

Hazardous Waste Section
File Room Document Transmittal Sheet

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Your Name: MEL DEAVER
EPA ID: NCP042216008
Facility Name: CONE HEALTH MEDCENTER HIGH POINT
Document Group: General (G)
Document Type: Other (O)
Description: PROVISIONAL ID FORM
Date of Doc: 4/25/2016
Author of Doc: MARK PFLUS

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
5	17	16

NCP042216008

Scanner's Initials:

ST



PAT MCCRORY
Governor

DONALD R. VAN DER VAART
Secretary

MICHAEL SCOTT
Director

May 05, 2016

TANIA BROWN
CONE HEALTH MEDCENTER HIGH POINT
200 E NORTHWOOD ST STE 519
GREENSBORO, NC 27401

RE: PROVISIONAL EPA ID: # NCP042216008
CONE HEALTH MEDCENTER HIGH POINT

Dear Facility Contact :

The above Provisional EPA ID Number has been assigned to your facility as a handler of hazardous waste. This number is to be used for the hazardous waste activity as described on the application. Specifically, please note that the Provisional EPA ID Number is for the shipment of hazardous waste from none other than the facility and site identified on the application. This number is effective for a period of ninety (90) days only.

All handlers of hazardous waste are required to pay an annual fee. N.C.G. S. 130A-294.1 (f) requires that a person who generates greater than 100 kilograms (220 lbs.) but less than 1,000 kilograms (2,200 lbs) of hazardous waste in any calendar month during the year shall pay an annual fee of one hundred seventy-five dollars (\$175.00). Effective July 1, 2010, Hazardous Waste fees increased pursuant to the North Carolina General Statute 130A-294.1. The new hazardous waste fees may be found on page two of the attached Invoice. N.C.G.S. 25-3-506 states that a processing fee of \$25.00 will be charged for a returned check.

If you have any questions, please contact Melodi Deaver at (919) 707-8204.

Sincerely,

A handwritten signature in black ink, appearing to read "Julie Woosley". The signature is fluid and cursive.

Julie Woosley, Chief
Hazardous Waste Section

cc: Central Files (General)

IBEAM - RCRA Site Detail

Report run on: May 05, 2016

NCP042216008 CONE HEALTH MEDCENTER HIGH POINT

County: GUILFORD Source Type: P Seq. Number: 7 Receive Date: 04-May-2016

Location 2630 WILLARD DAIRY RD
Address: HIGH POINT, NC 27265

Mailing 2630 WILLARD DAIRY RD
Address: HIGH POINT, NC 27265

Contact Person TANIA BROWN 200 E NORTHWOOD ST STE 519
For Source (336) 832-8816 GREENSBORO, NC 27401
Information US

Owner (current) 1200 N ELM ST
CONE HEALTH SYSTEMS GREENSBORO, NC 27401 Type: P

From: 01/01/1601 To: Phone: (336) 832-4357

Operator (current) 1200 N ELM ST
CONE HEALTH SYSTEMS GREENSBORO, NC 27401 Type: P

From: 01/01/1601 To: Phone: (336) 832-4357

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:

Used Oil Activities

Other Hazardous Waste Generator Activities

Used Oil Transport Activity	Off-Specification Used Oil Burner:	No
Transporter:	Used Oil Fuel Marketer Activity	
Transfer Facility:	Marketer who direct shipment	
	off-specification used oil to	
Used Oil Processor and/or	off-specification used oil burner:	No
Re-refiner Activity	Marketer who first claims the used	
Processor:	oil meets the specifications:	No
Refiner		
Underground	Destination Facility for	
Injection Control:	Universal Waste:	No

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

Certification Information

First Name : MARK Title SAFETY OFFICER
Last Name : PFLUS Date Signed 04/25/2016

NAICS Codes

62211

Comments

CREATED NEW PROVISIONAL ID FORM DATED 4/25/2016 AS A SQG. MD 5/5/2016



2015 INVOICE
 PAID 5/9/16
 CK# 1577901

ATTENTION: ACCOUNTS PAYABLE
 CONE HEALTH MEDCENTER HIGH POINT
 200 E NORTHWOOD ST STE 519
 GREENSBORO, NC 27401

FACILITY LOCATION ADDRESS:
 TANIA BROWN
 CONE HEALTH MEDCENTER HIGH POINT
 2630 WILLARD DAIRY RD
 HIGH POINT, NC 27265

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCP042216008	HW71506	5/5/2016		05/05/2016	

- 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	-\$175.00
		TOTAL AMOUNT DUE	\$0.00

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**

North Carolina Application for Provisional Identification Number



NC Department of Environment and Natural Resources
Division of Waste Management
Hazardous Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646



Please Refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act)

