

N.C. DEPARTMENT OF ENVIRONMENT, HEALTH AND NATURAL RESOURCES  
DIVISION OF SOLID WASTE  
HAZARDOUS WASTE SECTION

Circle one:  
G, I, P, GW, C, E

FILE DOCKET

DATE

ITEM

- | DATE       | ITEM                       |
|------------|----------------------------|
| 1) 7-27-95 | First Notification         |
| 2) 8-4-95  | EPA I.D. Number - assigned |
| 3) 2-10-98 | Subsequent Notification    |
| 4) 2-18-98 | RCRA Classification        |



NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES  
DIVISION OF WASTE MANAGEMENT

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SOG



JAMES B. HUNT JR.  
GOVERNOR

WAYNE McDEVITT  
SECRETARY

WILLIAM E. MEYER  
DIRECTOR

February 18, 1998

QUALITY CLEANERS  
227 E WALNUT ST  
GOLDSBORO, NC 27530-

RE EPA ID NO.: NCR000001800

Dear Sir/Madam:

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

Please verify the computer generated information on the attached report and notify us of any corrections. We are advising EPA of the changes.

Enclosed you will find some information we hope will be helpful. If you have any questions or if I can be of any further assistance, please call me at (919)733-2178 ext.209.

Sincerely,

R. J. Edwards, Administrative Assistant  
Division of Waste Management

cc: MIKE WILLIFORD

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

Form Approved, OMB No. 2060-0028 Expires 9-30-95  
GSA No. 2248-EPA-07

Please refer to the instructions for filing notification before completing this form. The information requested here is required by law (Section 3018 of the Resource Conservation and Recovery Act)

# EPA Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received 18 19  
(For Official Use Only)  
FEB 1998

20122324252627

### 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  
N C R 0 0 0 0 0 0 8 0 0

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

Q U A L I T Y C L E A N E R S

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

Street  
1 8 0 1 W a y n e M e m o r i a l D r i v e

Street (Continued)

City or Town  
G o l d s b o r o

State Zip Code  
N C 2 7 5 3 0

County Code County Name  
Wayne

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box  
2 2 7 E W a l n u t S t

City or Town  
G o l d s b o r o

State Zip Code  
N C 2 7 5 3 0

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

Name (Last) (First)  
F o s t e r V i e k i

Job Title Phone Number (Area Code and Number)  
P r e s i d e n t 9 1 9 - 7 3 4 - 6 0 0 1

VI. Installation Contact Address (See Instructions)

A. Contract Address Location Mailing Other

B. Street or P.O. Box

City or Town

State Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner  
O n e H o u r C l e a n e r s & L a u n d r y o f

Street, P.O. Box, or Route Number  
2 2 7 E W a l n u t S t

City or Town  
G o l d s b o r o

State Zip Code  
N C 2 7 5 3 0

Phone Number (Area Code and Number)  
9 1 9 - 7 3 4 - 6 0 0 1

B. Land Type C. Owner Type  
P P

D. Change of Owner Indicator (Date Changed)  
Yes No Month Day Year

ID For Official Use Only											

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

A. Hazardous Waste Activity		B. Used Oil Recycling Activities	
<input checked="" type="checkbox"/> 1. Generator (See Instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input checked="" type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.) <input checked="" 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. Transfer, Store, Dispose (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 Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Boiler Furnace <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	<input type="checkbox"/> 1. Used Oil Fuel Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications <input type="checkbox"/> 2. Used Oil Burner - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace <input type="checkbox"/> 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility <input type="checkbox"/> 4. Used Oil Processor/Refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Refine	

**IX. Description of Hazardous 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	5. List specific EPA hazardous waste number(s) for the Toxicity characteristic container(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D039

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

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

**C. Other Wastes. (State or other wastes requiring a handler to have an LD 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 Vicki Foster	Name and Official Title (Type or print) Vicki Foster, Pres.	Date Signed 2/10/98
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**XI. Comments**

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

August 4, 1995

2

QUALITY CLEANERS  
227 E WALNUT ST  
GOLDSBORO NC 27530

NCR000001800

RE EPA ID NO. \_\_\_\_\_

Dear Sir:

Listed above is your EPA ID number which has been assigned by the EPA. As an Exempt Small Generator, you should be familiar with NC 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).

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, PO Box 7401, McKimmon Center, NC 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, NC 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:

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3019 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

JUL 31 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

NCR000001800

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

Quality Cleaners

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

Street

1801 Wayne Memorial Drive

Street (Continued)

City or Town

Goldsboro

State

NC

Zip Code

27530-

County Code

County Name

Wayne

### IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

227 East Walnut Street

City or Town

Goldsboro

State

NC

Zip Code

27530-

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

Name (Last)

FOOTER

(First)

VICKI

Job Title

President

Phone Number (Area Code and Number)

919-734-6001

### VI. Installation Contact Address (See Instructions)

A. Contract Address

Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

### VII. Ownership (See Instructions)

A. Name of installation's Legal Owner

One Hour Cleaners & Laundry of

Street, P.O. Box, or Route Number

227 East Walnut Street

City or Town

Goldsboro

State

NC

Zip Code

27530-

Phone Number (Area Code and Number)

919-734-6001

B. Land Type

RA

C. Owner Type

RA

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

ID - For Official Use Only									

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

A. Hazardous Waste Activity		B. Used Oil Recycling Activities	
<p><b>1. Generator (See Instructions)</b></p> <p><input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.)</p> <p><input type="checkbox"/> b. 100 to 1000 kg/mo (200-2,200 lbs.)</p> <p><input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)</p> <p><b>2. Transporter (Indicate Mode in boxes 1-5 below)</b></p> <p><input type="checkbox"/> a. For own waste only</p> <p><input type="checkbox"/> b. For commercial purposes</p> <p><b>Mode of Transportation</b></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><b>4. Hazardous Waste Fuel</b></p> <p><input type="checkbox"/> a. Generator Marketing to Burner</p> <p><input type="checkbox"/> b. Other Marketers</p> <p><input type="checkbox"/> c. Boiler and/or Industrial Furnace</p> <p><input type="checkbox"/> 1. Smelter Deferral</p> <p><input type="checkbox"/> 2. Small Quantity Exemption</p> <p><b>Indicate Type of Combustion Device(s)</b></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><b>1. Used Oil Fuel Marketer</b></p> <p><input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner</p> <p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p> <p><b>2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)</b></p> <p><input type="checkbox"/> a. Utility Boiler</p> <p><input type="checkbox"/> b. Industrial Boiler</p> <p><input type="checkbox"/> c. Industrial Furnace</p> <p><b>3. Used Oil Transporter - Indicate Type(s) of Activity(ies)</b></p> <p><input type="checkbox"/> a. Transporter</p> <p><input type="checkbox"/> b. Transfer Facility</p> <p><b>4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)</b></p> <p><input type="checkbox"/> a. Process</p> <p><input type="checkbox"/> b. Re-refine</p>	

**IX. Description of Hazardous 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 (List specific EPA hazardous waste number(s) for the Toxicity characteristic containment(s))
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

1 F002	2	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

**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>Vicki Foster</i>	Name and Official Title (Type or print) <i>Vicki Foster, President</i>	Date Signed <i>7-27-95</i>
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**XI. Comments**

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