

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Solid Waste Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director



4

March 16, 1995

SOUTHERN LAUNDRY & DRY CLEANER
234 DABNEY DR
HENDERSON NC 27536

RE: EPA ID No.: NCR000000257

Dear Sir:

Based on information received by this office for the site identified with the above EPA ID number, the State has accepted and processed the change in RCRA classification or information for the above listed site.

Your EPA ID number is active.

Current computer record of your facility contains following information:

(X Indicates Operational Status of Your Facility)

- | | |
|-------------------|-------------------------|
| - LARGE GENERATOR | X SMALL QNTY. GENERATOR |
| - TRANSPORTER | - TREATER |
| - STORER | - DISPOSER |

Company Name:	SOUTHERN LAUNDRY & DRY CLEANER
Owner:	CHARISSE WATKINS
Owner Address:	234 DABNEY DR
City, St.& ZIP:	HENDERSON NC 27536
Contact:	WATKINS CHARISSE
Phone Number:	(919)438-5525
Location Addr.:	234 DABNEY DR
City, St.& ZIP:	HENDERSON NC 27536

Please verify the above computer information. Please notify us of any corrections.

We are advising EPA of the change. Please notify us if there is any further change in your operations which would affect your status, namely Company's Name, Ownership, Address, Contact, or Telephone.
Your EPA ID number is currently active.

Sincerely,

R.J. Edwards, Administrative Officer

P.O. Box 27687, Raleigh, North Carolina 27611-7687 Division of Solid Waste Management 3605

An Equal Opportunity Affirmative Action Employer

50% recycled/ 10% post-consumer paper

CC: TERRY WADDELL

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

3

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

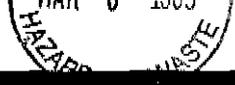


Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

MAR 6 1995



I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

NCR000000257

II. Name of Installation (Include company and specific site name)

SOUTHERN LAUNDRY & DRY CLEANERS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

234 DABNEY DRIVE

Street (continued)

City or Town

HENDERSON

State

ZIP Code

NC 27536

County Code

County Name

VANCE

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

WATKINS

(first)

CHARISSE

Job Title

MANAGER

Phone Number (area code and number)

919-438-5525

VI. Installation Contact Address (See instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

CHARISSE WATKINS

Street, P.O. Box, or Route Number

234 DABNEY DR

City or Town

State

ZIP Code

HENDERSON

NC 27536

Phone Number (area code and number)

919-438-5525

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes No

(Date Changed)

Month Day Year

ID - For Official Use Only

SIC CODE NUMBER

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<p>1. Generator (See Instructions)</p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.)</p> <p><input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p>2. Transporter (Indicate Mode in boxes 1-5 below)</p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p>Mode of Transportation</p> <p><input type="checkbox"/> 1. Air</p> <p><input type="checkbox"/> 2. Rail</p> <p><input type="checkbox"/> 3. Highway</p> <p><input type="checkbox"/> 4. Water</p> <p><input type="checkbox"/> 5. Other - specify</p>	<p><input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions</p> <p>4. Hazardous Waste Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input checked="" type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter/Referral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p>Indicate Type of Combustion Device(s)</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 5. Underground Injection Control</p>	<p>1. Off-Specification Used Oil Fuel</p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketer</p> <p><input type="checkbox"/> d. Burner - Indicate device(s) - Type of Combustion Device</p> <p><input type="checkbox"/> 1. Utility Boiler</p> <p><input type="checkbox"/> 2. Industrial Boiler</p> <p><input type="checkbox"/> 3. Industrial Furnace</p> <p><input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification</p>

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D000)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(List specific EPA hazardous waste number(s) for the Toxicity characteristic characteristic(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 D039	2 F002	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
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X. 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 fine and imprisonment for knowing violations.

