Hazardous Waste Section

File Room Document Transmittal Sheet

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Your Name:	MEL DEAVER
EPA ID:	NCR000164608
Facility Name:	NCDSCA DC740012 (BOWEN CLEANERS)
Document Group:	General (G)
Document Type:	Notification 8700 (8700)
Description:	
Date of Doc:	12/30/2015
Author of Doc:	SCOTT STUPAK

File Room Use Only

NCR000164608

	Month	Day	Year
Date Recieved by File Room:			
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Waste Management
ENVIRONMENTAL QUALITY

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Secretary

LINDA CULPEPPER
Director

January 13, 2016

SCOTT STUPAK
NCDSCA DC740012 (BOWEN CLEANERS)
1646 MAIL SERVICE CENTER
RALEIGH, NC 27699-1646

RE: EPA ID # NCR000164608 - NCDSCA DC740012 (BOWEN CLEANERS)

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: January 13, 2016

NCR000164608 NCDSCA DC740012 (BOWEN CLEANERS)

County: PITT **Source Type:** S **Seq. Number:** 7 **Receive Date:** 30-Dec-2015

Location Address: 3400 S MEMORIAL DR STE 100
GREENVILLE, NC 278347034

Mailing Address: 1646 MAIL SERVICE CENTER
RALEIGH, NC 276991646

Contact Person For Source Information: SCOTT STUPAK
(919) 707-8359
1646 MAIL SERVICE CENTER
RALEIGH, NC 276991646
US

Owner (current)
CAROLINA E CENTRE LLC
PO BOX 30189
GREENVILLE, NC 278330189
Type: P
From: 07/15/1992
To:
Phone:

Operator (current)
PETITIONER(S) FOR DSCA SITE ID DC740012
1646 MAIL SERVICE CENTER
RALEIGH, NC 276991646
Type: O
From: 05/09/2014
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: Large Quantity Generator; State: Large 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 : SCOTT
Last Name : STUPAK
Title PROJ MGR
Date Signed 12/30/2015

NAICS Codes

81232

Comments

UPDATED 8700-12 DATED 12/30/2015 SQG TO LQG AS OF 11/13/2015 MD 1/13/2016

Waste Management
ENVIRONMENTAL QUALITY

2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE
NCDSCA DC740012 (BOWEN CLEANERS)
1646 MAIL SERVICE CENTER
RALEIGH, NC 27699-1646

FACILITY LOCATION ADDRESS:

SCOTT STUPAK
NCDSCA DC740012 (BOWEN CLEANERS)
3400 S MEMORIAL DR STE 100
CAROLINA E CENTRE SHOPPING CTR
GREENVILLE NC 278347034

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000164608	HW71227.1	1/13/2016	$ 1,225.00	02/12/2016	

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	$-175.00
		TOTAL AMOUNT DUE	$1,225.00

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

OMB#: 2050-0024; Expires 1/31/2017

Environmental Quality	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	☐ To provide Initial Notification of Regulated Waste Activity (first time submitting site identification information / to obtain an EPA ID number for this location) ☒ To provide Subsequent Notification of Regulated Waste Activity (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 >100kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)
2. Site EPA ID	NCR000164608
3. Site Name	NCDSCA DC740012(Bowen Cleaners)
4. Site Location Information	3400 S Memorial DR, Suite100 Carolina East Centre Shopping Center Greenville, North Carolina 27834-7034, Pitt County
5. Site Land Type	☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other
6. NAICS Code(s)	81232
7. Site Mailing Address	1646 Mail Service Center Raleigh, NC, USA 27699-1646
8. Site Contact Person	Scott Stupak, Project Manager 1646 Mail Service Center Raleigh, North Carolina, USA 27699-1646 scott.stupak@ncdenr.gov (919)707-8359
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner Carolina East Centre, LLC Date Became Owner 7/15/1992
	Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other
	CAROLINA EAST CENTRE, LLC PO BOX 30189 GREENVILLE NC 27833-0189
	B. Name of Site's Operator Petitioner(s) for DSCA Site ID DC740012 Date Became Operator 05/09/2014
	Operator Type: ☐ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☒ Other

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 CRF 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 Wastes

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.

F002

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

Update Site Information:
SQG to LQG as of 11/13/2015

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 operator, owner, or an authorized representative	**Name and Official Title**	**Date Signed (mm/dd/yyyy)**
	Scott Stupak, on behalf of Petitioners for DSCA Site ID DC740012	12/30/2015

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

Y ☒ N ☐ **1. Generator of Hazardous Waste**

☒ 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.

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**
☐ 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**
☐ 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 (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**
☐ a. Transporter
☐ b. Transfer Facility (at your site)

Y ☐ N ☒ **2. Used Oil Processor and/or Re-refiner**
☐ a. Processor
☐ b. Re-finer

Y ☐ N ☒ **3. Off-Specification Used Oil Burner**

Y ☐ N ☒ **4. Used Oil Fuel Marketer**
☐ 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