

Hazardous Waste Section
File Room Document Transmittal Sheet

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Your Name: MEL DEAVER
EPA ID: NCR000167262
Facility Name: O'REILLY AUTO PARTS STORE 2419
Document Group: General (G)
Document Type: Notification 8700 (8700)
Description:
Date of Doc: 4/15/2016
Author of Doc: BRETT DIEHL

File Room Use Only

Date Recieved by File Room:

Date Scanned:

Month	Day	Year
5	23	16

NCR000167262

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Acting Director

May 03, 2016

BRETT DIEHL
O'REILLY AUTO PARTS STORE 2419
233 S PATTERSON AVE
SPRINGFIELD MO 65802

RE: EPA ID # NCR000167262 - O'REILLY AUTO PARTS STORE 2419

Dear Facility Contact:

Thank you for notifying the North Carolina Hazardous Waste Section of your activities as a Small Quantity Generator of hazardous waste. The EPA ID Number assigned to your site is shown above. Please notify us if any information about your site changes: such as the facility name, site address, regulatory status, facility contact/address/phone number, or if your facility plans to close, by completing an EPA Form 8700-12.

NC Hazardous Waste Section
1646 Mail Service Center
Raleigh, NC 27699-1646

If you are considered a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Transporter, or a Treater, Storer or Disposer (TSD) facility, you are required to pay an annual fee to the State of North Carolina. Accordingly, an invoice is attached to this letter. These fees are used to support NC State programs and ensure the safe management of hazardous waste. We encourage you to become familiar with the NC Hazardous Waste Management Rules that have been codified in the NC Administrative Code at 15A NCAC 13A. You may obtain a printed copy of the rules for \$32.00 by contacting Patricia Davalos at 919-707-8233. For more information on the rules, visit <http://portal.ncdenr.org/web/wm/hw/rules>. We specifically draw your attention to Rules .0101, .0102, .0106 and .0107. These provisions address requirements potentially applicable to generators of hazardous waste. For an explanation of EPA requirements, go to <http://www.epa.gov/wastes/hazard/downloads/tool.pdf>.

If you have any questions, please 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: May 03, 2016

NCR000167262 O'REILLY AUTO PARTS STORE 2419

County: CABARRUS **Source Type:** N **Seq. Number:** 12 **Receive Date:** 02-May-2016

Location 403 W MAIN ST.
Address: LOCUST, NC 28097

Mailing 233 S PATTERSON AVE
Address: SPRINGFIELD, MO 65802

Contact Person BRETT DIEHL 233 S PATTERSON AVE
For Source (417) 837-5062 SPRINGFIELD, MO 65802
Information US

Owner (current) PO BOX 11490
MARSHALL RITCHIE CONCORD, NC 28026 Type: P
From: 03/01/2011 To: Phone: (704) 782-5231

Operator (current) PO BOX 1190
MARSHALL RITCHIE CONCORD, NC 28026 Type: P
From: 03/01/2011 To: Phone: (704) 782-5231

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

Importer Activity: No
Mixed Waste Generator: No

Transporter Activity: No
TSD Activity: No
Recycler Activity: No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: No
Smelting, melting, Refining Furnace
Exemption: No

Used Oil Transport Activity	Off-Specification Used Oil Burner:	No
Transporter: No	Used Oil Fuel Marketer Activity	
Transfer Facility: No	Marketer who direct shipment	
	off-specification used oil to	
Used Oil Processor and/or	off-specification used oil burner:	No
Re-refiner Activity	Marketer who first claims the used	
Processor: No	oil meets the specifications:	No
Refiner: No		
Underground	Destination Facility for	
Injection Control: No	Universal Waste:	No

Certification Information

First Name : BRETT
Last Name : DIEHL

Title COMPL ASST
Date Signed 04/15/2016

NAICS Codes

441310

Comments

CREATED NEW 8700-12 DATED 4/15/2016 AS A SQG. MD 5/3/2016



2015 INVOICE

ATTENTION: ACCOUNTS PAYABLE
 O'REILLY AUTO PARTS STORE 2419
 233 S PATTERSON AVE
 SPRINGFIELD, MO 65802

FACILITY LOCATION ADDRESS:

