <p>Name: NuMale Medical North Carolina</p> | | |
| <p>4. Site Location Information</p> | <p>Street Address: 330 Billingsley Road, Suite 201</p> <p>City, Town, or Village: Charlotte</p> <p>State: NC</p> <p>Country: USA</p> <p>County: _____</p> <p>Zip Code: 28211</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. <u>62211</u></p> <p>B. _____</p> <p>C. _____</p> <p>D. _____</p> | | |
| <p>7. Site Mailing Address</p> | <p>Street or P.O. Box: 5052 S. Jones Blvd. Suite 155</p> <p>City, Town, or Village: Las Vegas</p> <p>State: NV</p> <p>Country: USA</p> <p>Zip Code: 89118</p> | | |
| <p>8. Site Contact Person</p> | <p>First Name: Brytnée</p> <p>MI: _____</p> <p>Last: Meyer</p> <p>Title: Corporate Compliance Manager</p> <p>Street or P.O. Box: 5052 S Jones Blvd, Suite 155</p> <p>City, Town or Village: Las Vegas</p> <p>State: NV</p> <p>Country: USA</p> <p>Zip Code: 89118</p> <p>Email: bmeyer@numale.com</p> <p>Phone: (702) 623-4106</p> <p>Ext.: _____</p> <p>Fax: _____</p> | | |
| <p>9. Legal Owner and Operator of the Site</p> | <p>A. Name of Site's Legal Owner: NuMale Medical Center</p> <p>Date Became Owner: 01/2015</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: 5052 S. Jones Blvd, Suite 155</p> <p>City, Town, or Village: Las Vegas</p> <p>State: NV</p> <p>Country: USA</p> <p>Phone: (702) 205-8262</p> <p>Zip Code: 89118</p> <p>B. Name of Site's Operator: NuMale Medical Center</p> <p>Date Became Operator: 01/2015</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> | | |

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 2-4.

- 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.

| | | | | | |
|-----------------|--|--|--|--|--|
| R100 | | | | | |
| R120 | | | | | |
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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.

| | | | | | |
|------|--|--|--|--|--|
| R100 | | | | | |
| R120 | | | | | |
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**ADDENDUM TO THE SITE IDENTIFICATION FORM:
NOTIFICATION OF HAZARDOUS SECONDARY MATERIAL ACTIVITY**



ONLY fill out this form if:

- ❖ You are located in a State that allows you to manage excluded hazardous secondary material (HSM) under 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent). See <http://www.epa.gov/epawaste/hazard/dsw/statespf.htm> for a list of eligible states; **AND**
- ❖ You are or will be managing excluded HSM in compliance with 40 CFR 261.2(a)(2)(ii), 261.4(a)(23), (24), or (25) (or state equivalent) **or** you have stopped managing excluded HSM in compliance with the exclusion(s) and do not expect to manage any amount of excluded HSM under the exclusion(s) for at least one year. Do not include any information regarding your hazardous waste activities in this section.

1. Indicate reason for notification. Include dates where requested.

- Facility will begin managing excluded HSM as of _____ (mm/dd/yyyy).
- Facility is still managing excluded HSM/re-notifying as required by March 1 of each even-numbered year.
- Facility has stopped managing excluded HSM as of _____ (mm/dd/yyyy) and is notifying as required.

2. Description of excluded HSM activity. Please list the appropriate codes and quantities in **short tons** to describe your excluded HSM activity ONLY (do not include any information regarding your hazardous wastes). Use additional pages if more space is needed.

| a. Facility code (answer using codes listed in the Code List section of the instructions) | b. Waste code(s) for HSM | c. Estimated short tons of excluded HSM to be managed annually | d. Actual short tons of excluded HSM that was managed during the most recent odd-numbered year | e. Land-based unit code (answer using codes listed in the Code List section of the instructions) |
|----------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
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3. Facility has financial assurance pursuant to 40 CFR 261.4(a)(24)(vi). (Financial assurance is required for reclaimers and intermediate facilities managing excluded HSM under 40 CFR 261.4(a)(24) and (25))

Y N Does this facility have financial assurance pursuant to 40 CFR 261.4(a)(24)(vi)?