

Hazardous Waste Section
File Room Document Transmittal Sheet

17

Your Name: MEL DEAVER
EPA ID: NCR000145920
Facility Name: NCDSCA 011-0005 (NU-WAY CLEANERS)
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 6/11/2014
Author of Doc: SCOTT STUPAK

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
3	19	2015
3	23	2015

NCR000145920

Scanner's Initials: 



North Carolina Department of Environment and Natural Resources

Pat McCrory
Governor

John E. Skvarla, III
Secretary

October 24, 2014

SCOTT STUPAK
NCDSCA 011-0005 (NU-WAY CLEANERS)
1646 MAIL SERVICE CENTER
RALEIGH, NC 27699-1646

RE: EPA ID # NCR000145920 - NCDSCA 011-0005 (NU-WAY 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 Melodi Deaver at (919)-707-8204.

Sincerely,

Patricia Davalos
Business Officer/Supervisor,
HW Financial and Information Management Unit

cc: Central Files (General)

IBEAM - RCRA Site Detail

Report run on: October 24, 2014

NCR000145920 NCDSCA 011-0005 (NU-WAY CLEANERS)

County: BUNCOMBE **Source Type:** S **Seq. Number:** 13 **Receive Date:** 02-Jul-2014

Location 171 PATTON AVE STE 100 Address: ASHEVILLE, NC 288012625	Mailing 1646 MAIL SERVICE CENTER Address: RALEIGH, NC 276991646
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Contact Person SCOTT STUPAK 1646 MAIL SERVICE CENTER
 For Source (919) 707-8359 RALEIGH, NC 276991646
 Information US

Owner (current) ALMACK INC 414 S MAIN ST Type: P
 HENDERSONVILLE, NC 28792 Phone:
 From: 01/01/1986 To:

Operator (current) PETITIONER(S) FOR DSCA SITE ID 011-0005 1646 MAIL SERVICE CENTER Type: O
 RALEIGH, NC 276991646 Phone:
 From: 05/20/2008 To:

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

Regulated Waste Activities

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

Certification Information

First Name : SCOTT Title PROJ MGR
 Last Name : STUPAK Date Signed 06/30/2014

NAICS Codes

812320

Comments

UPDATED 8700-12 DATED 6/30/2014 DOWNGRADING FROM LQG TO SQG AS OF 6/30/2014.
 MD 10/24/2014

Waste Codes

Code D

Code F

F002

Code K

Code P

Code R

Code U

Code X



ATTENTION: ACCOUNTS PAYABLE
 NCDSCA 011-0005 (NU-WAY CLEANERS)
 1646 MAIL SERVICE CENTER
 RALEIGH, NC 27699-1646

FACILITY LOCATION ADDRESS:

SCOTT STUPAK
 NCDSCA 011-0005 (NU-WAY CLEANERS)
 171 PATTON AVE STE 100
 ASHEVILLE NC 288012625

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000145920	HW59991	7/1/2013	\$ 1,225.00	07/31/2013	

A. Fee Requirements: Pursuant to North Carolina General Statute Statute 130A-294.1, you are requested to pay fee(s) based on your hazardous waste management activities. The fee(s) are used to support government programs that ensure the safe management of hazardous waste. Failure to pay the required hazardous waste fee may result in enforcement action with a penalty.

B. Explanation of Invoice Amount is Based on Facility's Current Status as of July 1,2013 :

FACILITY STATUS	FEE	TONNAGE	AMOUNT DUE
LARGE QUANTITY GENERATOR	\$1400.00	-----	\$1,400.00
		PAST DUE	\$0.00
		CREDIT	\$-175.00
		TOTAL AMOUNT DUE	\$1,225.00

C. Remit Payment (including copy of this invoice):

Make checks payable to **N.C. Hazardous Waste Section**, include **EPA ID#** and **Invoice # on check**. If you are paying by electronic transfer, include the invoice number with your electronic transfer. Please note per NC General Statute (G.S. 25-3-506), a \$25.00 processing fee will be charged on all returned checks. Please return a copy of this invoice with your payment to:

ATTN: PATRICIA DAVALOS
 NC HAZARDOUS WASTE SECTION
 1646 MAIL SERVICE CENTER
 RALEIGH, NC 27699-1646

D. Hazardous Waste Contacts:

1. BILLING

Sondra Thoren (919) 707-8228
 Patricia Davalos, Supervisor (919) 707-8233

2. TECHNICAL ASSISTANCE:

Doug Roberts (919) 707-8221
 Ann Preston (919) 707-8226
 Lebeed Kady (919) 707-8229



ATTENTION: ACCOUNTS PAYABLE
 NCDSCA 011-0005 (NU-WAY CLEANERS)
 1646 MAIL SERVICE CENTER
 RALEIGH, NC 27699-1646

FACILITY LOCATION ADDRESS:

SCOTT STUPAK
 NCDSCA 011-0005 (NU-WAY CLEANERS)
 171 PATTON AVE STE 100
 ASHEVILLE, NC 288012625

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000145920	HW62776	10/24/14	1,400.00	11/23/2014	

- A. Fee Requirements: Pursuant to North Carolina General Statute 130A-294.1, a Facility must pay fee(s) based on its hazardous waste management activities. The fees are used to support government programs that ensure the safe management of hazardous waste. Failure to pay the required fees could result in an enforcement action with a penalty.
- B. Invoice amount is based on the registered status as of the invoice date and includes any past-due balances. A 10% late-payment penalty has been assessed for Fiscal Year 2013 if the annual fee was not paid by June 30, 2014.
- C. If Fiscal Year 2014 annual fees are not paid by June 30, 2015 the facility must pay a late-payment penalty of 10% of the total amount due.
- D. In accordance with N.C.G.S. § 147-86.23, a facility may petition for waiver of any late-payment penalty but the Hazardous Waste Section will only grant a waiver for good cause shown.

FACILITY STATUS	FEE	TONNAGE	AMOUNT DUE
SMALL QUANTITY GENERATOR	\$175.00	-----	\$175.00
		PAST DUE	\$1,225.00
		CREDIT	\$0.00
		TOTAL AMOUNT DUE	\$1,400.00

E. Remit Payment (include a copy of this invoice):

Make checks payable to **N.C. Hazardous Waste Section**, include **EPA ID#** and **Invoice #** on check. If you are paying by electronic transfer, include the invoice number with your electronic transfer. Please note per NC General Statute (G.S. 25-3-506), a \$25.00 processing fee will be charged on all returned checks. Please return a copy of this invoice with your payment to:

ATTN: PATRICIA DAVALOS
NC HAZARDOUS WASTE SECTION
1646 MAIL SERVICE CENTER
RALEIGH, NC 27699-1646

F. Hazardous Waste Contacts:

- | | | |
|-----------------------------------|------------------|----------------|
| 1. BILLING: | Sherry Prince | (919)707-8232 |
| 2. SITE ID 8700-12 NOTIFICATIONS: | Melodi Deaver | (919)707-8204 |
| 3. TECHNICAL ASSISTANCE: | Ray Strawbridge | (919)707-8231 |
| 4. SUPERVISOR: | Patricia Davalos | (919) 707-8233 |

Evb 10/24/14



United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



<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 in one or more months of the report year (or State equivalent LQG regulations)</p>								
<p>2. Site EPA ID</p>	<p>NCR000145920</p>								
<p>3. Site Name</p>	<p>NCDSCA 011-0005(Nu-Way Cleaners)</p>								
<p>4. Site Location Information</p>	<p>171 Patton Ave, Suite100 Asheville, North Carolina 28801-2625, Buncombe 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>Scott Stupak, Project Manager 1646 Mail Service Center Raleigh, North Carolina, USA 27699-1646 scott.stupak@ncdenr.gov (919)707-8359</p>								
<p>9. Legal Owner and Operator of the Site</p>	<table border="1"> <tr> <td data-bbox="324 1312 1209 1396"> <p>A. Name of Site's Legal Owner ALMACK Inc.</p> </td> <td data-bbox="1209 1312 1550 1396"> <p>Date Became Owner 1/1/1986</p> </td> </tr> <tr> <td colspan="2" data-bbox="324 1396 1550 1627"> <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>ALMACK Inc. 414 South Main Street Hendersonville, NC 28792</p> </td> </tr> <tr> <td data-bbox="324 1627 1209 1701"> <p>B. Name of Site's Operator Petitioner(s) for DSCA Site ID 011-0005</p> </td> <td data-bbox="1209 1627 1550 1701"> <p>Date Became Operator 05/20/2008</p> </td> </tr> <tr> <td colspan="2" data-bbox="324 1701 1550 1774"> <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 ALMACK Inc.</p>	<p>Date Became Owner 1/1/1986</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>ALMACK Inc. 414 South Main Street Hendersonville, NC 28792</p>		<p>B. Name of Site's Operator Petitioner(s) for DSCA Site ID 011-0005</p>	<p>Date Became Operator 05/20/2008</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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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.

- 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**

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
- 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 CFR 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 6/30/2014

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 011-0005	6/30/2014

ENT.
6/10/14

OMB#: 2050-0024; Expires 12/31/2014



United States Environmental Protection Agency
RCRA SUBTITLE C SITE IDENTIFICATION FORM



<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 provide 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 in one or more months of the report year (or State equivalent LQG regulations)</p>								
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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.
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 - 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**
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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

- Y N 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories. **Mark all that apply:**
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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

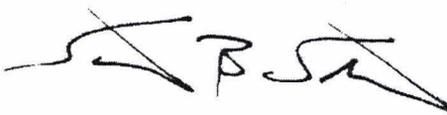
Y N Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23),(24), or (25)?

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

13. Comments

Update Site Information:
SQG to LQG as of 3/27/2014

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 011-0005	6/11/2014