BRETT DIEHL
 O'REILLY AUTO PARTS STORE 2419
 403 W MAIN ST.
 LOCUST, NC 28097

FACILITY EPA ID #	INVOICE #	INVOICE DATE	AMOUNT DUE	DUE DATE	ENTER AMOUNT PAID
NCR000167262	HW71499	5/2/2016	175.00	06/01/2016	

- 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 2014 if the annual fee was not paid by June 30, 2015.
- C. If Fiscal Year 2015 annual fees are not paid by June 30, 2016, the facility must pay a late-payment 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	\$0.00
		CREDIT	\$0.00
		TOTAL AMOUNT DUE	\$175.00

*paid
 check no.
 1979896*

E. Remit Payment:

To pay via electronic bank transfer, go to <http://portal.ncdenr.org/web/wm/hw/epayment>. You will need your EPA facility ID# and invoice number, as well as your bank routing and account numbers. There is no fee for electronic transfers. Partial payments are not allowed with this payment method.

To pay via mail with a paper check or money order, please make payable to N.C. Hazardous Waste Section. Include EPA ID# and Invoice # on check. 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**

*pret b ckw
rcra*



<p>SEND COMPLETED FORM TO: The Appropriate State or Regional Office.</p>	<p>United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM</p>		
<p>1. Reason for Submittal</p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p>Reason for Submittal:</p> <p><input checked="" type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain ID number for this location)</p> <p><input type="checkbox"/> To provide a Subsequent Notification (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 >100 kg 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 Number</p>	<p>EPA ID Number <u>N C R 0 0 0 1 6 7 2 6 2</u></p>		
<p>3. Site Name</p>	<p>Name: O'Reilly Auto Parts Store 2419</p>		
<p>4. Site Location Information</p>	<p>Street Address: 403 W Main St.</p> <p>City, Town, or Village: Locust County: Cabarrus</p> <p>State: NC Country: USA Zip Code: 28097</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) for the Site (at least 5-digit codes)</p>	<p>A. <u>4 4 1 3 1 0</u> C. _____</p> <p>B. _____ D. _____</p>		
<p>7. Site Mailing Address</p>	<p>Street or P.O. Box: 233 S. Patterson Ave.</p> <p>City, Town, or Village: Springfield</p> <p>State: MO Country: USA Zip Code: 65802</p>		
<p>8. Site Contact Person</p>	<p>First Name: Brett MI: Last: Diehl</p> <p>Title: Safety/Environmental & Regulatory Compliance Assistant</p> <p>Street or P.O. Box: 233 S. Patterson Ave.</p> <p>City, Town or Village: Springfield</p> <p>State: MO Country: USA Zip Code: 65802</p> <p>Email: bdiehl@oreillyauto.com</p> <p>Phone: 417-837-5062 Ext.: Fax: 417-874-7102</p>		
<p>9. Legal Owner and Operator of the Site</p>	<p>A. Name of Site's Legal Owner: Marshall Ritchie Date Became Owner: 3/1/2011</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>Street or P.O. Box: P.O. Box 1190</p> <p>City, Town, or Village: Concord Phone: 704-782-5231</p> <p>State: NC Country: USA Zip Code: 28026</p> <p>B. Name of Site's Operator: Kelly Furr <u>Marshall Ritchie</u> Date Became Operator: 3/1/2011</p> <p>Operator 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>		

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; Complete all parts 1-10.

- Y N 1. **Generator of Hazardous Waste**
If "Yes", mark only one of the following - a, b, or c.
- 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.

If "Yes" above, indicate other generator activities in 2-4.

- 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**
If "Yes", mark all that apply.
- 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**
If "Yes", mark all that apply.
- 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** (you 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**
If "Yes", mark all that apply.
- a. Transporter
- b. Transfer Facility (at your site)
- Y N 2. **Used Oil Processor and/or Re-refiner**
If "Yes", mark all that apply.
- a. Processor
- b. Re-refiner
- Y N 3. **Off-Specification Used Oil Burner**
- Y N 4. **Used Oil Fuel Marketer**
If "Yes", mark all that apply.
- 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

❖ 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 CFR 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 Waste

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.

D001	D0035	F001	F002	F003	F005	

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.

