

	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>	
1. Reason for Submittal	<input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report	
2. Site EPA ID	NCR000145250	
3. Site Name	NCDSCA 011-0004( Swannanoa Cleaners )	
4. Site Location Information	712 Merrimon AVE, Suite 100 Asheville, North Carolina 28804-2450, Buncombe County	
5. Site Land Type	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
6. North American Industry Classification System (NAICS) Code(s) for the Site	A. 812310	B.
	C.	D.
7. Site Mailing Address	401 Oberlin Road, Ste. 150 1646 Mail Service Center Raleigh, NC 27699-1646	
8. Site Contact Person	Delonda Alexander (919)508-8444 Delonda.Alexander@ncmail.net	
9. Operator and Legal Owner of the Site	A. Name of Site's Operator Petitioner(s) for DSCA Site ID 011-0004	Date Became Operator 8/31/2007
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
	B. Name of Site's Legal Owner Swannanoa Laundry, Inc.	Date Became Owner
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	

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RCRA INFORMATION  
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EPA ID NO:

9. Legal Owner (Continued) Address	Swannanoa Laundry, Inc. Post Office Box 547 Asheville, NC 28802
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10. Types of Regulated Waste Activity:

<p><b>A. Hazardous Waste Activities</b></p> <p>Y <input checked="" type="checkbox"/> N <input type="checkbox"/> <b>1. Generator of Hazardous Waste</b></p> <p><input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input checked="" type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p> <p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p> <p><b>In addition, indicate other generator activities.</b></p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> d. United States Importer of Hazardous Waste</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> e. Mixed Waste (hazardous and radioactive)Generator</p>	<p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>1. Transporter of Hazardous Waste</b></p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>2. Treater, Storer, or Disposer of Hazardous Waste (at your site)</b></p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>3. Recycler of Hazardous Waste (at your site)</b></p> <p><b>4. Exempt Boiler and/or Industrial Furnace</b></p> <p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p> <p><input type="checkbox"/> b. Smelting, Melting, and Refining Furnace Exemption</p> <p>Y <input type="checkbox"/> N <input checked="" type="checkbox"/> <b>6. Underground Injection Control</b></p>
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**B. Universal Waste Activities**

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 generated and/or accumulated at your site. If Yes., mark all boxes that apply:**

	<u>Generate</u>	<u>Accumulate</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Y  N  **2. Destination Facility for Universal Waste**

**C. Used Oil Activities**

**Mark all boxes that apply.**

Y  N  **1. Used Oil Transporter**

a. Transporter

b. Transfer Facility

Y  N  **2. Used Oil Processor and/or Re-refiner**

a. Processor

b. Refiner

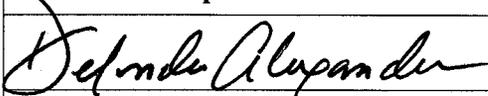
Y  N  **3. Off-Specification Used Oil Burner**

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

EPA ID NO:

11. Description of Hazardous Wastes		
A. Waste Codes for Federally Regulated Hazardous Wastes		
F002		
B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes		
12. Comments		
13. <b>Certification.</b> 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		
<b>Signature of operator, owner, or an authorized representative</b>	<b>Name and Official Title</b>	<b>Date Signed (mm/dd/yyyy)</b>
	Delonda Alexander, Project Manager on behalf of Petitioners for DSCA Site ID 011-0004	2/21/2008

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