

File Room Document Transmittal Sheet

##

Your Name: MEL DEAVER
EPA ID: NCR000148346
Facility Name: NCDSCA DC920043 (IDEAL CLEANERS)
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 12/31/2015
Author of Doc: JAY KING

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
3	17	16

NCR000148346

Scanner's Initials: *SK*



Waste Management
ENVIRONMENTAL QUALITY

PAT MCCRORY
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LINDA CULPEPPER
Director

January 13, 2016

JAY KING
NCDSCA DC920043 (IDEAL CLEANERS)
1646 MAIL SERVICE CTR
RALEIGH, NC 27699-1646

RE: EPA ID # NCR000148346 - NCDSCA DC920043 (IDEAL 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

NCR000148346 NCDSCA DC920043 (IDEAL CLEANERS)

County: WAKE **Source Type:** S **Seq. Number:** 17 **Receive Date:** 31-Dec-2015

Location 2403 WAKE FOREST RD, STE 100
Address: RALEIGH, NC 27608

Mailing 1646 MAIL SERVICE CTR
Address: RALEIGH, NC 276991646

Contact Person JAY KING 1646 MAIL SERVICE CTR
For Source (919) 508-8566 RALEIGH, NC 276991646
Information US

Owner (current) 4609 GAMELYN WALK
CLENDININ PROPERTIES LLC RALEIGH, NC 276124135 **Type:** P

From: 08/08/2003 **To:** **Phone:**

Operator (current) 1646 MAIL SERVICE CENTER
PETITIONER(S) FOR DSCA SITE ID DC920043 RALEIGH, NC 276991646 **Type:** O

From: 11/30/2009 **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: Not a Generator; **State:** Not a Generator

Transfer Facility:

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
off-specification used oil burner:** No

Transporter Activity: No

**Used Oil Processor and/or
Re-refiner Activity**

**Marketer who first claims the used
oil meets the specifications:** No

TSD Activity: No

Processor: 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 : JAY

Title PROJ MGR

Last Name : KING

Date Signed 12/31/2015

NAICS Codes

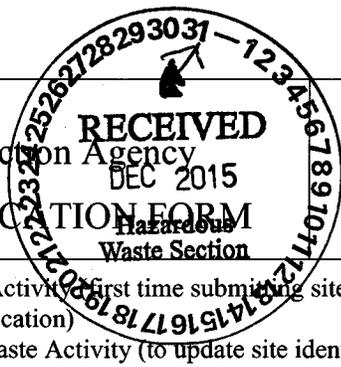
812320

Comments

UPDATED 8700-12 DATED 12/31/2015 NAG AS OF 12/31/2015 MD 1/13/2016



United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM
 Hazardous Waste Section



<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p><input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, > 1 kg of acute hazardous waste, or >100kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)</p>										
<p>2. Site EPA ID</p>	<p>NCR000148346</p>										
<p>3. Site Name</p>	<p>NCDSCA DC920043(Ideal Cleaners)</p>										
<p>4. Site Location Information</p>	<p>2403 Wake Forest Rd, Suite100 Raleigh, North Carolina 27608, Wake County</p>										
<p>5. Site Land Type</p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>										
<p>6. NAICS Code(s)</p>	<p>812320</p>										
<p>7. Site Mailing Address</p>	<p>1646 Mail Service Center Raleigh, NC, USA 27699-1646</p>										
<p>8. Site Contact Person</p>	<p>Jay King, Project Manager 1646 Mail Service Center Raleigh, North Carolina, USA 27699-1646 jay.king@ncdenr.gov (919)707-8367</p>										
<p>9. Legal Owner and Operator of the Site</p>	<table border="1"> <tr> <td data-bbox="349 1312 1226 1396"> <p>A. Name of Site's Legal Owner Clendinin Properties, LLC</p> </td> <td data-bbox="1226 1312 1575 1396"> <p>Date Became Owner 8/8/2003</p> </td> </tr> <tr> <td colspan="2" data-bbox="349 1396 1575 1470"> <p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p> </td> </tr> <tr> <td colspan="2" data-bbox="349 1470 1575 1648"> <p>CLENDININ PROPERTIES, LLC 4609 GAMELYN WALK RALEIGH NC 27612-4135</p> </td> </tr> <tr> <td data-bbox="349 1648 1226 1732"> <p>B. Name of Site's Operator Petitioner(s) for DSCA Site ID DC920043</p> </td> <td data-bbox="1226 1648 1575 1732"> <p>Date Became Operator 11/30/2009</p> </td> </tr> <tr> <td colspan="2" data-bbox="349 1732 1575 1806"> <p>Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other</p> </td> </tr> </table>	<p>A. Name of Site's Legal Owner Clendinin Properties, LLC</p>	<p>Date Became Owner 8/8/2003</p>	<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		<p>CLENDININ PROPERTIES, LLC 4609 GAMELYN WALK RALEIGH NC 27612-4135</p>		<p>B. Name of Site's Operator Petitioner(s) for DSCA Site ID DC920043</p>	<p>Date Became Operator 11/30/2009</p>	<p>Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input checked="" type="checkbox"/> Other</p>	
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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

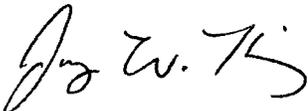
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23),(24), or (25)?

If "yes", you must fill out the Addendum to the site Identification Form: Notification for Managing Hazardous Secondary Material.

13. Comments

Update Site Information:
Facility No longer A Generator (NAG) as of 12/31/2015

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)
	Jay King, on behalf of Petitioners for DSCA Site ID DC920043	12/31/2015

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.

- 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**

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**

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-refiner
- 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