

File Room Document Transmittal Sheet

Your Name: MEL DEAVER
 EPA ID: N C 0 9 1 1 3 0 2 8 3 3
 Facility Name: NCDSCA 026-0003 (SMITTYS CLEANERS)
 Document Group: General (G)
 Document Type: Notification 8700 (8700)
 Description:
 Date of Doc: 12/19/2012
 Author of Doc: SCOTT STUPAK

File Room Use Only

NC0911302833

Date Recieved by File Room:
 Date Scanned:

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Scanner's Initials: 



North Carolina Department of Environment and Natural Resources
Division of Waste Management

Beverly Eaves Perdue
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Director

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Secretary

December 20, 2012

AL CHAPMAN
NCDSCA 026-0003 (SMITTYS CLEANERS)
1646 MAIL SERVICE CTR
RALEIGH, NC 27699-1646

RE: EPA ID # NC0991302833
NCDSCA 026-0003 (SMITTYS CLEANERS)

Dear Facility Contact:

The North Carolina Hazardous Waste Section has received a 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 additional assistance, please feel free to contact Ray Strawbridge at 919-707-8231.

Sincerely,

Elizabeth W. Cannon, Chief
Hazardous Waste Section

cc: Central Files(General)

IBEAM - RCRA Site Detail

Report run on: December 20, 2012

NC0991302833 NCDSCA 026-0003 (SMITTYS CLEANERS)

County: CUMBERLAND **Source Type:** S **Seq. Number:** 12 **Receive Date:** 19-Dec-2012

Location 3060 OWEN DR, STE 100 Address: FAYETTEVILLE, NC 28306	Mailing 1646 MAIL SERVICE CTR Address: RALEIGH, NC 276991646
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Contact Person AL CHAPMAN For Source Information (919) 707-8368	1646 MAIL SERVICE CTR RALEIGH, NC 276991646 US
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Owner (current) JOYCE SMITH, IKEY SMITH	3060 OWEN DR FAYETTEVILLE, NC 28306	Type: P
From: 08/02/2005	To:	Phone:

Operator (current) PETITIONERS FOR DSCA SITE ID 26-0003	1646 MAIL SERVICE CTR RALEIGH, NC 276991646	Type: P
From: 08/20/2005	To:	Phone: (919) 707-8368

Land Type: P	Non Notifier : E	Commercial Availability:	Tsd Date:
Accessibility:	No. Employees :	State District:	

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Small Quantity Generator; State: Small Quantity 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	Destination Facility for Universal Waste:	No
Exempt Boiler and/or Industrial Furnace	Underground Injection Control: No		
Small Quantity Onsite Burner Exemption: No			
Smelting, melting, Refining Furnace Exemption: No			

Certification Information

First Name : SCOTT	Title	PRO MAN
Last Name : STUPAK	Date Signed	12/19/2012

NAICS Codes

81232

Comments

PER 8700-12 DATED 12/19/2012 DOWNGRADING STATUS FROM LQG TO SQG, CHANGE OF STATUS OCCURED ON 12/19/2012. JWM 12/20/2012



United States Environmental Protection Agency
 RCRA SUBTITLE C SITE IDENTIFICATION FORM



1. Reason for Submittal MARK ALL BOX(ES) THAT APPLY	<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) <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information for this location) <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 (If marked, see sub-bullet below) <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 > 100 kg of acute hazardous waste spill cleanup <u>in one or more months</u> of the report year (or State equivalent LQG regulations)	
2. Site EPA ID	NC0991302833	
3. Site Name	NCDSCA 026-0003(Smitty's Dry Cleaners)	
4. Site Location Information	3060 Owen Dr, Suite100 Fayetteville, North Carolina 28306-2941, Cumberland 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"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other	
6. NAICS Code(s)	81232	
7. Site Mailing Address	1646 Mail Service Center Raleigh, NC, USA 27699-1646	
8. Site Contact Person	Al Chapman, Project Manager 1646 Mail Service Center Raleigh, North Carolina, USA 27699-1646 al.chapman@ncdenr.gov (919)707-8368	
9. Legal Owner and Operator of the Site	A. Name of Site's Legal Owner	Date Became Owner
	Joyce Smith, Ikey Smith	8/2/2005
	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	
	Ikey Smith Attn: Joyce Smith 3060 Owen Drive Fayetteville, NC 28306	
	B. Name of Site's Operator	Date Became Operator
	Petitioner(s) for DSCA Site ID 026-0003	08/20/2005
	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	

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 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 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

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

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

- Y N 1. Opting into or currently operating under 40 CRF Part 262 Subpart K for the management of hazardous wastes in laboratories. **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:
LQG to SQG as of 12/19/2012

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 fine 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 026-0003	12/19/2012