1. Reason for Submittal	Provisional EPA ID Number	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">N</td> <td style="text-align: center;">C</td> <td style="text-align: center;">P</td> <td style="text-align: center;">0</td> <td style="text-align: center;">4</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> <td style="text-align: center;">1</td> <td style="text-align: center;">6</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">8</td> </tr> </table>	N	C	P	0	4	2	2	1	6	0	0	8
N	C	P	0	4	2	2	1	6	0	0	8			
2. Generator	Name of Company or Site													
	Cone Health MedCenter High Point 624 62211													
	Generator Name	NAICS Code Number												
3. Site Location	Physical Address (Not P.O. Box or Route Number)													
	2630 Willard Dairy Road													
	Street Name													
	High Point	Guilford												
	City	County												
	NC	27265												
	State	Zip Code												
4. Site Mailing Address	P.O. Box or Route Number													
	200 East Northwood Street, Suite 519													
	Street													
	Greensboro	NC												
	City	State												
		27401												
		Zip Code												
5. Site Contact Information	Tania Brown													
	First and Last Name													
	Corporate Safety Coordinator													
	Title													
	Tania.brown@conehealth.com													
	Email Address													
336-832-8816														
Phone Number														
200 E. Northwood Street Suite 519														
Mailing Address														
Greensboro	NC													
City	State													
		27401												
		Zip Code												
6. Legal Owner of the site	Cone Health Systems													
	Name of Legal Owner													
	1200 N. Elm Street													
	Street Address													
	Greensboro	NC												
City	State													
		27401												
		Zip Code												
336-832-4357														
Phone Number														
7. Operator Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Indian	<input type="checkbox"/> District <input type="checkbox"/> Municipal	<input type="checkbox"/> County <input type="checkbox"/> State	<input type="checkbox"/> Federal <input type="checkbox"/> Other										

8. Owner Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Indian	<input type="checkbox"/> District <input type="checkbox"/> Municipal	<input type="checkbox"/> County <input type="checkbox"/> State	<input type="checkbox"/> Federal <input type="checkbox"/> Other	
9. Transporter	Heritage Transport LLC-TS		I N D 0 5 8 4 8 4 1 1 4		
	Company Name		EPA ID Number		
	550 Gulf Drive				
	Site Address				
	Charlotte		NC	28208	
	City		State	Zip Code	
10. Disposer	Dana Jones		704-497-3099		
	Contact Name		Tel. Number		
	Heritage Thermal Services, Inc.		O H D 9 8 0 6 1 3 8 3 2		
	Company Name		EPA ID Number		
	1250 Saint George St Unit 1				
	Site Address				
East Liverpool		OH	43920		
City		State	Zip Code		
Contact Name		Tel. Number			
11. Description of Hazardous Waste	(Check ALL that Apply)				
	<input type="checkbox"/> Ignitable	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Reactive	<input checked="" type="checkbox"/> Toxic	
	List Any Additional Specific EPA Hazardous Waste Number(s)				
				P 0 1 2	
12. Waste Specifics	2 12 gal bins		Generator Status: LQG lbs10lbs		
	Quantities of Waste Disposed (per month)		SQG: 100 to 1,000 kg/mo (220-2,200 lbs/mo) LQG: 1,000 kg/mo to (2,200 lbs/mo or more)		
	Arsenic Trioxide		chemotherapy		
Name of Waste		How was this waste generated?			
13. Non-Hazardous Waste	Was there Non-Hazardous Waste Generated? ___ Yes X No				
Description of Non-Hazardous Waste Generated: _____					
14. Past Generation	Have you Generated other Hazardous Wastes in the Past? ___ Yes X No				
15. Certification	I Certify that the information supplied is accurate and correct to the best of my knowledge and belief; and that this is a one-time handling of any kind of hazardous waste. I do not and will not generate any hazardous waste of any quantity. I have personally examined and am familiar with the information submitted in this and attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fines and imprisonment.				

As an agent for Moses Cone

16. Signature		4/25/16
	Mark Pflus	Radiation Safety Officer
	Print Name	Title of Official

Interim Safety Manager

Small quantity generator \$175.00 credit card



APPLICATION INSTRUCTIONS FOR PROVISIONAL ID NUMBER

Item 1: Reason for Submittal

Once your notification application for an EPA identification number is received and processed, an EPA ID Number will be assigned to you.

Item 2: Generator Name & NAICS Code 621

Enter the name of the company or the specific site name. Next, enter the NAICS Code (North American Industry Classification System) for the site in the space provided. For assistance, refer to website: http://www.census.gov/epcd/www/naics.html

Item 3: Site Location

Enter the complete physical address, not a post office box. Next enter the county or the county code, if known.

Item 4: Site Mailing Address

Enter the site mailing address. If the mailing address and the site location are the same, you can enter "same as #3."

Item 5: Site Contact Information

Enter the name, title, email address, phone number and mailing address of the site hazardous waste contact for information submitted on this form.

Item 6: Legal Owner of the Site

Enter the name of the legal owner(s) of the site. This may be an individual or business. Also enter the mailing address and business phone number.

Items 7 & 8: Operator and Owner Types

Place an "X" in the box beside the code which best describes the owner and operator of the current legal status of the land on which the facility is located.

Item 9: Transporter

Enter the company name of the transporter, EPA Identification Number, location address, contact person and telephone number.

Item 10: Disposer

Enter the company name of the disposal facility, EPA Identification Number, location address, contact person and telephone number.

Item 11: Description of Hazardous Waste

Refer to 40 CFR Part 261 in order to complete this section. Part 261 identifies those wastes that EPA defines as hazardous. If you need assistance, contact the Hazardous Waste Section at 919-707-8204.

Item 12: Waste Specifics

Complete this item by adding the quantities of waste to be disposed of each Month, and the status based on the applicable unit of measure (gallons/pounds/kilograms) along with the type of waste and how this waste is generated.

Items 15 & 16: Certification and Signature

This certification must be signed by the owner, operator or an authorized representative of the site. An "authorized representative" is a person responsible for the overall operation of the facility (i.e., a plant manager or superintendent, or a person of equal responsibility). All applications must include this certification to be complete.

For Questions, call: Melodi (Mel) Deaver (919) 707-8204 Melodi.Deaver@ncdenr.gov

Melodi Deaver@ncdenr.gov

Send completed forms and payment to:

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

Please remit for payment 50595-750349 thank you! Allen Mobern 4/22/10