

Hazardous Waste Section
File Room Document Transmittal Sheet

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Your Name: MEL DEAVER
EPA ID: NCD986194330
Facility Name: CAROLINA BIOLOGICAL SUPPLY COMPANY
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 4/12/2016
Author of Doc: MICHAEL RICHARDSON

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
5	17	16

NCD986194330

Scanner's Initials:

SH



Waste Management
ENVIRONMENTAL QUALITY

PAT MCCRORY
Governor

DONALD R. VAN DER VAART
Secretary

MICHAEL SCOTT
Director

May 05, 2016

MICHAEL RICHARDSON
CAROLINA BIOLOGICAL SUPPLY COMPANY
2700 YORK RD
BURLINGTON, NC 27215

RE: EPA ID # NCD986194330 - CAROLINA BIOLOGICAL SUPPLY COMPANY

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: May 05, 2016

NCD986194330 CAROLINA BIOLOGICAL SUPPLY COMPANY

County: GUILFORD **Source Type:** S **Seq. Number:** 4 **Receive Date:** 22-Apr-2016

Location 6537 JUDGE ADAMS RD Address: WHITSETT, NC 27377	Mailing 2700 YORK RD Address: BURLINGTON, NC 27215
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Contact Person MICHAEL RICHARDSON 2700 YORK RD
 For Source (336) 538-6343 BURLINGTON, NC 27215
 Information US

Owner (current) 2700 YORK RD
 CAROLINA BIOLOGICAL SUPPLY COMPANY BURLINGTON, NC 27215 Type: P
 From: 08/02/2002 To: Phone: (338) 584-0381

Operator (current) 2700 YORK RD
 CAROLINA BIOLOGICAL SUPPLY COMPANY BURLINGTON, NC 27215 Type: P
 From: 08/02/2002 To: Phone: (338) 584-0381

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

Regulated Waste Activities

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

Transfer Facility: U	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	
Transporter Activity: No	Used Oil Processor and/or Re-refiner Activity	off-specification used oil burner:	No
TSD Activity: No	Processor: No	Marketer who first claims the used oil meets the specifications:	No
Recycler Activity: No	Refiner: No		
Exempt Boiler and/or Industrial Furnace	Underground Injection Control: No	Destination Facility for Universal Waste:	No
Small Quantity Onsite Burner Exemption: No			
Smelting, melting, Refining Furnace Exemption: No			

Certification Information

First Name : MICHAEL Title EHS MGR
 Last Name : RICHARDSON Date Signed 04/12/2016

NAICS Codes

423490

Comments

UPDATED 8700-12 DATED 4/12/2016 SITE CONTACT PERSON INFOR, LEGAL OWNER/OPERATOR INFOR, WASTE CODI MD 5/5/2016



Waste Management
ENVIRONMENTAL QUALITY

2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE
CAROLINA BIOLOGICAL SUPPLY COMPANY
2700 YORK RD
BURLINGTON, NC 27215

FACILITY LOCATION ADDRESS:

MICHAEL RICHARDSON
CAROLINA BIOLOGICAL SUPPLY COMPANY
6537 JUDGE ADAMS RD
WHITSETT, NC 27377

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCD986194330	HW71508	5/5/2016	175.00	06/04/2016	

- 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 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.

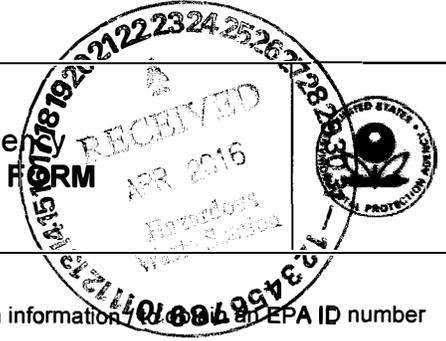
FACILITY STATUS	FEE	TONNAGE	AMOUNT DUE
SMALL QUANTITY GENERATOR	\$175.00	-----	\$175.00
		PAST DUE	\$0.00
		CREDIT	\$0.00
		TOTAL AMOUNT DUE	\$175.00

E. Remit Payment:

To pay via electronic bank transfer, 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



SEND COMPLETED FORM TO:
The Appropriate State or Regional Office.

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

1. Reason for Submittal

MARK ALL BOX(ES) THAT APPLY

Reason for Submittal:

To provide an Initial Notification (first time submitting site identification information 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, >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 WCP 986 1 94330

3. Site Name Name: Carolina Biological Supply Company

4. Site Location Information

Street Address: 6537 Judge Adams Road

City, Town, or Village: Whitsett

County: Guilford

State: NC

Country: US

Zip Code: 27377

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. 4 2 3 4 9 0

B. _____

C. _____

D. _____

7. Site Mailing Address

Street or P.O. Box: 2700 York Road

City, Town, or Village: Burlington

State: NC

Country: US

Zip Code: 27215

8. Site Contact Person

First Name: Michael

MI: E

Last: Richardson

Title: EHS Manager

Street or P.O. Box: 2700 York Road

City, Town or Village: Burlington

State: NC

Country: US

Zip Code: 27215

Email: michael.richardson@carolina.com

Phone: 336-538-6343

Ext.: _____

Fax: 336-586-4395

9. Legal Owner and Operator of the Site

A. Name of Site's Legal Owner: Carolina Biological Supply Company

Date Became Owner: 8-2-02

Owner Type: Private County District Federal Tribal Municipal State Other

Street or P.O. Box: 2700 York Road

City, Town, or Village: Burlington

Phone: 338-584-0381

State: NC

Country: US

Zip Code: 27215

B. Name of Site's Operator: Carolina Biological Supply Company

Date Became Operator: 8-2-02

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	D002	D003	D005	D007	D009	D011
F003	U080	U117	U154	U165	U239	

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

The waste generated is primarily expired and/or damaged laboratory chemicals originally intended for resale. This facility primarily handles chemicals in closed containers 4 liters or less in size. This facility does NOT do any chemical manufacturing, mixing, processing, etc.

Talked with Michael Richardson 4/28/16 this facility is not affiliated with Lucent Technologies. NC0986194330 CARDINA Biological bought the building from Lucent. MD

Per Ray Strawbridge can use the existing number NC0986194330 5/4/2016

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)
	Michael Richardson	4/12/2016