Signature <i>Charisse Watkins</i>	Name and Official Title (type or print) CHARISSE WATKINS, MGR.	Date Signed 2-1-95
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XI. Comments

G.R. WATKINS, JR. 2005 BROOKRUN RD. HENDERSON, NC 27536
S.M. WATKINS, III 1217 HARGROVE ST. HENDERSON, NC 27536

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

State of North Carolina
Department of Environment,
Health and Natural Resources
Division of Solid Waste Management

James B. Hunt, Jr., Governor
Jonathan B. Howes, Secretary
William L. Meyer, Director



March 10, 1995

SOUTHERN LAUNDRY & DRY CLEANER
234 DABNEY DR
HENDERSON, NC 27536

RE: EPA ID No. NCR000000257

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As a Small Generator, you should be familiar with N.C. Hazardous Waste Management Regulations 15A NCAC 13A .0002 Definitions; contained in 40 CFR 260.10 (Subpart B), 15A NCAC 13A .0006 Identification and Listings of Hazardous Waste; contained in 40 CFR 261.1 (Subpart A-D) and 15A NCAC 13A .0007 Standards for Hazardous Waste Generations; contained in 40 CFR 262.10 - 262.40 (Subpart A-D).

Effective January 1, 1986, all handlers of hazardous waste were required by G.S. 130A-294.1 to pay an annual fee. The above rules were adopted November 13, 1985 as authorized by G.S. 130A-294(a)(7) which was ratified July 3, 1985. Revised by House Bill 2623, ratified on the 29th day of June, 1988 by the General Assembly of the State of North Carolina. You will be billed for the Annual Fee at the beginning of the State fiscal year in July.

You can contact the Hazardous Waste Management Section at (919) 733-2178 for information.

NCSU provides a training program for generators which you may want to attend. Call Mac McKenzie or Kathryn Murray at 919-515-2261 or write to the Office of Continuing Education and Professional Development, P.O. Box 7401, Mckimmon Center, N. C. State University, Raleigh, NC 27695-7401.

You will be inspected at a future date to insure compliance with the above rules. To obtain a complete copy of rules contact the Hazardous Waste Management Section, Division of Solid Waste Management, Box 27687, Raleigh, 27611-7687. There is a 16.00 printing charge for complete copy of the rules.

Sincerely,

R.J. Edwards, Administrative Officer
Division of Solid Waste Management

cc: TERRY WADDELL

Please refer to the instructions for filling out this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

1

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

A. First Notification

B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

NC R000000257

II. Name of Installation (include company and specific site name)

SOUTHERN LAUNDRY & DRY CLEANER

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

234 DABNEY DRIVE

Street (continued)

City or Town

HENDERSON

State

NC

ZIP Code

27536-

County Code

County Name

18 / VANCE

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

WATKINS

(first)

CHARISSE

Job Title

MANAGER

Phone Number (area code and number)

919-438-5525

VI. Installation Contact Address (See Instructions)

A. Contact Address Location: Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

CHARISSE WATKINS

Street, P.O. Box, or Route Number

234 DABNEY DR

City or Town

HENDERSON

State

NC

ZIP Code

27536-

Phone Number (area code and number)

919-438-5525

B. Land Type

C. Owner Type

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

To: Jim Edwards	From: Charisse Watkins
Co: EPA	Co: Southern Laundry
Dept: Hazardous Waste	Phone # 919-438-5525
Fax # 919-715-3605	Fax # 919-430-1311

ded areas only

Form Approved, OMB No. 2050-0028, Expires 6-30-92
GSA No. 0246-EPA-07

ID - For Official Use Only									

III. Type of Required Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil/Fuel Activities	
<input type="checkbox"/> 1. Generator (See instructions) <input checked="" type="checkbox"/> a. Greater than 1000 kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation: <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity. See instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Boiler and/or Industrial Furnace 1. Smaller Deferral 2. Small Quantity Exemption Indicate Type of Combustion Device(s): <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device: <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification	

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristics (D000)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(List specific EPA hazardous waste numbers for the Toxicity Characteristics contaminant(s).)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 D039	2 F002	3 P078	4 P079	5 P081	6 P082
7	8	9	10	11	12

C. Other Wastes. (State or other wastes require a 1-D number. See instructions.)

1	2	3	4	5	6

X. 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 fine and imprisonment for knowing violations.

Signature <i>Charisse Watkins</i>	Name and Official Title (type or print) CHARISSE WATKINS, MGR.	Date Signed 2-1-95
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XI. Comments

G. R. WATKINS, JR., 2005 BROOKRUN RD. HENDERSON, NC 27536
 S. M. WATKINS, III, 1217 HARGREAVE ST. HENDERSON, NC 27536

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)